THE EXPERIENCES OF COMPASSION AND SELF-COMPASSION AMONG PSYCHOLOGISTS

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DECLARATION

I, Thamari Kally (2006064105) hereby declare that the dissertation *The experiences of compassion and self-compassion among psychologists* submitted for the Magister Artium Counselling Psychology degree at the University of the Free State is my own independent work and has not previously been submitted to another university/faculty for assessment or completion of any other postgraduate qualification. I further cede copyright of the dissertation in favour of the University of the Free State.

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DECLARATION

I, Margaret Linström, hereby declare that I edited the dissertation of Thamari Kally titled, *The experiences of compassion and self-compassion among psychologists*, for purposes of submission in fulfilment of the requirements for the degree Magister Artium in the Department of Psychology, Faculty of Humanities, at the University of the Free State. All changes suggested, including the implementation thereof, were left to the discretion of the student.

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ABSTRACT

A large number of psychologists are faced with the task of caregiving and the provision of compassion towards the lived experiences of their clients. While psychologists often experience a sense of satisfaction from their work as caregivers, many also face potential compassion fatigue as a result. As such, psychologists' experiences with self-compassion (SC) are equally important in that it serves to help them manage their well-being and engagement during therapeutic processes more effectively. This is especially true in the South African context where exposure to trauma is a common occurrence and often places a high burden of care on psychology professionals working in this context.

The aim of this study was to explore and describe the experiences of compassion and SC among psychologists in the South African context. A qualitative multiple case study approach was used to elicit rich descriptions from participants regarding their experiences of compassion and SC. Six participants were recruited through purposeful sampling. Data were collected through two semi-structured interviews with each participant. The interviews were transcribed verbatim and analysed by means of thematic analysis. Six themes emerged from the data analysis: 1) Psychologists' Values are the Starting Point for Compassion and SC; 2) Relationships Nurture Compassion and SC; 3) Compassion and SC Develop Dynamically within a Therapist; 4) Compassion and SC Require Awareness of Self and Others; 5) Compassion and SC Add Value to Psychologists; and 6) Compassion and SC Entail a Process of Energy. The findings of the study suggest that compassion and SC fulfil an important function in the lives of psychologists and the therapeutic processes they form part of. As such, the insights gained from this research may have important

implications for psychologists and how they practice their profession in the South African context.

Keywords: compassion, self-compassion, psychology, psychology practitioner, South Africa

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Globally, there is concern about a lack in the provision of compassionate care by helping professionals (Lown, 2015; Puchalski, Vitillo, Hull, & Reller, 2014; Vitillo & Puchalski, 2014). Compassionate care is a way of becoming engaged with others, rather than being focused only on one's own needs. It enables professionals to acknowledge both their own and other's vulnerability and dignity (Spandler & Stickley, 2011; Wiklund & Wagner, 2013). Much debate surrounding the difficulties experienced by helping professionals and their ability to deliver compassionate care has been noted in the literature (Brown, Crawford, Gilbert, Gilbert, & Gale, 2013; Crawford, Brown, Kvangarsnes, & Gilbert, 2014; Crawford, Gilbert, Gilbert, Gale, & Harvey, 2013; Tingle, 2011).

In the South African context, research about the quality of compassionate care remains limited, presenting a gap that requires further inquiry (EBSCOHost database search, October 2017). Due to its impact on their capacity for compassionate caregiving, psychologists' experiences of compassion and self-compassion (SC) are thus investigated in this study. A need for such care becomes evident when considering that traumatic events, including substance abuse, exposure to violence, disease and racial tension, are frequently encountered in the South African context (Atwoli et al., 2013). Such events may impact negatively on clients' functioning and often require a high degree of compassionate care (Ray, Wong, White, & Heaslip, 2013). To situate the reader, it is necessary to first consider the South African context and the unique role it presents to psychologists practicing in this context.

Practising Psychology in the South African Context

Psychology practitioners in South Africa face many challenges that are not necessarily new to the context, but form part of a longstanding history (Louw, 2010; Cooper, 2014b). To understand these factors, the relevant historical developments in this context and how they relate to changes observed

in the practice of psychology have to be considered. An understanding of this would be both useful and necessary to provide context for this study.

Characterised by constitutional racial segregation and exploitation, apartheid was arguably the most impactful factor in South Africa's history of trauma exposure. It was influential in the South African context during both its incumbency and its denouement (Arcot, 2015; Cooper, 2014a; Louw, 2010; Norman, Matzopoulos, Groenewald, & Bradshaw, 2007). Apartheid impacted on the helping professions when focus was primarily directed towards the white minority, while the majority was left isolated and with limited options for caregiving (Cooper, 2014a; Van Rensburg, 2014).

For the purpose of this study, attention is focused at the impact that apartheid had on the profession of psychology specifically. During the apartheid years, increasing political violence and oppression resulted in high levels of trauma exposure in the general population (Arcot, 2015; Atwoli et al., 2013; Van Rensburg, 2014). High rates of substance abuse, and exposure to violence, oppression, disease and racial tension were prevalent (Atwoli et al., 2013; Nicholas, 2014).

A new, post-apartheid South Africa witnessed a greater focus on addressing the experienced inequality and the need for the delivery of psychological interventions (Louw, 2010; Peterson & Lund, 2011). According to Peterson and Lund (2011), centralised institutional care characterised apartheid South Africa. The researchers thus suggested a shift towards a human rights framework where preference was given to integrated and community-based services. However, progress in this regard has been slow (Bowman, Duncan, & Sonn, 2010; Wahbie & Don, 2013). Extending from the early apartheid days, the profession continues to be plagued by the inadequate provision of psychological services to the South African population as a whole (Bowman et al., 2010; Nicholas, 2014). Maree (2011b) proposed that everyone in South Africa, and

the world, should have access to psychotherapeutic services. He further also referred to psychologists' duty to engage reflectively on how they can bring about meaningful change in the country. In doing so, an attitude of respect for society is fostered (Maree, 2011a).

The stigma associated with mental health illness plays a contributing role in limiting the provision of psychological services to the South African population (Sorsdahl & Stein, 2010). Stigma plays a large role in help-seeking and treatment of clients (Angermeyer & Dietrich, 2006; Clement et al., 2015; Feldman & Crandall, 2007; Wahl, 2011). Sorsdahl, Kakuma, Wilson, and Stein (2012) found that even though people often feel stigmatised due to the public's negative attitudes towards mental illness, they do not necessarily internalise the attitudes. Nonetheless, there is a need to address the challenge of stigma and discrimination by increasing society's awareness about mental illness and mental health (Kakuma et al., 2010).

Moreover, the profession of psychology continues to be criticised for lacking relevance and for holding an indifferent attitude towards the lived realities of most South Africans (Bowman et al., 2010; Kagee, 2014; Long, 2013; Sher & Long, 2012; Wahbie & Don, 2013). For example, exposure to trauma remains common in the South African context, even if the nature of traumatisation has shifted from being primarily political in nature to being largely criminal (Atwoli et al., 2013). Such experiences of trauma place a high burden of care on psychologists in this context by presenting a strong need for relevant interventions. Traumatic events, such as violence and oppression, continued to be prevalent during the transition to a post-apartheid era (Bowman et al., 2010; Norman et al., 2007; Van Rensburg, 2014). Even today, 23 years after the end of apartheid, high levels of trauma exposure are found in the South African context (Atwoli et al., 2013; Bowman et al., 2010; Cooper & Nicholas, 2012). The most recent statistics (Atwoli et al., 2013) indicate that over 70% of the

South African population has been exposed to at least one potentially traumatic event. The unexpected death of a loved one and witnessing trauma vicariously seem to be the most common traumatic events experienced in South Africa (Atwoli et al., 2013). According to a study by Kaminer, Grimsrud, Myer, Stein and Williams (2008), more than a third of South Africans have been exposed to some form of violence. The study also indicatd that criminal and miscellaneous assaults are most frequently experienced by men, while women predominantly experience physical abuse during childhood, by an intimate partner, and during criminal assaults. Sommer et al. (2017) propose that cumulative exposure to violence is predictive of posttraumatic stress disorder (PTSD), increased aggression and violent outbursts. Further, an interplay between these variables and substance use disorders is common (Benjet et al., 2016; Sommer et al., 2017). These factors may thus further contribute to traumatic exposure in the South African context.

South Africa also continues to encounter many other challenges that impact on the practice of psychology. The decision by the Health Professions Council of South Africa (HPCSA) to separate the profession into registration categories, with separate research and practice foci, has led to tension within the profession itself (Health Professions Council of South Africa, 2011; Naidoo & Kagee, 2009**)**. This separation has been extensively debated in the profession and in literature (Bantjes, Kagee, & Young, 2016; Pretorius, 2012; Strous, 2016). According to Pretorius (2012), tensions within the profession may result in a drainage of energy from activities that would otherwise play a contributing role in the growth of the discipline. Further, it may lead to a reduction in the provision of care to a society highly in need of it. Thus, current tensions are making it difficult for psychology professionals to function optimally within the South African context (Atwoli et al., 2013). Recent developments have seen the High Court of South Africa rule on the Scope of the Profession of Psychology,

declaring it invalid ("JASA statement on resumption", 2016). This order was further suspended for a period of 24 months during which discussions will take place between the Professional Board of Psychology and the Minister of Health.

While South Africa experiences a great need for the provision of psychological services, the training of psychologists poses a further challenge in this context. Due to recruitment policies during the apartheid era, the profession witnessed an under-representation of black psychologists (Kagee & Lund, 2012; Kagee, 2014). In addition, South African training institutions have been criticised of not providing students with evidence-based training programmes, which may result in the use of scientifically invalid therapeutic procedures (Kagee & Lund, 2012). Pillay, Ahmed and Bawa (2013) indicated that there was an urgent need to engage in further debate and action regarding the training of psychologists.

Challenges within the South African context could thus be considered great and numerous, and continue to impact negatively on the population's well-being. For this reason, psychological interventions remain crucial (Ray et al., 2013). A better understanding of psychologists' experiences in this context is thus important as it could contribute towards their well-being, which is essential to help carry the weight of caregiving among South Africans.

Compassion

Compassion is an often overlooked but necessary and integral part of the helping professions (Tierney, Seers, Reeve, & Tutton, 2017). It appears to guide professionals on how to behave in a professional caring context. Compassion is needed when suffering is present (Lilius, Kanov, Dutton, Worline, & Maitlis, 2011). Suffering is a normal part of the human experience, and while compassion does not make hardships disappear, it serves a necessary function to offer comfort and connection to clients (Bramley & Matiti, 2014). It requires the helping professional to be open towards the clients'

experiences, to acknowledge these experiences as contributing to their suffering, and to display kindness by providing assurance that they are not alone in their suffering (Catarino, Gilbert, McEwan & Baião, 2014; Pauley & McPherson, 2010; Van der Cingel, 2009).

Referring specifically to nursing and midwifery, Geraghty, Lauva and Oliver (2016) proposed that compassion is an essential component of competence, and thus it should be nurtured and developed. This recommendation is probably important to all the helping professions, considering that compassionate care enables the caregiver to understand a client's pain and adversity (Beaumont, Durkin, Hollins, Martin, & Carson, 2016) and build meaningful connections (Burnell, 2009).

The distinction between compassion and empathy is important to consider for this study. Klimecki and Singer (2015) argue that compassion is expressed as a non-shared experience, in which the professional feels concern *for* the client. They held that it is characterised by feelings of warmth, concern and motivation to improve the client's position of suffering. Further, they also explained that empathy entails feeling *with* the client, and thus having the ability to share in the client's emotional experiences without accepting them as one's own. The word compassion stems from the Latin origins 'com' (together) and 'pati' (to suffer), while empathy originated from the Greek word "empatheia" (passion), which consists of "en" (in) and "pathos" (feeling) (Singer & Klimecki, 2014).

Compassion comprises of two distinct spheres, namely compassion satisfaction (CS) and compassion fatigue (CF) (Stamm, 2002). These two constructs, together with burnout, form what is considered as professional quality of life (Yu, Jiang, & Shen, 2016). For the purpose of this research, attention will be focused on CS and CF among psychology professionals only.

To provide greater context, the difference between CF and burnout will be discussed in more detail further on in this literature review.

Compassion could be considered an essential part of not only the helping professions in general, but also psychology professionals specifically. In South Africa, research on the quality of compassionate care remains limited, presenting a gap that requires further inquiry (EBSCOHost database search, October 2017).

Compassion Satisfaction

CS is conceptualised as the sum of all the positive feelings a person derives from helping others (Crowe, 2016). It includes finding meaning and experiencing positive support in these efforts (Slocum-Gori, Hemsworth, Chan, Carson, & Kazanjian, 2013; Sodeke-Gregson, Holttum, & Billings, 2013). CS therefore refers to the positivity involved in caring (Ray et al., 2013) and the sense of fulfilment experienced when a health professional does his or her work well (Sodeke-Gregson et al., 2013). Smart et al. (2013) state that the personal and professional lives of caregivers can be enriched through the provision of care, compassion and empathy to their clients. CS is a construct that measures these affirmative experiences.

CS consists of three elements (Sodeke-Gregson et al., 2013; Stamm, 2002). First, it entails the level of satisfaction that the helping professional obtains from his or her work. Second, it relates to a sense of competency and control experienced in doing this work, for example when exposed to traumatic events. Third, it relates to the level of positive and structural support received, like a collegial system. Through the provision of compassion, the helping professional is thus able to enhance the well-being of others (Slocum-Gori et al., 2013).

A study by Killian (2008) indicated perceived social support as the most significant predictor of CS, followed by a greater sense of self-efficacy in the workplace. Working long hours with traumatised clients showed reduced levels of CS.

While CS is applicable to all the helping professions, it is also specifically applicable to psychology. Sodeke-Gregson et al. (2013) conducted research to identify predictor variables for CS, burnout and secondary traumatic stress among therapists. Clinical experience did not significantly predict CS, but maturity, life experience, participation in research and perceived collegiate support did. Research on CS in the South African context remains limited (EBSCOHost database search, October 2017).

CS as a positive outcome represents only one facet of compassion. In addition, many professionals also experience emotional exhaustion, or compassion fatigue (CF), as a result of overexposure to suffering (Ray et al., 2013; Sodeke-Gregson et al., 2013). This will be discussed in more detail in the next section.

Compassion Fatigue

CF is characterised by physical and psychological exhaustion resulting from the prolonged exposure to clients' traumatic experiences and suffering (Ledoux, 2015; Ray et al., 2013; Sodeke-Gregson et al., 2013; Sprang, Clark, & Whitt-Woosley, 2007). According to Coetzee and Klopper (2010), CF tends to progress from a state of compassion discomfort towards compassion stress and, finally, compassion fatigue. CF can also be described as marked by emotional, behavioural and cognitive changes in the helping professional (Hamilton, Tran, & Jamieson, 2016) and results from continuous demands during the provision of care giving (Fernando & Consedine, 2014; Hamilton et al., 2016; Phelps, Lloyd, Creamer, & Forbes, 2009). Symptoms could include

feelings of helplessness, hopelessness, isolation, depression, avoidance and anxiety, and may constitute a pattern of job dissatisfaction and decreased professional and personal life satisfaction (Hamilton et al., 2016; Sodeke-Gregson et al., 2013).

Because CF is closely related to burnout, it is necessary to understand the distinction between the two. Unlike burnout, which entails a cumulative state of exhaustion and an inability to cope with the daily demands of work or life (Bellolio et al., 2014), CF is specific to the context of care giving and results from emotional exhaustion due to helping others (Bellolio et al., 2014; Boyle, 2011; Lombardo & Eyre, 2011**).** CF tends to occur suddenly, whereas burnout tends to progress over time (Mason et al., 2014**).** The proposed continuum of responses ranges from CS, to compassion distress, and ends with CF (Figley, 1995; Stamm, 2002).

CF in nurses has been linked to their experiences of work-life quality and can be connected to coexisting factors such as depression, anxiety and stress (Drury, Craigie, Francis, Aoun, & Hegney, 2014). Nurses working in overly stressful environments are more likely to experience mental and physical exhaustion than those working in less stressful environments (Drury et al., 2014). Also, patient satisfaction and safety are directly linked to nurses' job satisfaction, making it an important area for consideration (Sacco, Ciurzynski, Harvey, & Ingersoll, 2015).

Killian (2008) identified high caseload demands as the most prevalent risk factor for work stress and CF among helping professionals. This was followed by a personal history of trauma, access to supervision, lack of a supportive work environment, lack of a supportive social network, social isolation, the participants' worldview and their self-awareness.

Working in a South African ICU environment is a challenge that may manifest as CF (Van Mol, Kompanje, Benoit, Bakker, & Nijkamp, 2015).

However, research about CF remains limited in the South African context and requires further investigation (EBSCOHost database search, October 2017).

While prevalent among helping professionals, CF is also specifically applicable to psychologists. The capacity to be compassionate is a key requirement for psychology professionals. Yet, sharing clients' suffering can become challenging (Singer & Klimecki, 2014; Yoder, 2010). This is especially true when the distinction between psychologists' own emotions and those of their clients become blurred. CF negatively affects what Back, Deignan and Potter (2014) termed the "core" of psychology, namely the psychologist's empathy and compassion for other people. Ray et al. (2013) considered four factors that increased the risk for CF among mental health professionals working with trauma clients. These included being empathetic, a history of personal trauma, unresolved trauma, and working with trauma events where children are involved. In a study conducted by Thompson, Amatea and Thompson (2014) it was found that counselors who reported higher mindfulness attitudes, fewer maladaptive coping strategies, positive CS and positive perceptions of their work environment reported less CF and burnout.

An important consideration to take into account is the effect of CF on the well-being of clients. Clients report lower satisfaction with services when the psychology professional suffers from CF (Hamilton et al., 2016). CF could lead to professional errors (Hamilton et al., 2016; Sprang et al., 2007) and result in a decreased connection with clients, the very foundation of therapeutic intervention (Del Re, Flückiger, Horvath, Symonds, & Wampold, 2012; Geller & Greenberg, 2012; Sprang et al., 2007).

SC is a protective factor against CF (MacBeth & Gumley, 2012; Wong & Mak, 2012). Thus, it is an important area for consideration.

Self-compassion

SC is a source of compassionate care (Allen & Leary, 2010; Wiklund & Wagner, 2013). It contributes towards the development of a compassionate self that is sensitive, non-judgmental and respectful (Neff, 2009a). By applying SC, helping professionals globally are able to experience more self-acceptance, greater interpersonal connectedness and greater balanced awareness of their experiences (Neff, 2003a). In this way, SC is a form of emotional regulation (Neff, 2003a) that serves as a protective factor to guard against CF (MacBeth & Gumley, 2012; Wong & Mak, 2012).

High levels of SC and compassion for others have been linked with lower levels of CF (Beaumont et al., 2016) and is a predictor of well-being and resilience (Leary, Tate, Adams, Batts Allen, & Hancock, 2007; MacBeth & Gumley, 2012; Mantzios, 2014; Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, 2009b; Smeets, Neff, Alberts, & Peters, 2014). Research on SC has consistently demonstrated a positive correlation with psychological well-being (PWB) (Beaumont, Galpin, & Jenkins, 2012; Beaumont & Hollins Martin, 2013, 2015; Leary et al., 2007; MacBeth & Gumley, 2012; Mantzios, 2014; Neely et al., 2009; Neff, 2009a; Neff & McGehee, 2010; Smeets et al., 2014; Wong & Mak, 2012). PWB entails finding and fostering a way of living that is both meaningful and significant to the individual (Kállay & Rus, 2014; Ryff, 1989; Ryff, 2014; Wissing & Temane, 2013). Further, SC is also negatively correlated with anxiety, depression, neurotic perfectionism, self-criticism and rumination (Neff, 2003a; Neff & McGehee, 2010; Pauley & McPherson, 2010). These research findings serve as important considerations regarding the role of SC in mitigating experiences of CF. MacBeth and Gumley (2012) report that a strong and positive association exists between SC and mental health symptoms.

SC promotes emotional resilience amongst helping professionals. There have been extensive calls to include emotional resilience as an essential part in the training of helping professionals, including nurses (Foureur, Besley, Burton, Yu, & Crisp, 2013; Robertson, Cooper, Sarkar, & Curran, 2015), midwives (McDonald, Jackson, Wilkes, & Vickers, 2012, 2013), social workers (Kinman & Grant, 2010, 2012) and medical practitioners (Goodman & Schorling, 2012; Howe, Smajdor, & Stöckl, 2012). Training that focuses on resilience is considered especially important as many students in the helping professions feel stressed and ill-prepared for the realities of practice. This is further aggravated if they are reluctant to disclose and seek help for the experienced difficulties (Clements, Kinman, Leggetter, Teoh, & Guppy, 2016; Wilks & Spivey, 2010).

A study by Beaumont et al. (2016) reported that self-judgment results in reduced levels of SC and compassion, which leads to reduced well-being and increased CF among trainee midwives. Helping professionals who demonstrate SC during times of suffering have a decreased risk of experiencing stress or developing mental health problems (Beaumont et al., 2016; Leary et al., 2007). According to Curtis, Moriarty and Netten (2009), the average time spent in the social work profession is less than eight years, primarily due to work-related stress. Limited research on the role of SC among helping professionals is available in the South African context (EBSCOHost database search, October 2017).

With regards to the profession of psychology, SC is applicable to a variety of contexts. It plays a role, among others, in assisting couples who tend to experience maladaptive coping styles as a result of infertility (Cunha, Galhardo, & Pinto-Gouveia, 2016), moderating the relationship between depression and a lack of forgiveness (Chung, 2016), counteracting shame, self-criticism and isolation (Boersma, Håkanson, Salomonsson, & Johansson,

2014), mediating the relationship between narcissism and school burnout (Barnett & Flores, 2016), addressing body image concerns (Duarte, Ferreira, Trindade, & Pinto-Gouveia, 2015), buffering against shame in eating disorders (Ferreira, Matos, Duarte, & Pinto-Gouveia, 2014), mediating health-promoting behaviours (Dunne, Sheffield, & Chilcot, 2016) and enhancing emotional well-being among adolescents (Galla, 2016). Psychologists also benefit from SC as a resilience factor, especially when the adverse effects of working in emotionally demanding environments impact on their well-being (Coleman, Martensen, Scott, & Indelicato, 2016). According to Boellinghaus, Jones and Hutton (2013), a significant number of psychologists suffer from emotional distress and burnout, especially younger and newer professionals. In light of this, Boellinghaus et al. (2013) held that such professionals may suffer from anxiety, depression, low self-esteem and work adjustment, which all require self-care. Boellinghaus et al. (2013) indicated the need to cultivate self-care and compassion during the training of psychologists. Mindfulness and Loving-Kindness Meditation Training (Boellinghaus et al., 2013) and Compassionate Mind Training (Beaumont & Hollins Martin, 2016) have been proposed to help student therapists develop their sense of compassion for themselves and others.

Neff (2003a) conceptualised SC as a state of mind that encompasses three aspects, namely self-kindness, a sense of shared humanity and mindfulness. These components contribute towards psychologists' ability to approach and relate to others in a compassionate manner. Each of these will be discussed in the following sections.

Self-kindness

Self-kindness entails the replacement of self-directed anger or critical judgment towards one's personal shortcomings with tolerance, supportiveness

and understanding (Neff, 2003a; Neff & Tirch, 2013). It has also been described as the extension of warmth and unconditional self-acceptance when circumstances are difficult or one becomes aware of some disliked aspect of oneself (Neely et al., 2009; Neff, 2009a; Neff & Tirch, 2013). Thus, from this perspective, humans are viewed as worthy of self-directed empathy and acceptance, despite their failures. Neff (2009b) explains that as the individual extends self-kindness, he or she creates the emotional safety needed to identify areas of growth and change.

SC is thus not the avoidance of negative emotions, nor is it the same as self-pity or self-indulgence (Neff, 2003a). Rather, it helps the individual to admit to and observe their failures, so that they can substitute shortcomings for more productive and constructive behaviours. Self-kindness serves to promote increased tolerance of distressing emotions by cultivating positive qualities such as friendliness, joy and acceptance (Kraus, Sears, & Wyatt, 2009).

Boellinghaus et al. (2013) state that Loving-Kindness Meditation fostered increased self-awareness for therapists in training, greater insight into their own needs and vulnerabilities, and greater acceptance, compassion and care toward themselves and others. Research on self-kindness as a construct does not feature prominently in either the South African or international context (EBSCOHost database search, October 2017).

Common Humanity

A sense of common humanity involves the recognition that all human beings are part of a greater, connected human experience where making mistakes and experiencing incompetencies is a normal part of living (Neff, 2009a). This realisation allows the individual room to fall short of perfection (Neff, 2003a). SC thus fosters the realisation that, like others, “I too am acceptable as an imperfect human being”. Suffering is a human experience,

inherent to all mankind. Further, by realising this, feelings of isolation are reduced (Neely et al., 2009; Neff & Pommier, 2013).

An example of this in the South African context relates to the Truth and Reconciliation Commission's attempts to remind society that the pain experienced by the victims of apartheid represented the pain of an entire nation (De la Rey & Owens, 1998). Thus, the individual is ultimately connected to the society he or she belongs to. Research on a sense of common humanity is limited both globally and in the South African context (EBSCOHost database search, October 2017).

Mindfulness

Mindfulness entails maintaining balance during difficult times, where one's experiences are neither ignored nor exaggerated (Neff, 2003a). It cultivates more positive thinking by creating greater awareness and acceptance of oneself and one's shortcomings, it involves a non-judging attitude and lower levels of psychological distress, and is strongly associated with PWB and mental health (Mantzios, 2014; Hollis-Walker & Colosimo, 2011; Shonin, Van Gordon, Compare, Zangeneh, & Griffiths, 2014; Van Dam, Sheppard, Forsyth, & Earleywine, 2011). Mindfulness also promotes a perspective of connectedness and temporality (Neely et al., 2009) and enables the individual to deal with daily problems (Hollis-Walker & Colosimo, 2011; Shonin et al., 2014).

Mindfulness training can assist helping professionals to manage work-related stress (Foureur et al., 2013) and relieve compassion fatigue, burnout and vicarious trauma (Hülsheger, Alberts, Feinholdt, & Lang, 2013). Among cancer patients (Forti, Cashwell, & Henson, 2016), those who completed mindfulness-based stress reduction training reported better quality of life and less stress than those in control groups. Barratt (2017) explored the role of

mindfulness and SC in enhancing compassionate care. According to Vivino, Thompson, Hill and Ladany (2009) it contributes to a setting where clients feel heard and understood. A South African study by Ives-Deliperi, Howells and Horn (2016) found Mindfulness Based Cognitive Therapy to be a key factor in enhancing mindfulness and emotion regulation and reducing anxiety among bipolar disorder patients. Sinclair, Norris and McConnell (2016) referred to it as being dedicatedly present.

Mindfulness is an important construct for the helping professions and psychology specifically. However, research remains limited in the South African context and requires further investigation (EBSCOHost database search, October 2017).

Compassion and SC are important constructs for the psychology profession. First, the therapeutic relationship is a significant component of any psychological intervention (Del Re et al., 2012; Geller & Greenberg, 2012). A connection with the client is thus important and fostered by compassion (Raab, 2014). SC also plays an important role in that those with a high level of SC are equally kind to others (Neff, 2003b), whereas those with low levels of SC tend to be kinder towards others than themselves (Neff, 2003b; Neff & Germer, 2012). This is applicable as SC psychologists are more likely to have compassion for clients' suffering and their own (Beaumont et al., 2016). Secondly, relating to oneself with compassion promotes self-care, professional well-being, and resilience (Finlay-Jones, Rees, & Kane, 2015; Patsiopoulos & Buchanan, 2011; Wise, Hersh, & Gibson, 2012). Also, it cultivates CS and serves as a protective factor against CF (Klimecki & Singer, 2011). Thus, SC is important for psychologists as it is a form of emotional regulation (Neff, 2003a), which impacts on compassion positively (MacBeth & Gumley, 2012; Ray et al., 2013; Wong & Mak, 2012). In light of the above, compassion and SC therefore play a vital role in the lives of psychologists, and as such, is worthy of further

investigation. As part of the research process, certain methodological steps where implemented. These will be discussed next.

Methodological Approach to the Study

Research Question

This study aimed to explore and describe practising psychologists' experiences of compassion and self-compassion. Investigation of this question is important considering that compassion is a key component necessary to work as a psychologist (Spandler & Stickley, 2011). Thus, the following research question is posed: How do psychologists experience compassion and self-compassion?

Research Design and Methodology

This study subscribes to a qualitative paradigm to gain rich descriptive data of the studied phenomenon (Denzin & Lincoln, 2011; Howitt, 2010). A qualitative approach was chosen to facilitate greater understanding of the topic on which limited literature is available (EBSCOHost database search, October 2017).

More specifically, the study subscribes to a social constructivist paradigm, which considers the nature of knowledge and its creation as important (Andrews, 2012). The use of language and everyday interactions is an essential means to construct and maintain subjective reality (Lewis, 2015). Therefore, the world can be understood and shared through an individual's experiences (Andrews, 2012). People often assume reality to be objective and unbiased, resulting in a true understanding of the world being taken for granted (Burr, 2015). Rather, remaining mindful of such assumptions about the world is critical. It fosters a greater appreciation for the individual's role in constructing knowledge (Burr, 2015). Such a perspective will thus allow for a clearer

understanding of psychologists' experiences of compassion and self-compassion (SC).

An explorative and descriptive multiple case study design (Yin, 2014) was used in approaching the research study. Case study research is a qualitative approach in which the investigator explores a bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection (Herriott & Firestone, 1983). A multiple case study design can address the same research question in numerous settings using the same data collection methods and analysis. It also considers the participants' experiences in relation to the research topic (Stake, 2013). For this reason, it is regarded a compelling and valuable research tool, which could facilitate a more exhaustive examination of psychologists' experiences of compassion and SC (Herriott & Firestone, 1983; Stake, 2013).

Participants and Sampling Procedures

Purposeful sampling (Yin, 2011) was used for this study. This allowed the researcher to deliberately choose participants who were most suitable to contribute the most relevant data. Six participants were recruited from the psychology profession. According to Crouch and McKenzie (2016), a small sample size could enhance the study's validity by facilitating the researcher's attempts at establishing close associations with each respondent, which in turn impacts positively on the quality of interviews and the obtained data. Further, sample size in qualitative research depends on how effectively it can inform the phenomenon that is being studied (Baker & Edwards, 2012; Sargeant, 2012). For these reasons, the sample size was considered sufficient for the current study. The participants were Afrikaans- and English-speaking, and the sample consisted of one male participant and five female participants. In line with the

inclusion criteria, the participants were aged between 25 years and 65 years and were all psychologists who have been practising for a minimum of two years. In keeping with purposive sampling, participants were selected based on their registration as psychologists who have been practising for a minimum of two years. All the participants are registered in the category Counselling Psychology with the Health Professions Council of South Africa.

Participant 1 is in private practice; she is also employed at a higher education institution as a therapist for student and staff well-being. She has been practising for seven years. She believes that no single approach to therapy is sufficient and prefers a more integrative approach. She specifically enjoys cognitive, narrative and solution-focused approaches. She enjoys working with both young and older adults and deals primarily with cases that involve depression, anxiety, trauma, grief and relational difficulties.

Participant 2 is employed at a higher education institution as a therapist for student and staff well-being; in addition, he functions in private practice. He has been practising for 13 years and approaches therapy primarily from an integrative approach. He also particularly enjoys working from a cognitive perspective and prefers working with young adults.

Participant 3 is involved in private practice; she is also employed at a higher education institution as a therapist for student and staff well-being. She enjoys working with individuals experiencing everyday challenges and who do not present with severe pathology. She has been practising for five years and prefers to work from an integrative perspective.

Participant 4 is in private practice, has been practising for 12 years, and works mainly from cognitive and solution-focused perspectives. While she

sees some clients for therapy, she primarily focuses on psychometric assessment.

Participant 5 prefers to work from cognitive and solution-focused perspectives. She functions in both a private practice and at a higher education institution, where she works with student and staff well-being. She is a counselling psychologist and has been practising for five and a half years. She prefers and enjoys working with adolescents with behavioural and emotional problems, as well as with couples.

Participant 6 is in private practice and primarily focuses on therapy and career counselling. She prefers a solutions-oriented approach to therapy. She believes in clients' inner strength, resilience and resources to overcome life challenges.

Data Collection

Data was collected by means of qualitative semi-structured interviews. A qualitative interview can be defined as a two-way conversation involving the researcher and the participant (Merriam & Tisdell, 2015; Whiting, 2008). Interviews provided the researcher with rich data and opportunities for insights into the participants' experiences (Seidman, 2013). This is considered essential for case study research (Yin, 2014). The semi-structured nature of the interview questions allowed the researcher greater flexibility to adapt to what each participant had to offer in terms of their unique experiences. This yielded greater depth and richness regarding psychologists' experiences of compassion and SC. Increased understanding of these experiences will ultimately contribute towards broadening the knowledge base in the field of psychology and could inform potential interventions for this population.

Interview questions focused on the participants' experiences of compassion and SC. Two semi-structured, personal interviews took place with each participant, between 13 February 2017 and 10 April 2017. Interviews were conducted and voice recorded, with written informed consent, The interviews aimed to identify participants' emotions, feelings, and opinions regarding a particular research subject (Braun & Clarke, 2013). The main advantage of personal interviews is that they involve personal and direct contact between interviewers and interviewees, as well as eliminate non-response rates, but interviewers need to have developed the necessary skills to successfully conduct an interview (Kvale, 2008). What is more, unstructured interviews offer flexibility by leaving room for the generation of unique information and conclusions. Some sample questions that were included in the semi-structured interviews include the following:

- As a practicing psychologist, what does being compassionate mean to you?
- How do you practice compassion?
- Could you tell me about a recent case or counseling-related situation where you needed to show compassion to a client and how you experienced this process?
- How frequently and in which situations do you apply compassion towards yourself, if at all?

The interview schedule for the first round of interviews can be found in Appendix A. All second interview questions were unique to each participant, as they were based on data obtained from each participant's first interview.

Data Analysis

The data was transcribed and analysed by means of thematic analysis (Braun & Clarke, 2006). This method is used to identify, analyse and report

main themes and sub-themes that originate within the collected data. The following steps were followed during thematic analysis (Braun & Clarke, 2013):

The first step entailed transcription of the recorded interviews, which was outsourced by the researcher to a third party. During the second step, the researcher had to read and reread the transcriptions to become familiarised with the data. This step formed the foundation for further analysis. The third step required the researcher to recognise noteworthy data and formulate it into codes. These were retyped in a separate document. Following this, the researcher investigated possible trends based on an analysis of the identified codes. At this time, overarching themes were explored, identified and sorted accordingly. This was the fourth step. The fifth step required reviewing and refining themes to ensure that they cohere in a meaningful way. Working definitions and names that capture the essence of each identified theme were then formulated and included during the sixth step. A report that analysed the collected data and addressed the research question was produced during the seventh and final step.

Trustworthiness and Rigour

The trustworthiness of this research was ensured by applying credibility, dependability, confirmability and transferability (Ryan, Coughlan, & Cronin, 2007). Credibility was achieved through respondent verification, namely whether their perceived realities had been captured accurately in the data (Vithal & Jansen, 2012). in light of this, participants were offered an opportunity to verify their answers during both the interviews. In addition, transcriptions of the interviews were provided to participants for feedback following both the interviews. Dependability was achieved by providing a precise description of the variations caused by people, contexts and time. This was enhanced by an audit trail and a reflective research journal. This further ensured replicability of the

findings (Saldaña, 2015). Reflexivity was an important approach during the present study. It entails a process of the researcher examining his/her own experiences and processes, and encourages examination of the role of relational dynamics' between the researcher and participants during the research process (Attia & Edge, 2017). The reflective journal is a means to incorporate a reflexive stance during the study. It enables the researcher to keep a record of insights, patterns and considerations during the course of the study (Krefting, 1991). The writing of notes to oneself also contributes positively towards the reseacher's awareness and management of personal biases during the study. An excerpt from the researcher's reflective journal is included in Appendix C. Confirmability demonstrates that the findings are produced by the study, rather than through researcher bias. This was promoted with an audit trail, respondent verification, and assistance by the researcher's supervisor and co-supervisor, which served as a means of peer review (Vithal & Jansen, 2012). Finally, transferability, which entails application of the findings to similar contexts, was ensured by including a detailed description of the methodology and research process followed in this study (Krefting, 1991).

Ethical Considerations

Permission to conduct the study was obtained from the Research Ethics Committee of the Faculty of the Humanities, University of the Free State (Letter of ethical clearance included as Appendix D) The ethical principles of non-maleficence (to minimise harm) and beneficence (acting to the benefit of others) were adhered to during this research process in an attempt to avoid the participants from being harmed (Allan, 2016). All participants were informed of the purpose of the study, of confidentiality, that participation was voluntary, that there was no obligation to participate, and that participation could be withdrawn at any time during the study without penalties or negative consequences.

Moreover, deception was not used in the study. Written informed consent was obtained from each of the participants. To ensure that the participants' confidentiality and anonymity were maintained, their information was handled with sensitivity and care at all times. Pseudonyms were used for all the participants and their personal information was not revealed in any research reports or presentations (Merriam & Tisdell, 2015; Pope & Mays, 2013). Data were stored as both hard copies and electronic files. Hard copies were stored in a locked filing cabinet, while electronic copies were saved on the researcher's personal computer and it was password protected. Participants were not harmed in any way during the research. A referral system was in place; however, none of the participants indicated a need to make use of counselling.

Results and Discussion

The current study produced valuable findings that contribute towards an understanding of psychologists' experiences of compassion and SC. The first theme highlighted psychologists' values as an important point of departure for the experience and expression of compassion towards themselves and others. Such values fulfill a necessary function within the therapeutic process. For instance, it emerged from the study that valuing a sense of common humanity contributed to greater acceptance of the participants' own and others' inadequacies. This subtheme will be discussed first. The next subtheme will consider the participants' experiences of authenticity during the therapeutic process and how such experiences facilitated greater connection with themselves and their clients. Finally, being presently engaged during the therapeutic process and its value for the participants' experiences of compassion and SC will be considered**.** These identified values will be explored in greater depth in the following paragraphs. Relevant subthemes and evidence that support this theme will be discussed next.

Research Findings					
Theme		**Subthemes**			
Theme 1: Psychologists' Values are the Starting Point for Compassion and SC	→	The value of common humanity for compassion and SC	Connection through valuing authenticity	Compassion is expressed when psychologists engage in the present	
Theme 2: Relationships Nurture Compassion and SC	→	Compassion and SC through social connection	The therapeutic relationship nurtures compassion and SC	SC is encouraged through a relationship of care towards the self	
Theme 3: The Dynamic Development of Compassion and SC within a Therapist	→	The psychologist's psyche influences compassion towards others and the self	Psychologists' life experiences shape compassion and SC	Identifying therapeutic needs contributes towards compassion and SC	
Theme 4: Compassion and SC Require Awareness of Self and Others	→	Awareness facilitates increased compassion towards others	Awareness contributes towards an understanding of clients	Self-awareness promotes higher levels of SC	The role of self-reflection in enhancing higher levels of awareness
Theme 5: Compassion and SC Contribute Positively to Psychologists' Development	→	Empathy enhances the psychologist's role as a therapist	Compassion enhances active engagement of challenges.	SC facilitates personal development	SC enhances effective coping
Theme 6: Compassion and SC Impact on the Therapist's Energy	→	The additive worth of positive energy	SC requires an understanding of managing energy		

Figure 1. Visual display of research findings

Theme 1: Psychologists' Values are the Starting Point for Compassion and SC

The value of common humanity for compassion and SC. Awareness and acceptance by the participants of their own humanity was considered an essential value and necessary for their engagement during the therapeutic process. The participants highlighted how making mistakes and experiencing failures was a normal part of being human. In light of this, it emerged that they experienced such acceptance of themselves and their own flaws as necessary for SC, and also as a precursor to the acceptance of their clients' shortcomings. It was thus through a process of SC engagement that they were able to experience greater openness towards and acceptance of both their own and others' fallibility. Such self- and other-acceptance was further experienced as impacting on the therapeutic relationship, as well as on the outcomes of the therapeutic process in general. For instance, P2 highlighted how compassion served as a primary factor in his rapport with and response to his clients:

> *People might say empathy makes you human. I think compassion makes psychologists human.*

Further, P5 experienced embracing uncertainty and life challenges as a normal part of the human condition and as a necessary approach towards greater self-acceptance. This was especially important to her considering that she often works with student clients who present with a variety of experienced difficulties.

She describes an ability to accept herself and her own limitations and the role this plays in her sense of compassion when dealing with clients:

> *It's okay not to be perfect. And it's okay that we can't control everything in life. And it's okay to let go and forgive.*

The participants also experienced SC as an extension of warmth and comfort, which allowed them to cope more effectively with their own flaws and imperfections. For example, P6 highlighted an imperfect nature as a human quality that has been experienced since the beginning of time, and which in fact makes people normal and acceptable. For this very reason she believed that psychologists need to have more SC:

> *… people have been going through struggles for millions of years, but we still just remain human. One day we celebrate and the next we mourn… to realise that everyone feels like that… It is normal and we wouldn't really live if we don't go through the normality of being human. We need to have more SC.*

P6 also highlighted how denying their flaws and adopting a critical approach towards themselves could impede psychologists' compassion towards their clients:

> *We would rather cut our tongues out before we acknowledge: I am feeling a bit down, I am depressed. Or, I am tired... psychologists don't want anyone to know that they might be struggling too (and thus they struggle to show compassion).*

Further, in her view, such self-criticism often stems from external pressures and the expectations placed on psychologists to be flawless:

> *Because we (psychologists) and the public buy into the perception that: we have to be perfect; we should always be in control; we must not have emotional problems.*

In addition, psychologists' experiences of inadequacy and their challenges were highlighted by P1 as inherent and normal human processes:

> *Being a psychologist doesn't make you immune to challenges, to mistakes. You are still human.*

Also, she viewed part of such acceptance towards her flaws as occurring through forgiveness and an initiative to correct mistakes, where possible:

> *I know all of us make mistakes, myself included. And that means being able to forgive myself if I do make mistakes. But also being able to fix it if I can.*

Also, from P5's experience, acceptance of herself as an imperfect human is necessary for SC:

> *You need to be okay and compassionate with yourself that you're not perfect and that's okay.*

During this study, inadequacy and flaws were highlighted as a typical part of being human. In addition, addressing shortcomings, where possible, was

emphasised as an equally important consideration. From these results, it emerged that common humanity may therefore be expressed as a two-way process. First, one should accept one's failures and imperfections – that is being human. After all, suffering is a human experience, inherent to all mankind (Neff & Pommier, 2013). The realisation that suffering is a human experience could result in reduced isolation (Neely et al., 2009; Neff & Pommier, 2013) and, thus, an increased sense of connection to others and acceptance of oneself. Apart from accepting one's failures, attempts to correct such flaws should be made where possible – that, too, is being human. No literature was found during the study to support the finding that common humanity entails a two-way process, which includes acceptance of one's inadequacies and attempts to correct one's mistakes. It could therefore be considered a new finding (EBSCOhost, October 2017). This finding is worth noting as psychologists could experience reduced feelings of isolation and improved well-being by practicing SC. Through self- and other-acceptance, psychologists could also experience greater connection and compassion towards their clients. As Neff and Pommier (2013) mention, it is through acceptance of one's imperfections and inevitable fallibility as a human being that one could, in turn, relate to and have greater compassion for others' suffering. The current study supported this finding by highlighting common humanity as an invaluable aspect of compassion. In considering the South African context, psychologists and clients alike are frequently exposed to traumatic events (Atwoli et al., 2013). Such exposure may result in negative emotional experiences, which could require greater acceptance and compassion from psychologists towards themselves and their clients. Such a consideration further highlights the value in recognising one's own and others' shortcomings and how greater common humanity could lead to better interventions within the South African context by impacting on psychologists' effectivity.

In addition to common humanity, authenticity was also considered as an important value that could enhance psychologists' connection with their clients. This subtheme will be discussed in the following paragraphs.

Connection through valuing authenticity. The participants considered transparent and genuine engagement regarding their experiences as valuable for the therapeutic process. For example, most of the participants deemed authenticity, when relating to clients, necessary for the therapeutic relationship, as it could produce a sense of connection with clients that further facilitated compassion towards them. Also, authentic engagement towards their own experiences resulted in greater self-connection for the participants. Authentic engagement was thus viewed as an approach that facilitated genuine connection, compassion and SC. For instance, P6 experienced compassion within the therapeutic process as a contributor towards the therapeutic relationship. According to her, working in her counselling practice with younger clients who face familial or career challenges demanded a sense of genuine compassion on her part. To her, genuine compassion was essential as it benefitted her relationship with her clients:

They (clients) relate more… if they see that you're genuine in how you respond.

In addition, P4's experiences also supported the perspective that congruency underlies a positive therapeutic relationship. She felt that such congruency facilitated a relationship of trust and safety between psychologists and their clients and allowed clients to experience a sense of security within the therapeutic process:

> *When I'm compassionate I'm really compassionate, and people tend to know that. So if I care, I really care. And if I show that I understand, I really understand… So they (clients) tend to feel safe in that environment because they know where they stand.*

In addition to the therapeutic relationship, P4 further considered authenticity as a positive contribution to the therapeutic process:

> *It kind of helps the relationship-building. The more congruent you can be in how you respond to the client, the better for the process.*

It also emerged that authenticity facilitated a process of deep understanding, which incorporated respect for the client's experiences. For example, P2 described authenticity as having a real sense of the client's needs by avoiding assumptions and making an effort to gain genuine understanding of his/her situation. He was of the opinion that therapy is grounded on such genuine understanding:

> *Well I try to, to ask and check and double check to make sure that I do understand what you (the client) are saying to me is not what I'm interpreting it as, but what you are really trying to put across… Some, some people don't acknowledge that and… think that they know best. And I, I don't think that's good for therapy… in order to be a therapist, you need to understand what's going on here.*

Authenticity, when showing compassion, directly impacts on the quality of care that clients receive from psychologists. For instance, compassion could

either be genuine or inauthentic (Catarino et al., 2014). For compassion to be genuine, it has to be shown out of sincere concern and care for the client. Such genuine compassion was described by Catarino et al. (2014) as having a positive impact on the therapeutic process. As the current study also indicated, true compassion contributes to the therapeutic process by encouraging genuine insight and understanding of a client's situation. Genuine compassion towards others was experienced by the participants as beginning with true understanding and compassion towards their own difficulties. By the participants engaging genuinely with their own challenges, they became more open to and able to extend genuine compassion to others. Mearns and Cooper (2017) described such genuineness in psychologists' interactions with clients as a fundamental contributor towards the therapeutic relationship. In light of this, compassion facilitated therapeutic processes that were specific and relevant to clients' needs. This ultimately impacted on the care provided to clients, as such care was shown out of true concern for their well-being. Such an approach could enhance psychologists' understanding of clients' needs and direct their engagements within the therapeutic process accordingly. Genuine compassion could thus be considered applicable and necessary for psychological caregiving. This is also true for the South African context where psychological services are often criticised for lacking relevant interventions (Bowman et al., 2010; Kagee, 2014; Long, 2013; Sher & Long, 2012; Wahbie & Don, 2013). Psychological services in the South African context may thus offer more relevant interventions as psychologists engage authentically towards therapeutic interventions and in their interactions with clients in general.

The impact of being present during engagements with clients also emerged as necessary for compassion. This subtheme will be discussed in the following paragraphs.

Compassion is expressed when psychologists engage in the present. Compassion requires psychologists to be present during their engagements with their clients. Most of the participants indicated such present engagement as contributing to their own well-being through greater SC and to more effective therapy with their clients through increased compassion. For example, P3 highlighted the value of being present with clients and the connection that such presence fosters in the therapeutic process. She specifically referred to the importance of reminding herself to be presently engaged, considering that she sees many student clients for therapy at the training institution where she is employed. She considered being presently engaged as a means to act in the best interest of her clients:

> *The moment the person is in your office and you start connecting with the person… then you feel: okay, I'm here, I'm with you, and I'm going to support you even though I feel tired. Because I think that connection is important.*

Moreover, P2 explained that being presently engaged with his clients was valuable for the therapeutic process. He experienced it as impacting positively on the client's well-being, both in that moment and for the future:

> *If somebody was to visit my practice and they said that they… lost a loved one a year ago, and everybody else tells them that they need to move on… but they cannot move on… As a therapist, what do you do? Do, do you say or do what society says: just move on. And get this person to move on and scar them emotionally maybe for the rest of their life? Or do you slow down and say: but it's okay. We, we can still mourn.*

Because maybe you never had time to mourn… Let's slow down… you need to put yourself there and understand what this person is actually going through.

In addition, being presently engaged was also experienced as valuable for compassion. P3, for example, emphasised her experiences of being present and how it contributed towards her expression of compassion:

(Researcher: You also mentioned that it's important for you to be there with your client in therapy. Would you say then that being present with your client is important for you to experience compassion?) Yes. Because if I'm not there, I might miss the cues that they're giving me. Definitely.

Furthermore, she also experienced being presently engaged with the client as the beginning of an engaging process of understanding and addressing the client's needs:

Compassion would be: I understand that you are, that you are unhappy or you're sad; I feel with you, and I would like you to feel better... And let's find ways for you to, to feel better… Because it's a starting point of, of a solution.

The participants further experienced present engagement as valuable in that it contributed towards both psychologists' and clients' well-being. Thus, greater presence within therapy resulted in more rewarding experiences of SC and compassion. For example, P4 held that being present required active

engagement and management from the psychologist towards their own well-being:

> *If you are focused on tomorrow and the day after… then obviously you are not focused on how you're feeling at that particular moment… it's important to be able to apply strategies when you realise it is necessary.*

Also, P3 relied on daily life occurrences to serve as reminders that assisted her in being more presently engaged in life and its experiences, thus contributing to her well-being:

> *One of my cats would come and she'd be like: Meow meow meow. And then for me that's such a nice way of like remembering, hey, this is actually life here. This is like a live thing. I need to put away my time-wasters and just spend time with life here.*

From the current study it emerged that being presently engaged in therapy contributed positively to clients' experiences of the therapeutic process. Sodeke-Gregson et al. (2013) described how therapeutic presence imparts a sense of fulfilment to psychologists as they are able to contribute positively to their client's needs in that particular moment. Geller and Greenberg (2012) described being present within the therapeutic space as a quality that fosters awareness for the psychologist of themselves and their clients, and which leads to a deeper connection between them. According to Geller and Greenberg (2012), the therapeutic presence is a fundamental quality for the therapeutic relationship. These authors (2012) also describe such presence as fundamental for effective therapy. Therapeutic presence could therefore be understood as a therapeutic factor that contributes to both the client's and the psychologist's

well-being – and in light of that, also the therapeutic relationship shared between them. Therapeutic presence encourages clients to feel that they are being heard and understood (Vivino et al., 2009), and facilitates the development of meaningful connections with clients (Burnell, 2009). Further, being presently engaged in therapy is beneficial to psychologists as it enables them to better manage work-related stress (Foureur et al., 2013), it reduces CF and vicarious trauma (Hülsheger et al., 2013), and it enhances more positive outcomes in general (Thompson et al., 2014). Thus, through the participants relating their experiences, it became evident in the current study that present engagement is an essential skill for the therapeutic process.

It also emerged from the study that personal and professional relationships enhance compassion and SC. In light of this, social connection, the therapeutic relationship and the participants' relationship with themselves were all indicated as relevant subthemes. These will be considered in the second theme, which will be explored next. These identified subthemes will be discussed in the following order: first, social connection's role in enhanced compassion and SC; second, the impact of the therapeutic relationship on enhanced compassion and SC; and finally, the study will consider psychologists' relationship with themselves.

Theme 2: Relationships Nurture Compassion and SC

Compassion and SC through social connection. Social connection is an essential component that enhances compassion and SC. The participants indicated that social connection was experienced through both personal and therapeutic relationships. Enhanced SC occurred as the participants not only provided compassion during therapy, but also received compassion from

relationships. The compassion offered by these relations provided the participants with an opportunity to extend more SC towards their own challenges, which in turn increased their compassion towards others. For instance, for P2, social relatedness provided an opportunity to be on the other side of compassion, where he could also experience compassion from others. He deemed being on the receiving end of compassion as an experience that adds value to psychologists' well-being:

> *Relationships also give the opportunity to maybe experience compassion from the other side. And it gives you that, that feeling of: but, I am understood. Somebody else understands me. Which is necessary, because we cannot just always be compassionate, it's always nice to have somebody be compassionate towards you. And I think that's what relationships bring to you.*

Social connection was also experienced as a valuable contributor towards more effective coping skills. For instance, P1 experienced social connection, and being on the receiving end of compassion, as a potential coping strategy. She highlighted that receiving compassion from others, as opposed to only providing it, adds to psychologists' sense of self-efficacy:

> *People might use (their experience of) compassion… to cope with the specific situation. So, so it (receiving compassion from others) might increase their resourcefulness and their trust in their own ability to overcome something.*

In addition, P4 highlighted the role of relationships in engaging compassion as a coping resource and which enhances additional coping resources:

I think to a certain degree people might use compassion and, and when they experience compassion from someone. They might use that (experiencing compassion from others) in order to motivate them to cope with the specific situation. So, so it might increase their resourcefulness and their trust in their own ability to actually overcome something, because someone understands what's going on; someone cares… It (compassion) might become one of their resources that they might use (to cope) – the understanding and caring of others… (Additionally) being compassionate towards someone, it might also elicit some of their other coping mechanisms. It might be that compassion is a specific resource… but it might also (be) that that kind of triggers other resources.

Also, P3 touched on the value derived from social relatedness in enhancing her capacity for compassion and managing CF:

We (colleagues) were actually trying to think of different solutions maybe just to help each other out in terms of that (preventing CF). In terms of the workload and more constant or regular reminders and saying: okay, let's take a break every two, three months. Do something that will recharge us.

Moreover, P4 experienced social connection as contributing to her sense of purpose. She also experienced shared support as a contributing factor to her well-being:

So, I've noticed that I… enjoy sharing what I've got and what I've learnt... Even if it's a colleague of mine that I haven't seen in a while and they ask

> *me for input on something. Then immediately I feel that by giving back something that I've learnt, it kind of also makes me feel better a bit. It's like I re-recognise why it is that I'm doing what I'm doing.*

Social connection was experienced by P3 through collegial support and a shared sense of suffering:

> *So often you would build friendships at work, but it doesn't even have to be a friendship. It's just understanding of we go through the same, you know, process at work, the same challenges.*

Positive relationships also provided P3 with a sounding board from which to regain objectivity about her professional role and responsibility. It helped her to improve the regulation of her own emotional experiences, and to extend greater SC:

> *We're not psychic, and we're not mind readers. It helped that I had that emotional support from someone else that I trusted just to help me with that.*

It further emerged that SC could be experienced from various relationships. For instance, from P1's experiences, family represented important relationships that contributed to her well-being:

> *My family is part of my social support. They sort of bring in a different vibe from the work environment. They appreciate you for who you are.*

This finding facilitated awareness of the role and value of social connection for psychologists. It emerged from the study that social connection enhanced the participants' well-being through shared support, experienced compassion and enhanced coping skills. Killian (2008) described social connection as the most significant predictor of CS, which entails a positive experience from helping others (Crowe, 2016). Therefore, in addition to enhancing the psychologist's well-being, social connection also holds positive outcomes for clients as the psychologist becomes better equipped at providing care, compassion and empathy (Smart et al., 2013). Furthermore, participants also highlighted how positive relationships contribute to SC and that SC also contributes to enhancing relationships. Neff (2003a) indicated that SC enables psychologists to experience greater interpersonal connectedness. According to Boellinghaus et al. (2013), SC enables psychologists to experience greater acceptance, compassion and care toward themselves and others. Thus, a relationship between SC and interpersonal connectedness appears to be reciprocal. The role of social connection in enhancing compassion and SC could be considered a new finding as no literature was found during the study to support this finding (EBSCOhost, October 2017). A positive relationship between SC and interpersonal connectedness could lead to greater expression of SC, as well as intrapersonal and interpersonal connectedness for the psychologist. These factors could also have a positive impact on the therapeutic relationship and therapeutic process, and could thus enhance psychologists' well-being and lead to more positive therapeutic outcomes. Therefore, the finding that social connection could enhance compassion and SC could be valuable in encouraging psychologists to be more aware of this fact and increase their strategies to enhance social connection. It may also prove a valuable area for further exploration in future research.

Next, the study will explore the role of the therapeutic relationship towards increased compassion and SC.

The therapeutic relationship nurtures compassion and SC. It emerged from the study that the therapeutic relationship enhanced the participants' engagement with and expression of compassion and SC. Such a relationship was perceived as a core foundational component necessary for effective therapy, as it facilitated the expression of compassion, fostered positive interactions between parties, and encouraged involvement in the process from both the psychologist and the client. For instance, according to P3, the therapeutic relationship serves as a key component in the therapeutic process. To her, such a relationship with the client is primary to other factors and also the most essential component for constructive therapy:

> *The moment that the client feels you understand them or you're not judging them, then a lot of the other things kind of sort themselves out.*

Moreover, she indicated that the therapeutic relationship enabled her to gain a deeper appreciation for a client's position and fostered greater compassion towards him/her:

> *If you don't have that connection with somebody, I think you misinterpret their situation more… if there is a connection, you would understand the situation better, which can lead to better compassion.*

Further, according to P4's experience, the therapeutic relationship encourages greater consideration for the impact that psychologists have on clients. She

experienced such an impact as grounded in the therapeutic relationship and a necessary consideration for the therapeutic process:

> *Considering the impact of your decisions on the client, I think is part of your professional relationship that you have.*

The participants also highlighted how SC served as a stepping stone towards more positive therapeutic processes by contributing to the therapeutic relationship. For example, by the participants first relating positively to themselves, they become more inclined and able to relate positively to others, including their clients. SC could therefore be considered a foundation for constructive relations with others. For instance, P6 experienced SC as necessary for both her own and her clients' well-being, and therefore also for the effectivity of the therapy:

> *If I don't have SC for my own worries and anxieties, then how will I have compassion for others.*

Further, P6 highlighted the role of self-nurturance in psychologists' capacity for relating to and extending care to others:

> *The more you are able to nurture yourself, the more you are able to nurture others.*

Similarly, P1 stressed how SC supported therapists in their therapeutic role and contributed towards effective therapy:

If you don't help yourself, you're not going to be able to help those people.

Also, SC was experienced as vital to the psychologist's role as a therapist, in that it fosters compassion for others. P5, for example, reflected on the importance of SC in this regard:

> *It's also that thing of not emptying your tank, because you can't give out what you don't have yourself.*

The participants in the current study experienced the therapeutic relationship is a source of connection and compassion. Whenever a therapeutic process occurs, a therapeutic relationship between the therapist and client, whether positive or negative, is inevitable (Jensen & Kelley, 2016). Catarino et al. (2014) characterised a positive therapeutic relationship as a connection that fosters open communication and increased opportunity for compassion. It is through such a connection with clients that psychologists are able to extend greater compassion (Cooper, 2012). Cooper (2012) further described how a sense of connection could be experienced by both psychologist and clients at either the same or different times within the therapeutic space. Such a connection is considered important as it contributes to the therapeutic relationship and ultimately also to effective therapeutic outcomes (Mearns & Cooper, 2017). According to Miller (2007), compassion is difficult to define, but it inevitably involves connection and caring for others. He held that such a connection could either occur cognitively through perspective taking, or affectively through empathy. Similarly, the importance of the therapeutic relationship was highlighted by Geller and Greenberg (2012), who considered a positive therapeutic relationship as the foundation for therapeutic intervention

and essential for positive outcomes in therapy. Further, many psychologists work in environments that often have high demands for caregiving (Coleman et al., 2016). Due to such high demands, these psychologists often experience greater needs for self-care. According to Neff (2009b), when an individual extends self-kindness, a sense of emotional safety is created. It is thus important for psychologists to extend SC, as greater self-care could result in increased well-being for the psychologist. Further, as their own well-being is enhanced, psychologists' engagement with the therapeutic process could also be enhanced, thus resulting in more effective relations with clients. In light of this, greater compassion could be experienced with the application of SC, for both psychologists and their clients. This finding was important for the participants in the current study, as greater SC may contribute positively to the effectivity of therapy. Based on experiences with their own therapeutic processes, they also supported the view that a positive relationship serves as the foundation for constructive therapeutic interventions.

In addition to the therapeutic relationship being important for compassion and SC, the finding that a personal relationship with themselves is beneficial for psychologists' experiences of compassion and SC will be discussed next.

SC is encouraged through a relationship of care towards the self. The participants in the study described their experience with SC as an intimate encounter that evoked inner dialogue and greater personal connection. For example, P5 emphasised that psychologists owe it to themselves to practice SC, considering SC's positive contribution to their well-being:

> *… it's (self-compassion), it's one of the things you feel you deserve and you owe it to yourself.*

Moreover, it was stressed that SC contributes to psychologists' well-being by encouraging a relationship of care and understanding towards themselves. P5, for example, emphasised the importance of such a relationship and highlighted how it fosters greater acceptance through compassion for her own failures and challenges:

> *… (SC is) to have a good relationship with yourself and to be your own best friend and to also have empathy and compassion for yourself.*

Similarly, SC was experienced by P4 as an intimate expression of acceptance towards herself, by herself. She described such acceptance as intimate and authentic:

> *And I think a big part of, of being compassionate is just loving yourself for whatever it is that you do and don't do, you know. And, and part of that is accepting both the good and the bad.*

P2 underscored SC as a personal process that facilitated him spending time alone with his own thoughts. He also experienced SC as a process that encouraged paying attention to himself, his needs and his current state-of-being:

> *It's more to be on your own with yourself… self-compassion is very much something between you and yourself… It is a personal process. You need to understand where you come from and be aware of where you are at, at a certain point in your life.*

The findings from the current study highlighted SC as an intimate process that extends compassion towards the self. It emerged that greater SC by psychologists towards themselves could enhance their well-being. Such increased well-being may in turn enable more effective participation and compassion during the therapeutic process, which could also impact positively on clients' well-being. In light of this, the current findings could therefore be considered important for psychologists considering that greater connection and acceptance towards the self may translate into enhanced well-being for both the psychologist and, indirectly, for their clients. SC could thus be described as a process that forges a deeper connection with oneself and encourages greater self-acceptance. For example, Neff (2003a) highlighted that SC allows psychologists to experience more self-acceptance. She also highlighted that SC requires sensitivity, being non-judgmental, and showing respect towards the self (Neff, 2009a).

Ways in which compassion and SC develop within a therapist were highlighted by the study as a beneficial finding and will be considered in greater depth in the next theme. This theme relates to the role of compassion and SC as dynamic, ever-changing and evolving processes of caregiving. During the research, compassion and SC were considered by the participants as dynamic processes with multiple factors influencing the experience and expression thereof at any given moment. In light of this, the following subthemes emerged and will be discussed in greater detail: first, the role a psychologist's psyche plays in his/her approach to both compassion and SC; second, the influence a psychologist's life experiences and the therapeutic process exerts on compassion and SC; and finally, the contribution that engaging with certain identified therapeutic needs makes to enhanced compassion and SC.

Theme 3: The Dynamic Development of Compassion and SC within a Therapist

The psychologist's psyche influences compassion towards others and the self. For the purpose of this study, the psychologist's thoughts and emotions will be collectively referred to as the psyche (Taheri & Biriya, 2013). The participants in the current study experienced their psyche as essential for their engagement with compassion and SC. The psyche demands consideration as an influencing factor, considering that it could have either a positive or negative impact on the psychologist, and thus has the potential to contribute towards either CS or CF. The participants emphasised the need to first change their perspectives or attitudes towards certain ideas or situations before they could extend compassion or SC. Negative or unconstructive perceptions often impeded their capacity for greater compassion and SC. P5, for example, emphasised the role that her psyche plays in her compassionate engagement towards herself and her clients:

> *I think by, by looking at your own thoughts in terms of certain things and realising: but you are now trying to be perfect. Or trying to be a perfectionist. Or I must do everything perfect. Or just the, the demands that you put on yourself… it's important to just look at what you think about things and how you think about things. Because in the end that influences your emotions and your behaviour.*

P3 also touched on how the psychologist's psyche could impact on the therapeutic process. She highlighted how negative emotions, such as anger and resentment, could draw the psychologist's attention away from the client and

focus it on themselves instead, resulting in reduced levels of compassionate care:

> *Holding onto anger is like holding onto a hot coal and hoping to throw it at someone, because you're just actually burning yourself.*

Furthermore, P3 highlighted the impact of emotions and thoughts on her engagement within the therapeutic process and her expression of compassion towards her clients:

> *When you're stuck on something in terms of whether you're angry about or regret or anything, you do use up a lot of psychic energy on that. On ruminating over and over again on something. And if you do that, how are you going to have energy left to do anything else (such as express compassion)?*

P6 emphasised how SC is often limited due to the incorrect belief held by psychologists that they do not need to apply SC:

> *Psychologists buy into the incorrect perception that we don't have personal challenges… have little opportunity to be SC.*

Also from P6's perspective, a lack of SC often stems from psychologists being critical towards their own need for SC. Self-criticism thus seemed to impede SC:

> *I think psychologists tend to have less self-compassion, because we are a bit critical.*

P4 touched on how psychologists often do not engage in SC because they overlook their own needs. From her experience, such an oversight could result in CF:

> *CF is a continuous denying of your own personal needs – where you constantly put others' needs above your own.*

P2 mentioned the importance of introspection and awareness of his thoughts and emotions during the therapeutic process. He experienced these factors as influential to his therapeutic approach and his expression of compassion:

> *I have to check myself and make sure what is going on in my mind about situations, and how that portrays to emotions as well. So I think you should be aware of everything that's going on in your head and in your heart (and its impact also on the client).*

In addition to this view, P2 stressed the role of meaning and purpose as a function of the psyche and how it impacted on his expression of compassion towards his clients. He considered such experiences of meaning in his work as vital to his role as an effective therapist:

> *If my work does not have meaning, I fear that I will become less and less compassionate… So you need to have something that you believe in and something that you want to achieve and, and you always want to grow. Because if you have that goal, you always in my, in my understanding, you will always be compassionate towards (clients).*

Moreover, P2 described compassion as a process that required being responsive to clients' needs; thus, highlighting the role of the psychologist's cognition in the therapeutic process. He viewed such discernment as a useful skill, which influenced engagement with clients and with the therapeutic process. In light of this, compassion was understood as being informed by cognition and guiding the psychologist towards effective therapy:

> *Sometimes clients and patients are not 'fixable'. Sometimes they need you to be compassionate towards them in order for them to be able to move.*

In comparison, the role that the psyche plays in the psychologist's perception and management of his/her own needs was stressed by P1. Hence, she felt that the psyche not only enhances understanding of a client's needs, but also enhances understanding of a psychologist's needs within the therapeutic process. This was an important consideration for P1, considering that her work environment often demanded paying attention to many student clients' and private clients' needs. Consideration of her own psychic well-being was thus necessary as such consideration would allow her to manage her resources more effectively and also contribute towards the expression of compassion:

> *I've adjusted my focus in order to make sure that the type of clients or customers I have aren't people who drain my resources.*

From the present study it became evident that the psychologist's psyche exerts an influence on the therapeutic process. The participants emphasises that their engagement with and experiences of compassion and SC could be

negatively affected by their behavioural and thought patterns, if they were not willing to embrace alternative ways of approaching situations. Thus, the psyche has an influence on the extent and quality of compassionate care and SC. For instance, the participants' psyches played a role in their perceptions and engagement within the therapeutic process, which contributed to their own and clients' well-being during this process. The psyche could thus be perceived as a regulator that guides the psychologist's interactions within the therapeutic space. However, the psyche could also be seen as a factor that needs to be regulated or managed by the psychologist. These findings were considered important for the participants in the present study, as awareness of the role that their psyche plays in their own and clients' well-being could lead to increased insight, which could further enhance engagement within the therapeutic process. Greater awareness of and engagement with their needs could result in higher levels of empowerment and an increased capacity to engage constructively with their clients and their own well-being by implementing compassion and SC. No literature was found during the present study on the role of the psychologist's psyche in compassion and SC and could thus be considered a new finding (EBSCOhost, October 2017). Understanding how the psychologist's psyche may impact on his/her expression of compassion and SC, may hold valuable outcomes for the profession and psychologists' approach to therapeutic processes. It could thus be an important area for future research.

In light of the above, it is evident that the psyche fulfills a significant function in psychologists' expression of compassion and SC. Apart from this finding, the study also highlighted how certain life experiences impacted positively on psychologists' compassion towards themselves and others. This finding will be discussed in greater detail in the following subtheme.

Psychologists' life experiences shape compassion and SC. The participants expressed how various life experiences had enhanced their growth as compassionate individuals by increasing an understanding of themselves and their clients. Through such understanding, life experiences also shaped the participants' engagement with clients and therapeutic processes. For instance, P5 highlighted how life experiences had influenced her sense of relating to herself and others:

> *I think over the years I've learnt to be more kind to myself, and have more compassion, and more empathy and understanding… You become more compassionate as you grow older.*

Similarly, P2 emphasised the function that his life experiences played in equipping him to engage more compassionately with his clients:

> *Almost the, the experience you, you gain from various roles sort of equips me. I wouldn't speak for other psychologists. But, equips me to… be good at what I do (therapy). I think because it teaches me of life, and it teaches me of situations, and choices and emotions that one goes through.*

Furthermore, P2 highlighted how his life experiences impacted on his perceptions and beliefs, which in turn continued to influence his engagement with his clients:

> *Sometimes our understanding of certain situations and our own personal ideas about certain things influence our way of thinking about them (clients).*

For example, P3 reflected retrospectively on the development of her ability to engage more compassionately towards herself:

> *If I look back, the beginning of my therapy years was the most difficult for me. I tried to put everything in (into therapy) – more than I really had – and then I didn't have anything left. I would also feel more guilty about things*.

Moreover, experience taught P1 to set and manage boundaries in the therapeutic process and made her aware of her limits. Through life experience, she was thus more able to acknowledge her needs and act SC towards those needs:

> *When you start a practice, you are still vulnerable… you are not a seasoned therapist who knows boundaries… I have learned with experience that you can only do so much for your client as a therapist.*

SC was also highlighted as a process that develops greater tolerance. For instance, from P5's perspective, life experiences played a role in helping her embrace a more open-minded approach towards life and herself:

> *… throughout your life it (SC) has been a process... as I get older it's easier… because your black-or-white thinking has changed and you are now able to live in a world of grey areas.*

P2 explained learning from previous experiences in greater depth by highlighting the role of his own experiences in enhancing his compassion towards clients:

> *… when I used to work with parents and I wasn't a parent myself, I could understand what they were saying and I could assist them in an efficient fashion. But because I have children now, it sort of gives me a greater… well, let's call it compassion, for what's happening in their lives. And if a parent sits in front of me and tells that: my son won't be able to study this year, in the past it would have been: ja, he can't study this year because… But, because I have that greater understanding now… my understanding of what he's saying has grown. And I think I would deem that as compassion. I had more compassion for the statement that he just made. Not that it would influence my intervention in much more than I would have done prior, but I think it just puts things more in perspective.*

Furthermore, P2 stressed an appreciation for, and the benefits of, learning from previous experience:

> *I'm a firm believer of everything that happens to you, you can use or utilise somewhere along the line.*

Moreover, P6 learned through life experience that clients faced difficulties similar to her own, which enhanced her compassion towards them:

> *You don't necessarily have to have exactly the same experiences as your client, but being aware of what they are going through and perhaps*

being exposed to similar experiences, (being aware that it) is busy also happening to my client. For that reason I can have compassion with my client.

Life experiences appeared to occupy a significant role in shaping the participants' engagement with and expression of compassion and SC during the therapeutic process. This occurred through enhanced appreciation for their clients and their unique situations, and the psychologists' own challenges. Considering that the South African context is a dynamic one, populated by different cultures, varying backgrounds and changing contexts, greater appreciation for the role of life experience in shaping psychologists' understanding and approach towards clients is vital. Such engagement and understanding could lead to greater personal and therapeutic growth as psychologists gain deeper regard for their own and clients' suffering and also become more equipped to integrate their knowledge towards improved therapeutic outcomes. Therefore, through life experiences, psychologists could become more aware and take more initiative to incorporate relevant steps that could address their needs for their own and their clients' increased well-being. The current finding on the role of life experiences in compassion and SC (EBSCOhost, October 2017) could be considered a new finding as no literature was found during this research to indicate otherwise. However, further exploration of this finding could prove valuable for future research.

In addition to the above, the role of therapeutic needs towards enhanced compassion and SC was identified as necessary and will be considered in the following paragraphs.

Identifying therapeutic needs contributes towards compassion and SC. The recognition of certain therapeutic needs contributed positively to the well-being of the therapist, the client and the therapeutic process by enhancing compassion and SC. The participants also highlighted the management of such needs as a step towards enhanced therapeutic outcomes. For example, one such an identified need related to improved management of resources within the therapeutic process. For instance, P1 experienced a need to ensure that she maintained a balance between the resources used for the well-being of her clients versus the resources used for her own well-being:

> *The same energy you invest in others, invest in yourself, so that there's a balance. If you don't help yourself, you're not going to be able to help those people. So you need to also invest in yourself as much as you're investing in other people… You need to also invest in yourself as much as you're investing in other people.*

P3 touched on personal responsibility towards the therapeutic process by highlighting the risk of overextending one's resources. From her experience, overextending resources could lead to CF, which could impact negatively on psychologists' effectivity during therapy and have a detrimental effect on both their well-being and that of their clients:

> *People present with various problems, so if you were to take them on your shoulders all the time, it means you're not going to survive… so you're not that helpful… you just end up compromising yourself in a way.*

P1, for instance, reflected on how consideration for and acceptance of her capacity within therapy contributed towards her well-being:

> *To be kind to yourself means saying: I stop here. I'll take over from here. This is what I can do, this is what I cannot do, and you leave it.*

In addition, P6 highlighted the need for psychologists to manage their own well-being during the therapeutic process as a responsible approach towards therapy:

> *If I don't have SC for my own worries and anxieties, then how will I have compassion for others'?*

Moreover, P6 highlighted the fact that psychologists should show consideration for their own needs. She said their own needs were often overlooked due to external pressures and pressure that was self-imposed:

> *We (psychologists) always think: I must, I must, I must give more… Forget to be kind to self and to nurture self.*

A need for greater SC was also highlighted as necessary for effective therapy. For example, P3 considered SC an important approach during therapy:

> *I've realised the importance of it (self-compassion), and I don't see it as selfish; I see it as vital.*

Further, the participants expressed a need to manage the expression of compassion as necessary for the enhanced well-being of their clients. For

instance, P3 experienced the expression of compassion as being context-specific, or dependent on what was needed in a particular context and by a particular client. Therefore, compassion is dependent on the client's engagement and what they present with during the therapeutic process:

> *The amount of compassion you give depends on the person and the problem that is presented. You gauge the amount that they (the clients) need.*

P2 explained that compassion changes as his comprehension and perception of a client's situation changes. In light of this, he expressed a need to treat compassion as a process that develops over time:

> *When we are unskilled in understanding we tend to only try to follow our own way of seeing things. But as we hone that skill, we grow to understand a greater area, and encompass more situations and information into our understanding, rather than just our own perspective.*

It emerged from the study that the psychologists' expression of compassion and SC was enhanced as they identified and addressed certain needs during the therapeutic process. In light of these findings, compassion and SC could be described as fluid processes influenced by the therapeutic process. By facilitating greater awareness and appreciation for the role of the psychologist within the therapeutic process, more relevant therapeutic outcomes, enhanced compassion and SC could thus be achieved. Hence, the current theme could contribute towards more applicable interventions for psychologists in the South African context (Kagee, 2014; Long, 2013; Wahbie & Don, 2013).

The following theme will focus on the participants' experiences of enhanced compassion and SC through greater self- and other-awareness. Such awareness was perceived as essential, as it could lead to more effective therapeutic interventions. Certain factors of awareness were identified as important contributors towards experiences of compassion and SC and will be explored in more detail in the following paragraphs. First, the finding that awareness enhances compassion towards others will be discussed. Also, the role of awareness in increasing psychologists' understanding of their clients' unique situations and needs will be explored in more depth. Next, the capacity of self-awareness in increasing SC will be considered. Finally, the role of self-reflection towards greater awareness, and thus enhanced compassion and SC, will be discussed in more detail.

Theme 4: Compassion and SC Require Awareness of Self and Others

Awareness facilitates increased compassion towards others. Awareness of others was considered as necessary for greater compassion towards clients. Such enhanced compassion could result in beneficial outcomes for clients and therapeutic processes. For example, P2 emphasised awareness as necessary to facilitate connection with his clients, increase his appreciation for their unique situation, and increase compassion towards them:

> *(I) want to know as much as I can about this person's background or situation, (and) current situation, in order for me to find touch points to become compassionate.*

P2 also highlighted awareness of personal biases as a consideration for the expression of compassion. Such biases may have a negative impact on the expression of compassion in that it could influence the psychologist's approach towards the client and the therapeutic process. For this reason, P2 experienced increased self-awareness as a necessary component to help manage personal biases:

> *I have to be aware of them (biases). I need to have self-knowledge; I need to know myself quite well in order to be able to identify them within myself… I just think one needs to be super attent [sic] to your own, well, let's call it 'issues'. If one is to put it in such a way. Because if you don't know that, that you have them, they will influence whatever you do.*

From the study it further emerged that psychologists express compassion by also encouraging greater awareness in their clients. For instance, P2 highlighted compassion as a process of assisting his clients to become more aware of their own experiences and possible alternative perspectives thereof, and sharing in this process with his clients. In light of this, he experienced compassion as a shared engagement with the client:

> *… we refer to compassion as, as creating an awareness of where this client is… the awareness is that there's different avenues that she needs to explore in order to, to move in her situation. So in other words, if I have to put myself in her shoes, and to understand her situation and show compassion towards her situation, I need to be able to explore those avenues with her.*

Further, the importance of facilitating clients' awareness of their own responsibility and resources to improve their situation was stressed by P4 as necessary for therapeutic change:

> *I'd work on, on their increasing their awareness of their own situation and, and finding solutions to that. So that they don't get stuck in this thing where they complain the whole time and they expect you to kind of just be compassionate towards them, and kind of take responsibility for their own actions… Instead of focusing on the specific situation which they require you to be compassionate about, rather focus on what it is that they can do to get themselves out of that situation.*

The participants also experienced awareness as a process driven by intuitive understanding. For example, P2 found that his intuition enhanced his capacity for compassion towards his clients by encouraging himself to see the bigger picture and thus making more sense of the situations his clients find themselves in:

> *I think sometimes to be compassionate is also to allow yourself to see a bigger picture and not just focus on what you see in front of you.*

It was also emphasised that self-reflection plays a role in self-awareness. For instance, P1 experienced self-reflection as necessary for greater self-awareness and, in turn, greater compassion towards clients:

> *I think it's important to reflect, you know, and to, to ask yourself what did you experience during a session with a client. Especially if you become aware of your own feelings that become more present there and surface*

more. To, to reflect and ask yourself so that you can be aware and that you can be more aware even in the next session.

In addition, P5 highlighted the role of self-reflection in greater self-awareness and increased compassion:

(Researcher: Would you say self-reflection plays an important role in showing compassion?). Definitely… Because… if you have gone through the same thing and there is counter-transference, it might influence the way that you portray the compassion.

Further, P5 explained how such reflection and awareness enhanced her ability to express compassion through validation of her clients' experiences:

… to kind of reflect what it is that you, that you see or that you experience from them, and, and in that way you kind of express your understanding of what it is that they're going through.

Similarly, P4 experienced awareness of herself and her client, and reflection on these aspects, as necessary factors for compassion:

I think (the most important thing for compassion) is awareness, general self-awareness and reflection. And… the same in a therapeutic process. To be aware of your own reactions towards a client as well, and… how you respond and all of that.

Also, the role of awareness as a skill that contributes towards emotional regulation and compassion was emphasised by the participants. For example,

from P4's experience, greater awareness of her clients helped her to regulate her interactions during therapy more effectively:

> *… it's kind of that, you know, rather than being irritated with a person who comes here irritated from the start, to kind of understand where it is they're coming from. And understand the underlying process that's going on and try and, and express consideration towards that.*

Moreover, P6 reflected on an awareness of her own and her clients' experiences and expressions within the therapeutic process. She described such an awareness as enhancing her management of the therapeutic process and also as her expression of compassion towards her clients:

> *You will see in their demeanour (when clients withdraw) they will, they will start retreating. Not being as truthful anymore because they can feel that you're becoming judgmental… you have to be very aware of that. Even if you're not aware of it in that session, when, when you're doing your process notes and you realise: okay, I was… I said things, or I was impatient with my client and they retreated. Then you must do a bit of self-examination and you know, sort of probe yourself. What did I really say? How did I come across? Was I as compassionate as I wanted to be?*

The present study highlighted the role of awareness in both preventing potentially negative outcomes and contributing positively to the client's well-being, the therapeutic relationship, and the therapeutic process as a whole. The participants reflected on the role of awareness in facilitating enhanced compassion towards others. Awareness of their clients' situation and

challenges thus played an crucial role in the participants' sense of compassion. This finding could encourage greater focus and appreciation for the role of awareness in compassion and potentially contribute to therapeutic interventions and outcomes. As no literature emerged during this study on the role of awareness in compassion (EBSCOhost, October 2017), it will be considered a new finding. The role of awareness in compassion could prove valuable for the psychology profession as it may lead to enhanced ways of approaching therapeutic processes. The current finding may thus be worth investigating in future research.

While the function of increased awareness towards enhanced compassion was considered an important finding for this study, it also emerged that awareness contributes towards increased understanding of clients' experienced challenges and specific needs. This too was considered a valuable finding for the research and will be explored in greater depth during the next subtheme.

Awareness contributes towards an understanding of clients. The participants also considered enhanced awareness an approach that elicited a deep understanding of clients' suffering and their unique situation. For instance, for P2, such awareness meant gaining a deeper understanding of, or appreciation for, the situation that clients found themselves in. In light of this, he reflected on the nature of compassionate expression and his own experience thereof:

> *Because I don't think it's (compassion) my emotional response; it's more understanding than a response.*

By opening themselves up to engage with their clients' stories, the participants gained greater awareness and understanding of their clients' unique situations. They experienced a two-fold process where greater awareness enhanced deeper understanding of their clients, and where such deeper understanding of their clients enhanced more compassion for their clients. For example, P2 felt that by being more receptive towards his client's unique experiences, he was able to grow in his understanding towards them and experienced greater compassion as a result. He experienced such an approach towards his clients as vital to his role as a therapist:

> *And, and hence I'm saying, if you hear that story five or six times, there's no way you can just focus on this; you need to grow more compassionate… If you hold a value or a moral in terms of life, and, and (for example) you think that abortion is not right, you, you're going to keep on bumping your head against that. Whereas you won't, you won't hear the real message why this person's here, and I don't think if you hear that message, you will be able to be a therapist for that specific client.*

Adding to this point, P2 discussed how such enhanced awareness has influenced and contributed to his approach towards the therapeutic process, and also the expectations he placed on himself and his clients:

> *It brings that understanding… sometimes clients and patients are not "fixable". Sometimes their need is different. Sometimes they need you to be compassionate towards them in order for them to, to be able to move… compassion added that… sense of when to move and when not to move.*

Similarly, P4 discussed how compassion contributed towards her understanding of her clients' situations. She believed that such understanding was valuable in that it enabled her to more effectively address her clients' needs:

> *Compassion gives me that, I would say understanding of a situation… (an ability) to acknowledge their (the clients') needs.*

In addition, P2 experienced compassionate understanding as an ability to be aware of and acknowledge his clients' needs. He described such understanding as adding value to his role as a therapist:

> *My understanding of compassion also brought a different dimension to me. It added to me as a therapist… I notice the need for compassion maybe and the need to sometimes slow down in order to pick up in speed again somewhere else. So it gives me that, I would say understanding, of a situation. You can plan so much for a session and when you get to the session and something has happened or this person has regressed to a, to an emotional state, you need to, you need to be with that person at that stage.*

P3 considered a connection with her clients as necessary for greater understanding of and compassion for their unique situations. She considered such connection as rooted in a deep awareness of clients' experienced challenges and also as a vital part of the therapeutic process:

> *I think it's just easier to relate (when there is a connection) to them (clients) and then you'd understand… So then you'd better understand*

> *that specific person's needs… if there is a connection, you would understand the situation better, which can lead more to better compassion. Whereas if you don't even try and engage with the person, and find a connection, then I think you would probably miss… It would be more like a robot trying to, to be compassionate.*

From P6's experience, compassion is a process of becoming immersed in her clients' experiences. Such an approach, she believed, began with awareness, which paved the way for deeper understanding and also encouraged genuine compassion for her clients:

> *(Showing) real interest and questioning and a want to know more: Okay, tell me more... not only on the surface... compassion is that step further that you take, because you go in, into your client's life... Yes, it goes deeper. It is not that you as therapist lose control over the session, but you allow yourself to be lead deeper by the client... and then to receive true understanding and compassion for what is happening in that person's life.*

Moreover, P2 reflected on the role of awareness in fostering greater understanding and compassion for clients who are from different backgrounds and contexts to himself. He experienced such understanding as necessary to his role as a psychologist practicing in a multicultural context. He also considered greater understanding worthwhile, taking into account the sizeable student population that he works with on a daily basis:

> *Well, I think being… a Caucasian Afrikaner male, sometimes our understanding of certain situations and our own personal ideas about*

certain things might almost influence your way of thinking about them. And also obviously when you think about them, how you react to them. And, and you do not want to be biased when you go into a, into a therapeutic relationship. So over time I've also realised that you need to spend more time when you cross cultural lines or even age lines, to form a, a good compassionate understanding of what's happening in a client's life… And you need to understand what that person is experiencing through their own understanding at that age. Because without that you, I don't think you can be fully compassionate.

Awareness added value to the participants by encouraging a deeper understanding of their clients' challenges and needs within the therapeutic process. This finding was beneficial for the participants in the current study as deeper understanding also fostered greater insight into their clients' experiences, allowed for increased compassion, more specific interventions, and effective treatment outcomes. This finding was also important for the South African context, considering that the South African population presents with varied cultural contexts and challenges that require more relevant interventions (Kagee, 2014; Wahbie & Don, 2013). Through deeper awareness and thus enhanced understanding of such varied experiences and presenting difficulties, psychologists could become better equipped to provide more relevant interventions for this context. The current theme on the role of compassion in greater understanding of the therapeutic context (EBSCOhost database search, October 2017) could be considered a novel finding as no existing literature emerged in this regard. Therefore, considering that this finding may be valuable for therapeutic processes and may influence therapeutic outcomes, it could be a valuable area to consider for future research.

In addition to enhanced awareness of clients' experienced challenges and needs fulfilling a necessary function for the therapeutic process, the study also highlighted how self-awareness by psychologists towards their own challenges and needs was equally vaulable for the therapeutic process. This finding will be discussed next.

Self-awareness promotes higher levels of SC. Self-awareness was perceived as an approach that empowered psychologists to practice SC more effectively, which could further contribute towards increased well-being. The participants emphasised that self-awareness was a necessary function of SC, as such self-awareness often precedes the expression of SC. For example, P1 highlighted the regulatory role that self-awareness plays in SC:

> *(Researcher: So would you then also say that self-awareness is a form of self-compassion?) It is. Because if you don't, if you're not aware, then you're not checking yourself to see: Are you on the right path?… (It) form(s) part of self-compassion.*

It was further emphasised that self-awareness as an approach enhanced the participants' well-being. For instance, P1 described self-awareness as fulfilling a preventative role in helping her manage her well-being during the therapeutic process:

> *I notice when I haven't been aware for a while, that's actually usually when I'm struggling more… I think it's almost preventative in a way.*

In addition, P4 reflected on the role of self-awareness in her well-being. From her experience, self-awareness could play a role in preventing CF:

> *If you don't recognise… when you have to care for yourself, then you won't know. And before you know it you, you might be in too deep.*

Similarly, P4 further highlighted how self-awareness enhanced her well-being by enabling her to behave fairly towards herself, even when she felt inadequate:

> *If I had to feel frustrated with myself not being able to perform and I kept on asking: 'Why aren't you able to perform?'… But you don't realise that the last couple of days I haven't been sleeping alright; I haven't been feeling energetic… you obviously won't know then when to actually just care about yourself a little bit more.*

Furthermore, self-awareness was experienced by P2 as an essential component for SC, which enabled greater self-understanding and engagement:

> *Self-compassion is to be aware of yourself in a situation and to understand yourself within that situation.*

In addition, it emerged that self-awareness plays a role in SC by encouraging the participants to become more actively engaged in their life experiences and needs. For instance, self-awareness was perceived by P5 as a process that required active engagement that could contribute positively to an understanding of and engagement with herself:

> *You must know where you are in terms of yourself psychologically, emotionally… it's like doing a stocktake of your own life*.

Moreover, for P6, self-awareness was experienced as a process that required personal responsibility. She felt that self-awareness does not happen of its own accord, but required active engagement:

> *(You) have to gauge (your) own compassion: 'What is happening in my life at this moment?*

The present theme was important for the participants in this study as it created awareness of the role that self-awareness plays in enabling psychologists to know how, in which situations, and to what extent they require SC in their lives. Thus, it emerged that self-awareness provides a platform for greater SC. Also, increased self-awareness could contribute to more constructive participation by psychologists in the therapeutic process, which could in turn result in more effective therapeutic outcomes. Such outcomes could benefit the South African population and psychologists working in this context, as the weight of psychological caregiving among this population could be better managed. For instance, awareness and acceptance of themselves and their shortcomings was found to result in more positive thinking patterns for psychologists (Mantzios, 2014; Shonin et al., 2014). According to Neff (2003a), SC also fosters a balanced awareness of experiences, which implies that psychologists can look at such experiences without pretense, but with a willingness to engage them more openly. Thus, through enhanced SC, more effective outcomes for both psychologists and therapeutic processes could be achieved.

This study considered the role of self-awareness towards enhanced SC and therapeutic outcomes as vital for psychologists. In addition to this finding, it emerged that enhanced awareness occurred through greater self-reflection. Thus, the role of self-reflection was considered necessary by the participants and will be explored more thoroughly in the next section.

The role of self-reflection in enhancing higher levels of awareness. It further emerged from the study that SC encourages and seeks out opportunities for self-reflection. Self-reflection was experienced as important, as it provided a platform for enhanced awareness by the psychologists of their own and their clients' challenges, needs and experiences. Greater self-reflection thus also contributes towards greater compassion and SC. P6, for instance, highlighted her experience of self-reflection as a gateway towards greater self-awareness and SC. Therefore, through self-reflection, she was able to discover more opportunities for increased connection to herself:

> *Self-reflection is important for self-compassion… (you) become aware of own emotions and state of being at that moment.*

Further, from P3's experience, self-reflection was enhanced when she spent time on her own. During such moments of solitude and reflection, P3 experienced greater connection to herself, which enhanced her sense of SC:

> *For me alone-time is important, because that's when I get the time to introspect and to become more aware of myself and where I'm at.*

Self-reflection was also considered important as a means of self-regulation. For example, P3 highlighted self-reflection as a source of intrinsic motivation. She used such reflection towards enhanced awareness of her experiences and to accept or adjust her approach where necessary. She also relied on reflection as a source of encouragement to practice more SC:

> *(I) talk to self: 'You know, you're doing better than you think'. That type of thing. So, just saying kinder and gentle things to myself.*

In addition, P2 experienced self-reflection as contributing to his personal learning and development and his approach towards his clients:

> *Self-reflection is important. I mean there's always something that you need to ask yourself and find an answer.*

P1 also considered self-reflection as encouraging personal dialogue, which increased her coping skills and contributed to her development as a person. Such personal dialogue also enhanced her self-regulation:

> *I always do self-help and say: 'This is not the end of the world; you can do better next time'*.

P4 relied on self-reflection to assist her in being more SC and compassionate when experiencing challenges in relation to the therapeutic process. Self-reflection thus served as a source of motivation:

> *So I kind of try and motivate myself… by reminding myself of what it is that I'm good at and that I actually really love doing it.*

It emerged that self-reflection serves as a platform for psychologists to experience greater connection, awareness and regulation of themselves and their impact on the therapeutic relationship and process. This finding was beneficial for the participants in the current study, as greater self-reflection could thus contribute towards enhanced self- and other-awareness and increased compassion and SC. Self-reflection could also contribute to psychologists' engagement with and provision of caregiving in the South African context. This finding was supported by existing literature. For instance, according to Maree (2011a), psychologists have a duty to engage reflectively on their professional role to bring about meaningful change in the South African context, which continues to be plagued by inadequate provision of psychological services (Bowman et al., 2010; Nicholas, 2014). It is thus a necessary finding as engaging reflectively with their role enables psychologists to affect change through enhanced understanding of and insight in themselves, their clients, and the applicable therapeutic processes.

In the following theme, compassion and SC's contribution towards therapists' functioning will be highlighted. Such contribution appeared to take place through empathy, increased coping skills, by encouraging more active engagement towards challenges, and by contributing towards psychologists' personal development. The following section will thus discuss the following findings: firstly, the role of empathy in enhancing psychologists' function will be considered; then, compassion's capacity to enhance psychologists' active engagement towards challenges will be highlighted; next, the finding that SC increases the therapist's personal development will be discussed; and finally, SC's role in increasing coping skills will be investigated. From the participants' experiences, these facets of compassion and SC contributed positively to their

role as caregivers by enabling more effective engagement within therapeutic processes and by enhancing therapeutic outcomes.

Theme 5: Compassion and SC Contribute Positively to Psychologists' Development

Empathy enhances the psychologist's role as a therapist. Empathy was experienced as a facet of compassion that contributes towards effective therapy. Although there are conceptual differences between empathy and compassion, empathy was experienced by the participants as an essential component for the expression of compassion. For instance, P2 highlighted how empathy is separate from compassion as a construct, yet a central component in the experience and expression of compassion:

> *Some empathy goes into being compassionate towards others. Empathy might be more the emotional experience, while compassion might have a behavioural component as well… You cannot be compassionate without being, or without experiencing empathy.*

Furthermore, P5 discussed the fundamental role of empathy in creating a safe space for therapy and facilitating an environment where compassion could be experienced by the client:

> *Well, empathy. I, I think you can never do therapy without having Rogers at the back of your mind… To be aware, be person-aware. Like person-centred in the sense of being aware and just creating that space where you can built rapport and allow the person just to be comfortable. To be.*

Similarly, P1 supported the view that empathy shares a fundamental relationship with compassion. She experienced empathy as an essential skill and starting point for compassion:

> *Compassion would mean for me that with every client who comes to me, I need to be able first and foremost to have empathy. And not just have it as a practice, but really put myself in, in the shoes of, of the person who I'm seeing. You know, always trying to imagine like if I was in same situation, how would I feel, and how would I expect people to treat me.*

In addition, P3 reflected on the importance of empathy during her expression of compassion towards clients. She held that a lack of empathy could hinder her capacity for compassion:

> *You would struggle to be compassionate towards someone else if you didn't understand what they were feeling and what they were struggling with.*

Moreover, P3 described her own well-being as a necessary precursor for empathy, while highlighting the impact of physical and emotional exhaustion on her engagement during the therapeutic process:

> *It is a challenge more for me to understand and to have empathy with someone (when frustrated and tired).*

From these findings, empathy appeared to regulate the expression of compassion and fulfill a necessary function towards effective therapeutic processes. Greater awareness of empathy's role in compassion could thus result in increased outcomes for therapy, hence highlighting the value of this finding for psychologists. Back et al (2014) considered empathy and compassion as core functions for psychology. Compassion was described as an empathetic emotional response (Lilius et al., 2011) that entails feelings of warmth, concern and an active motivation to contribute towards the alleviation of clients' suffering (Klimecki & Singer, 2015). Empathy was described as an ability to share in emotional experiences without becoming overinvolved (Klimecki & Singer, 2015). According to Vivino et al (2009), compassionate psychologists are those who portray emotional resonance, warm and empathetic relationships with clients, and who do not distance themselves from their clients' emotions.

It emerged from the study that therapists become more actively engaged in clients' experienced challenges through increased compassion. This identified role of compassion and its contribution towards psychologists' functioning within the therapeutic process will be considered in greater detail in the following subtheme.

Compassion enhances active engagement of challenges. Compassion was experienced as action-oriented processes that seek to do something to help alleviate clients' suffering. Thus, compassion emerged as a factor that supported psychologists as active contributors towards the well-being of clients. For example, P3 experienced compassion as an ability to engage constructively and proactively towards clients:

Sometimes for me compassion is more actions… with compassion you can be compassionate towards someone by maybe doing something for them or saying something... So I think it goes a little bit further.

In the same way, P2 also experienced compassion as an active attempt to contribute towards clients' management of difficult situations:

I like to be a doer. So in terms of being compassionate, compassion feels more like a… doing emotion than just a non-doing emotion… Compassion feels like you actually, you contribute. (Researcher: Would you say that it's more engaging?) Yes.

Equally, compassion was experienced by P6 as active engagement, which is observable, specific and goal-oriented. She reflected on factors that contribute to compassion as an active process:

I think that compassion is an active process… it is an active search for the client's true self… It is not a passive thing … You feel it inside yourself… it is a very direct and active thing to me… in general it has to do with the atmosphere that you create… not only your verbal (communication), but also your non-verbal (communication)… this is all part of the active compassion you show to someone… I can sit here and tell you: Oh, I feel so empathetic towards someone who walks past and who struggles to walk. But compassion is almost a thing of walking downstairs and asking the person: Is your leg hurting? It looks like you have trouble walking. What happened? What can I do to help?... It's almost getting your hands dirty.

Likewise, P5 experienced compassion as gestures of support towards clients that extended beyond therapeutic sessions:

> *(Compassion is) being available to listen, to have the empathy and to care. (Researcher: How do you make yourself available to clients?)… it depends from person to person. If a person maybe lost somebody to death, I will just, if I know the funeral is in between when our next session (is) … I will just send a message to say: I'm thinking of you and ja… (it is showing) a bit of support. So, in that sense of sending a message… if you also know that a person is going through a difficult time... (Or if) the availability of medical aid funds would allow them to see you every two weeks or every third week, to in between just phone and ask: are you coping, how are you doing?*

Similarly, for P6, supporting a client in their need, and at their pace, was perceived as a skill that required proactive action:

> *… (It is) a conscious decision again to go at the pace of the client and not so much… want(ing) to fix them (clients) quickly.*

Further, it was highlighted that compassion encourages active engagement from clients. For example, P4 experienced compassion as a process that spurred active participation from her clients towards improving their own challenges. She viewed compassion towards her clients as a necessary approach, which encouraged responsibility and action towards their own well-being:

I think that… that's what distinguishes sympathy from compassion… is kind of the active part of it… And the positive focus… I wouldn't say necessarily (compassion is) solution-focused, because there might not always be a solution… But I think just being aware of what it is that you can do for yourself in order to feel better… to me there is a certain active part to compassion and getting out of the situation that you, that you feel stuck in… I wouldn't be compassionate towards someone for six months because of the same situation… the understanding of what this person is going through remains, but at some point you would like that person to actively do something about it.

It emerged from the present study that compassion is an active process, which calls on psychologists to take the necessary steps towards alleviating their clients' afflictions. According to Sinclair et al. (2016), compassion could be considered an emotional and physical response that aims to improve suffering. The study further highlighted that compassion also serves to motivate participation, responsibility and action from the client towards alleviating their own suffering. These findings were considered important for the participants in the current study as they contribute towards the delivery of compassionate care through relevant interventions that address clients' specific needs and could enhance therapeutic outcomes.

While compassion plays a critical role in increasing psychologists' active participation towards clients' experienced challenges, SC was experienced as contributing towards their personal development. The following paragraphs will highlight and discuss this role of SC, as it is considered a significant finding.

SC facilitates personal development. The participants experienced SC as a factor that contributed towards their personal growth. They also reflected on the positive impact that such personal growth had on their role as professional caregivers. For instance, P3 highlighted the importance of not only engaging in self-forgiveness over mistakes and failures, but also learning and growing from such moments of inadequacy:

> *Forgiving myself for mistakes is important, because yes, we are all human. But learning from it is the big thing.*

Moreover, it was emphasised by the participants that SC provides a platform for growth by learning from constructive criticism. For instance, P2 believed that such an approach could contribute positively towards his development by challenging him to move beyond his own views to also consider and learn from alternative perspectives:

> *I think in terms of growth and actualising, you need to be able to allow other people to challenge what you think of yourself.*

It was also highlighted that SC plays a role in facilitating a process of growth through reconnection with oneself. For example, P1 emphasised how SC enabled her to reconnect with herself, and thus increased her well-being. From her experience, a reconnection with herself through SC therefore enabled greater connection within the therapeutic process:

> *For me, being away for a while helps me to reconnect and rebuild myself. When I go back to my clients… I sort of gain perspective. It (therapy) is*

always about the quality as well. (Researcher: So would you then say that that reconnection with yourself is a form of self-compassion?) It is.

SC was considered a process that fosters psychologists' personal development. For instance, P2 experienced SC as a means to grow and learn from previous situations, so that he could expand his emotional resources and behavioural approaches towards his and his clients' challenges:

I think it (SC) gives me a broader emotional database… What I experience, I would save… and next time I'm faced with something, now I have my own experience to refer to.

According to Zhang and Chen (2016), people who take a SC perspective toward failures experience positive adjustment, including greater acceptance, increased forgiveness and personal improvement. This finding could thus be considered important for the participants in the current study as personal growth could enhance their coping skills and also their well-being. Thus, growing from mistakes, learning to implement alternative perspectives, employing enhanced coping skills and finding alternative ways to reconnect with oneself, despite challenges, all serve to enhance psychologists' approach to negative experiences and increase their well-being. In light of these findings, SC could thus result in favourable outcomes for the psychologist and the therapeutic process.

The study highlighted the finding that SC enhances the participants' capacity for effective coping strategies. For this reason, it was included in this study as a subtheme, and will be explored in greater depth in the next few paragraphs.

SC enhances effective coping. The participants described SC as a form of coping during difficult moments. In light of this, SC was experienced as an approach that facilitated acceptance towards oneself for mistakes, and which encouraged moving on and growing from those mistakes. For instance, P2 highlighted his experience with SC as a coping strategy that encouraged either action or acceptance of failures:

> *If you can't do anything about it, try to manage the situation as best as possible until you can do something about it. Or accept that you can't and, and try to move on.*

P3 supported this view by highlighting acceptance of her inadequacies as an effective coping strategy:

> *Then it's more of: 'It's okay to be burnt out and to not have energy left now'. And then I kind of feel that it helps to get through it easier and quicker.*

It was also emphasised that SC could serve as a coping strategy against CF. For example, P3's experience showed that preparation and awareness of herself could help her to engage more SC towards experienced fatigue:

> *I think if you can work out how to prepare a psychologist for that (CF) before it happens, or just to recognise when it happens, they can do something about it (through SC). That would be very valuable.*

Also, the study highlighted that SC enabled the participants to cope more effectively by learning from previous experiences. For example, P1 experienced the need to learn from her mistakes, so that she could take a different approach in future:

> *Accept your mistake, acknowledge your mistake, and learn from it… Do (it) differently next time.*

In addition, participants could cope more effectively by using SC approaches as strategies to help manage their well-being. For example, P4 touched on the role of humour in her ability to cope with experienced difficulties:

> *Humour is a big, a big part of, of my coping and, and you know, kind of filling myself up again.*

The current study highlighted that the participants tend to use SC as a coping strategy to manage difficult experiences. They relied on different approaches, all of which contributed towards their individual experiences of SC. According to Beaumont et al. (2016), psychologists who demonstrate SC during times of suffering have a decreased risk of experiencing stress or developing mental health problems. For example, an important consideration to take into account is the effect of CF on the well-being of clients. Clients report lower satisfaction with services when the psychology professional suffers from CF (Hamilton et al., 2016). CF could also lead to professional errors (Hamilton et al., 2016; Sprang et al., 2007) and result in a decreased connection with clients, the very foundation of therapeutic intervention (Del Re et al., 2012; Geller & Greenberg, 2012; Sprang et al., 2007). However, SC is a protective factor against CF (MacBeth & Gumley, 2012; Wong & Mak, 2012). Thus, SC could

enhance psychologists' well-being (Beaumont et al., 2012; Beaumont & Hollins Martin, 2013, 2015; Smeets et al., 2014; Wong & Mak, 2012) and also their resilience (MacBeth & Gumley, 2012; Mantzios, 2014; Neely et al., 2009; Smeets, Neff, Alberts, & Peters, 2014). According to Coleman et al. (2016), working in emotionally demanding environments could impact negatively on psychologists' well-being, but could be countered with resilience. Also, Boellinghaus et al. (2013) explained that self-care contributes towards addressing emotional distress and burnout. Therefore, in light of the above, this finding could be considered important for the participants in the current study, as greater resilience is fostered by SC, which could result in more effective coping strategies against CF. Considering the great need for psychological services in South Africa and that professional capacity is often limited in this context, increased personal care and coping strategies could benefit psychologists who work in such demanding environments (Atwoli et al., 2013; Van Rensburg, 2014).

The final theme in this study will be discussed next and will consider the role and exchange of energy within the therapeutic process. From their experiences, the participants noted that an exchange of energy always forms part of the therapeutic process. Such an exchange takes place between the therapist and client, with both parties bringing a certain energy to the process, and also taking a certain energy from the process. This exchange of energy could be demanding and may result in CF, which often requires the psychologist to also regulate their well-being through SC. Thus, the following subthemes will be considered: firstly, compassion as a positive energy; and secondly, the need to manage an exchange of energy towards greater SC. These findings will be explored and discussed in greater depth in the following paragraphs.

Theme 6: Compassion and SC Impact on the Therapist's Energy

The additive worth of positive energy. Compassionate energy was considered a positive exchange of energy during the therapeutic process. The participants reflected on the constructive contribution of compassion to the therapeutic process, which enhanced the therapeutic relationship and also contributed to therapeutic outcomes. For example, P2 experienced the positive energy that compassion brings to therapy as a source of strength and well-being:

> *(Researcher: Have you ever experienced exhaustion from being compassionate?) No… I draw energy from it (being compassionate; doing therapy). That's why I understand it. That's, that's why I do what I do. To me it's, it's ... I love it.*

Further, P1 described the reciprocal role and influential nature of energy during the therapeutic process:

> *You know, every client who walks into your office, they bring in their own (energy) and they take something with them… you are able to sort of have that energy with them.*

In addition, P1 highlighted a need to regulate this exchange of energy, as an inefficient use of energy could drain her resources and the effectivity of therapy. She regulated her energy by adjusting her therapeutic approach:

> *I've adjusted my focus in order to make sure that the types of clients or customers I have aren't people who drain my resources.*

Similarly, P4 reflected on compassion as her capacity to maintain constructive energy during the therapeutic process. She experienced her expression of compassion as highly dependent on the client's assumption of responsibility towards their own process:

> *… it's not necessarily about what the problem is, but about how this person is approaching it. Because I can generally work with someone who wants to work. And if they want to change and if they want to improve, then I, I'm generally able to put energy into that process. But the processes that I can't put energy into anymore is the ones where people just want to come, keep on coming back, and back and back… The moment you show enough compassion and this person just really does not want to do anything about their own position, then that frustrates me.*

Furthermore, P4 highlighted the importance of accepting clients for who they are. She believed that genuine acceptance of her clients contributed towards her expression of compassion and guided her approach to therapy, including the energy that she exuded during the process:

> *And I think a big part of, of being compassionate is just loving yourself for whatever it is that you do and don't do, you know. And, and part of that is accepting both the good and the bad… And I think the same with compassion as well… You can't be compassionate towards someone if you think: jis, you're a bad person. You know, kind of the two don't go*

together. So I think in general just being aware of, of your own things and other people's, I think might guide the process.

Moreover, P5 stressed the importance for psychologists to manage their exchange of energy during therapy, also as a means of preventing CF before it sets in:

When you start to struggle with compassion fatigue, you don't have the energy to give the empathy anymore or to have the compassion.

In addition, P3 highlighted her own experience of CF and the impact it had on her energy, on her capacity for compassion, and its negative effect on the therapeutic process:

I think it's (CF) maybe different for different people. I think they will notice, some people will say it's when they don't have any empathy with anyone anymore. Another person will say it's when I'm feeling more stuck. So when that happens I think is when you, you're just tired and you then you take on more, because then you kind of lose focus of allowing the client to do their own work. And then you kind of want to do it for them, but then you don't actually have that energy to do it anyway, and then it becomes like a spiral.

Further, P6 highlighted the importance of awareness by both the therapist and client of their reciprocal exchange of energy during the therapeutic process. She felt that sharing such experiences was necessary for and enhanced therapeutic outcomes as they contributed towards the therapeutic relationship. For her, part of this process also related to self-disclosure, which she felt facilitated greater

connection between the therapist and client, and also contributed towards the therapeutic process:

> *How are you? Did you also have a rough weekend?... What can we work on to suit both our energy levels? This helps the client to also realise: but okay, my therapist will still do good work, but she is a bit tired today. It can serve as a connection point (with the client)... it helps the client also by saying: my therapist can also have a bad day. Okay, now I don't feel so bad to express my feelings to her; she also sometimes feels like that... I think it plays a role in compassion... both on your side (the therapist) and for the client. In that moment of self-disclosure you are teaching the client to also behave compassionately.*

Compassion plays both an influential role and is influenced by the transfer of energy during the therapeutic process. In light of this, the present finding was beneficial for the participants as it could facilitate greater awareness of the role of energy within the therapeutic process and therapeutic outcomes. By facilitating greater awareness of how their energy is dedicated during therapy, the participants could affect constructive change to improve therapeutic outcomes and therapeutic relationships. Improved management of their energy could also a serve as a preventative measure against CF. Due to a lack of available literature that supports compassion as a source of positive energy during the therapeutic process (EBSCOhost, October 2017), this theme can be considered a unique finding that resulted from the current study and may prove valuable for future research.

SC requires an understanding of managing energy. During the study it was further emphasised that an investment of energy may also contribute towards CF and thus demands effective management. For example, P4 attributed importance to the management of her energy during the therapeutic process:

> *The processes that I can't put energy into anymore are the ones where people just want to come, keep on coming back, and back and back… It is important to manage your energy (against CF). (Is that how you manage that CF in a sense, by making sure that you see people that you can put your energy in?) Yes.*

P1 also touched on the interchange of energy between a psychologist and clients during therapy. From her experience, it was important to maintain a healthy balance between her own energy and that which she offered clients during therapy:

> *The same energy you invest in others, invest in yourself, so that there's a balance.*

It was also highlighted that the participants often overlooked the importance of managing their energy during therapy. For instance, P1 explained how she could become caught up in a helping process and forget to also consider her own well-being:

> *You can be caught up in just helping, helping, helping, and forgetting that every client you see draws energy from you.*

In addition to highlighting the importance of managing their energy, the participants also emphasised SC as an approach towards the management of such energy. For example, from P3's experiences, SC is a positive approach that enables her to engage in more helpful ways of dealing with the energy demands of therapy:

> *Self-compassion is a form of energy. It's a shift for me from the rumination and negative energy versus more the adding positive stuff.*

P4 also discussed SC as such an approach to managing her energy levels within therapy:

> *… it's (SC) a behavioural thing… So it's kind of like rewarding yourself for your time, or your time that you've spent working very hard (with clients). You kind of reward yourself with a little bit of time off and, and that in itself is motivating because then you, you kind of get your energy back to just go on again.*

During the study it was also evident that the participants viewed certain activities as forms of SC that helped them better guide their energy use. P6, for instance, reflected on how she used SC activities to manage her energy:

> *Compassion energy comes from exercising, eating, sleeping, laughing, a positive social life and devotions.*

Also, P3 reflected on her approach towards and reliance on SC in managing her energy levels during therapy. To her, SC was practiced through physical exercise, being engrossed in nature, and engaging in introspection:

> *(Researcher: You also mentioned that you need to have energy to give energy. Would you say that energy is important for self-compassion?) Yes, because on the other side I've also learnt that some activities don't necessarily give you energy – it's just like a neutral type of thing. Watching series. Because you don't get energy from it, but you also don't lose energy from it. So that's where for me I have to be aware of how much time I spend doing nothing, that gives me nothing, versus also spending time on exercising or being in nature. Something that will give me back. And some me-time, introspection, because then I have more to give.*

Further, for P4, SC encouraged her to sometimes move away from a helping role and rather engage with other activities as a means of managing her energy:

> *I care for things other than people… So I spend a lot of time with my animals… I like me-time, so I read, I paint, I, I'll visit my close friends… But mostly my garden and my animals are the, the things that really fill my bucket.*

In addition, P3 highlighted forgiveness as a form of SC, in that forgiveness enabled her to better manage her energy by avoiding unconstructive negative thinking patterns. Instead, forgiveness enabled her to direct her energy in more constructive ways:

> *And if you're able to easily forgive people and yourself, it means you spend less time and energy on negative stuff and the critical, going over and over things.*

Furthermore, it was emphasised during the study that a SC approach contributes towards the participants' energy levels by encouraging more proactive engagement with their needs. For example, P1 emphasised SC as a process of self-awareness that helps her to guide her energy. Part of this approach was to take breaks from her role as a therapist when required:

> *Practice self-compassion by empowering yourself with knowledge and by removing yourself from the therapeutic space.*

Also, when P3 experienced a lack of energy when engaging with clients, she used it as an indicator that she needed to practice more SC:

> *It's time for a break when I don't have energy to give to my client and to be there with them…*

From the study, it emerged that the therapeutic process is one characterised by an exchange of energy between psychologist and client, which often entails high energy demands and could result in CF if not managed effectively. SC was experienced as an approach that enabled the participants to more effectively manage their energy levels within these contexts. Further, SC was also described by the participants as an approach that contributed positively towards their well-being. Awareness of the energy invested and experienced within the therapeutic process, and approaches towards managing it, was thus considered important as it directly impacted on psychologists' well-

being and engagement within the therapeutic process. The finding that SC fulfils a function in helping psychologists manage their exchange of energy (EBSCOhost, October 2017) can be considered unique as no existing literature emerged in support thereof. This finding could thus present an area for further investigation through future research endeavours.

Conclusion

From the findings highlighted above, it became apparent that participants experienced compassion and SC as important constructs for the psychology profession through its impact on therapeutic processes, clients' well-being and psychologists' well-being. The present study served as a lens through which the role of compassion and SC in the lives of psychologists could be examined and understood more clearly. The insights gained from the findings made a contribution to the psychology profession by adding towards the body of knowledge for this field. Many of the findings highlighted by the study could thus be considered valuable for psychologists by contributing towards the potential enhancement of their skills and engagement within therapeutic processes. This in turn may contribute towards the professions' function in the South African context. It is the hope of the researcher that these findings would contribute positively to the psychology profession and its understanding of compassion and SC.

The researcher would like to note some limitations that were experienced during the study. Even though the research outcomes were considered valuable, caution should be taken when making inferences based on the results of the study. First, participants in the study were predominantly female and were all counselling psychologists. This could present as a limitation due to participants not being representative of the South African population of psychology professionals. This limitation may have also affected the outcomes

obtained during the study. Second, while the researcher attempted to remain aware of and manage her own biases, subjectivity and thus the possibility of such biases impacting on the study, should not be ignored. Further, the fact that most participants worked in higher education context should be considered as it could impact on their experiences of compassion due to the type of clients they engage with. While these limitations were observed, the findings remain valuable by encouraging a better understanding of psychologists' experiences of compassion and SC. Such an understanding also contributes towards broadening the knowledge base in this field and could inform potential interventions for psychology professionals and training programmes.

The following recommendations are offered for future research. It is recommended that the present research be replicated on more diverse groups that will include other psychology registration categories. Such an approach will enable a more diverse view of psychologists' experiences of compassion and SC within the South African context. It is also recommended that future research investigate new findings that emerged from the current study. Such research may contribute to greater understanding of the experiences of compassion and SC among psychologists and could lead to enhanced outcomes for therapeutic processes, clients' well-being and psychologists' well-being.

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APPENDIX A

INTERVIEW PROTOCOL

- As a practicing psychologist, what does being compassionate mean to you?
- How do you practice compassion?
- Could you tell me about a recent case or counseling-related situation where you needed to show compassion to a client and how you experienced this process?
- How frequently and in which situations do you apply compassion towards yourself, if at all?
- Could you also tell me about a situation in which you showed compassion towards yourself? How do you experience such a process?
- To what extent have you experienced emotional and physical exhaustion due to being compassionate towards clients?
- How do you respond to such experiences of emotional and physical exhaustion?
- What do you regard the most challenging aspect of being compassionate towards others?
- What do you regard the most challenging aspect of being compassionate towards yourself?

APPENDIX B

EXCERPT FROM AN INDIVIDUAL INTERVIEW TRANSCRIPTION

Transcript: Participant 4

Key:	**--** false start to sentence
	--. sentence ends abruptly / is incomplete / is interrupted
	. . . word inaudible
	. . . . several words inaudible

1. **Interviewer (T):** Ok. So, what are your experiences of compassion as a psychologist?
2. **Interviewee (M):** Compassion in what sense?
3. **T:** What does it mean to you to be compassionate?
4. **M:** Ok, so meaning compassionate, or being compassionate towards other people would probably entail caring, helping, understanding, being able to, to put yourself in their shoes, and trying to view the situation from their perspective. So being compassionate towards whatever it is they are experiencing without passing judgment.
5. **T:** And you asked me in what sense, so in what other sense would you describe compassion?
6. **M:** Well, I suppose you can have compassion towards others, but also compassion towards yourself.
7. **T:** What does it mean to be compassionate?
8. **M:** To care. To understand. And to identify all of the relevant aspects of the situation and be understanding of all of those and not necessarily only focusing on one thing.
9. **T:** Ok.
10. **M:** *Ja*. I think. It's not a word that I deal with often. [laughing]
11. **T:** *Ja*. You, you said that it's, it's the act of being in another person's shoes. Would you then compare it to empathy? Am I right in, in comparing those two?
12. **M:** Yes I think that, that to a certain degree there is a bit of empathy going into feeling compassion or being compassionate towards others. *Ja*, I think so.
13. **T:** Ok. And how is it different from being empathetic? In your experience.
14. **M:** Maybe compassion also --. *Jo*, this is, these are difficult questions. I think empathy, empathy might be more the emotional experience, while compassion might be behavioural, have a behavioural component as well.
15. **T:** Ok. An example of that perhaps?
16. **M:** If for instance we say someone is empathetic or empathic towards someone else, it means that they understand how that person is feeling, but if a person displays compassion then maybe they would give them flowers or take --. *Ja*.
17. **T:** Ok. You mentioned that, you said that compassion is to care. In your experience, how do you show care then or compassion in that sense?
18. **M:** Towards others?
19. **T:** Hmm.
20. **M:** Well, I'm quite an honest person and open and sincere and transparent, so to me being compassionate and, and showing that I care towards other people wouldn't necessarily mean to, to do what they expect you to do. If you can say that. So if I care for

someone, or if I'm compassionate towards someone, I, I do what I feel is the best for them at that particular moment. So caring for someone would be to behave in a way which is beneficial to them, even though they might not necessarily view it that way.

21. **T:** Ok. Do you find that happens often with clients, where you have to be compassionate in the sense where they don't always know for themselves what to expect?
22. **M:** Oh yes, people don't know what's good for them!
[both laughing]
23. *Ja*, no, I, I think sometimes you need to, to be aware of what it is that might be beneficial to the client without them necessarily being able to voice it, or say it.
24. **T:** Ok, so it's intuitive – am I right in assuming that?
25. **M:** To a certain degree, but I think intuitive judgment is also based on experience and based on theory. So it, it --. For them it might be an intuitive thing and they might think that I need this or I need that.
26. **T:** Ok.
27. **M:** But for instance where someone whose parent just died might think that they need a hug at that stage. Maybe just speaking about the trauma or in, informing them of the specific responses, might be better for them than actually getting a hug.
28. **T:** Ok.
29. **M:** If that makes sense.
30. **T:** For them it might be intuitive, for you as a psychologist you might actually know how to --.
31. **M:** It's informed by theory, *ja*.
32. **T:** Ok. You also said that compassion is to understand.
33. **M:** Uh-huh.
34. **T:** And how do you show that? How do you show understanding to your clients?
35. **M:** I think by reflecting, by rephrasing, by --. It's interesting how people sometimes by giving them examples of what you mean and getting that, "Yes, yes! That's definitely", you know. So to kind of show or, or communicate in a way and by providing them with, with specific examples which might relate, they might relate to. And in that way they feel understood.
36. **T:** Ok.
37. **M:** So you kind of analyse what it is that they're saying and kind of find --. Kind of look at the whole picture of the person and the challenges that they are giving you, and then find ways in which that might be expressed and then communicate that to them. And in the moment you kind of --. 'Cause people tend to relate to behaviours, ok, because that's often what they see, is what they do, right? *Ja*, so if you communicate it to them in, in a specific behaviour: do you maybe? Have you ever found yourself like, kicking the ball, for instance? And then people say: yes, I do that all the time. You know, so that's kind of a way for me to show people that I understand them, is reflecting what I think is --. How their personalities present itself in the external environment, if you can call it that.
38. **T:** So it's, it sounds like it's a type of way --. Or it's for you, it helps you to gauge the level of compassion that you show them when they have an 'a-ha' moment, or their understanding of your compassion?
39. **M:** I think by them feeling or, or getting, having that a-ha moment and realising: this person really understands me. That is how I'm --. Or, or that's how I experience, or they --. How I view my compassion towards them, is actually understanding them. So when they have that moment where: oh yes, that's completely the way I am and I understand that. Or you understand that. And by them actually being energised by that, it kind of *ja*, that'll show --. That'll kind of give me an indication that I'm showing compassion towards them.

40. **T:** Ok. And the energy, would you associate that with compassion, or --. Because you just mentioned --.
41. **M:** I think so yes. Obviously when you're busy engaging with someone and you're busy listening to them, and you're caring for them and understanding them, you are putting energy into them. Kind of turning your back on them and not, is, is not really --. *Ja*, so I, I do think that there is an exchange of energy between you and the person when you, when there is --.
42. **T:** Can you explain the type of energy to me that is associated with compassion in your experience?
43. **M:** I think it's supposed to be mostly positive, a positive energy. A positive trans, transferring and, and, between two individuals. Because the moment it starts getting negative, it means that that would be more sympathy and feeling sorry for someone, and that's not really what --. To me, in, in my books what compassion is about.
44. **T:** Ok.
45. **M:** *Ja*, so I, I would say that it's more a positive share of energy and *ja*.
46. **T:** How is sympathy different from compassion?
47. **M:** Well, sympathy is kind of you feel sorry for someone and you don't recognise that there's something that you can do about it or that they can do about it. While I think compassion and empathy might be more understanding what is going on and --. But also remaining open to: we can change this, or we can move beyond this. And you know there's, to me there's not really a, a feeling sorry. I tend not to feel sorry for people.
48. **T:** Ok.
49. **M:** Because I, I kind of view it as, it doesn't really help them if you feel sorry for them. It's disabling instead of enabling someone to do something about their situation. You kind of take away their power. Disempower them.
50. **T:** So are you saying that compassion is empowering?
51. **M:** I think it depends on who it comes from.
52. **T:** In what sense?
53. **M:** *Ja*, I think it is. No, I'm thinking about it now; I think it is enabling and empowering.

[10 minutes]

But it also depends maybe on who the person is receiving it. Because some people might interpret compassion as sympathy.
54. **T:** Ok.
55. **M:** And then by that they might get stuck in their situation instead of actually just realising that.
56. **T:** And as a psychologist, if you see that happening, how do you approach it?
57. **M:** Getting stuck in, in --.
58. **T:** If you show compassion and you see that your client gets stuck thinking that it's sympathy rather than enabling?
59. **M:** Like I said, I'm very honest and transparent, so --. [laughing] So I would probably just increase their awareness of --. *Ja*, I'd, I'd work on, on their increasing their awareness of their own situation and, and finding solutions to that. So that they don't get stuck in this thing where they complain the whole time and they expect you to kind of just be compassionate towards them, and kind of take responsibility for their own actions. So I would --. I tend to focus on, on what it is that they focus on. Instead of focusing on the specific situation which they require you to be compassionate about, rather focus on what it is that they can do to get themselves out of that situation.

60. **T:** So would you then say compassion is solution-focused then in a sense? If you say that you focus on what they can do to the situation. Because it sounds like there's an active component to it.
61. **M:** There's a -- There --
62. **T:** For you.
63. **M:** To me there is, *ja*. I think that it's like I said: that's what distinguishes sympathy from compassion and, to me, is kind of the active part of it. Ok, so this is --. And the positive focus. So I wouldn't say necessarily solution-focused, because there might not always be a solution, but I think, I mean, if someone died someone died; you can't bring them back. But I think just being aware of what it is that you can do for yourself in order to feel better.
64. **T:** Ok.
65. **M:** You know, to --. So in that sense, yes, I think to, to me there is a certain active part to compassion and getting out of the situation that you, that you feel stuck in. And not --. *Ja*. So I, I wouldn't --. To, to use an example, I wouldn't be compassionate towards someone for six months because of the same situation.
66. **T:** Ok.
67. **M:** To me there's kind of a, a --. Although *ja*, I think the understanding remains. *Ja*, no, the understanding of what this person is going through remains, but at some point you would like that person to actively do something about it.
68. **T:** It's about progression it sounds like.
69. **M:** *Ja*.
70. **T:** And what also just stood out for me now is it sounds like you are saying that it has a link to coping. Compassion helps people find a sense of coping. Is that correct, or not?
71. **M:** I think to a certain degree people might use compassion and, and when they experience compassion from someone. They might use that in order to motivate them to cope with the specific situation. So, so it might increase their resourcefulness and their trust in their own ability to actually overcome something, because someone understands what's going on; someone cares. But I again, I don't think that's the case with everyone. I don't think it's a generic thing.
72. **T:** Would you say, would you say that compassion is a resource, or it increases their resources? Or, it is a resource, or it contributes to the resources they already have – to make use of those.
73. **M:** Compassion --. I think it might be a bit of both.
74. **T:** Ok.
75. **M:** Because I think to --. It might become one of their resources that they might use – the understanding and caring of others – in order to drive their own motivation. But it might also --. It might --. Being compassionate towards someone, it might also elicit some of their other coping mechanisms. It might be that compassion is a specific resource that they, that they use, but it might also that that kind of triggers other resources.
76. **T:** Ok.
77. **M:** So I think a bit of both, *ja*.
78. **T:** Which resources do you think it would trigger? From your own experience that you've seen.
79. **M:** Maybe people might want to do better, so they might want to take action. They might feel that someone believes in them. They might feel that --. So that in itself might trigger an intrinsic type of motivation. It might, it might also --. More like an active type of coping. It might, *ja*, it might facilitate a more social type of coping. The more you --. The more compassionate you are towards someone the more they feel like sharing. So maybe, you

know, like communication and actually verbalising what's going on. So it might encourage that, which is also a kind of a coping mechanism or, or a resource that they can use. *Ja*.

80. **T:** Maybe you can tell me a bit more about active coping, what you're talking about. [both laughing]

81. **M:** Ok. This feels like Master class. [both laughing] Ok. So I think a kind of facing the situation head-on. And doing something about it instead of just avoiding it.

82. **T:** Ok.

83. **M:** Or, or pretending that it's not there. So the fact that someone expresses compassion towards you with a specific situation or problem that you might be facing, might actually increase your awareness of the specific situation and then which in itself decreases avoidance. Because if you're actually thinking about it and you're aware of it then you're not gonna avoid it to such, to such an extent. I think that's kind of how I link the active coping and the doing something about it.

84. **T:** Ok. And social coping from your experience; how does compassion have a role in social coping?

85. **M:** Well I think like I said, when --. If you actually express compassion towards someone and they experience compassion from you, they might, it might facilitate their ability to, to communicate what it is that's going on. They might, if they feel that you care and that you understand, then it might reinforce speaking about it. And, and in itself, that might reinforce speaking to others about it. Even though it might not be in a therapeutic process, you know, they sort of mimic the behaviour that was in therapy outside as well and speak to other people about their situation, in order to elicit the same type of compassion.

86. **T:** Like in a 'pay-it-forward' type of manner? Is that what you're referring to?

87. **M:** Or maybe just in a way to seek, to seek --. If, if they ex --. Let's take an example: this person tells you about something and I express my understanding and care and what what, and then they kind of go and express the same thing to someone else in order to get the same response from them. So it's not like pay-it-forward, it's more like, you know, the, the situation that they had in, in the therapeutic environment may, might encourage them to seek similar responses from people outside.

88. **T:** Ok.

89. **M:** So kind of to, to converse with others about their specific situation.

90. **T:** It sounds like it then kind of opens up a new way of thinking or approaching certain situations for them?

91. **M:** I think if I can use an example, I had a, a trauma case where literally just explaining or, you know, expressing compassion and understanding what this person was going through, and explaining it to them in terms of theory so that they also understand it for themselves, what they were going through. And *ja*, and then you sometimes get where they, they get back and they say: I was actually able to speak to people about this now, and, and because I understand what it is that I'm going through, so I'm better able to voice it to them, type of thing. You know. So that, in that sense it kind of increased their sociability and where they previously didn't want to speak to anybody because they didn't feel that anybody understands. And now once they understand themselves better, they kind of don't care whether others understand, or maybe they can help them to understand better.

92. **T:** Ok. Thank you.

[20 minutes]

So it also sounds like it increases their awareness then as well. Am I right in saying that?

93. **M:** Uh-huh.

94. **T:** Ok. I just want to go back. You said earlier that you are a very honest and transparent therapist.

95. **M:** Uh-huh.

96. **T:** From your experience with that, how has that helped you show compassion or be more compassionate?

97. **M:** Well --.

98. **T:** Or has that prevented you from being more compassionate? What is your experience?

99. **M:** No, because the, the thing is, when I'm compassionate I'm really compassionate, and people tend to know that. So if I care I really care. And if I show that I understand, I really understand. And if i don't, I'll say, you know. So people tend --. There's more congruency in who I am in a therapeutic relationship, so people tend to --. Although, it's, it's not --. I don't know. I haven't really had clients where they feel that, that --. Well, I wouldn't know, but I tend to attract the type of client who can deal with that. So --.

100. **T:** With you being open and transparent?

101. **M:** *Ja*. And it's also, because it's such a big part of who I am, it's congruent in the therapeutic relationship. So they tend to feel safe in that environment because they know where they stand. So I, I wouldn't say that I've, I've felt that it hindered my ability to be compassionate, because if I'm not compassionate I'm not compassionate. There's -- You get what I'm saying. I'm not gonna express care or understanding if I feel that it's not to your benefit or there's no need for it, if, if we can say that.

102. **T:** Has it enhanced your ability to be compassionate?

103. **M:** I think, I wouldn't necessarily say my ability to be compassionate, but maybe my expression thereof. TO, to be able to --. Look sometimes --. *Ja*, I, I think to --. When I care, I really care and, and people tend to see that by me going the extra mile. So if I was not transparent and honest and open in my therapeutic process, then you know it, it kind of, it kind of wouldn't feel real if I had to tell people: oh, I really care. I really care and I understand you know. And you really actually don't. So it would just be fake. Where now I --. So I think it, it, it kind of helps the relationship-building. The more congruent you can be in how you respond to the client, the better for the process.

104. **T:** It sounds like you place a lot of importance in being transparent and real with your clients. Would you say that's a value of yours?

105. **M:** *Ja*. And it's also one of my personality traits. [both laughing]
So *ja* no, I think it's --. You know I, I believe it really, it is. I believe that you don't do people justice by lying to them. And you don't do people justice by pretending to believe something that you don't. So people know that when I give them guidance or when I speak to them or when I support them, I do it in a manner that is to their benefit. I wouldn't --. For instance, I wouldn't see a client for eighteen sessions in therapy just because, just because I can or because --. I, if, if I see there's progress and I feel, I'll tell them: so do you really think it's necessary to still come and see me? You get what I'm saying. So I think, *ja*, so that to me is, it is quite important and it is something that I value and that I aspire to, *ja*.

106. **T:** Ok. You mentioned going the extra mile for your clients.

107. **M:** Uh-huh.

108. **T:** In what ways do you do that?

109. **M:** Well, that would be situations like the only day that we are all available is Saturday the thirteenth of March, what what what. And I really actually had something else scheduled

that day, but because it's three clients and they're all available on that day, I, I reschedule what I had and, and try and accommodate them to that degree. Another example would be if people expect you to, you know, they expect the general process, you know. They expect you to kind of sit and speak to them what what what, where I always try and share the, the resources that I have. So if I for instance did a, in the context that I'm working with, if I for instance had a feedback with a client, a senior manager, and this person needs assertiveness, they need to develop assertiveness. Now I can't take that process, because the company doesn't pay for it, but what I'll do is I'll provide them with the resources in order for them to develop themselves further. So in that way I kind of always try to give the best that I can in the particular moment.

110. **T:** Ok.

111. **M:** Without necessarily being paid for it.
[both laughing]

112. **T:** Working smart. Have you ever felt exhausted from showing compassion to clients?

113. **M:** Yes, that's why I don't do therapy anymore.

114. **T:** Ok.

115. **M:** *Ja*, so I think the --. You kind of get what type of things you can deal with and what type of person you can deal with, and what type of things fit your way of working. And the moment that it does not necessarily fall within those, it becomes a little bit more difficult to show real understanding and real, real care towards such a person. So let's use an example: if a serial rapist had to come and sit here, it would be a little bit more difficult to show compassion. Because you don't really understand why it is that someone does things like that. So you kind of gauge the type of person you want to work with and, and that's what I've actually done in my, in my practice. I've adjusted my focus in order to make sure that the type of client or customer I have aren't people who drain my resources.

116. **T:** Ok. So how do you gauge the type of person or adjust the focus of who you work with? Practically, how do you do that?

117. **M:** Ok so what I do is I offer people an intake interview at no cost.

118. **T:** Ok.

119. **M:** So when someone phones --. I don't market myself for therapy anymore, so if I get a referral and someone comes to me and I, I tell them: you can have your intake interview and I'm gonna just discuss with you and see how and explain to you how I work. And in that session we'll discuss whether you'd like to continue with me or whether you would like me to refer you to someone who might be more suited to your personality and what type of problem you're, you have to work on. So that is kind of my way to make sure that the person gets the immediate support that they need, but they also have that doorway to, to get someone who's more better suited to their specific problem than --. Or their specific way that they would like to work on this. But it's funny, I haven't really --. It's like you kind of, the universe sends you the type of clients that, that you need. So I haven't really seen situations where people say to me --. I always offer to them and they never say: yes, I'd like to rather go to this person or that person. So. But what I have done is I've increased the time that I spend on more analytical, critical, rational work than the time I spend on therapy, in order to make sure that I fill my bucket.

120. **T:** Ok. Tell me more about that bucket.

121. **M:** Well, I think being a, a little bit more of an introvert and being analytical and critical and performance-driven, sometimes in therapy you don't see an improvement. People just don't come anymore. So there's not that, that general thing of ticking a box that I usually do in order to feel like you've accomplished something.

122. **T:** Is it important to you to feel like you've accomplished something?
123. **M:** Yes. [laughing]
124. **T:** Ok.
125. **M:** *Ja*, so I think the type of work that I'm doing at the moment is very deadline-driven and a more removed type of engagement with people, and at a more development level than it is on a treatment level. And I tend, I, I enjoy that. So it feels --. That developing people and realising their potential and actually increasing their knowledge and that, that's more what I enjoy doing than solving problems. And the thing is, I also --.

[30 minutes]

Not everybody wants to solve their problems. You know, people tend to come to therapy because they, they feel stuck, but they don't necessarily want a solution, because there's an inherent benefit in going to therapy as well, you know. So *ja*, sometimes there's underlying other things and *ja*. So I think what I've actually done is just shifted my focus and allocated more time towards doing what makes me happy.

126. **T:** Ok. You mentioned that real care, it becomes difficult to give real care to clients when you become exhausted because of continuously having to give compassion.
127. **M:** Uh-huh.
128. **T:** Tell me more about that, the exhaustion that you maybe experienced and the decision that you made to move away from therapy. And the real care connected to that. The importance of that for you.
129. **M:** I think the more, the bigger --. I must just find a nice way to word that. The bigger the challenges are that you have experienced or seen in the world, the smaller feeble things become. If that makes sense? So, I think your, your tolerance towards insignificant problems kind of --. Or mine, became less.
130. **T:** Ok.
131. **M:** You know. So you know, it's kind of this, this --. If, if someone's just seen her child being shot in front of her versus someone who comes to you and cries because she didn't really want a baby and now she has one, you know. It's kind of, you kind of --. It's like your, your --. As your, as your, your view of what is out there, the type of challenges that people are faced with, increase, it's like --. And it's not necessarily supposed to be like that, but it was like that for me. I mean, I worked on a train for a whole year where people when they see your apple, you know they, they --. And then you kind of --. It's that basic need thing. Or you know, children of two years old are being molested and then when you see things like that it's kind of like your --. When someone comes to you and they, they're very rich and you know and, and they just hate their lives, and it's kind of like you: ok, really, get over yourself, type of thing, you know. So I think the type of problem I can work with also kind of --. And the type of person I can work, also kind of changed due to the fact that I was exposed to quite a lot of things and challenges. Which has, which has caused me to shift focus. Because I mean, if, if I can't sit and kind of express compassion towards a mom who didn't want her baby, while on the other hand there's a mom who wants one so badly, but she can't get pregnant. It's kind of that, that --. You kind of decide that that's the ethical thing to do, is to kind of understand what it is that you can and cannot work with and align yourself with that. So to, to give your client the best possible service they can get.
132. **T:** Ok. And that goes back to you being real and how you give that, that value that you mentioned.
133. **M:** *Ja*, so --. And, and by that I mean to a certain degree it's not necessarily about what the problem is, but about how this person is approaching it. Because I can generally work with someone who wants to work. And if they want to change and if they want to improve,

then I, I'm generally able to put energy into that process. But the processes that I can't put energy into anymore is the ones where people just want to come, keep on coming back and back and back, because, *ja*. So that's kind of where, where, where my realness ends.

134. T: Is that how you manage that compassion fatigue in a sense, by making sure that you see people that you can put your energy in?

135. M: Yes.

136. T: Ok.

137. M: So I kind of --. What I also do is, let me use an example. It's not necessarily --. But I do assessments every day of my life, right? Except maybe some days. And at certain points I would really be able to understand what these people are going through and everything, and then the moment I realise that I'm getting irritated with the questions that they're asking or with the, not ignorance, but sort of this thing of *ja* well, why do I have to do this assessment. You know, I didn't ask for this, what what what what. Kind of an external locus of control with regards to that. And the moment I realise I start feeling like that, then I know for the next couple of days I focus on reports only and get someone else to deal with the customers, you know. Because the energy that I put into engaging with them, explaining the process, what happens further. Kind of understanding what it is that they're going through here. I, I immediately notice that that's not where it's supposed to be and then I just tailor my work in order not to have as much contact then. Until I feel: ok, I have the energy to explain the same thing a hundred times again, type of thing. *Ja*, so the, so the compassion fatigue to that extent in, in the type of environment that I'm working is in kind of then just taking a break away from the actual person and rather just working with their results. And then once that's back, *ja*.

138. T: Managing your energy, from what I heard.

139. M: Yes.

140. T: Ok.

141. M: You know I, I tend to be inbetween an introvert and an extrovert, but the moment I notice that my engagement with others isn't at that level, then I know it's time for me. So then you kind of just focus on what is important to you again.

142. T: And then apart from writing reports, what else do you do to recover, so to speak, from those feelings of fatigue?

143. M: Well I have lots of animals. [laughing] I care for things other than people, who can't really dump their issues on you. So I spend a lot of time with my animals. I spend some time --. Sometimes I spend time with my friends, but not really. I'm, I like me-time, so I read, I paint, I, I'll visit my close friends. You know, people who, who, *ja*. So and --. But mostly my garden and my animals are the, the things that really fill my bucket. *Ja*.

144. T: You said you visit close friends, people like what? That do what? What are your close friends like?

145. M: Honest, transparent. [laughing] And not draining. So they, they're people who generally tend to solve their own problems, so they don't expect me to provide input with regards to that. So when I need --. It, it's people I can vent with without necessarily them feeling they need to say something about it.

146. T: *Ja*.

147. M: I can vent and after that: oh, that's really crap. Ok, let's carry on. You know, that type of thing. So it's kind of a more a catharsis type of situation, it's not, it's not people where I feel I have to put energy into engaging with them. *Ja*.

148. T: So it goes back to managing your energy.

149. M: *Ja*.

150. **T:** Ok. And so social connection in that sense, would you say that is an important part of showing compassion to yourself? Or dealing with compassion fatigue? Just to rephrase it from my side.
151. **M:** I'm thinking now to what ex, to what degree. Because that's really my last resort, I must be honest.
152. **T:** Ok.
153. **M:** I'd first do all the other things --.
154. **T:** Caring for animals --.
155. **M:** And then maybe --. *Ja*, *ja*, I'd maybe I'd consider, depending on what it is, maybe --.
156. **T:** In what situations would you consider social support important?
157. **M:** If I had to vent about something. So it'll often just be like phoning someone and just, one of my close friends, and just saying: can you believe what just happened? Da da da da da da da, and then it's over. And then, and then making a, some sarcastic joke about it, and you know, something like that, to have a good laugh. And that's literally --. The humour --. Humour is a big a big part of, of my coping and, and you know, kind of filling myself up again. So I tend to, when I engage in that situation, and social, it will be with people who get who I am and, and make jokes with it, about it with me. But that would really be if I can't do anything else.
158. **T:** Ok, so humour is not your first resort?
159. **M:** It is my first resort, but communicating with, with others and socially --.
160. **T:** Maybe sharing humour is --.
161. **M:** *Ja*. *Ja*.
162. **T:** Ok. So humour is a first resort, but sharing humour with, in a social connection is not a first resort.
163. **M:** Yes, is not the first resort.
164. **T:** Ok.
165. **M:** *Ja*. Me-time would be first.
166. **T:** And taking care of your animals and so on.
167. **M:** *Ja*, *ja*. So kind of the nurturing --. Nurturing the nurturing part of me, type of thing.

[40 minutes]
If I can say that. *Ja*, and the creative side.
168. **T:** What do you do in terms of the creative side?
169. **M:** Well, I paint. I'd redo furniture. Even sometimes I, I'd work on something completely different. So just that change. Sometimes I just need a change in order to re-energise myself. Because I, I get stuck in routine and get stuck in the same things, so I'll do a sketch or something else. And even that in itself will be energising.
170. **T:** Like, do you mean --. What type of thing would you schedule, schedule to change your routine?
171. **M:** For instance, if I did government assessments for three weeks on end and I felt like I could puke if I saw another government person, then I would, I would schedule some more private corporation assessments.
172. **T:** Ok.
173. **M:** If I did senior management assessments for a whole week, then I'd like to do a middle management assessment for a while. Or if I wrote ten thousand reports for a municipality, I would like to change it to a report for a private company. Just to get a bit of a --. Or if I had to use the Occupational Personality Questionnaire twenty times in the last five reports or whatever, I'd like to just use a different instrument. So any, even a minor change sometimes in what it is that I'm doing, can already energise me again. *Ja*.
174. **T:** *Ja*. Would you say then that is a form of self-care for you?

175. **M:** Yes.
176. **T:** To make sure that you manage your schedule like that?
177. **M:** Yes.
178. **T:** Ok.
179. **M:** And to, to kind of --. I'm, I'm very aware of, of what I am and who I am and how to kind of deal with things, you know. And people often ask me, how is it that I'm able to work such long hours and not regularly feel fatigued and, and burned out. And the thing is, I always say: because I love what I do. And it really makes a big difference, because I'm very passionate about what I do. And the moment I don't feel passionate about it anymore, I change, ok. So -- And not necessarily the whole focus, but just the specific activity. So instead of starting with the competency exercise, I'd start with a personality questionnaire. So just a little shift in schedule can already energise me. Because I'm not a routine type of person, so *ja*.
180. **T:** Ok.
181. **M:** So that --.
182. **T:** And does that help you also when during assessments you sometimes have to show compassion towards clients who are struggling or whatever. Does it also help you to make those changes?
183. **M:** Yes.
184. **T:** In what sense?
185. **M:** So what I sometimes do, for instance, most of the tasks are scheduled or structured in a specific order. But for instance, if I have six people here and I'm quite tired in the morning, then I'd rather schedule the role plays for later during the afternoon when I feel a little bit better, towards the end of the day. Or vice versa. So I tend to put the energy-consuming parts of my job at the time when I feel I have most energy for that particular day, *ja*.
186. **T:** Ok. What, or how do you respond towards yourself when you make a mistake in therapy or while seeing clients for assessments, when you know that you've failed in a sense or --. How do you respond to yourself in, in, during times like that?
187. **M:** Well, I don't like mistakes. I don't think you get people who do, but --. Well, once the mistake's there it's there. There's nothing you can do to fix it. If it's, if there's a "he" in the report where there should be a "she", that's, it happened. And that's it. The thing is, what I tend to --. My coping strategy for that is to remind myself that I'm just human, because I, I sometimes get the feeling that some of the people I work with think I'm a machine and I just da da da da da da. And I think sometimes I even think that, you know. There's never an end; I just carry on and on and on. And then when things like that happen, you, you tend to just remember: ok, well, you know. Like the other day I did a feedback with a lady and there was a space missing in her report, and it frustrated the hell out of me because I did the feedback and I had to --. And I couldn't identify whether it was myself or the, the actual people I sent the report to who saved it wrong. But it was still frustrating. And then I just remembered: but you know, you can't do everything perfect. So I have a lot of cognitive phrases and, *ja*. I'm a cognitive person and I'm cognitive orientated, so I know even though I like to be perfect, and even though I like to not make mistakes, it happens. And if it does then I'm human and I need to find a way to resolve it. It's not --. So I'll send an email, an apology. I'll, I'll explain the situation, or, *ja*. So kind of to, to just be --. To identify that you are still human and you do make mistakes, and that you can't do everything that you say you can or try to. So, *ja*.
188. **T:** Do you mind sharing some of those cognitive phrases that you use to help yourself?

189. **M:** Well, one of them is: I'm just human. I, I can be tired, and I can feel overwhelmed, it's fine. Ok. And then I tend to --. I, I -- If I, if I feel tired and I feel that you know, this has to be done now whether I'm tired or not, the commitment's been made and it has to happen, then I tend to just remind myself that I wouldn't have been asked if I wasn't good at what I do.

190. **T:** Ok.

191. **M:** So I kind of try and motivate myself in that way to continue, by reminding myself of what it is that I'm good at and that I actually really love doing it. So I sometimes do is, for instance, if I have to look at a government report and I've written ten of them and I just, I don't want to look at this person anymore, then I'll just go on reflect back on why did I decide to do this again. You know so, so sort of to, to re-establish the passion that you have for the work that you do. And, and once I get that, then I start going again, *ja*.

192. **T:** Would you say that self-reflection is important to show compassion to yourself?

193. **M:** Very much so. If you don't, number one, recognise that you're not caring about yourself or caring about what your needs, or --. If you don't recognise --. Hey, go away. If you don't recognise that, or reflect on that, then you won't be able to show yourself the care that you need. I mean, I recognise when I'm tired, I recognise when --. I know my signs; I know when things happen that, that's not true to who I am. And then immediately I know: ok, so tonight I'm taking a fifty minute break and I'm just taking a nice hot bath. Or I'm gonna just take a wooza, which I call a wooza.

194. **T:** What is a wooza?
[both laughing]

195. **M:** It's just, it's a five minute or ten minute lunch break in the garden or --. *Sjoe*, let's just get rid of this thing. [sound of a bee buzzing in the background] *Ja*, so it's literally just a --.

196. **T:** The wooza.

197. **M:** A, a short little break that I take in order to refresh myself and to refocus on what it is that needs to get done. So it's kind of --. *Ag*, really. [still sound of a bee buzzing in the background] Just take a seat somewhere please. Ok there, gone it is.
[both laughing]
So, for instance, just to give you an example; I had a customer here the one day who was complaining about my cat, right. And she was making such a scene. And eventually, where I normally really, I'm really understanding of cultural differences and the fact that they're really scared of cats and I really accommodate them, you know. But I was going the extra mile; I accommodated her by bringing her food inside – she didn't have to go outside. I closed all of them up. And she kept carrying on, and eventually I went to my colleague and I said: I'm taking a wooza. So you just, just carry on. You know, so I literally removed myself from the situation because I felt that, you know, I was emptying up and, and there was nothing filling it at that moment. So I took myself out of the situation; I went outside, I sat outside in my garden. Caught up on my emails and I focused on other things, until I felt refreshed and fine, and then I went back. Yu know, so, which is now an immediate strategy, but that's the kind of wooza thing. *Ja*.

198. **T:** Ok. So, would you then say that recognising these signs when you need, for example, a wooza moment, or when you're tired and you need some self-care, that that is important for self-compassion?

199. **M:** Yes.

200. **T:** Ok.

201. **M:** I think if you don't, if you don't recognise your own signs, you won't know when to increase your own care or understanding towards yourself.

[50 minutes]

If I had to feel frustrated with myself not being able to perform and I kept on asking: why aren't you able to perform? Why aren't you able to write these reports? But you don't realise that the last couple of days I haven't been sleeping alright; I haven't been feeling energetic. You know, then, *ja*, you obviously won't know then when to actually just care about yourself a little bit more.

202. **T:** *Ja*. Ok. So that's important. And, and also you mentioned removing yourself from a situation. Would you say that is also then important then for self-compassion specifically?

203. **M:** *Ja*, I think, I think if you keep on staying in a situation it's difficult to reflect on it. You kind of get --. You kind of regain objectivity once you step out of a situation. So the moment you're so involved in whatever it is that you're involved with, you kind of can't reflect on it and realise: ok, so this is why I'm feeling like this. Or this is --. So I think *ja*, taking a step back and reassessing the situation, or just removing, in that case removing yourself from it in order to reflect on it, I think is quite important, *ja*.

204. **T:** Sounds like reflection is important to you.

205. **M:** Well [laughing], yes. I think I'm generally someone who is analytical and thinking constantly, so *ja*. And part of that is to think about yourself and to reflect on your own thinking, and what has happened internally. So I think yes, it is definitely. And, and also to show more compassion towards yourself you need to be able to reflect on what it is that happened and why things happened the way it did. Because the moment you realise that, that certain things might not have been in your control. Or that there is a lot of other situ-, circumstances that also play a role. And, and all of these things. You might actually have more understanding of the situation that you find yourself in and why you are in the situation that you are in, and that might increase your compassion towards yourself. To just identify: listen but, ok, I'm not completely at fault here, you know. It may be they were expecting too much or maybe whatever, you know. Kind of for you to, to know how to care for your own needs again.

206. **T:** And then like you said, to have understanding of the situation that you're in; put yourself in that situation.

207. **M:** *Ja*, and I mean if you --. And, and generally just understand how you got here you got, you know. Maybe you were neglecting one of your needs in the first place and that's why you got where you got. Maybe I didn't actually want to speak to her from the beginning and now she's complaining about my cat on top of that. You, you know. So by ignoring one little voice it, it might kind of --. I want to say perpetuate but it's not perpetuate. Exaggerate --. Exacerbate, exacerbate – there's the word I'm looking for – the rest of the, of the, of the processes. So kind of, if you feel: ok, I need an early night tonight – let's take a silly example – and your early night turns out to be eleven o'clock and you didn't have the early night. And then the next day early in the morning you have clients and then you feel exhausted, and, and if you don't kind of just reflect on it and realise: ok, if I, if I adhered to the first need I identified, I wouldn't have felt the way I am now. So it's kind of important to --.

208. **T:** So in other words, if I listen to the first need and address that I wouldn't have a second need to address now as well.

209. **M:** It, it, it kind of --.

210. **T:** Is that what you're saying?

211. **M:** *Ja*. It kind of --. Or, it might. You don't know, but it tends to build up. That's why it's called compassion fatigue. So I think what happens is that there's a --. It's a continuous deny of your own personal needs.

212. **T:** Ok.

213. **M:** If, if it's, if it's one then it's ok; if it's two, then it's ok. But the moment it's kind of a continuous process of putting other people's needs above your own, or, or putting clients' needs above your own, whatever above your own needs, then --. So I think if you kind of learn to identify the first little warning flag and address that, then the second or third or fourth might not show up. And by doing that you might from the beginning be a little bit more compassionate towards yourself and not actually feel that you, you can't show it towards other people anymore.
214. **T:** *Ja*. So then would you say that self-compassion is important for dealing with compassion fatigue? From what you just said about caring for your own needs before you end up getting fatigued.
215. **M:** Yes. So I think if you, if you have compassion towards yourself, even the Bible says you need to love yourself like you love --. You need to love other people like yourself. So you first need to love yourself in order to love other people. So if you don't have compassion towards yourself, how are you gonna be compassionate towards others? Because your bucket's not filled.
216. **T:** *Ja*.
217. **M:** So you need to kind of make sure that your bucket is full in order to be able to fill other people's buckets. So --.
218. **T:** And spirituality – what role does that play in self-compassion for you? It sounds like it might be important. To you.
219. **M:** I, I think I'm a very --. Yes, yes, I think it --. There's a --. It's, it's like I said, it's kind of looking at everything holistically, you know. And identifying that there's a lot of things that come into play. And sometimes we don't have control over a lot of things, and --. [electronic voice speaking in the background: "That's what I reckoned."] Ok, no go away . . . . Sorry. Sometimes you have a --. For instance, sometimes you don't have control over things that have an impact on, on what happens, you know. Let's use an example: if I suddenly get ill this morning and I kind of can't attend to the duties that I have to attend to, and if I don't recognise that I had no control over that, I might not feel compassionate towards myself. But the fact that you realise that there's kind of an external force or source that, that has an impact on what happens to us on a daily basis, I think is important in order for you to really recognise what it is that you can and cannot do.
220. **T:** How would you feel towards yourself if you didn't recognise that it's an external force that has an impact?
221. **M:** Well, if there's no external force then everything will have to come from internally. And if everything's from internally, then it means that you are to blame. And if you are to blame, obviously there's a little but less compassion going with that. However, sometimes that is the case. I mean, sometimes you are to blame. Sometimes you made the decision. Sometimes you decided to book that extra client and some --. You know, so I think it's important though to have a realistic idea of when it is your situation and when you can fix it. But sometimes you can't fix it. And then to be still compassionate towards yourself when, even when you can't fix it.
222. **T:** Ok.
223. **M:** So *ja*, I think the moment that, that there's no spiritual aspect to it or --. Look, spirituality also fills your bucket, you know, so --. And it also kind of, it, it increases your understanding of yourself and how you, what you are meant to do. Something that I've, that I've seen though – it's not particularly the case with me, but what I've seen is sometimes people do tend to experience compassion fatigue because they feel that they have to, have to help, because it's their religious duty.
224. **T:** Ok.

225. **M:** You get what I'm saying.
226. **T:** Does that ring true for you?
227. **M:** No. Because you have to love yourself. And if you care for yourself then --. Look, I do tend to go the extra mile, but I'm not going to do it at my own expense.
228. **T:** Ok.
229. **M:** So --.
230. **T:** So is that also a form of self-compassion to realise when you can do something and when you can't?
231. **M:** *Ja*. And also realise where your own boundaries are. And, and if someone continuously tries and cross your boundaries, it means that, you know --. And sometimes people really manipulate. And it's a bad thing to recognise, but it happens. And I think if you, if you don't recognise that, those aspects; if you just continue to help because it's your religious or spiritual duty and you have to and --. You know, you kind of get to a point where you can't help anymore because you have nothing left to give, you know. So *ja*, I think it's important --. You can't only feel that you have to. There has to be --. I always say to people it's like an emotional bank account.
232. **T:** Ok.
233. **M:** What you take out needs to be put back in. Whichever way you do it. So if you keep on expressing compassion towards other people, who's putting that back for you?

[60 minutes]

Even if it's you putting it back for yourself, it's fine. But you know you can't keep on giving giving giving in that way without getting anything back, so --.
234. **T:** How would other people put that back into your bank account? Your emotional bank account. In what ways?
235. **M:** Well, it depends. I like it when people understand me, so often all I need is for people just to understand that I need my space.
236. **T:** Ok.
237. **M:** So, so sometimes I don't even --. Just by you not demanding me to put energy into you, you're already helping me. You know, you're already putting back into my account if that makes any sense. People just understanding how I function. Making jokes about how I --. They --. People who are close to me know that I tend to use humour as a coping mechanism, so, so my closest friends are all very sarcastic and very sharp, you know. So we'll make jokes about things and by doing that, they already put back in my, in my, in my emotional bank account.
238. **T:** So again, the social support plays a role in your emotional well-being basically.
239. **M:** *Ja*. So I think --. And, and, and not necessarily --. I have --. It's funny, sometimes something silly like just dropping off my dogs' food, you know, when I've been in for an operation and I can't do it myself, those type of things. Or asking me if they can maybe drop off paper for the printer or --. Little things like that often --.
240. **T:** So doing things for you?
241. **M:** *Ja*. Doing things for me and those, those little discussions. It's, it's often not face-to-face contact necessarily. Maybe sending me a joke or --. And -- Or sometimes it's even providing practical support in the form of: I still have answer sheets, do you need answer sheets? I'll bring them to you. Or whatever, you know. Or don't worry, I know you're busy, I'll pick it up, type of thing. You know, so it's, sometimes it's little things like that that makes me feel valued and, and appreciated. And also when sometimes when people ask me for my opinion. So, I've noticed that I, I, I enjoy sharing what I've got and what I've learnt, and the moment I feel that people value that. Even if it's a colleague of mine that I haven't seen in a while and they ask me for input on something. Then immediately I feel

that by, by giving back something that I've learnt, it kind of also makes me feel better a bit. It's like I re-recognise why it is that I'm doing what I'm doing.

242. **T:** Ok. And would you say that also has an impact on dealing with fatigue, compassion fatigue? Or enhancing your feelings of self-compassion?

243. **M:** The, the way how that kind of --. If I had to link it to how that would help, is it's sometimes a diversion or, or just being diverted from what it is that I'm doing. So that's kind of that change I need, is when, when a, a very close friend of mine phones and says: listen, I need your advice on this ethical issue. And then they'll have a ten minute, twenty minute discussion on that. Even though it's still tapping into my professional work, and it's still work if you think about it, it's just that change and, and difference to routine that makes me feel back energised when I get back. *Ja*, and sharing my frustrations sometimes also helps. And sharing my success. I like, I like discussing what I've, what I've been able to achieve with my closest friends, you know. It's *ja*, so that, that kind of makes me feel more --. Because I have this one friend in particular, and she'll listen to everything and she'll listen, and I'll vent and vent. And then after a while she'll say: you still remember that you're not a machine, right? And then I'll be --. And then we'll laugh and then it --. You get what I'm saying. So sometimes it's just that --. *Ja*.

244. **T:** A connection it sounds like.

245. **M:** *Ja*, it's more a --. *Ja*, it's, it's -- *Ja*, they won't necessarily: ah, I'm so sorry to hear about --. You know, it's not that type of thing. I like empowering and enabling conversations. So, so people who, who either joke about it and then carry on, or talk about other things. It won't necessarily be centred around the thing that's making me feel fatigued. If that makes any sense.

246. **T:** Ok.

247. **M:** Or, or even just --. What I do sometimes, well just to maybe put it into perspective, I wouldn't necessarily if I feel fatigued now, I wouldn't necessarily go to a party with say, four or five or six of our friends. I tend to avoid, ok.

248. **T:** Ok.

249. **M:** Because that wouldn't necessarily fill the bucket, if, if that makes sense. So because that would just drain me more.

250. **T:** So it's not about being around people, it's about those specific connections.

251. **M:** Specific ones.

252. **T:** That you have with people.

253. **M:** *Ja*. And it's, it's usually specific people that I tend to surround myself with in those situations.

254. **T:** And if I'm correct – because it sounded like earlier you said that you, you like to enable and empower clients, and it sounds like for you to get compassion or to feel a sense of relief in that sense, you also like to be empowered and enabled by people.

255. **M:** Yes.

256. **T:** So that's an important thing for you then.

257. **M:** *Ja*.

258. **T:** Ok.

259. **M:** *Ja*, I think it --. I don't, I don't want people feeling sorry for me and I don't want --. I don't want, I don't want you to: aah. It's not me at all. You know, you can rather tell me: toughen up!

260. **T:** Ok.

261. **M:** This is not so bad! And then I'd laugh about it, and then I'd rather, you know --. It, it's funny, I'm just wired that way, so, *ja*. So the same way I like to empower others with

knowledge and information and kind of active mechanisms to cope, it's the same way I tend to want to deal with my own fatigue.

262. T: Ok. Awesome. Thank you.
263. M: Ok.
264. T: Is there anything you want to add?
265. M: Well, this was quite an interesting conversation and I've never thought this much about compassion, honestly.
266. T: Ok.
267. M: *Ja*. I had a [*sic*] *interesting* --. I had a [*sic*] individual who emailed me a while back and she asked me to write a piece on burnout, which I didn't do because I had deadlines and I couldn't, I couldn't do it. But it was, it was quite interesting because it's obviously something that, that's happening more and more. But *ja*, I think that the main thing for me if I had to, with regards to compassion, I think is, especially towards yourself, is just to identify when it is when you need it.
268. T: Ok.
269. M: *Ja*. I think that --. Because if you don't recognise, if you don't recognise when you have to care for yourself, then you won't know. And before you know it you, you might be in too deep.
270. T: So that's the most important thing.
271. M: I think so. For me I think, I think is awareness, general self-awareness and reflection. And, and, and the same in a therapeutic process. To be aware of your own reactions towards a client as well, and your own, you know, how you respond and all of that, kind of will, will help you to be more --. *Ja*, again that honesty and transparency thing. The more you're aware of what's happening inside, the more you will be able to, to reflect.
272. T: And ultimately be more self-compassionate.
273. M: *Ja*.
274. T: From what I've heard.
275. M: *Ja*. So I think if you, if you, if you can recognise --. And I think a big part of, of being compassionate is just loving yourself for whatever it is that you do and don't do, you know. And, and part of that is accepting both the good and the bad. You can't kind of --. And I think the same with compassion as well. That's why I said with the therapist; I mean you can't be compassionate towards someone if you think: *jis*, you're a bad person. You know, kind of the two don't go together. So I think in general just being aware of, of your own things and other people's, I think might guide the process.
276. T: Thank you so much.
277. M: It's a big pleasure.
[both laughing]

[recording ends]

APPENDIX C

EXAMPLE FROM THE RESEACHER'S REFLECTIVE JOURNAL

After completion of the first interview, I experienced a deep sense of relief for having made some progress with the research. However, this relief was short-lived as it was tainted by doubt regarding the depth of information obtained. Due to some uncertainty over the interview process itself, I struggled to use available opportunities and to probe for further elaboration on questions. As such, the interview was rather brief and the obtained data appeared to lack necessary depth. However, I found some reassurance in the fact that I will be completing a follow-up interview, and assumed that it would be enough to provide me with the needed depth of information.

Regardless of how I tried to rationalise about the situation, however, I continued to experience a need to share my concerns with my supervisor. She suggested that I relook my interview protocol and also raised some valid points regarding my interview skills, namely how I should structure the interview questions, what I should look out for, how I could use cues for further prompting and so on. I initially felt dejected because of the needed changes, as it meant I wasted valuable time and would have to spend more time correcting them. However, looking back, I am grateful for this learning curve as it helped me pursue the remainder of interviews with better understanding and an improved approach – which, needless to say, also benefited the rest of my study.

Following the interview process and after reading the transcribed data, I felt more satisfied with the information obtained from participants. However, I also noticed that I still missed many opportunities for participants to elaborate on questions. I believe that I should continue to improve on my personal interview skills. However, I still feel satisfied that the data obtained produced rich outcomes for this study, which will contribute to a greater understanding of psychologists' experiences of compassion and self-compassion.

APPENDIX D

LETTER OF ETHICAL CLEARANCE

UFS·UV

Faculty of the Humanites

06-Feb-2017

Dear **Mrs Kally**

Ethics Clearance: **The experiences of compassion and self-compassion among psychologists**

Principal Investigator: **Mrs Thamari Kally**

Department: **Psychology (Bloemfontein Campus)**

APPLICATION APPROVED

With reference to your application for ethical clearance with the Faculty of the Humanities. I am pleased to inform you on behalf of the Research Ethics Committee of the faculty that you have been granted ethical clearance for your research.

Your ethical clearance number, to be used in all correspondence is: **UFS-HSD2016/0849**

This ethical clearance number is valid for research conducted for one year from issuance. Should you require more time to complete this research, please apply for an extension.

We request that any changes that may take place during the course of your research project be submitted to the ethics office to ensure we are kept up to date with your progress and any ethical implications that may arise.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours Sincerely

Prof. Robert Peacock
Chair: Research Ethics Committee
Faculty of the Humanities

Office of the Dean/Kantoor van die Dekaan/Ofisi ya Dine
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APPENDIX E

TURNITIN REPORT

M

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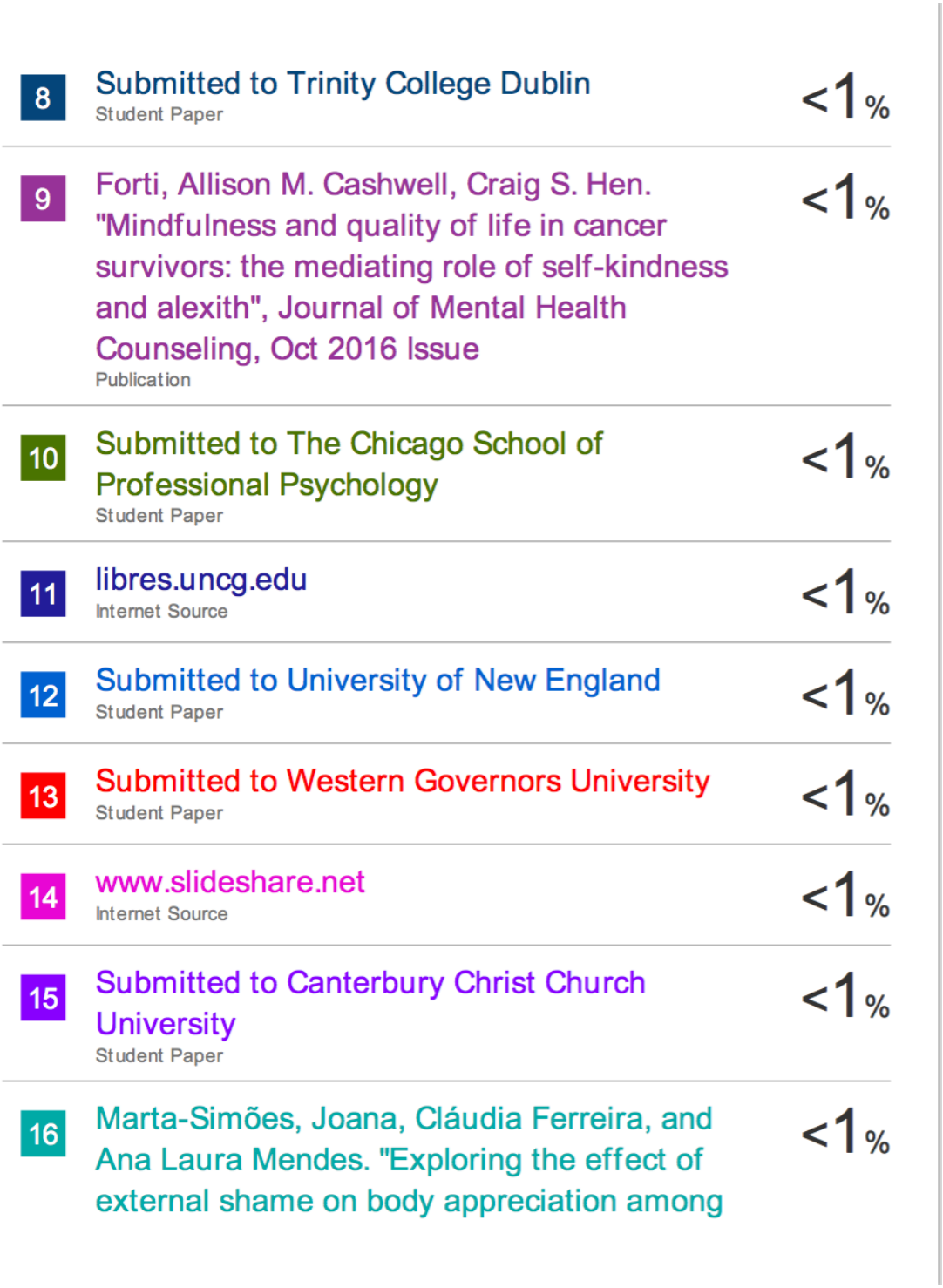
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