

The Underlying Challenges to Self-Compassion Practise on Non-Clinical Adults: A

Qualitative Perspective

Ashley Salazar - 17311166

National College of Ireland

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Abstract

Self-compassion practise has been widely researched in a quantitative perspective. Most research on self-compassion lies on how beneficial it is to individual's life. The current study aimed to explore obstacles underlying self-compassion practise on non-clinical adult samples, (N = 10) and to replicate research findings from Pauley and McPherson, and Campion and Glover study. Participants underwent one-to-one semi-structured interviews. Using Thematic Analysis, we found two main themes that we believe had obtain our aim: Obstacles to Self-Compassion: Past Experiences; Having Automatic Negative Response to Negative Situations; Constant Negative Self-Criticism; Having Low Self-Esteem; and Fixated on Responsibilities, and Ways to Overcome Self-Compassion: Engaging in Rational Self-Reflection; Having a Positive Social Support System; and Being Compassionate to Others. We also discussed the study's limitations. Our findings suggest the importance of implementing the fundamental meaning and practise of self-compassion at a young age.

Introduction

Negative experiences are inevitably part of living. Self-compassion, postulated by Dr Kristin Neff, defined it as ‘an emotionally positive self-attitude’, a safe and non-judgemental approach towards oneself when experiencing negative events, (Neff, 2003b; Breines & Chen, 2012). Self-compassion involves treating oneself with genuine kindness during encountering negative experiences (self-kindness) instead of harshly and critically treating oneself (self-judgement). One recognises that encountered negative experiences are common among people and is part of human experiences (common humanity) instead of treating experiences as isolating that they individuals tend to feel alone when they encounter this (isolation). And one having awareness and accepting these negative experiences while objectively encountering these events (self-compassion or mindfulness) instead of catastrophising negative experiences (over-identification), (Neff, 2003, 2003b).

Quantitative studies found positive and negative aspects correlated with self-compassion. Self-compassion is positively correlated with emotional intelligence, social connectedness, self-determination, intrinsic motivation, emotion focused coping strategies, (Neff 2003b; Neff, Hsieh, and Djeitterat, 2005; Neely, Schallert, Mohammed, Roberts, and Chen, 2009), and self-worth stability, (Neff & Vonk, 2009). This means that individuals who are compassionate to oneself tend to be aware, understand and accept their being than other people who are not compassionate towards themselves. They also tend to use this knowledge to deal with their life responsibilities and able to control their coping mechanisms in negative circumstances. Self-compassion is negatively correlated to thought suppression, rumination, depression, anxiety, self-criticism and avoidance-oriented strategies, (Neff, 2003a; Neff et al., 2005; Neely et al., 2009). This means that individuals who are not compassionate to oneself tend to fixate on negative mechanisms e.g. feelings of frustration, anger, disappointment. This could impact on their behaviour and perception towards themselves and on how they

deal with other life responsibilities. Self-compassion protects individuals from negative feelings towards oneself, (Leary, Tate, Adams, Batts Allen & Hancock, 2007). It seems to help individuals to accept and move forward from the negative experiences they are facing. It may also help to prevent individuals dwell within their negative experiences that may lead to mental health problems e.g. depression, anxiety.

Numerous healthcare system has emphasized the effective role of self-compassion in training and career, (Boellinghaus, Jones, & Hutton, 2012; Dorian & Killebrew, 2014; Heffernan, Quinn Griffin, McNulty, & Fitzpatrick, 2010; Patsiopoulos & Buchanan, 2011; Phillips & Dalgarno, 2017; Rickers, 2012; Wiklund Gustin & Wagner, 2012). Heffernan et al., (2010) found a positive relationship between self-compassion and emotional intelligence ($r = 0.55$), among healthcare professionals in a correlational study. They found that self-care must be prioritized among these professionals thus to not be ill-prepared when they show compassion to others. In narrative inquiry, counsellors reported prolonged self-compassion practise have benefit to enhance their overall well-being; deep connection and understanding of human existence and spirituality, (Patsiopoulos, & Buchanan, 2011). Using phenomenological-hermeneutical method, through oral and written reflections, clinical nursing teachers reported their development of being a self-compassionate individual- that being sensitive, non-judgemental, and respectful towards themselves enhances their personal development and values, (Wiklund Gustin & Wagner, 2012). Additionally, professionals reported that they tend to be in sync with another individual, acknowledging not only the others' welfare but also their own. It seemed the concept and practise of self-compassion shown positive relationship, enhancing effective communication between individuals who works at healthcare career and the community. It appears that self-compassion does not only promote welfare of patients or clients and a healthy working environment for work force in

healthcare. It also promotes personal welfare for individuals working from this sector by finding morale in their occupation whilst using self-compassion practise.

Working in a high demanding occupation at a healthcare sector requires strong characteristics. Practitioner medical trainees reported that it is difficult to give an effective care service when they are physically and emotionally drained from work. (Phillips & Dalgarno, 2017). Developed practise of self-compassion is related to job satisfaction; avoidance and prevention of burnout, (Dorian & Killebrew, 2014; Patsiopoulos & Buchanan, 2010; Wiklund Gustin & Wagner, 2012); and promote compassion satisfaction, (Wiklund Gustin & Wagner, 2012). Counsellors reported that self-compassion reduced unrealistic self-expectations, which helps them to feel more connected to their client and have clients reduced service expectations from them; and teach them to not be too self-critical, (Patsiopoulos & Buchanan, 2010). Practising self-compassion allows an individual working from healthcare sector to be immune from work burnout, which can provide an efficient service to patients, clients, or the community, especially for those individuals who are having difficulty to show compassion for themselves. These studies showed that people who are working in mental healthcare or healthcare sector need to integrate to self-compassion early, as this characteristic is required in this occupation sector. Of course, these benefits may also apply to any occupation as most occupation requires an effective communication skill.

Despite illustrating prolonged benefits of practising self-compassion, these studies have also shown that self-compassion is a difficult practise and hard to integrate with. Dorian and Killebrew (2014), concluded that learning mindfulness can be a challenge as it needs time commitment and effort, factors that enhances self-compassion. Counsellors reported that it is mostly up to them to develop this skill, (Patsiopoulos & Buchanan, 2011). The act of compassion may be interpreted differently. People may see it as pity; others may feel shame and actions could be misunderstood if performed incorrectly, (Wiklund Gustin & Wagner,

2012). Self-compassion may be unique among everyone, in terms of engagement and practise. Individual's personal and past experiences are factors that could hinder self-compassion practise, especially for those who may had a negative life experience, (Neff & McGehee, 2010).

Practitioner medical trainees reported emerging professionalization creates fear for them to be a compassionate individual, as it may emotionally hinder them to be a professional practitioner, (Phillips & Dalgarno, 2017). Emerging professionalization means that individuals creates intense self-criticism that may prevent them to be compassionate to oneself and others. Practitioners perceived difficulty balancing their compassionate care nature and to objectively attend to their role as a physician. Therefore, they may suppress their capacity to show compassion to their patients as these traits are perceived to be unacceptable for their profession, (Phillips & Dalgarno, 2017). These individuals may have perceived that their profession demands higher work performance standards. Compassion is a requirement to work in a mental healthcare organisation (counsellors or therapists), but not for medical practitioners, (Phillips & Dalgarno, 2017). This is due to self-evaluative anxiety, where individuals create high expectations for oneself to gain positive evaluations from other people, (Neff, Kirkpatrick, & Rude, 2007). But in this case, it is required in their job to show professionalism so self-evaluative anxiety appears. Therefore, it is probably hard to be compassionate to oneself among practitioners as there are expectations that must be met that is also outside of their control. Although, self-compassion reduces self-evaluative anxiety to reduce pressure and high standard expectations from other people. While it is required to be professional in medical practitioner perspective, acts of compassion from others can be perceived as fear and vulnerability which causes hindrance to show compassion to themselves and others (Wiklund Gustin & Wagner, 2012). Individuals who may overexpose their character to others may feel shame and know their weakness, this may explain the

difficulty for some individuals to show compassion in the first place, (Wiklund Gustin & Wagner, 2012).

A meta-analysis of self-compassion on community sample by MacBeth and Gumley (2012), reported large effect size for correlation between compassion and psychopathology (depression, anxiety, and stress), ($r=0.54$) and higher levels of compassion relate to reduced mental health symptomology. Few studies qualitatively explored self-compassion in a community sample. Showing compassion increases the likelihood that individuals would have healthy psychological wellbeing in a community sample. Pauley and McPherson's (2010), examined self-compassion on individuals with anxiety and depressive disorder. Participants reported that self-compassion had helped them survive their daily life and their mental health conditions. Although they also reported that self-compassion is difficult to integrate to because of their mental illness. Partners of cancer patients reported that they suffer from the high demands of support to their partners and facing mental health difficulties. Additionally, they have not utilized professional mental health services for themselves, (Köhle, et al., 2017). Köhle, et al., (2017), then utilized a web-based intervention based on Acceptance and Commitment Therapy (ACT) and self-compassion meditation on partners of cancer patients. In general, in an interview, partners of cancer patients reported that they became more self-compassionate accepting experienced thoughts and feelings; and learned to separate between negativity and themselves for their wellbeing; more aware and committed to follow their personal values, (Köhle, et al., 2017). Partners found additional ways from intervention that would be helpful for themselves and their partner (cancer patient), e.g. insight and acknowledgement, positivity, share their story, rest, and feeling more connection with their partner, (Köhle, et al., 2017). Some individuals who show compassion and support to someone else tend to show less compassion to themselves as they concern for other peoples welfare. Self-compassion is not only beneficial to individuals with

an illness, but also to people who supports them e.g. partners of cancer patients. This seems vital for effective communication that will be useful during adversities. Campion and Glover (2017), explored non-clinical samples' perception about self-compassion through learning animated psychoeducation video and engaging to meditation/compassion imagery exercises. Participants reported the benefits of self-compassion for them and other people; being a self-compassionate person; and obstacles to be a self-compassionate person. It is difficult to engage to self-compassion as they may feel vulnerable and others will be judgemental to them, in that respect, (Campion & Glover, 2017). The sample reported fear to show acts of a self-compassionate person first and that self-compassion needs to be accepted as part of western culture, (Campion & Glover, 2017). Lomas, Cartwright, Edginton, and Ridge (2014), studied males to find the issue behind meditation and therapeutic setting. They found that meditation is a difficult skill to engage in, in terms of learning and doing while having troubled thoughts and feelings. They find that the difficulty worsens mental health symptoms, e.g. depression and anxiety, (Lomas, et al., 2014). Few studies had shown self-compassion benefits on a community perspective in their everyday coping and shown some alongside negative engagement towards self-compassion.

Clinically diagnosed individuals with depression and anxiety found it difficult to integrate compassion for themselves because of their psychological disorder, which had negatively affected their life and desire to practise self-compassion, (Pauley & McPherson, 2010). Partners of cancer patients reported that they feel hesitant about receiving peer support; receiving feedback content from counsellor; and receiving 'tunnelled' (guided) intervention, (Köhle, et al., 2017). Additionally, they did not need peer support or pressured from hearing or telling negative stories. It appears partners of cancer patients were hesitant of compassion from other people. This could also reflect on how they show compassion to themselves as they are hesitant helping themselves. Köhle, et al., (2017) show the necessity

of creating self-compassion as a culturally and socially accepted concept. Thus, individuals would not feel guilt or vulnerable showing compassion to themselves and other people as social acceptance is fundamentally one of the human needs to communicate with other people, (Campion & Glover, 2017). Social acceptance is a component of common humanity, providing awareness that practising self-compassion should be prevalent among society. Individuals may most likely feel at ease practising or showing compassion to themselves and others to have a sense of belongingness in the community. Thus, it may be unnecessary to consider how knowledgeable an individual is about the concept. Awareness that compassion is there may be adequate and may be a start to practise compassion to themselves and others.

Rationale and Aims

To date, self-compassion is widely researched in a quantitative perspective. While, most qualitative studies on self-compassion in this literature largely investigate self-compassion on healthcare provider samples to clinically diagnosed patients to non-clinical diagnosed individuals. Literature seemed to show few qualitative perspectives from non-clinical sample. Most of the studies mentioned here showed the benefit of self-compassion in wide population to some extent, yet, the difficulty of self-compassion concept seemingly has not been investigated fully. Therefore, the current study aims to explore reasons for difficulty of practising self-compassion among non-clinical adult sample. Champion and Glover (2017), concluded the need of further research on non-clinical samples to understand the self-compassion concept further. The study aims to understand the prevalence of self-compassion concept and how often adults use this in difficult times. Because, simply being compassionate is part of human nature and existence, (Wiklund Gustin & Wagner, 2012). Most of the studies on workers from medical area postulated that self-compassion was never taught in education system, (Rickers, 2012). The self-compassion concept has been acknowledged as a skill for effective communication. However, some individuals may feel that they are alone to learn

this because that they may find compassion as a sign of vulnerability and weakness. Therefore, an awareness and acceptance of this concept in the community may be an important first step for an individual to engage to self-compassion. This is to show individuals that it is acceptable to do this, rather than being scared or ashamed of it. As compassionate support from other people may help individuals who are having difficulty to be compassionate to oneself be a compassionate person towards themselves, (Pauley & McPherson, 2010).

Methods

Participants

In total, 113 people were approached on Instagram. 15 people showed interest to be recruited in the research study by sending a direct message to the researcher. 11 participants voluntarily participated, 1 for a pilot study and 10 for data collection. Current study participants were females (N = 7) and males (N= 3), (see Table 1 below). Participants reported that they were not clinically diagnosed with any psychological disorder, i.e. anxiety, depression.

Table 1.

Interview Participant's Demographics

Codename	Age	Gender
S1	21	Male
S2	22	Female
S3	19	Female
S4	23	Male
S5	25	Female
S6	20	Female
S7	20	Female
S8	21	Female
S9	20	Female
S10	23	Female
S11	20	Male

Participants were recruited using convenience sampling technique. A recruitment post was posted in a social media platform called Instagram. Participants had the opportunity to voluntarily join the research study. Then, they were given brief information about the research study. This involved the research topic, study participant's requirements, and nature of study. Instagram facilitates a feature which allowed participants to reply to the recruitment post. Potential participants have had an opportunity to ask questions regarding to the study. Interested participants were provided with information sheet and available interview time slots via email or in person. Their interview time and place were confirmed by the participant, who voluntarily want to be involved in the study.

Materials

Otter.ai, a transcription application software, was utilised to record audio interviews and export transcripts from the audio interviews. The audio file feature of the application was used to correct errors that the application made on the exported transcripts. Microsoft Word was used to organise the transcripts. The transcripts were all printed. Pen and pencil were used to extract codes, sub themes and main themes. The comment feature of the Google Docs application was used to also write initial notes and codes on the transcripts.

The semi-structured interview questions used were extracted from Pauley and McPherson's study. Some questions were removed as Pauley and McPherson's interview were designed for clinically diagnosed sample, (see Procedure section and Appendix B).

Design

This semi-replicated qualitative research study used a semi-structured, one-on-one interview, that explored the topic of self-compassion and its components: self-kindness, common humanity, and self-kindness. This current study is classified as semi-replicated as

the questions were extracted from Pauley and McPherson's study, but the current data were analysed through Braun and Clarke's Thematic Analysis in an inductive approach. While Pauley and McPherson's study used interpretative phenomenological analysis. We believed that with the Thematic approach we could generalise results within our geographical context. The self-compassion concept was examined through realist approach on non-clinically diagnosed adult sample. We also aimed to replicate findings from Champion and Glover's study on non-clinical samples based on their findings on obstacles to self-compassion and Pauley and McPherson's study.

As mentioned, the questions for the interview were extracted from Pauley and McPherson's study (2010) on individuals who were diagnosed with mental health disorder i.e. anxiety, depression. Some of the interview questions from that study was removed as the study was focused on inductively extracting themes, using Braun and Clarke's (2006) Thematic Analysis, explaining reasons for having difficulties on practising self-compassion based on non-clinical adult sample.

Procedure

Ethical Consideration To address the ethical considerations of the study, National College of Ireland's ethic code of conduct and Psychological Society of Ireland's ethics code of conduct were taken into consideration. Participants were provided with information sheet via email or handed in person. The information sheet included the nature of the study, the purpose of the study, and underlying potential benefit and risk, e.g. potential social risk – questions asked may be invading their privacy, potential benefit – the experience may add something new into their knowledge about themselves. Participants voluntarily signed the informed consent on the day of their interview schedule. Under freedom of legislation act, participants could withdraw their data even after data collection. For the participants data to be deidentified,

participants were given a codename before their interview time, e.g. S1. They could remove their data by presenting their allocated codename to the researcher via email.

The study was advertised through recruitment post via Instagram. The post entailed brief information about the study: brief description of the research title, participants had to be 18 years old above and not clinically diagnosed with any mental health disorders. Participants had an opportunity to know more about the study and ask questions regards to the study. Participants were provided with information sheet and available interview time slots via email. Participants picked their own interview time slot and place of interview as a confirmation of their voluntary participation for the study.

On the day of their interview, participants read and signed the informed consent and provided an interview schedule sheet to sign their demographics (see Appendix A). The nature of the study and participants confidentiality and right to withdraw were briefly introduced.

Overall, the range of interview lasted from 15 to 51 minutes. Participants were given an example. Questions were repeated when it was required. Using modified Pauley and McPherson's Self-Compassion 'Interview Schedule', self-compassion concepts were explored. This includes, self-kindness "*How do you tend to react with yourself when you make mistakes, get things wrong, or don't succeed in a way you would have liked to?*"; mindfulness "*How easy or hard to separate yourself from your thoughts and feelings and to be able to be as objective as you need to be in a situation?*" and; common humanity "*Do you feel as if you share similar experiences to other people? In other words, do you think that the sorts of experiences you have are, in general, experiences that happen to other people?*", (see Appendix C). Miscellaneous questions were asked (see Appendix C).

Participants were debriefed about the nature, purpose and their rights to withdraw their data prior data collection. Participants were given an opportunity to reflect on the procedure and ask questions. They researcher's or supervisor's contact details were distributed for future concerns prior interview. Participants were thanked for their participation in the study.

Data Analysis Procedure

The data were analysed through inductive approach, (Braun & Clarke, 2006). The audio data were transcribed verbatim in Microsoft Word file. Each transcript was written and checked along with the audio data twice. This is to ensure the accuracy of data encryption. The transcripts were printed and analysed. The analytic scheme was developed throughout the data analysis process. Each transcript was read extensively thus for the researcher's benefit to familiarize with the data. Each transcript was checked, and initial notes were written line by line along, while listening to the audio file using pen and pencil. Google Docs comment feature was also used as an alternative to write initial notes, line-by-line. Initial notes were categorized into different sections that seem to respond to our research objective. Some initial notes that were irrelevant to responding to our research aim were separated and then removed if it was necessary. Initial codes were then formed from selected initial notes that were reviewed twice. Initial codes were categorized to subthemes. Subthemes were categorized with the main themes. The coding categories emerged were from current study data analyses and were not from a priori knowledge.

We kept a diary to account our personal experience, views and knowledge about self-compassion thus not providing a biased and selective processing of themes, instead providing themes within the current study data set has to offer. The main themes and sub themes were established due to repeated consistency.

Results

The participants explored their perception on their meaning of compassion and providing compassion to other people and themselves. The participants reflected that it was easier to be compassionate to other people rather than being compassionate to themselves. Most of the participants found that giving themselves compassion is a difficult task. Participants reflected that they were aware that providing compassion to themselves is essential for their overall wellbeing.

Participants responses formed into two main themes. Each participant identified their Obstacles to Self-Compassion, this includes, Past Experiences; Having Automatic Negative Response to Negative Situations; Constant Negative Self-Criticism; Having Low Self-Esteem; and Fixated on Responsibilities. As obstacles were explored, participants suggested Ways to Overcome Obstacles to Self-Compassion as they were keenly aware of not providing themselves enough compassion. This includes Engaging in Rational Self-Reflection; Having a Positive Social Support System; and Being Compassionate to Others.

“It’s nice refresher on what it means to be compassionate because that’s one of those things that you don’t really think about.” S1

Table 2.

A table presenting main themes, sub themes and number of participants responded to sub themes.

Main Theme	Sub Theme	Participants
Obstacles to Self-Compassion	Past Experiences	7
	Automatic Negative Response	4
	Constant Negative Self-Criticism	9
	Having Low Self Esteem	4
	Fixated on Responsibilities	4
	Ways to Overcome Obstacles to Self-Compassion	Engaging in Rational Self-Reflection
	Having a Positive Social Support System	4
	Being Compassionate to Others	4

Obstacles of Self-Compassion

Participants reflected different circumstances where they could have inhibited them from showing compassion to oneself. This includes:

Past Experiences

Past experiences which involved events from childhood and negative experiences that could have contributed on how participants perceive their worth of compassion from other people and how it may mirror their capacity to show compassion to themselves. Participants reflected that it could be difficult or challenging to be self-compassionate as they must learn independently to be compassionate towards themselves while developing in the society they are living in.

“I mean it’s something that we’re not taught. We have to kind of figure it out on our own. You know? how to deal with stuff and how to forgive yourself and how to, I don’t know, just improve positivity in your mind...” S11

Immediate social support systems that are involved in the participant’s life could impact on how the participant perceive and use self-compassion regarding to how they show compassion to themselves,

“If you surround yourself with people who aren't like self-compassionate or like even people who aren't compassionate in general, I think it's harder for you to be that way as well.” S7

Additionally, participants found that having negative experiences that involved intense shame and failure impacts their outlook of themselves. Negative experiences make participants to feel guilt of showing compassion to themselves as they were obstructed from

negative characteristics about themselves that were created from the negative experience they encountered.

“...you see all the uglies, like all the ugly bits. Well you know you see all the old shit that you've done like to other people, you're like, “oh, maybe I just, I don't deserve like you know, the help...” S8

Having Automatic Negative Response to Negative Situations

Participants expressed that they tend to instantly respond negatively to a negative situation, e.g. ‘engaging in negative self-talk’. A negative situation where the participants have an intense reaction, catastrophising, and they perceive to think heavily on negative outcomes that may be damaging to their future engagement of any negative situation. This depends on the duration spent on engaging with negative feelings of frustration, disappointment and anger. Thus, some participants found it difficult to be compassionate to themselves at these events.

“It's much easier, to, when you're in a negative moment to be negative, it's much easier to do that than when you're in a negative moment and be positive... it's less taxing on me to be negative when I'm in a negative moment then to try and pull myself out of a negative moment but positivity with positivity.” S9

Furthermore, participants reflected that their negative response in the moment when the intense experience has happened could lead to fixation on experiencing negative feelings that could reflect on how they respond to their responsibilities and to other people that surrounds them. Some participants found that this could led to ‘a cycle of negativity’.

Participants expressed their difficulty to see anything on a positive perspective in a negative situation. Therefore, they found it difficult to see the situation in a rational perspective and be

compassionate to themselves, especially, for individuals who have anxiety. Participants felt that they tend to catastrophise future events after experiencing something negative.

“Emotions cloud your judgement walk, you could walk...you could have a knock-on effect, is like, that towards your behaviour and the rest of the day.” S1

Constant Negative Self-Criticism

Participants conveyed that they tend to be critical towards themselves. They tend to judge themselves when they do not meet their set goals. The difficulty to be compassionate to themselves tends to increase when there are other people are involved, as they hold themselves with guilt and frustration, and responsible for the event's outcome. Thus, they tend to be consumed with negative emotions, engaging in negative self-talk, and catastrophizing the negative consequences of their actions. Participants seem to be left feeling doubt on their own abilities and this could impact their future encounters with negative events. Results: unrealistic high self-expectation in work, refer to lit review but only in discussion) discuss how high unrealistic self-expectations on self-criticism tab in participants as they did mention this, also on rational self-reflection. Then further discuss this on the discussion.

“ I feel like I let other people down. And because when I let other people down. That makes me feel very bad because like it's one thing let myself down. But that's just yourself, you don't mind, but when you let other people down...It could get hard.” S5

Having Low Self Esteem

Participants who perceived themselves to have low self-esteem found that they tend to be difficult at being compassionate to themselves. Participants conveyed that they tend continuously compare themselves to other people. They tend to perceive that other people have better circumstances and put them into a higher standard than they are. Thus,

participants tend to have negative beliefs about themselves that are irrational and unjustifiable. This comparison seems to occur with immediate social support groups and social media. Therefore, they reported that it is difficult to be compassionate to themselves as they perceive that they have guilt of giving themselves compassion. Regardless whether they have done something right or wrong. And this could be problematic when they encounter future events that involves perseverance and better performance as they perceive negative consequences before encountering a problem.

“People with like a low confidence and stuff like that? I would imagine can, have like, very little self-compassion, not because they have done anything wrong or just because they hate themselves. And it’s impossible to kind of forgive themselves...”

S4

Fixated on Responsibilities

Participants reported that engaging in various life responsibilities could inhibit them to show compassion to themselves. Life responsibilities, for example, attending college and having occupation tends to prevent participants to provide time to engage in self-reflection. Participants are fixated on responsibilities that are outside of their control. It is a need for them to prioritise attending to other responsibilities as time is limited to complete these responsibilities. Attending to other responsibilities outside of their control seemed to be problematic as they become overloaded with the responsibilities that could create stress and anxiety out of fear of failure to attend to these responsibilities. They were focused on the thoughts of possible consequences that could occur if they did fail to do their responsibilities.

“You’re going at 90 miles an hour and you don't have time to think and you're just stressed and you're tired and cranky and, and just so negative, it can be hard to be compassionate towards yourself so when you're like that.” S3

“If you're so so busy and you don't have the time to think a bit even being compassionate towards yourself.” S10

Ways to Overcome Obstacles to Self-Compassion

As participants identified their obstacles to be compassionate to themselves, they were also aware that giving compassionate to themselves were important. Participants suggested ways to overcome their obstacles to provide themselves compassion in times of negative circumstances.

Engaging in Rational Self-Reflection

Participants reflected their need to be in control of their negative thoughts and emotions in a negative situation and to break ‘a cycle of negativity’. This could be achieved by being able to engage in rational self-reflection. They could implement this by being able to ‘step back’ in a situation. This technique involves seeing oneself from an outside perspective, identifying their negative emotions and thoughts in response to negative situations, and being aware of them. Participants suggests that this can be achieved by interpreting negative communications, e.g. negative self-beliefs and judgemental thoughts, towards themselves and changing their perspective towards negative experiences to a positive learning experience to tackle their shortcomings in future events. Participants found that it is important to have a constructive criticism towards yourself. They perceived that being overly forgiving by being positive could prevent individuals from seeing where they need to improve. It seems that rational self-reflection is a gradual process in spite of responsibilities that participants were engaged in, however it is still possible to achieve.

“Every day just like practice things like nice phrases to say to yourself and then eventually, those nice phrases will just turn into like regular thoughts that you'd have and you'd find yourself like finding easier to be self-compassionate.” S6

Having a Positive Social Support System

Participants reported that having a positive social support system could help them to be compassionate themselves. This positive social support system provides a positive, comfort, and rational support in times of experiencing negative events. Communicating with other people could help participants to come into a realization that being compassionate and kind towards themselves, especially, individuals who were experiencing similar experiences as the participants were. An effective communication between a positive immediate social support system and the individual could also help to organise and restructure their thoughts, emotions and beliefs that could be damaging towards the self.

“When you're dealing with things in your own mind, like sometimes they don't seem as severe as they actually are, compared to when you're saying that to somebody else... it's helpful to talk to other people.” S9

Being Compassionate to Others.

Participants reported that by being compassionate to others could also help them to be compassionate to themselves. Participants found that by being compassionate and helping others ease their negative beliefs about themselves and their negative emotions and thoughts that they may have. Participants believed that by being compassionate they would be kind and compassionate to them back and it would help them to realise that they are a person of value that deserves compassion.

“...like talking to someone about their bad day, fixing them, will like, it generally put me in a better mood, be like right there but they be happier so I'm a little bit happier...”S8

“since the world is so negative, we need to be able to keep as much positivity, as we can and we can do that by self-compassion and stuff. And we can make it easier on ourselves if we do that.” S6

Discussion

The current study aimed to explore challenges underlying the practise of self-compassion. Through thematic analysis, we found two main themes that we believe responded to our objective. These are, 'Obstacles to Self-Compassion', comprised with 'Past Experiences'; 'Automatic Negative Response to Negative Situations'; 'Constant Negative Self-criticism'; 'Low Self-Esteem'; and 'Fixated on Responsibilities'. Another main theme was, Ways to Overcome Obstacles to Self-Compassion, comprised with Engaging in Rational Self-Reflection; Having a Positive Social Support System; and Being Compassionate to Others. Additionally, the current findings seem to reflect previous research study findings from Pauley and McPherson, and Campion and Glover.

Firstly, individual experiences are shaped through social learning theory, we tend to learn how to behave in an acceptable way in the society from our immediate social support system. The knowledge that the individual gain from family, friends and community could reflect on how individuals use this knowledge to themselves and other people. It seems that compassion is greatly emphasised to other people which reflected study findings from Köhle et al., (2017), but the concept of self-compassion seemed to be in its infancy as participants reflected that being compassionate to oneself is not something thought and taught about, (Campion & Glover, 2017). Participants demonstrated that their immediate social support system responses to individual's learning about the world could also impact on how they perceive oneself. The individual's view about themselves may be reflected to be more negative if their social support response to their actions in a negative and irrational manner, (Neff & McGehee, 2010). Participants tend to set high, unrealistic goals that seems to be unattainable. Thus, when they are not met, participants tend to express negative thoughts and feelings towards themselves. Also, they tend to isolate themselves by holding themselves responsible for the negative consequences of what seems to be an important event. This

fixation or 'cycle of negativity' that tends to be persistent could impact how future events are dealt with, like Lomas et al., (2014) findings, where negative self-criticisms are fixated. This seem to be like medical practitioners from Phillips and Dalgarno (2017), where they set a standard that creates intense self-criticism among them. This is also related to self-evaluative anxiety in the literature, (Neff et al., 2007). Participants tend to look for positive evaluations from other people therefore when a goal is not achieved, they tend to be hard and criticize themselves. Some participants who perceived themselves to have low self-esteem seem to be focused on irrational negative beliefs about themselves that does not have an underlying basis. Unlike participants who also perceived having negative self-criticism, their negative feelings were originated by mistakes and set unrealistic goals. Some participants who have low self-esteem tend to find it difficult providing themselves with compassion as they are prevented to do so by believing their negative self-beliefs that has no activating cause. Participants seemed to find it difficult to be compassionate to themselves as they were obstructed by responsibilities that does involve both the welfare of oneself and other people. Again, this seems to be another example of how compassion was greatly emphasised in the society while suspends self-compassion.

Obstacles to self-compassion were comprised with subthemes that generally explained the outcome of a negative event and dependent how one dealt with it. Of course, generally, the response to have in initial exposure to unpleasant situation is an unpleasant response that may vary depending on how the outcome is perceived. This depends on how the situation was perceived. This is determined by how unexpected and intense it is in terms of the value of the situation to the individual. Furthermore, whether there were other people that may have perturbed from the situation. Self-compassion practise could be difficult to achieve when they fail to achieve, circumstances that were outside of one's control. These

circumstances may be oftentimes forgotten as participants were overloaded with the negative consequences of their actions in an event.

The sole purpose of the current study is to explore and elaborate obstacles to practise self-compassion. As participants responded that their obstacles to self-compassion were generally the outcome of a negative situation this led to evidence of suggesting ways that they could encounter the situation that perceived to be better than they could beforehand. Participants showed awareness to how self-compassionate they were and the necessity to improve this practise. We believed that we can further explain the concept of self-compassion and its obstacles by including ways to overcome this challenge that was suggested by our sample. We found that 'Engaging in Rational Self-Reflection is the same as 'Mindfulness' component of self-compassion. Mindfulness involves being able to be aware of negative emotions and thoughts about oneself instead of overidentification of these mental processes.

Participants expressed that surrounding oneself with a positive social support system is vital as it has been mentioned that the social support could impact on how they perceive and use compassion to themselves and others. Positive social support that they share common experience with as they would have understood the circumstances better.

While the literature emphasised that the idea of compassion seems to be exclusively available for the welfare of other people. Participants acknowledge that providing compassion to other people helps to be compassionate towards themselves. Being compassionate to others generally ease and creates positive feelings towards oneself. Pauley and McPherson, (2010), also postulated this from their study findings.

The study achieved its objective to explore and elaborate obstacles underlying self-compassion practise. We were able to associate similar findings from Campion and Glover, and Pauley and McPherson. As we implemented this study, we understood procedural

measures that could take to learn this skill. The current study demonstrates a qualitative perspective of challenges underlying self-compassion that involves not only identifying a cause but simultaneously finding approaches to combat this challenge. It appears that incorporating oneself to understand the meaning and practise of self-compassion to them may be a gradual process.

Our findings suggest that it is essential to raise awareness of self-compassion simultaneously with compassion, which appear to be accentuated already by the society, especially in the internet where individuals all over the world connects. We are aware that the practise of self-compassion is unique to every person that could be heavily influenced by underlying circumstances that our findings indicated. Though, the fundamental meaning of self-compassion should be demonstrated with adequate accuracy when this practise in education system. Rickers (2012) postulated that the education system has not implemented this. It seems essential to consider teaching this skill at a young age as they are developing and learning in a complicated world that can be overwhelming. It is important to understand that it is needed to be able to be kind and forgive oneself when they experience negative feelings when they are uncertain of their actions, decisions and disposition in life. The research findings could also help individuals recognise the type of support needed, regardless whether they are experiencing mental illness or not.

Limitations

We found three potential limitation in our current study. The current study aimed to explore challenges underlying self-compassion practise therefore our sample were aligned to the exploration of the topic. Therefore, our findings are not generalisable to wider population of young adults as the sample were recruited in the researcher's social media platform and most of these participants were psychology students. Psychology students that could have

previous knowledge about the topic. For future recommendations, it is important to consider other individuals i.e. from different undergraduate courses, from the same context, thus, varied results may be inferred. However, with very small sample we cannot generalise findings and we cannot have varied samples as we explored the topic.

We are certain that our sample were not clinically diagnosed with depression and anxiety considering finding a perspective of the non-clinically diagnosed sample. The most important finding we have got is that self-compassion practise depends on the situation circumstances. Our research findings also contributed that the concept of self-compassion could be reciprocated between people. i.e. if an individual is being compassionate to another individual, that individual could possibly be compassionate to themselves.

We were also uncertain about the interview questions that were utilised in the current study. The interview questions were extracted and modified from Pauley and McPherson's study in 2010 with psychological clinically diagnosed participants. As mentioned, we removed questions that was clinically related. However, the study investigated the topic of self-compassion as a whole perception of the concept. Even though the current study found considerable findings, the interview questions that could have been used should have aimed at finding obstacles underlying self-compassion practise and not explore the whole topic of self-compassion. For future recommendations, it is important to consider formulating questions that potentially covers the aim.

Future research

The current study demonstrated how subjective self-compassion is, even examining sample from exact context. Self-compassion is seen to be unique and different for everyone. Thus, for further research, the cultural differences should be considered within this context, to make a comparison among different cultural backgrounds. If the literature gain knowledge

different perspectives from different cultural backgrounds, then it could be possible to deliver the basis concept of self-compassion in a substantial way to the community. Our findings also suggest the need to further investigate ways to overcome obstacles of self-compassion. This to gain a better understanding of the fundamental suggestions to be more compassionate towards oneself and to also become a basis of information when providing therapy in a clinical setting.

Conclusion

The study of self-compassion is recent, and the meaning of the concept and practise can be complex to understand due to unique experiences that one has. Generally, as participants emphasised, the automatism of negative responses to negative situations is inevitable and cannot be prevented. However, the negative fixation could be prevented and reduced. The current findings seem to also emphasise that the implementation of wellbeing is solely to be happy, thus negative circumstances are lost and less acknowledged. Negative consequences are consistently seen as negative, wrong and not worthwhile. Simply ignoring them seem to be just a comfortable way and not in a healthy way. Recognising the negative emotions, thoughts, and behaviour by understanding the fundamentals of self-compassion concept and practise could help individuals to perceive their experiences in a constructive and rational manner. Negative events and negative responses are inevitable; therefore, it is important that when it is recognised, it should not be treated as wrong and somewhat should not have. It is important to gradually introduce this at a young age in communities, as we spoke. This can be done by implementing accurate enough information that can be given by their immediate social support system and the emerging community of internet and technology.

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Appendix A. Information Sheet

Subject number. __

Information Sheet

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information. Take time to decide whether to take part or not.

WHO I AM AND WHAT THIS STUDY IS ABOUT?

I am Ashley Salazar. I am studying Level 8 Bachelor of Arts Degree in Psychology at the National College of Ireland. I am doing this study as I am very interested in finding out about human behaviour, particularly learning about the self and personality. The aim is to explore the concept of self-compassion concept in adults. Self-compassion is basically having positive mental attitude, self-acceptance which doesn't involve self-judgement. Being kind to yourself when you are facing challenges in your life. Also, keeping in mind that life experiences that you're having are common and you're not alone in experiencing them. Thus, being able to perceive things and face them rationally.

WHAT WILL TAKING PART INVOLVE?

Before your interview, I will ask you to fill up an "interview schedule" sheet for attendance which includes your codename and general information. During interview, you will be involved in one-to-one interview with me and you will be asked a series of questions based on what you know and your experiences while practising self-compassion. This will be a free-opinion interview, you can say answers that you feel are relevant for answering the question. Also, there is no right or wrong answer, only your opinion about the topic matters here. The interview will take approximately 15-30 minutes. You will be given an opportunity to ask questions at the end of the interview.

WHY HAVE YOU BEEN INVITED TO TAKE PART?

I have selected non-clinical samples of adults and undergraduate students to take part in my research as the research interest focus on their view of self-compassion. I am interested to know what people have to say about practising self-compassion.

DO YOU HAVE TO TAKE PART?

No, you do not have to take part. Participation is completely voluntary and is up to you to decide. If this topic is something that interests you, you can participate. You will have the right to withdraw at any time of the study without any consequences involved. If you have taken part in the interview, you still have the right to withdraw your data, without any consequences involved.

WHAT ARE THE POSSIBLE RISKS AND BENEFITS OF TAKING PART?

Questions may be sensitive or too personal for you to answer, you may refuse to answer questions that you're uncomfortable with. The information that you provide for the study will solely be used for addressing the research study. If this is something that is an issue for you, you can withdraw at any time of the study – during or after the interview (to withdraw data). If you have any issue about the study, you can either contact myself or my supervisor. Our contact details will be available to address any questions or issues you may have with the study. Helplines and support organisation details are outlined as well.

The possible benefit for participating would be, it would be interesting to participate in a psychological research study. You may learn something new from participating.

WILL TAKING PART BE CONFIDENTIAL?

Participation is completely confidential. Participants data will be de-identified. You will be given a subject number as you attend your interview time and fill the "interview schedule" sheet, for data collection purposes and for locating your data just in case you wish to withdraw. If you decide to withdraw your data, it is your responsibility to keep a record of your number and contact us about this.

All information collected from the study are for research purposes only which has been discussed and will be mentioned again before you attend your interview time.

HOW WILL INFORMATION YOU PROVIDE BE RECORDED, STORED AND PROTECTED?

The data will be stored at USB ADATA UV220/8GB, on mobile phone used to record the interview. It will be stored in the laptop, LENOVO – IdeaPad S340. My supervisor and I will have access to the data. Under freedom of information legislation, you are entitled to access the information you have provided at any time. Your data will be destroyed immediately after the research finishes. Email us to get access to your data.

WHAT WILL HAPPEN TO THE RESULTS OF THE STUDY?

The research only consists of submitting my dissertation, being presented in oral presentation for examination and possibly at the Psychological of Society Ireland conference. National College of Ireland's library will keep the research study.

WHO SHOULD YOU CONTACT FOR FURTHER INFORMATION?

*Researcher: Ashley Salazar
National College of Ireland
ashleysalazarfyp@gmail.com*

*Supervisor: Matthew Hudson
National College of Ireland
Matthew.Hudson@ncirl.ie*

HELPLINES:

- The Samaritans:*** 116 123 (free call); 087 260 9090 (SMS); jo@samaritans.ie (email)
24 hours and 7 days (hours open)
www.samaritans.org (website)
- Niteline (for students):*** 1800 793 793 (telephone no.)
9pm – 2am (hours open)

Thank you for your interest in participating in the study!

Appendix B. Ethical Informed Consent

A Qualitative Study: The Difficulty of Practising Self-Compassion on Adults

Informed Consent

1. I voluntarily agree to participate in this research study.
2. I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
3. I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
4. I understand that participation involves one-on-one interview that could last from 15-30 minutes.
5. I understand that I will not benefit directly from participating in this research.
6. I understand that all information I provide for this study will be audio recorded, transcribed, and will be treated confidentially.
7. I understand that in any report on the results of this research my identity will remain anonymous.
8. I understand that data provided will be kept at NCI library and will be destroyed after 5 years after submission according to National College of Ireland's policy.
9. I understand that the information collected in the interview may be used in researcher's dissertation and presentation at the college and at the Psychological Society of Ireland's conference.
10. I understand that if I inform the researcher that myself or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
11. I understand that any information I give will be recorded and stored in mobile phone and laptop for data analysing purposes. I understand that my recorded interview will be removed once the research study ends.
12. I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above.
13. I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Researcher Contact Details:

Researcher: Ashley Salazar
National College of Ireland
ashleysalazarfyp@gmail.com

Supervisor: Matthew Hudson

National College of Ireland

Matthew.Hudson@ncirl.ie

Signature of research participant

Signature of participant

Date

Signature of researcher

I believe the participant is giving informed consent to participate in this study

Signature of researcher

Date

Appendix C. Interview Questions

Self-Compassion Interview Schedule

Introduction:

I am hoping to cover a lot of topics relating to self-compassion today. Please remember that I am here to explore this topic today and there are no right or wrong answers. Feel free to say what is appropriate to answering the question as I am interested on your opinion and understanding. If there are questions you don't understand, please let me know and I can give you an example. If there is a need for you to take a short break from the interview, please don't hesitate to ask. Please keep in mind that this will be a recorded interview, so if you are somehow uncomfortable about this you can withdraw at any point of the study without penalty.

Initial focus: Establish what is understood by compassion/self-compassion

1. Could you tell me what you understand compassion to mean and give me an example of an experience you have had in your life of someone being compassionate. (Focus on the various aspects that the individual suggests in their definitions and go into these in more detail).
2. Are there times when you find it easier or harder to be compassionate towards other people?
3. Do you think it is possible to have compassion for ourselves?
4. What would be the point of being able to be compassionate towards ourselves?
5. Are there times when it would be difficult to be compassionate towards ourselves?

Focus on kindness towards self

1. How do you tend to react with yourself when you make mistakes, get things wrong, or don't succeed in the way you would have liked to?
2. Can you think of any positives to being able to forgive/be kind towards yourself when you make mistakes or don't live up to your own or other people's expectations?

Focus on mindfulness

1. How easy or hard do you find it to separate yourself from your thoughts and feelings and to be able to be as objective as you need to be in a situation? (I can give an example to make what I am saying clearer).
2. What sorts of things can happen to you if you are not able to separate your thoughts and feelings as they occur from who you are?

Focus on common humanity

1. Do you feel as if you share similar experiences to other people? In other words, do you think that the sorts of experiences you have are, in general, experiences that happen to other people?
2. Is it helpful when you are experiencing something upsetting or challenging to think that you are not the only person who has experience this? (Why/why not?).

Focus on other constructs

1. We have talked about a number of different topics and ideas today that have all linked together in different ways. Are there any other ideas or experiences that we have not thought about that you think would connect to our discussion?

2. Do you have any other thoughts about anything that we have discussed today or any comments to make about the discussion itself?

Debrief:

Thank you for your participation in the study. The study had explored your view on practising self-compassion. Previous research has shown the benefits of self-compassion - to healthy psychological wellbeing. In this study, I hoped to find reasons why it may be difficult to use self-compassion in times of need and only a few studies have done on this. All information given has been recorded and will be treated confidentially and your identity will be completely anonymous, as you have been given a codename at the beginning of the interview. If you have any questions regarding to the research study, please do not hesitate to ask. My contact details and the supervisor are listed on the informed consent and information sheet given to you at the beginning of this study. Helplines are also listed on the information sheet, if necessary.

Appendix D. Evidence of Data Collection – Interview Transcript

- I 0:00 So, welcome. Can you speak? Can you try speaking?
- S3** 0:06 Hi, my name is -. Um
- I yeah
- S3** yeah
- I 0:10 It's fixed up. Yeah, yeah. So, welcome to my research study. I am hoping to cover a lot of topics in relation to self compassion. So please feel free to, to say whatever you want, you can, curse. You can ask questions. You can give an example. So this is a free opinion based interview. So just answer the questions appropriately. And if you don't understand any questions or you need to clear things up, or if you want me to give you an example just don't be hesitant
- S3** That's not a problem
- I 0:58 And there are no right or wrong answers, so, yeah. And, just please keep in mind that I'm only interested in your opinion, your thoughts and feelings about the, the topic of compassion and self compassion. And, yeah, so if you are somehow uncomfortable about this interview or the recorded interview itself. You can leave the room. We can take a break, I could pause the thing. And you could just withdraw from the study overall. And that won't cause you any harm or tendency of course. So, first of all, could you tell me what you understand compassion to mean, and give me an example of an experience you have had in your life of someone being compassionate?
- S3** 1:51 So for me, compassion means kind of love and understanding and care. And, and, like, empathy, and then a time somebody I compassion is when I had a hard time at the start of this year of college, I was struggling. And a lot of people showed me compassion, and they were kind to me and they helped me, they're understanding of my situation, and they're just they're all very compassionate. Yeah.
- I 2:23 Yeah, em
- I 2:26 so how are they showing compassion to you?
- S3** 2:30 They were allowing me to talk about my situation, and they were they were there to listen to me. They also asked if there was anything they could do to help, and they, they did what they could to help. And they also validated my feelings. And they also were very kind to me and were supportive of me.
- I 2:54 Yeah, em
- I 2:54 are there times when you find it easier or harder to be compassionate towards other people?
- S3** 3:02 I guess it's probably easier to be compassionate when, when you're happy or you're in a good mood because you're already feeling good. But, and then on the flip side I guess it's probably harder to be compassionate when you're in a bad mood because you're because you're already feeling negative, and you're so caught up in your own

negative feelings that it can be hard to show compassion for others when you're not. When you're not feeling very good yourself.

I Yeah.

I 3:30 And do you think it is possible to have compassion for ourselves?

S3 3:35 Yeah, I think it is. I think it's probably hard, to have compassion for ourselves, but I think it's possible.

I 3:43 Like in general?

S3 3:44 Yeah. Like, it's probably because we're so harsh on ourselves. I think it's probably harder for us to be compassionate towards ourselves because we're oftentimes very negative to ourselves, but I do think it's possible but a bit of work. I just think it's probably hard, harder to be compassionate to ourselves and to others.

I 4:03 Yeah. And. Can you think of any scenarios, or circumstances? when it's possible. Like in general?

S3 4:15 I guess, when like when you give yourself a break, when you when you've been having a rough time and you've been overworked and you're tired and you just need a break and when you step back and look at your life and you just think, "okay, I'll give myself a break, I've been working hard. I've been doing lots of things, I need to take care of myself, I understand that I'm getting stressed", and then you just you let yourself relax for a bit and just take, take time for yourself as I think that's a time when we show compassion to ourselves. Yeah.

I 4:45 Yeah, and

I 4:47 what would be the point of being able to be compassionate towards ourselves?

S3 4:57 Em, I guess, just to try and relax and try and control our stress levels, and also to, to be bit more in touch with our emotions and just allow ourselves to kind of to be easy on ourselves for once, because I think people in general are always quite, quite hard on themselves. So I guess it just gives us a little bit of a break from, from ourselves from, from, from the thoughts and stuff and just from, from being stress important stress on ourselves.

I 5:28 And are you hard on yourself?

S3 5:31 I tend to be quite hard on myself. Yeah.

I And why is that?

S3 I'm not sure, I guess I just always expect the best of myself. And I always try and push myself to achieve the best that I can. And if I don't, because I have kind of had a like have a fear of failure. So I think that kind of touches on why I'm a little bit less compassionate to myself than I would be towards others. Because I would expect more of myself than I would from other people.

I 6:05 Are there times when it would be difficult to be compassionate towards ourselves?

S3 6:09 Yeah. When, when you're feeling down, or when you're struggling or you're extremely stressed, it can be hard to, to be compassionate to yourself because you

know you have so much to get done, and you're very stressed and you're like, you're just you're going at 90 miles an hour and you don't have time to think and you're just stressed and you're tired and cranky and, and just so negative, it can be hard to be compassionate towards yourself so when you're like that,

I Yeah

I 6:38 and how do you tend to react with yourself when you make mistakes, get things wrong or don't succeed in the way you would have liked to?

S3 6:47 I tend to be quite harsh on myself. I tend to, to think kind of all like "Why couldn't you have done this right?" or, "what could I have done?, what should have done better? or, you know, "you have to do better than this", "you're capable of way more and, and everybody else will be able to do this, why aren't you?", and that sort of thinking.

I 7:09 And.

I 7:11 Can you think of any positives to being able to forgive, or be kind towards yourself when you make mistakes or don't live up to your own or other people's expectations?

S3 7:22 I guess you could just think like, you're only human. Everybody. Everybody makes mistakes at some point and even yourself, makes mistakes, at some point and just things can be fixed and it's not the end of the world.

I Yeah.

I 7:39 You're very straightforward.

I 7:46 And Yeah. Can you think of any other positives? I'm

S3 7:53 Em, not particularly. I'm not quite a positive person. Now that I think about it.

I 8:01 Em, so do you tend to be more negative then?

S3 Yeah, towards myself

I towards yourself

S3 8:05 I'm often very negative but towards others, I try and be as positive as I can and supportive and compassionate and empathetic? Is that the word? to other people. And then when it gets to myself, it's completely different. I treat myself completely different than I treat other people and I don't know why. But I guess it's just because I hold myself to a higher, higher expectation than I would other people.

I Yeah.

S3 And I think as well. It might be because I know my own situation, and my own circumstances and I don't know everybody else's so I try not to make judgments on other people because I don't know their situation and their circumstance, so they could have a really bad or they could be struggling with things I don't know about but I kind of know my own, my own situation and problems and circumstances so I guess it's hard to look at my, my situation from an outside perspective. Whereas with other people, you're always kind of looking from outside perspective so you

have a, unbiased view, kind of. With yourself, it's quite a biased view, cus you know all your circumstances and you always kind of expect yourself to achieve the best that I do, I find out that you anyway.

I 9:19 And does it matter to, to know what other people's situation or circumstances to give them compassion?

S3 9:31 no I don't think so. I think you should always treat people with compassion regardless of whether you know their circumstances or what their circumstance is, I think you should always treat people with kindness and respect and compassion and empathy, as a standard. That's how everybody should treat each other, I think.

I 9:51 Um

I 9:53 so, how easy or hard do you find it to separate yourself from your thoughts and feelings and to be able to be as objective as you need to be in a situation?

S3 10:07 Very hard I'm, I am always caught up in my own thoughts and feelings and I find it very hard to look at myself on my problems and my situations subjectively I cuz I always just get caught, thinking, and go on a spiral down a rabbit hole. So I find it very hard to take myself back and take a step back and look at my situation objectively.

I 10:30 And, what sorts of things can happen to you if you are not able to separate your thoughts and feelings as they occur from who you are?

S3 10:43 I think you can get very caught up and you can end up with a very warped sense of self. And you can also end up setting very own realistic expectations of yourself that aren't actually achievable. And you often kind of lose the ability to look at things objectively, The more you get caught up in your feelings.

I 11:09 And,

I 11:14 yeah. So, do you feel as if you share similar experiences to other people? In other words, do you think that the sorts of experiences you have are, in general, experiences that happens to other people.

S3 11:29 Um,
some are, some aren't.

like there's some situations and experiences I have that I feel like everybody probably goes through, at some point in their life. And then there are others that sometimes I feel like nobody else could possibly know what I'm going through, and that it's only kind of the experience is something that only I've had, but then there's other experiences I feel like everybody kind of have gone through this same or similar experience at some point.

I 12:01 And, is it helpful when you're experiencing something upsetting or challenging to think that you are not the only person who has experienced this?

- S3** 12:09 Yeah, because I feel like when I'm going through something or experiencing something that I feel like other people have. I can think that there's somebody out there who will understand my situation, and there's also other people who have gone through the same thing, and come out the other side, and who have got through it. So, if they can, I can.
- I Yeah.
- I 12:30 Okay. And
- I 12:33 so what would be the example of that? The those challenging and upsetting times?
- S3** 12:38 like, the stress of final year, I know that everybody else in my class is going through the exact same thing. There are 70 other people, stressing about their literature reviews and their data collection and it's not just me, everybody's in the same boat in my class, and everybody's stressed and everyone's running around like a headless chicken trying to get their data collected and everyone's stressed about writing their redo of their literature review and so it's something that we're all going through together as a, as a class.
- I 13:07 And do you often think that? That "Oh, everyone, everyone's experiences the same as me". With the literature review and, and all that. Do you think that often? or.
- S3** yeah with college stuff
- I 13:20 Do you just think that you're on your own sometimes?
- S3** 13:23 With college, I feel a lot of the time, I feel like, oh, everyone's gone through a similar experience right now because we're all, the same thing. It's kind of expected of everybody in the class, we all have the assignment to say, to do, we'll all have to do our thesis, and we'll all have to collect our data and stuff the same kind of expectation is there for everybody in the class. So, and we're all under the same amount of pressure for time, and the same amount of, like, word count. We all have the same word count. We all have the same words to write. We all have the same thesis to submit in March or April, whenever that is.
- So we can all kind of relate to each other and and not everyone's going to be exactly the same. Because some people will not have to do face to face interviews or or balance task or, or, you know, or some people might be doing it on something that's really a controversial topic or or a kind of upsetting topic and some might be doing on something that's like really cool and interesting and, and just not controversial or upsetting at all. So not everyone's is in the exact same experience, but we're all kind of going through a similar experience. I mean we all have the same set of expectations set for us.
- I 14:43 Yeah. So we have talked about a number of different topics and ideas today that have all linked into together in different ways. Are there any ideas or experiences that we have not thought about that you think would connect to our discussion?
- S3** 15:02 I think the way people, get treated in their life. And say, the some of the bad maybe, bad experiences people have had can affect how compassionate they're towards others. So if somebody had a really negative life, and had lots of lots of negative experiences and been in a really bad situation, it might affect how they treat others

in a good or a bad way because they might, their experiences might allow them to be more compassionate to others, because they didn't have that compassion for, for themselves in that time. That there was nobody there to be compassionate to them so they want to give that to other people and ensure that everybody has the compassion and the love and the empathy that they need. Or it could be the opposite, if they could shape them and make them have no compassion for others because if, if I didn't get compassion nobody deserves to get compassion from me because I got no compassion when I needed it. So why should I be compassionate to others? So I think that your experience in life and especially kind of negative consequences can have a really big impact on how compassionate you are either positively or negatively,

I 16:14 compassionate towards yourself, is it?

S3 16:17 to others.

I 16:18 Yeah. How about to yourself?

S3 16:20 to yourself. I think as well, a negative experience like that, big negative experiences can also really affect your self compassion. Because if you've had lots of people not being compassionate to you, you might think "oh I don't deserve compassion. Nobody's ever shown me compassion, so why should I bother trying to show compassion to myself? I'm not worth it or I don't deserve to be compassionate to myself". So it might really affect their self compassion as well.

Or on the other side. they might, they might say, "oh, I've had no nobody show me compassion or empathy, so I need to be there for myself and give myself the love and compassion that nobody else has given me so that I can get through this". So, yeah I think, I think negative situations and consequences can have a really big impact, either positively or negatively on compassion. I guess it just depends on the person and how they cope with it and how they deal with it, what their outcome is. Yeah.

I 17:17 Yeah. And would you say that you're a compassionate person?

S3 17:25 Compassionate to others. Yes, I would say definitely compassionate to others. Compassionate to myself? not so much. I don't have a lot of self compassion, but I tried to be as compassionate as possible towards others.

I 17:38 And the, those people around you, the people, the other people that you give compassion to. Do they give it back?

S3 17:49 Some, some do and some don't. it depends on the person. Some people, if I'm really compassionate to them, they'll reciprocate and be extremely compassionate back. And some people, you can be so compassionate and lovely and empathetic to, and they'll just take all of that, and they won't reciprocate it. They won't show you compassion back when you need it. So it just depends on the person really.

I 18:11 Yeah. And when, when these people show compassion to you, do you think that maybe, possibly, that you feel compassion towards yourself?

S3 18:27 I guess that's probably going to be a no, because, my mind would always, jump in and say like, "Oh, just because they're being compassionate, or kind to you, doesn't

mean that, say, they really mean it or that you really deserve to be compassionate to yourself", because, just because, they're being nice to you, doesn't mean you can stop and be nice to yourself, you still have to get this done. Or, you still have these things wrong with you, these, these problems to get over. So don't let it fool you, don't let it. So my mind jumps in and gives all these negative things I don't really think when people are compassionate to me, it, it helps me be compassionate to myself because, my mind is a funny way of turning it negatively, against me.

I 19:11 Yeah. So do you have any other thoughts about anything that we have discussed today or any comments to make about the discussion itself?

S3 19:21 I think it's really interesting topic, I think it's, you could talk for hours, and everybody will have different things to say in different experiences and know two people will have the same view on it or the same exact experiences. But they're might be similar experiences but nobody's object going to be exactly word for word the same. So it's really interesting to look at all the different views, people have about the topic of compassion. Yeah.

I 19:49 And as we go through the questions. Is there something that popped in your mind? That's really intriguing.

S3 20:01 I guess I didn't realise, really, to the extent how negative I am towards myself until we start talking about it. Yeah, that's one thing I just, I was like, "Oh wow, I really am quite negative towards myself and I didn't realise it until I started continuously talking about it.

I 20:22 Yeah, em

I 20:25 yeah. So, thank you for your participation in this study. The study had explored your view on practising self compassion. Compassion and the concept itself. So previous research has shown the benefits of self compassion to healthy psychological well being. So in this study, I hope to find reasons why it may be difficult to use self compassion in times of need. And I found only a few studies have done on this. So, what popped in into my literature review what's intriguing, for me, was the healthcare sectors, people from healthcare sectors who are working there. They said that self compassion should be taught in schools or into courses, or should just be taught in general. Yeah, because, it's just helps people to communicate effectively, it's just it, the patients or the community just doesn't see them as, as an authority, they see them as a friend. Yeah, rather than just high, people with high status.

S3 Yeah.

I So, it really helps them to keep in sync with the community and to. I'd say. Just see it to see them as humans as well.

S3 Yeah, yeah.

I 22:01 So, yeah, all information given has been recorded and will be treated confidentially and your identity will be completely anonymous, as you have been given a code name at the very beginning of the study. So, if you have any questions regarding to the research study, please do not hesitate to ask. And my contact details and the

supervisors are listed under informed consent, there, which I'm going to keep, and the information sheet that I've given you.

S3 Yeah, that's great.

I I didn't email you, no? No, I didn't email you. I gave you the sheet and yeah helplines are also available there. So thank you very much for participating.

S3 No problem.

I Have a great day.

S3 Thanks