

**Exploring How School Counselors Practice Self-Compassion**

Anjanette Todd

University of Texas at El Paso

Hiba Chehaib

University of South Florida

### **Abstract**

Providing compassionate care is of utmost importance when school counselors serve students, especially in times of crisis. School counselors should practice self-compassion in order to be compassionate toward others, which they may find challenging. This challenge could be caused by occupational stressors such as limited opportunities for clinical supervision, high student-counselor ratios, and a lack of clearly defined job roles. This article describes a study wherein seven school counselors explored aspects of self-compassionate behavior (Todd, 2017). A thematic analysis was used to analyze the data and identify themes. Results indicated that all seven school counselors integrated self-compassionate behaviors. Themes included: (a) perspectives related to self-compassion, (b) actions related to self-compassion, and (c) resistance in recognizing self-compassion. Based on the results of this study, an enhanced understanding of the role that self-compassion has among counselors in relation to well-being was explored.

## Exploring How School Counselors Practice Self-Compassion

School counselors are charged with meeting the academic, social/emotional, and career needs of all students and they also serve as the front line in dealing with trauma and crisis in schools. Counselors who understand the importance of their own wellness and practice self-care are better equipped to meet these demands and are at a lower risk for counselor burnout and compassion fatigue (Lawson, Venart, Hazler, & Kottler, 2007). Burnout and compassion fatigue are associated with negative emotional outcomes for some counselors (Figley, 2002), and may even put students at risk for harm (Lawson & Myers, 2011).

Our counselors are burning out like our teachers because they are under so much pressure to collect data and reach this graduation percentage rate. And you know what, (school counselors) are not taking care of themselves and in a short amount of time, you are going to have everyone burnt-out. We are not going to be effective with kids anymore ... I'm getting ready to retire and if I could go around and do anything, I would love to work with school counselors and make them aware of this (need for self-care) (Participant, 4/7).

Spoken by a veteran school counselor who worked in the public-school system for 32 years, this statement describes an increasingly stressful school climate and captures the sense of urgency that surrounds the need for school counselor self-care. Research also shows that school counselors face occupational stressors that are unique to the K-12 school environment, such as limited opportunities for clinical supervision (Herlihy, Gray, & McCollum, 2002) high student-counselor ratios and caseloads (Gagnon & Mattingly, 2016), and the lack of clearly defined job roles (Bruce & Bridgeland, 2012; Bryant & Constantine, 2006). Similarly, Lawson's (2007) national survey examining counselor wellness (n = 501) found that school counselors in K-12

settings suffered more from compassion fatigue and burnout than those counselors working in private practice. These findings support the ideas that school counselors are vulnerable to stress due to their empathic role working with students, and the emotionally demanding occupational stressors of the school environment. As role models for promoting wellness within the school environment, school counselors may benefit from self-care strategies that are effective, can be implemented easily within the school setting, and may serve as a pathway to increased wellness. An emerging area related to school counselor self-care involves the concept of self-compassion.

### **Self-Compassion**

Compassion can be regarded as the understanding of another's struggle with a desire to provide comfort to ease their situation (Goetz, Keltner, & Simon-Thomas, 2010). Although the construct of self-compassion has limited exposure in the school counseling literature, empirical evidence suggests that self-compassion improves wellness and decreases stress (Neff, 2003b; 2011). Established in Buddhist philosophy, self-compassion involves a healthy, caring, and kind attitude that is directed towards oneself in times of suffering (Neff & Dahm, 2014). The practice of self-compassion among school counselors may be one avenue to wellness, as previous research has connected high levels of self-compassion to healthy lifestyle behaviors and greater levels of psychological health (Neff, 2003a). Self-compassion can be regarded as a shift in perspective about how one views oneself when struggling with circumstances that cause emotional, mental, or physical discomfort (Neff & Dahm, 2014; Patsiopoulous & Buchanan, 2011). Just as compassion involves an acute awareness of the experience of another's suffering, self-compassion involves the awareness and acceptance of one's

own suffering (Neff, 2003b; Neff & Dahm, 2014). Self-compassion is especially important for those in the helping professions (Neff, 2011) such as professional school counselors who, by the very nature of their work, are exposed to the emotional suffering of the students they serve. Thus, the practice of self-compassion can be viewed as a protective construct and is comprised of three interrelated main elements: mindfulness, common human experience, and self-kindness (Neff, 2003b).

### **Mindfulness**

Mindfulness is the capacity to be fully conscious and aware and is described as being non-judgmental and paying attention to the present moment (Kabat-Zinn, 1991). Mindfulness in everyday life involves reminding oneself throughout the day to pay attention to what is happening in the present moment without changing normal routines (Brown, Marquis, & Guiffrida, 2013). It involves using the five senses to appreciate the beauty and uniqueness of everyday ordinary experiences. Mindfulness, as it is related to the construct of self-compassion, encompasses awareness of the present moment while paying attention to experiences of pain and suffering in an individual's thoughts and feelings (Neff & Dahm, 2014). Thus, once one acknowledges and is mindful that they are suffering, they may begin to provide the self-care and compassion needed in order to manage the situations that arise (Neff & Dahm, 2014).

### **Common Humanity**

Common humanity relates to the idea that everyone, at some point, has made a mistake and/or failed at attempting something. Being human does not equate to being perfect. In fact, imperfection is completely normal, and it is what binds us in our shared human experience. Kristen Neff (2003b) defines common humanity as "seeing one's

experience as part of the larger human experience rather than seeing them as separating and isolating” (p. 89).

### **Self-Kindness**

In Western culture, treating others kindly is typically a fundamental characteristic that is taught early in one’s life (Neff, 2003b). However, the idea of practicing self-kindness does not seem to be as prevalent in Western culture. Individuals have reported that they often treat others with more kindness than they do themselves (Neff, 2003a). Neff (2003b) defines self-kindness as “extending kindness and understanding to oneself rather than harsh judgment and self-criticism” (p. 89). Therefore, the practice of self-compassion creates a space, in times of suffering, where school counselors can admit they are struggling, or have made a mistake. With this admission, school counselors may feel empowered to create change in order to learn and grow (Neff, 2009). The implementation of the practice of self-compassion through the interrelated constructs of mindfulness, common humanity, and self-kindness provides school counselors with a self-care tool that can be used to promote and support their own well-being.

Literature is sparse regarding self-compassion in counseling as it relates to practicing school counselors. Fairbanks (2016) conducted a study examining the role that self-compassion and mindfulness have in predicting well-being for counselors-in-training. Despite a small sample size ( $n = 65$ ), self-compassion in this study was a significant predictor of well-being in school and mental health counselors-in-training. Previous studies (Grepmaier, Mitterlehner, Loew, & Nickel, 2007; Hattauer, 1980; Rybak & Russell-Chapin, 1998) have also connected the practice of mindfulness in counselors

as a core process in helping to support positive outcomes in counseling. Therefore, cultivating mindfulness could be beneficial for both school counselors and the students they are counseling. Similarly, Greason and Welfare (2013) found counselors who exhibit behaviors consistent with self-compassion reported increased well-being. Patsiopoulos and Buchanan (2011) qualitatively explored how practicing licensed mental health counselors integrated self-compassion into their work. Three themes were identified: attitudes of self-compassion during sessions, self-compassion in relation to the workplace, and balance through self-care. These themes highlighted the prominent role that self-compassion had within counseling sessions. With the limited research regarding self-compassion in counseling among school counselors, this study will help to fill the gap in this area. Additionally, self-compassion may have important implications for school counselors to mitigate burnout and compassion fatigue. For example, by providing information on self-compassion and a process (mindfulness, common humanity, self-kindness) for integrating it, school counselors will have immediate access to a form of self-care that can be enacted “on the spot” when difficult situations arise in the school environment. This form of self-care is connected to greater psychological health and well-being (Neff, 2003a). The research question that guided this study was: To what extent was the concept of self-compassion related to school counselors achieving wellness?

### **Method**

Seven school counselors were selected to participate in this study using the following criteria: (a) participants were current practicing school counselors; (b) participants were screened using the Health Promoting Lifestyle Profile II (HPLP II)

(Walker & Hill-Polerecky, 1996) and the Self-Compassion Scale (SCS) (Neff, 2003a); (c) participants had 10, or more years of experience as practicing school counselors. The HPLP II is a 52-item questionnaire that provides an overall total wellness. The SCS is a 26-item questionnaire that provides a total self-compassion score. Only participants with mean scores of 2.5 and higher on the HPLP-II and the SCS were chosen to participate in the semi-structured interviews. A mean score of 2.5 or higher indicated average to high levels of total wellness and self-compassion. A semi-structured interview method (using open questions) was utilized to encourage participants to respond openly without any limits on their responses. Patton (1990) noted the importance of open questions in qualitative research, as it provides the freedom for participants to respond in their own words. This format has been found to enhance the engagement of readers by providing opportunities to vicariously experience another's unique circumstances (Stake, 1995). In addition, the (HPLP II) and the (SCS) were used as screening tools in order to identify those counselors who reported practicing positive wellness behaviors.

## **Participants**

Participants included seven White counselors drawn from a population of practicing K-12 school counselors. The participants were recruited from a school counseling association's website that had an enrollment of 732 members. The sample included seven female school counselors, who ranged in age from 36 to 55 years old, with a mean age of 47 years old. Their experience in the school counseling profession ranged from 10 to 32 years with the mean number of years of experience being 20 years. Upon a university's institutional review board's approval, interested school

counselors accessed the study through a link provided in the website post. The link directed potential participants to the informed consent document followed by the participant's contact information (email). The link also contained the two screening instruments (HPLP-II and SCS) in order to identify the final pool from which the participants were selected. Thirteen school counselors completed the surveys (screening tool). Out of the 13 surveys, 11 participants met the criteria of 2.5 or higher mean score on both surveys. These 11 school counselors were contacted and invited to participate in the study and seven agreed to be in the study.

### **Measures**

Two survey instruments were used to screen potential participants. These measures were used to gather information related to wellness and self-compassion.

**The Health Promoting Lifestyle Profile II:** The Health Promoting Lifestyle Profile II (HPLP II) (Walker & Hill-Polerecky, 1996) contains 52 questions scored on a 4-point scale (1 = never, 2 = sometimes, 3 = often, 4 = routinely) with results yielding an overall total health promoting lifestyle score. Additionally, the questionnaire provides 6 categorical scores in the following healthy lifestyle dimensions: spiritual growth, interpersonal relations, stress management, nutrition, physical activity, and health responsibility. The inclusion of this questionnaire was important because it provided a holistic view of each individual counselors' total wellness as was reported in the HPLP-II's total scale score. Higher mean scores on the HPLP-II indicated higher levels of total wellness (2.5 or higher). Walker and Hill-Polerecky (1996) established this scale as valid and reliable where the Cronbach's alpha for the overall score was .94 and alpha coefficients for the six categorical scores ranged from .79 to .97. In addition, the HPLP-II

has been used in health and wellness promotion research that measures lifestyle behaviors in health professionals (Stark, Manning-Walsh, & Vliem, 2005) where the Cronbach's alpha total scale score was .91. This instrument has also been used in wellness research that included school-based personnel in school settings where the Cronbach's alpha for the total scale was .93 and the six dimensions ranged from .77 to .89 (Leung, Yim Wah, Ying Yu, Chiang, & Lee, 2009).

**The Self-Compassion Scale:** The Self-Compassion Scale (SCS; Neff, 2003a) consists of 26-items that are used to measure participant's level of self-compassion. Through the examination of cognitions, emotions and behaviors a total self-compassion score is calculated (Neff, 2016). This total self-compassion score on the SCS is derived from the following six subscales: mindfulness, common humanity, self-kindness, over-identification, self-judgment, and isolation (Neff, 2003a). Mean scores of 2.5 or higher equate to greater levels of individual self-compassion. Each item is rated on a 5-point Likert scale ranging from 1 = (almost always) to 5 = (almost never). The SCS has shown good internal consistency ( $\alpha = 0.92$ ) where the individual sub-scale constructs ranged from 0.75 to 0.81 in college students (Neff, 2003a). The SCS has also demonstrated good internal consistency in other populations, including adults in general populations (Costa, Marôco, Pinto-Gouveia, Ferreira, & Castilho, 2015) where the Cronbach's alpha was reported at .91.

### **Semi-Structured Interview**

A semi-structured interview was designed to encourage dialogue and to allow for participants to respond openly without any limits on their responses. The interview protocol contained seven probes: (1) What influenced your decision to become a school

counselor?; (2) How would you describe your typical workday?; (3) How do you integrate/incorporate positive lifestyle behaviors into your daily life?; (4) To what extent do you think you integrate self-compassion into your life personally and professionally?; (5) What has been your experience in trying to help others learn to make wellness a priority?; (6) What formal education/training have you received about self-care and the practice of self-compassion?; and (7) What recommendations do you have for other school counselors in regards to wellness and the practice of self-compassion?

### **Data Analysis**

All seven of the participants' semi-structured interviews were audio/video recorded using Skype/Facetime, or phone. To ensure confidentiality each participant had a pseudonym. A color-coding system was used to delineate the descriptive codes from the in vivo codes. Saldaña (2009) asserts that descriptive coding can be used to capture the essence of the data. Thus, the descriptive codes for this analysis served to sort and summarize each participant's transcript by topic. Saldaña (2009) notes that in vivo codes can be used to capture the verbatim output of participants' dialogue. Thus, the in vivo codes in this analysis served to highlight direct quotes from each participant to capture participant's authentic experience and true voice.

### **Ethical Considerations**

Informed consent and confidentiality are important ethical considerations (Kvale & Brinkmann, 2009). Participant information was coded with no relationship to personal identifiers. Each participant's information was kept private and confidential. Only coded data were used for analysis. No real names or personal identifiers were mentioned in any communication or report regarding the study and its outcome. Additionally,

participants had the right to review transcripts, as well as withdraw from the study at any time. Information was included in the informed consent that addressed benefits and minimizing risks. Participants were informed that there was no direct benefit to individuals participating in this study. The findings may provide opportunities to increase the understanding of the construct of self-compassion.

### **Validation Process**

To determine the trustworthiness, several approaches were used. Participants reviewed the transcripts in order to verify the authenticity of the interpretation recorded, also known as member checking (Lincoln & Guba, 1985). Confirmability was addressed using triangulation (Lincoln & Guba, 1985), where multiple data sources were generated to demonstrate complementary aspects of wellness behaviors in counselors. For example, in addition to the semi-structured interviews, two instruments served as a screening tool in order to provide a quantitative assessment of documented wellness levels in the school counselors' participating in this study. In order to minimize researcher bias in this study, an external auditor reviewed the process of data analysis. Two meetings were scheduled with the external auditor to review the coding process and obtain feedback. Dependability was addressed through the creation of an audit trail that included the use of reflective journals and analytic memos (Saldaña, 2009). The reflective journals were dated and included comments on the observations, as well as personal thoughts regarding the participant interviews. The analytic memos were dated, titled, and included personal reflections to any aspect related to the conceptualization and/or execution of this study. Transferability was addressed through the generation of thick descriptive data. Thick descriptions (observations and context) provided a greater

understanding of the larger context so that decisions could be made regarding the appropriateness of whether findings may be applied to other similar setting (Lincoln & Guba, 1985).

## Results

Three main themes emerged from this qualitative exploration: (a) school counselors' perspectives related to self-compassion, (b) school counselors' actions related to self-compassion, and (c) school counselors' resistance in recognizing self-compassion (see Table 1).

**Table 1**

*School Counselor Responses Based on Themes and Categories*

<b>Themes and Categories (Response Rate)</b>
1. School Counselors' Perspectives Related to Self-Compassion Looking at the bigger picture (4/7) Practicing patience (2/7)
2. School Counselors' Actions Related to Self-Compassion Taking a break (3/7) Repeating a mantra (2/7) Affectionate breathing (1/7)
3. School Counselors' Resistance in Recognizing Self-Compassion (3/7)

### **Theme 1: School Counselors' Perspective Related to Self-Compassion**

Participants emphasized the vital role their perspective had in their ability to practice self-compassionate behaviors and described the practice of self-compassion in two different ways: (a) looking at the bigger picture and (b) practicing patience.

**Looking at the bigger picture.** Perspective, for the school counselors in this study, related to understanding their circumstances in terms of a sense of scale, such as looking at the bigger picture in situations. One participant described this as follows:

What we do makes a big impact {self-kindness}. I always try to see the bigger picture, look at all the supports I've put into place throughout the entire school. I also try to reflect on what went well this week or month. Yeah, I think that's important to reflect on the bigger picture because it's easy to get caught up in a lot of these day-to-day events {common humanity} (Participant 1/7).

Participants also used statements such as "You just have to keep everything in perspective" (Participant 4/7), "It's your attitude about life" (Participant 6/7), and "You just have to kind of be happy with the little small accomplishments" (Participant 3/7) to demonstrate the role of perspective. Similarly, research has shown that individuals who demonstrate high levels of perspective when examining a situation also exhibit greater levels of self-compassion (Neff, Rude, & Kirkpatrick, 2007).

**Practicing patience.** As one participant stated, "It has been 15 years since I've been a middle school-level counselor and a lot has changed. I have needed to regularly practice patience" (Participant 2/7). Patience is more than just controlling one's anger, it is understood as choosing not to get angry by maintaining a peaceful state when dealing with all forms of suffering (Bommarito, 2014). Buddhist philosophy holds several perspectives for understanding the practice of patience, which is also referred to as tolerance (Wright, 2009). These include the perspective of: (a) seeing a situation as an accumulation of other causal forces, (b) seeing a situation in relation to a larger context, (c) reminding oneself about the impermanence of life, and (d) seeing difficulties as an opportunity to practice patience (Wright, 2009). Another participant described the practice of patience as follows:

You have to find what works for you and you have to be okay with not always being able to get it all done every day {mindfulness}...You know we all do, that's why we are in this field, but sometimes you just have to be okay to recognize that

you are only human {common humanity} and you can't possibly get everything done every day because that is just not a realistic thought (Participant 6/7).

## **THEME 2: School Counselors' Actions Related to Self-Compassion**

Three categories demonstrating the actions related to self-compassion fell under this theme: (a) taking a break, (b) repeating a mantra, and (c) affectionate breathing.

**Taking a break.** One of the participants described this process when she stated, "So, I just might take a quick walk away, or go to the bathroom and then I just get my breathing under control" (Participant 2/7). This behavior aligns with what Neff (2011) calls a self-compassion break. The purpose of a self-compassion break is to validate to yourself that you are upset while simultaneously offering yourself a moment alone where you can provide comfort to your upset state (Neff, 2011).

Another participant noted that after her lunch duty was a time when she purposefully would take time for herself. She said, "Some days when I feel I've had too much to do, I will sit and eat in my office. Sometimes it's very purposeful because it gives me quiet time" (Participant 5/7). When asked to describe what this experience is like for her, she said, "It's just the quiet and just the darkness. You know, leave the light off, come in and just sit down." She described how this break allowed her to prepare mentally for the second half of the afternoon saying, "Believe it or not, it's kind of relaxing" (Participant 5/7).

When offering other school counselors' recommendations regarding wellness, one participant discussed the importance of taking a break:

I think it is important for counselors to be aware of their own stress levels {mindfulness}...We don't want to complain, but with a caseload of 500 kids plus 50 staff members and it's kind of like okay, keep everything together. So, I think

it's just recognizing what is that limit for you. You need to know that it is time for you to just take a break, because I think that is just huge... Sometimes, I will even just take a walk around the school (Participant 7/7).

**Repeating a mantra.** When struggling with a difficult situation or facing some sort of adversity, some participants described using a mantra or a repetition of a phrase that would help to ease them during these times. One participant described how she would often say, "This is all new and it is part of the process" (Participant 2/7) in order to help her deal with being in a new school setting. Another participant would say, "I got this, or I can get through this" (Participant 5/7). Neff (2011) calls the silent repetition of a memorized phrase a self-compassion mantra. Although this mantra is unique, as everyone may have their own phrase that resonates for them, its unifying purpose is to provide comfort for oneself in times of difficulty.

**Affectionate breathing.** One of the participants was mindful that the transition to a new school can come with challenges. In order to practice self-compassionate behavior, she discussed the role that breathing had in her ability to soothe herself. She said, "When I catch myself getting worked up, I do more breathing. So, the breathing is what I do to calm myself down" (Participant 2/7). Affectionate breathing is a type of intentional and focused breathing in which feelings of affection and warmth relate to the present moment by noticing the sensations of breathing (Neff & Germer, 2013).

### **THEME 3: School Counselors' Resistance in Recognizing Self-Compassion**

Several school counselors in this study demonstrated resistance in recognizing the practice of self-compassion. For example, when one of the participants was asked how she integrated self-compassion she answered: "That's a good question, I don't know. Probably not a lot of conscious self-compassion...So, probably not a lot to be

honest. I'll probably do it more so for other people, but not as much to myself as I should" (Participant 7/7).

Other participants seemed to view the practice of self-compassion as something adverse. For example, when asked to what extent she thinks she integrates self-compassion into her life, one participant said, "I don't think I'm hard on myself, I have a lot of stress just because I am an overachiever, I always want to get things done, but I'm not hard on myself" (Participant 1/7). Similarly, another participant said,

I sometimes feel like I'm really difficult on myself, or hard on myself because when I'm trying meet deadlines, or do something and when someone asks me to help them do something, when I really...have to get my job done first, I always stop what I am doing to kind of help other people and then it stresses me out (Participant 3/7).

Although some of the counselors were resistant in recognizing this practice, all the school counselors in this study described examples of practicing self-compassionate behavior throughout their interviews. The discrepancy supports the need for more information and training in the practice of self-compassion. Most of the participants expressed an interest in self-compassion training. For example, when asked what kinds of self-care or self-compassion trainings the school counselors have received, one participant said: "I don't think I have had any formal training. But you know, now that you say that, I am a little annoyed that my school district doesn't provide more training in (self-care)" (Participant 3/7). While another participant indicated:

I don't know if a large focus is placed on (self-care) or if true training time is really given to it... I think this is a great topic, because like I said, I was stumped when I was thinking about if we have really been trained on how to properly care for ourselves (Participant 5/7).

Additionally, other participants also stated “Well, I don’t think I have had any specific training (in self-care) (Participant 4/7) “I couldn’t tell you the last time I had that (training on self-care)” (Participant 6/7), “I mean self-care, really nothing. No formal training” (Participant 7/7).

### **Discussion**

For the school counselors in this study, there seemed to be a distinction between the meaning of self-compassion and the practice of self-compassion. All school counselors described self-compassionate behavior through their narrative accounts with self-compassion emerging in multifaceted ways such as: looking at the bigger picture, practicing patience, taking a break, repeating a mantra, and mindful breathing. Interestingly, the meaning of the term self-compassion seemed to be conceptualized differently among some participants. For example, in the narratives of two participants, self-compassion seemed to mean that they were “hard on themselves” or “self-deprecating.” This contrasts with the definition of self-compassion, which is defined as a kind and gentle way that one soothes oneself in times of difficulties (Neff, 2003a). Similarly, this also contrasted with the self-compassionate behavior that was described by the school counselor participants. Therefore, to ensure the act of self-compassionate behavior was captured, the constructs of mindfulness, common humanity, and self-kindness were emphasized within the participants’ responses. These constructs are bracketed in the participant quotes to demonstrate the prevalence of these practices among counselors (see participant quotes on pages 13-15). For example, the seven school counselors interviewed all described or discussed some aspects of self-compassionate behavior as highlighted under the constructs of mindfulness, common

humanity, and self-kindness. What this information suggests is that the self-care behavior described was consistent with self-compassion and is prevalent; however, there seems to be lesser awareness in the meaning and terminology associated with operationalizing this skill. This is also congruent with Neff's (2011) description of the resistance that exists in Western culture to recognize the practice of self-compassion.

The integration of self-compassionate behavior also seemed to help the counselors in this study mitigate feelings of stress and uncertainty that would arise because of working in their roles as school counselors. For example, some of the school counselors reported working at schools with a high counselor-student ratio. One participant described this as follows:

We have about 1,600 students (4 counselors) ... I think I have my day planned, but then the plan never goes accordingly. We are actually reactive more than proactive, sadly to say. We are usually putting out fires with kids emotionally, socially and academically. Responding to their requests. Right now I have 67 students that have requested to see me (Participant 4/7).

Counselors described working with higher numbers of social/emotional student concerns, including trauma cases, because of high student-counselor ratios. Lawson and Myers (2011) reported in their study on counselor wellness that those counselors who worked with a larger percentage of trauma cases were more at risk for burnout. Thus, having the skills necessary to self-soothe was an essential component to these school counselors' well-being. Providing more information, awareness, and training to school counselors in self-compassion may facilitate counselors to intentionally choose to integrate this practice to address their own wellness. School counselor training could emphasize the operationalized constructs of self-compassion (mindfulness, common

humanity, self-kindness) to have a better understanding of the meaning and practice of self-care. Additionally, training could bring attention to the role of counselors' perspectives (looking at the bigger picture, patience) related to self-compassion, and counselor actions (taking a break, repeating a mantra and mindful breathing) as these all were found to support the cultivation of self-compassion. Consequently, school counselors may have more awareness of the elements associated with being able to nourish oneself in times of suffering and have specific strategies to incorporate into their work. Furthermore, training that promotes the practice of self-compassion with its focus on wellness may also mitigate compassion fatigue and burnout and this may possibly impact retention within the counseling profession.

### **Limitations**

One limitation of this study may have been the recruiting process. Although the process provided a reliable means for screening appropriate participants, the two-step process may have discouraged otherwise eligible participants. Therefore, this may not be a reliable strategy for recruiting participants and network sampling should be considered. Another limitation of this study was the lack of familiarity with the term self-compassion among the participants. Even though a definition was provided during the initial survey as well as reviewed prior to conducting the semi-structured interview, there continued to be some need to define this term among the participants. Another limitation of this study is the absence of males and a culturally diverse sample of school counselors.

## **Future Research**

The school counselors in this study all described the ways in which they practice self-compassionate behavior. Future research that quantitatively examines the impact that self-compassion training has on school counselors' level of self-compassion should be considered. Training could combine psychoeducation and experiential practices in self-compassion. Future research could also explore the relationship between school climate and counselors' level of self-compassion. Additionally, the participants in this study all identified as White. Therefore, it would be important to explore how wellness practices may differ among school counselors of color and males.

## **Implications for School Counselors**

Neglecting self-care impacts school counselors' ability to persist in the profession and can result in counselor burnout and/or compassion fatigue. Therefore, school counselors' ability to care for and nourish their own emotional state can either positively or negatively affect the way students' needs are addressed and met by the counselor. Although school counselors may not have direct power over the organizational structure and hierarchy within the school environment, they do have power to create, increase, or sustain their own level of well-being. Making self-care a priority may help counselors to feel more emotionally nourished and the practice of self-compassion may provide one avenue towards achieving this outcome. In addition, there is a need to gain insight from counselors who are successfully integrating self-care behaviors into their lives, as they can provide examples for others. The act of practicing self-compassion is a way for counselors to care for and address their own suffering so that they can provide better care for themselves and the students they serve.

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### **Biographical Statements**

Anjanette Todd earned her Ph.D. in curriculum and instruction with a concentration in counselor education, from the University of South Florida. Dr. Todd is an assistant professor of school counseling at the University of Texas at El Paso. This article presents a study conducted by Dr. Todd as partial fulfillment of the requirements for the completion of her doctoral degree at the University of South Florida. Dr. Todd is a certified school counselor and a national board-certified teacher in the area of school counseling. Her 13 years of experience working as a school counselor includes pre-k through college level students. School counselor self-care, counselor wellness, and multicultural counseling are areas of research interests.

Hiba Chehaib earned her Ph.D. in curriculum and instruction, counselor education from the University of South Florida. She holds a graduate certificate in program evaluation. She has a master's degree in school counseling and had served as an elementary school counselor for several years. Dr. Chehaib has collaborated with colleagues on several projects and presentations in topics such as multiculturalism in education, the use of theories in counseling, and engaging participants in the evaluation process. She has a strong belief in and advocates for the well-being of school counselors, so they can offer the best care for their students in the educational field.