

**MAY I BE KIND TO MYSELF: A PILOT STUDY ON THE EXPERIENCE OF A 6-  
WEEK SHORT COURSE IN MINDFUL SELF-COMPASSION (SC-MSC)**

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### **Abstract**

This qualitative study explored the experience of participants in a 6-week Short Course in Mindful Self-Compassion (SC-MSC). Five women completed the course as well as a semi-structured interview with a targeted set of questions pertaining to uncovering their lived experiences. Thematic analysis was used to construct detailed accounts of each participants' development. Participants reported perceiving that self-compassion helped shift their self-perception, adopt healthier coping strategies, and relate to their suffering differently. Additionally, the adapted format presented the advantage of increased accessibility and perception of attention retention. This study may help inform future therapeutic interventions in the realm of self-compassion based counselling.

Cette étude qualitative a exploré l'expérience des participantes à un programme court de six semaines sur l'autocompassion consciente (SC-MSC). Cinq femmes ont participé au cours ainsi qu'à un entretien semi-structuré avec une série de questions visant à découvrir leurs expériences vécues. L'analyse thématique a été utilisée pour construire des comptes rendus détaillés du développement de chaque participante. Les participantes ont perçu que l'autocompassion les a aidé à modifier leur perception d'elles-mêmes, à adopter des stratégies d'adaptation plus saines et à relater différemment à leur souffrance. En outre, le format adapté présentait l'avantage d'être accessible et d'accroître la rétention de l'attention. Cette étude peut contribuer à informer les futures interventions thérapeutiques dans le domaine du counseling basé sur l'autocompassion.

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## Introduction

Over the past decade, self-compassion has gained popularity as a related and complementary construct to mindfulness and compassion. Self-compassion is purported to allow humans to respond with kindness rather than harsh self-judgments to failures, mistakes, and inadequacies. It entails turning toward suffering and embracing it with a connected presence. As such, it transforms suffering in a way that enhances wellbeing and coping with difficult thoughts and emotions.

Although self-compassion has been discussed in eastern philosophy – Buddhism in particular – for centuries, it only appeared in the psychological literature two decades ago after the publication of two articles by Kristin Neff (2003a, 2003b). Self-compassion involves being “touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness” (Neff, 2003a, p. 224). It does not entail being self-centred, rather, “self-compassion entails seeing one’s own experience in light of the common human experience, acknowledging that suffering, failure, and inadequacies are part of the human condition, and that all people—oneself included—are worthy of compassion” (Neff, 2003b, p. 87). Instead of over-identifying with one’s own subjective experience, the process of self-compassion requires one to put personal experiences into greater perspective and to break the cycle of egocentric feelings (Neff 2003a, 2003b). Consequently, self-compassionate attitudes entail the integration of the equilibrated mental perspective known as mindfulness (Goldstein & Kornfield, 1987; Kabat-Zinn, 1994; Neff, 2003a, 2003b). According to Neff (2003a), in order for individuals to truly experience self-compassion, they must adopt a mindful perspective. That is, they must not avoid or repress their painful feelings,

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overidentify with their experiences, and they must extend kindness to themselves while recognizing the broader human context of suffering (Neff, 2003a).

Self-compassion is defined in terms of three main components: 1) self-kindness, 2) common humanity, and 3) mindfulness (Klingle & Van Vliet, 2017; Neff, 2003a, 2003b; Neff et al., 2020; Tóth-Király & Neff, 2020; Zhang et al., 2019). Neff (2003b) elaborates on these basic components:

(a) self-kindness—extending kindness and understanding to oneself rather than harsh judgment and self-criticism, (b) common humanity—seeing one’s experiences as part of the larger human experience rather than seeing them as separating and isolating, and (c) mindfulness—holding one’s painful thoughts and feelings in balanced awareness rather than over-identifying with them. (p. 89)

Although conceptually distinct, these components are not mutually exclusive. The non-judgmental stance of mindfulness lessens self-criticism and enhances self-kindness. Moreover, mindfulness counters egocentric perspectives which cause feelings of isolation, and in turn enhances feelings of connectedness and shared humanity (Neff, 2003b).

In addition to conceptualizing self-compassion, Neff also places great emphasis on the fundamental distinction between self-compassion and self-esteem. More specifically, she claims that self-esteem is a product of perceived competence and that it reflects an individual’s view of their accomplishments, capabilities, values and perceived success in living up to them (American Psychological Association, 2021; Neff, 2011). In other words, it is predicated on the outcome of doing well and is highly resistant to change (Breines & Chen, 2012; Neff 2011; Neff & Vonk, 2009). According to Neff and Vonk (2009):

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Individuals wanting to maintain high self-esteem may dismiss negative feedback as unreliable or biased, trivializing failures or attributing them to external causes. As a consequence, they may take less personal responsibility for harmful actions and develop an inaccurate self-concept, hindering growth and change. (p. 24)

In contrast, self-compassion is predicated on the acknowledgement of shared experiences and is non-evaluative (Breines & Chen, 2012). We can therefore hold ourselves in a compassionate light even if we do not feel good about ourselves. Self-compassion allows personal flaws and inadequacies to be met with understanding, gentleness and an acceptance of our imperfections. A vast contrast with the relentless critical voice of self-esteem (Neff, 2003b; Neff, 2011; Neff & Vonk, 2009). Self-compassion is unique in that it provides a safe and nonjudgmental context to confront and cope with negative aspects of the self and strive to better them (Neff, 2003b). More importantly, it is ever-present and does not desert us when we fail.

### **Brief Overview of the Study**

This study is presented in four sections. The first section serves as a general introduction. It presents the benefits of self-compassion and a detailed account of the Short-Course in Mindful Self-Compassion (SC-MSC). The first section ends with the presentation of the objectives. The second section describes the methodology used in the study, including the sampling method and the participants, the instruments, the analysis method, and ending with the journal submission guidelines. As this thesis is an article-based thesis, the third section is the article itself. The fourth section is a summary of the study, including the limitations and recommendations for future research pertaining to online therapeutic interventions.

### Literature Review

The following section will provide an exploration of the foundations that underlie the research objectives. More precisely, it narrows the scope of the discussion on coping mechanisms, their impact on suffering, and the implications of self-compassion on the latter.

**The Implications of Coping.** The act of coping is often defined as “efforts to prevent or diminish threat, harm, and loss, or to reduce associated distress” (Carver & Connor-Smith, 2010, p. 685). More precisely, it is the set of psychological responses to perceptions of threat with the aim to prevent or diminish them (American Psychological Association, 2021; Carter & Clayton, 1997). Coping responses may be voluntary or involuntary and are often determined by the attitudes we hold regarding stressors (Cunningham, 2006; Skinner & Zimmer-Gembeck, 2016). Ultimately, how people respond to suffering can either reduce or amplify the effects of adverse life events (Skinner et al., 2003).

**Classifying Ways of Coping.** Lazarus and Folkman (1984) developed a process-oriented coping model which highlights two types of coping: (1) problem-focused coping responses and (2) emotion-focused coping responses. Problem-focused coping responses typically involve identifying the problem, considering possible solutions, weighing the costs and benefits of the situations, and then selecting an alternative (Lazarus & Folkman, 1984). Emotion-focused coping, in contrast, consists of efforts to change or reduce the negative emotions associated with stress and may include strategies such as avoiding, minimizing, distancing oneself from the problem, and disengagement (Lazarus & Folkman, 1984). Mental disengagement can look like listening to music, watching television, or going for a walk (Ben-Zur, 2020). Typically, problem-focused coping is used when a person appraises a stressor as within their capacity to change,

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while emotion-focused coping is used when the stressor is appraised as beyond one's capacity to change (American Psychological Association, 2021).

In addition to the two coping styles proposed by Lazarus and Folkman (1984), more recently, research (Avero et al., 2003; Ben-Zur, 2020; Norman et al., 1994; Smith et al., 2016) has identified a third coping style. Although it has proven difficult for researchers to document unequivocally the various complexities of coping strategies, the current primary coping styles have been identified as follows: (1) task-oriented coping, (2) emotion-oriented coping, and (3) avoidance-oriented coping (Avero et al., 2003; Ben-Zur, 2020; Norman et al., 1994; Smith et al., 2016). *Task-oriented coping* has been characterized by attempts to reconceptualize or find solutions to problems via action planning, problem solving or positive reappraisal (Smith et al., 2016). Conversely, *emotion-oriented coping* has been defined in terms of strategies used to regulate negative emotionality associated with a perceived stressor (e.g., change, suffering). Strategies often include things such as emotional disclosure or seeking emotional support (Austenfeld & Stanton, 2004; Smith et al., 2016). Finally, *avoidance-oriented coping* is described in terms of activities used to deliberately disengage from stressful events (e.g., wishful thinking, seeking distractions, substance use) (Endler et al., 1993).

In short, the above section attempts to tease out the various complexities of coping styles. The literature seems to converge on three primary categories: task-oriented coping, emotion-oriented coping, and avoidance-oriented coping. Although each one presenting their own unique difficulties, avoidance-oriented coping appears to be unanimously perceived as maladaptive and often leads to the prolongation of suffering in wake of stressors.

**Psychological and Physical Responses to Maladaptive Coping.** Evolution has endowed all humans with a continuum of innate, hard-wired, automatically activated defence

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behaviours which heighten the likelihood of survival. However, what happens when humans are no longer faced with the impending threat of physical danger such as animal attacks? Evolved as a human survival mechanism, the flight-fight-freeze response activates when danger is sensed. When triggered, it releases cortisol along with epinephrine and norepinephrine which engages the body's sympathetic nervous system, triggering a lineup of physiological responses that speed up respiration, constricts blood vessels, dilates pupils, and slows down the digestive system; allowing muscles to react more powerfully and move faster (Thompson et al., 2014). Although in modern times we are faced with fewer physical menaces, this mammalian system still precedes and is triggered by any perceived threat, whether physical or emotional, real or imaginary (Jones & Monfils, 2016; Talevi et al., 2020). When the brain perceives danger, such as an upcoming deadline, a distress signal is instantly sent which sets off a series of physiological reactions that provide the body with a burst of energy to quickly thwart the danger. Although helpful for cavemen, today, this response can be highly maladaptive.

Change – especially change that has been described as continuous, accelerating, disruptive, and unrelenting – often triggers the brain's threat response system, namely the flight-fight-freeze, and produces a wide array of both psychological and physical consequences. As explained by Woodhead et al. (2014), the cycle of change-uncertainty-stress can trigger responses such as mood swings, an increase in negative emotions (e.g., irritability, distractibility, worry, agitation, or passivity), increased cynicism, disconnecting from others, and a tendency to operate closer to the “worst-self” end of our behavioural repertory. Moreover, those who exhibit maladaptive coping mechanisms in the face of adversity often display the attributes of guardedness, hostility, passivity, and inflexibility (Banmen, 1986). Although avoidance coping allows individuals to lower immediate stress, reliance on the latter only amplifies future

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problems and is correlated with higher levels of negative affect, distress, increased substance abuse, suicidal ideation, and overall suffering (Ben-Zur, 2020; Compas et al., 2017; Parker & Endler, 1992; Smith et al., 2016; Suls & Fletcher, 1985; Woodhead et al., 2014).

In addition to increased negative psychological outcomes, efforts to deny or avoid stress increase individuals' physiological reactivity, that is, increased heart rate and cortisol secretion (Kreitler et al., 1995). When maladaptive coping is combined with higher levels of stress, adrenaline and noradrenaline levels spike, sweating and trembling is triggered, and a variety of long-term impacts, such as autoimmune disease, may occur (Kroenke, 1994; Yamashita et al., 2012).

In essence, prolonged exposure to stress through the avoidance of suffering not only stunts psychological growth, but also heightens psychological consequences such as anxiety and depression, which in turn, may heighten physical symptoms. In turn, research suggests that higher emotional reactivity increases perceived stress, individual vulnerabilities, and promotes negative psychological outcomes. The following section will speak to one of the most popular models used to conceptualize change in the wake of suffering: the Satir Change Model (Satir, 1988).

**Satir Change Model.** Virginia Satir, a pioneer of family therapy, developed a model of how individuals experience changes in the wake of suffering. Although the original Satir Change Model identifies six stages, Banmen (2002) more recently identified seven to emphasize the transformational aspect of change. Namely, Banmen (2002) describes his model as: 1) Status Quo, 2) Foreign Element, 3) Chaos, 4) Transformation, 5) Integration, 6) Practice, 7) New Status Quo.

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Central to Satir's model is the notion that people can change and grow, and do so by learning new ways of thinking, feeling, acting, and relating to suffering (Innes, 2002). As such, individuals are called to value and respect their own experiences and those of others, while also placing their purpose within a greater context to help them integrate suffering (Wretman, 2016). Thus, growth becomes entirely about altering our internal state and not about changing the world around us (Sayles, 2002).

Within Satir's model, the first stage consists of the *status quo*, or the place of balance. It is within this place where the need for change becomes known (Sayles, 2002). Disrupting the equilibrium of the known world, the *foreign element* comes from the outside system (e.g., COVID-19, the birth of a child, etc.) and changes the course of the *status quo*. It is at this moment that individuals typically impose resistance and barriers to change. In the third stage of the model, *chaos*, the system no longer operates in the same predictable patterns (Sayles, 2002). According to Wretman (2016), "it is a period often marked by confusion, disorder, frustration, and suffering" (p. 372). The only way to escape the paralyzing grips of *chaos* is to acknowledge the fear of the unknown and recognize its value in promoting growth (Sayles, 2002). The *transformation* or transforming idea, is a state where emotions are acknowledged and felt at a deeper level. Sayles (2002) highlights the transformative effects of acknowledging our experiences:

Feelings that previously controlled a person are felt and acknowledged, putting the person in charge of these feelings that once controlled them. Perceptions that were the basis for believing an event that happened in the past are now based on an individual's truth living in the present. Expectations, based on the past, that keep a person stuck, blaming external events for what is currently happening are transformed as a person takes

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charge of events in her or his life, acknowledging the feelings, beliefs, and deeper yearning. Transformation happens as people take charge of their feeling, perceptions, expectations, and yearnings. (p. 106)

*Integration and practice* thus anchor the person in the changes and help to reduce conflicts often experienced when building new connections with the self (Innes, 2002; Wretman, 2016). Finally, once the change has been integrated, the *new status quo* comes forth. The latter being a place of increased hope, balance, creativity, and awareness (Sayles, 2002).

In light of our research, one could surmise that the Satir Change Model provides a justification for further examining the use of self-compassion. The latter considers an all-encompassing approach to change which permits individuals to experience the whole spectrum of emotions. The transformative quality of self-compassion helps individuals move towards an integrated and balanced self. Therefore, the next sections will focus on providing (a) a description of Mindful Self-Compassion (MSC), (b) the benefits of the MSC program, and (c) the benefits of its condensed version, the Short-Course in Mindful Self-Compassion (SC-MSC).

**Mindful Self-Compassion (MSC).** Loosely modelled on the Mindfulness-Based Stress Reduction (MBSR) program, Mindful Self-Compassion (MSC) is an 8-week group training originally developed by Neff and Germer (2013) that incorporates psychoeducation, meditation, and individual/interpersonal reflective exercises. Contrary to other mindfulness-based programs, MSC focuses explicitly and primarily on the cultivation of self-compassion (Finlay-Jones et al., 2017). Over the course of the program, participants meet weekly for 2 hours and 45 minutes, as well as take part in a half-day meditation retreat near the end of the course (Neff & Germer, 2013). MSC teaches both formal (sitting meditation) and informal (daily life) self-compassion

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practices, and integrates experiential exercises, discussion periods, as well as homework, to help participants better incorporate the teachings (Germer & Neff, 2019).

As self-compassion tends to be an unfamiliar concept, the starting point of the program is focused on explaining the meaning of self-compassion. More precisely, “the program makes it clear how judging oneself when things go wrong tends to exacerbate emotional pain, while self-compassion helps to alleviate that pain. MSC includes research evidence where appropriate, presenting it in an easy-to-understand manner” (Neff & Germer, 2013, p. 31). As MSC was designed for the general public rather than clinical populations, its focus lies on building the resources of mindfulness and self-compassion rather than healing old wounds. In such, it is therapeutic, but it is not considered psychotherapy (Germer & Neff, 2019). To ensure safety throughout the program, participants are taught to attend to their emotional safety. More specifically, this might entail not engaging in a practice when a participant feels too vulnerable, or practising self-compassion behaviourally by drinking a cup of tea or taking a walk (Germer & Neff, 2019).

Overall, this group-based intervention is designed to help teach the basic tenets of mindfulness and self-compassion. It encourages participants to develop a felt sense of these concepts, and to provide tools for evoking them in a habitual way.

**Mindful Self-Compassion (Quantitative & Qualitative Findings).** MSC has proven to be clinically relevant in various contexts and amongst different populations. For instance, conducting a quantitative study on the effects of the program, Neff and Germer (2013) found that participants reported statistically significant increases in self-compassion, mindfulness, life satisfaction, and happiness, as well as decreased depression, anxiety, and stress. Baseline and postintervention measures were obtained using the Self-Compassion Scale (SCS; Neff, 2003a),

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the Freiburg Mindfulness Inventory (Walach et al., 2006), the Beck Depression Inventory (Beck et al., 1961), as well as the Spielberger State-Trait Anxiety Inventory (Spielberger & Gorsuch, 1983) two weeks prior to and after the program. Furthermore, it was found that participants continued to report significantly greater levels of self-compassion and mindfulness compared to baseline six months post completion of the program. Similar benefits were reported by Zhang et al. (2019), who found that self-compassion related to diminished symptom-focused rumination and less cognitive/behavioural avoidance following the completion of the MSC program. In line with these findings, numerous studies have shown that participants exhibiting higher levels of self-compassion also displayed higher emotional intelligence, relational well-being, positive affect, and social connectedness (Brienes & Chen, 2012; Neff, 2003a; Neff et al., 2007; Yarnell & Neff, 2013). For instance, a qualitative study by Klinge & Van Vliet (2017) recruited six students to examine how self-compassion is experienced among adolescents. The authors found common themes of putting oneself at the centre, maintaining a positive outlook, accepting oneself, experiencing emotional balance, and working on self-improvement. Similarly, a study by Bluth et al. (2018) surveyed 1030 students from grades 9 to 12 after completing an 8-week MSC program. In that, those who displayed higher levels of self-compassion showed greater resilience and curiosity. Hence, self-compassionate adolescents were found to have an easier time to bounce back from challenges. The focus on common humanity within MSC training has also been found to reduce feelings of social isolation and increase cancer survivors' ability to adjust to life while in remission (L'Estrange et al., 2016).

Studies examining the relation between MSC and coping have shown that self-compassion is a key component in helping individuals adjust to major life changes such as divorce, transition to university life, health challenges, PTSD, and more (Allen & Leary, 2010;

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Costa & Pinto-Gouveia, 2011; Sbarra et al., 2012; Woo Kyeong, 2013; Wren et al., 2012). For instance, a study conducted by Dahm et al. (2015) found that combat veterans who scored more highly on the Self-Compassion Scale (SCS; Neff, 2003b) were shown to have lower scores on the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0; Chatterji et al., 2010) indicating an overall better functioning in daily life as well as decreased suicidality. Similarly, self-compassion has been found to mitigate the challenges associated with chronic illness or raising a special-needs child as it allows these challenges to be met with more adaptative coping mechanisms (Sbarra et al., 2012; Sirois et al., 2015). According to a study by Allen and Leary (2010), people who reported to have greater levels of self-compassion were more likely to explore problems, seek support, use active coping strategies, and were less likely to generalize negative events. Moreover, MSC has been shown to help individuals embrace the unexpected, acknowledge limits, and capitalize on available resources (Samuel et al., 2020). Self-compassion seems to allow the individual to focus on proactive-coping leading to self-reliance, support-seeking, problem solving, accommodation, and negotiation (Klingle & Van Vliet, 2017; Smith et al., 2016; Skinner et al., 2003). Rather than denying, blaming, and dealing with change through aggression, self-compassion has been found to help individuals regulate their emotions (Klingle & Van Vliet, 2017).

Overall, there is a widespread application of MSC in various contexts and these studies are simply offered as examples as the literature is extensive. Despite the vast literature demonstrating the effectiveness of MSC in various contexts, little research has been conducted on the newly adapted Short Course in Mindful Self-Compassion (SC-MSC).

**Short Course in Mindful Self-Compassion (SC-MSC).** The Short Course in Mindful Self-Compassion (SC-MSC) is a 6-week adaptation of the empirically supported and previously

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mentioned 8-week MSC program conceived by Kristin Neff and Christopher Germer (2020). In fact, the SC-MSC was developed by Neff and Germer to allow participants to begin to learn a targeted set of MSC practices with lesser time commitment than the full 26-hour program (Center for Mindful Self-Compassion, 2020; UC San Diego, 2020). Similar to its parent program, the SC-MSC focuses on self-compassion, mindfulness, resilience, and burnout, and incorporates meditations, discussions, experiential activities, as well as home practices. Participants are expected to take part in weekly 1 hour and 15-minute sessions, culminating to a grand total of 7.5 hours.

In 2014, Smeets et al. investigated the effectiveness of a 3-week brief self-compassion intervention amongst female college students. Participants in the self-compassion intervention group were found to experience significantly greater gains in self-compassion, mindfulness, optimism, self-efficacy, and greater decrease in rumination. Within the MSC brief course, participants increased self-compassion by 21% vs. 43% with a more intensive 8-week intervention (Neff & Germer, 2013). In addition, Neff et al. (2020) conducted a study on the effects of a Self-Compassion for Healthcare Communities (SCHC) short course. Given the time-intensive nature of the MSC and the time pressure demands of working in healthcare, the time commitment required by the regular length program was hypothesized to perhaps unintentionally increase stress. Neff and Germer (2013) found that informal practices such as putting one's hand over the heart and speaking kindly to oneself were just as impactful as taking the entire course. Therefore, the program was condensed to 6-weeks to better cater to the needs of healthcare professionals. Using a quasi-experimental design involving an intervention and waitlist control group, participants recruited from a children's hospital (i.e., nurses) were made to complete various scales such as the 26-item Self-Compassion Scale (Neff, 2003a), the Cognitive and

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Affective Mindfulness Scale-Revised (Feldman et al., 2006), the Depression Anxiety and Stress Scale (Lovibond & Lovibond, 1995), and the Interpersonal Reactivity Index (Davis, 1983).

Despite the shorter time commitment, participants who attended the SCHC were found to report significant increases in self-compassion and mindfulness (Neff et al., 2020). Symptoms of depression were also found to be significantly reduced which in turn helped to increase feelings of personal accomplishment and meaning making at work. Given the success of the study, the SCHC is estimated to be appropriate for other caregivers such as teachers and parents, as well as the general population who could benefit from self-compassion training but are also subject to time constraints.

Over the years, other mindfulness-based programs have been abbreviated to better cater to the needs of participants. Conscious of pharmacy student's monetary and time restraints, O'Driscoll et al. (2019) examined the effects of a condensed Mindfulness-Based Stress Reduction (MBSR) course. Incorporating the program into the students' class timetables and reducing the duration to four 2-hour sessions instead of eight 2.5-hour weekly sessions, results suggested that participants experienced significant decreases in feelings of burnout, stress, and distress despite the shorter time commitment. Similarly, Klatt et al. (2008) addressed the monetary and time-intensive barriers of the classic MBSR by developing a 6-week abbreviated program. Overall, following the completion of the course, participants showed significant improvement of sleep (e.g., sleep duration, daytime sleepiness, and sleep latency), reduced levels of stress, and increases in mindfulness. A study conducted by Marthiensen et al. (2019) on the effects of a modified MBSR program of six hours further highlights the usefulness of abbreviating mindfulness-based programs. Results suggested that the overall recruitment process was facilitated by the attractiveness of the lower fees and time commitment. While participants

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are expected to pay approximately \$640 USD for the original MSC program, the SC-MSC program only cost approximately \$285 USD (UCSD, 2022), which represents close to one third of the cost of the lengthier program. Allowing participants to save both on time and money.

Although no formal research has been completed on the SC-MSC, there is evidence to suggest that the program would be effective in increasing self-compassion and general wellbeing. Furthermore, programs such as MBSR and Mindfulness-Based Cognitive Therapy (MBCT), which have both condensed their 8-week programs to 6-weeks, have been found to be effective in reducing anxiety. Consequently, we have reason to believe that the SC-MSC will have similar positive outcomes.

### **Objectives and Research Question**

There are several high-quality research studies that support the usefulness and efficacy of MSC. However, to date, there have been no studies which sought to explore the experience of participating in the SC-MSC, especially with the online realities created by the COVID-19 pandemic. Therefore, in order to fill this gap in the literature, the purpose of the present study is to explore participants' experiences of a 6-week Short-course in Mindful Self-Compassion (SC-MSC). It is hoped that obtaining detailed accounts of participant experiences may shed light into what it is like to partake within the SC-MSC. The following research questions will serve as a guide for this qualitative study:

1. How do participants who have completed the SC-MSC describe their experience in terms of perceived benefits, challenges, and overall impressions?
2. What changes, if any, do participants report experiencing in the way they cope to stress/change/suffering in wake of participating in the 6-week SC-MSC?

### **Contributions to Knowledge**

Ultimately, this research is beneficial not only to wellness practitioners but also to the larger population as it attempts to understand the experience of the SC-MSC. Such information can identify potential benefits for therapeutic clients concerning the use of not only self-compassion but also of online psychotherapy. From this research, it is hoped that mindfulness-based courses such as the SC-MSC as well as psychotherapy may develop a better sense of the advantages and downsides to condensed and online self-compassion practices. It may also have the potential to further instruct online psychotherapy practices as a whole.

### **Methodology**

#### **Rationale for a Qualitative Methodology**

The choice of either a quantitative or qualitative methodology is determined by the objective of the research. Whereas quantitative approaches are best suited to uncover trends or formulate explanations, qualitative approaches are relied upon to provide a deep understanding of a studied phenomenon (Creswell & Guetterman, 2021). It aims to explore, but is not limited to, how people experience aspects of their lives, how groups behave, and how interactions shape relationships (Teherani et al., 2015). The holistic-inductive essence of qualitative studies focuses on the recognition of the subjective nature of reality. Thus, researchers are interested in the significance the subject ascribes to a particular experience and as such, there are no hypotheses to be verified (Tomiak et al., 2007). As the intention of the present study is to describe the natural lived experiences of participants in their own contexts, the use of a qualitative paradigm methodology, more precisely the hermeneutic phenomenological framework, was deemed to be the most appropriate.

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In research, phenomenological approaches seek to describe a common meaning associated with a lived experience amongst several individuals (Creswell & Poth, 2018). Its underlying holistic understanding of human beings as being situated in the center allows for the elucidation of deeper issues relating to subjective experiences (Bhar, 2019). It attempts to uncover the essence, or meaning, of the experience for all the individuals involved (Creswell & Poth, 2018). Phenomenological methods are adapted and modified depending on the phenomenon, research question, and role of the researcher, and as such, there is not one absolute or correct method for conducting such a study (Babich & Ginev, 2017). As phenomenology seeks to express the meaning of a lived experience, it appeared to be the most suitable method for addressing our research questions on the experience of participating in a SC-MSM.

More precisely, hermeneutic phenomenology or the hermeneutic paradigm seeks to describe a common meaning associated with a lived experience amongst several individuals (Creswell & Guetterman, 2021). In qualitative research, the phenomenological tradition is rooted in the approach developed by Husserl (1950) who believed that the foundation of knowledge rests on the subjective experience. In other words, reality is not in the objective world, but in the way that it is perceived by the individual (Tomiak et al., 2007). This interpretive process is achieved through a hermeneutic circle which moves from the parts of experience, to the whole of experience and back and forth again and again to increase the depth of engagement with and the understanding of texts (Annells, 1996; Polkinghorne, 1983).

### **Participants**

Criterion sampling, that is selecting participants who meet predetermined criteria of importance, was used for the present study (Palinkas et al., 2013). Participants were firstly contacted by the SC-MSM facilitator who outlined the premise of the current study. As

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prospective participants responded to the recruitment invitation with interest, they were screened by the primary researcher. Those willing to partake in the study and met the following inclusion criteria were selected: (1) at least 18 years of age, (2) proficient in the English language, and (3) must have completed at least five of six sessions of the SC-MSM offered by Ottawa Meditation & Wellness Incorporated professional.

Determining the sample size for qualitative research is a matter of judgment in relation to the objective of the study. It is estimated that phenomenological methodologies require fewer than 10 interviews (Galdas, 2017; Moser & Korstjens, 2017). As hermeneutics seeks to explore in-depth accounts of lived experiences, a sample pool ranging from five to ten seemed to be enough to obtain a thorough account of participant experiences in order to explore the research questions being asked. It was therefore not in the interest of the researchers to go beyond five participants.

The participants in the study were five women ranging from various backgrounds. See Table 2 for an overview of participants' demographic information. All participants signed an informed consent form prior to the semi-structured interviews, which were conducted online via Zoom and lasted approximately 60 minutes.

**Table 1**

*Demographics of participants at the time of study*

Demographic variable	Total	Mean	Standard Deviation
Male	0		
Female	5		
Age of participants	-	47.6	10.36
Work status: Sick leave	2		
Work status: Public service	1		
Work status: Helping (teaching, doctor, etc.)	2		

### **Instruments**

A demographic questionnaire was used to collect the participant's information regarding their gender, age, current profession, and any prior experience with mindfulness practice.

Demographic information allows for further understanding of the context of the participants' experiences.

To capture the participants' thoughts about their experience with the Short Course in Mindful Self-Compassion (SC-MSC), a semi-structured interview guide was elaborated following an extensive literature review. The primary researcher developed the interview guide based on evidence-based research (Karsenti & Savoie-Zajc, 2018) and the input of her thesis supervisor who has expertise in the subject matter. The researcher's thesis supervisor also verified the interview guide to ensure accuracy, content validity, and overall quality.

Four topics were discussed, namely: (1) participants' experience in dealing with change/stress prior to the course; (2) the experience of the course structure (i.e., online, time, etc.); (3) changes experienced after the course, and (4) notable experiences from the course (see Appendix B).

### **Data Analysis**

This qualitative research intended to conduct a thematic analysis as its procedure to analyse the data. The thematic analysis is a systematic and nonlinear process where themes appearing important to the studied phenomenon are identified across the data (Fereday & Muir-Cochrane, 2006). The overall process of data analysis, as presented by Braun and Clarke (2006), involves "moving back and forth between the entire data set, the coded extracts of data [being analyzed] and the analysis of [produced] data" (Braun & Clarke, 2006, p. 86). The main author completed the codification process by firstly converting the interviews from speech to text,

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followed by importing the participant's transcripts into NVivo (QSR International Pty Ltd., 2020), a qualitative data analysis software. To improve the validity of the codification, the data was then reviewed. The process of thematic analysis was then completed in six phases, specifically by: (1) becoming familiar with the data; (2) elaborating an initial list of potentially pertinent codes; (3) searching for themes and sorting codes into their respective theme; (4) reviewing themes to ensure intra and inter theme coherence; (5) defining and naming themes, and (6) reporting the emerged themes from the data (Braun & Clark, 2006). The current study was approved by the University of Ottawa research ethics board.

### **Trustworthiness**

The term 'trustworthiness,' emerging from the constructivist approach, commonly defines the standards of quality for qualitative inquiry (Toma, 2006). In this case, the use of triangulation through peer auditing was used to confirm emerging codes and themes (Fraenkel et al., 2022). The main author's thesis supervisor served as an auditor which limited threats to interval validity through personal reflection and rich discussions. Taking time to analyze and acknowledge the potential influence of personal history, values, and theoretical orientations.

Presenting a rich and accurate description of the participant's accounts increased the credibility of the study (Given, 2008). Reporting and discussing contradictory accounts, as advocated by Marshall et al. (2022), encompassed a wider range of experiences and allowed for a more complete description of the studied phenomenon. Additionally, clarifying participant answers during the semi-structured interviews permitted to paint a more accurate account of their lived experiences regarding the SC-MSM.

**Scientific Journal Submission Guidelines**

The Canadian Journal of Counselling and Psychotherapy (2022) has identified on its website guidelines for the submission of manuscripts. As detailed, the full-length article should not exceed 25 pages in length, excluding the title page, the abstract, figures, tables, and references. The manuscript must be double space with text in 12-point Times New Roman font. The margins must be set to at least one inch, on all sides. The abstract, which is to be submitted in French and English, must accompany each manuscript and be kept to a maximum of 100 words.

**May I Be Kind to Myself: A Pilot Study on the Experience of a 6-week Short Course in Mindful Self-Compassion (SC-MSC)**

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**Abstract**

This qualitative study explored the experience of participants in a 6-week Short Course in Mindful Self-Compassion (SC-MSC). Five women completed the course as well as a semi-structured interview with a targeted set of questions pertaining to uncovering their lived experiences. Thematic analysis was used to construct detailed accounts of each participants' development. Participants perceived that self-compassion helped shift their self-perception, adopt healthier coping strategies, and relate to their suffering differently. Additionally, the adapted format presented the advantage of increased accessibility and perception of attention retention. This study may help inform future therapeutic interventions in the realm of self-compassion based counselling.

**Résumé**

Cette étude qualitative a exploré l'expérience des participantes à un programme court de six semaines sur l'autocompassion consciente (SC-MSC). Cinq femmes ont participé au cours ainsi qu'à un entretien semi-structuré avec une série de questions visant à découvrir leurs expériences vécues. L'analyse thématique a été utilisée pour construire des comptes rendus détaillés du développement de chaque participante. Les participantes ont perçu que l'autocompassion les a aidé à modifier leur perception d'elles-mêmes, à adopter des stratégies d'adaptation plus saines et à se relater différemment à leur souffrance. En outre, le format adapté présentait l'avantage d'être accessible et d'accroître la rétention de l'attention. Cette étude peut contribuer à informer les futures interventions thérapeutiques dans le domaine du counseling basé sur l'autocompassion.

*Keywords:* Self-compassion, mindfulness, SC-MSC, MSC, qualitative study

**About the Author**

Kayla Spicer is a Master's student at the University of Ottawa. Her main research interests are in mindfulness-based approaches to counselling practices utilizing collaborative and qualitative research approaches.

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Statements and declarations: All authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript.

## **Introduction**

This research aims to better understand the experience of participants in an online 6-week Short Course in Mindful Self-Compassion (SC-MSC). To achieve this goal, the article is divided into four distinct sections. More specifically, the first part identifies research that focuses on the benefits of self-compassion. Particular attention is given to the specifications of the SC-MSC. The second part describes the methodological approach that was utilized. The third part describes the results of the qualitative analyses of the data. Finally, the article concludes with a discussion of the results obtained, in light of current knowledge.

## ***Understanding Self-Compassion***

Over the last two decades, self-compassion has received considerable attention as an approach for the alleviation of suffering. Kristin Neff (2003, 2003b, 2011), the leading pioneer in the field, describes self-compassion as consisting of three distinct but related components. First is *mindfulness*, which promotes a balanced perspective and awareness of one's thoughts and feelings. Second is *common humanity*, which is the recognition that all human beings experience moments of suffering and have inadequacies. Third is *self-kindness*, which promotes understanding and acceptance instead of self-judgment in relation to one's shortcomings.

Research demonstrates that individuals who are self-compassionate exhibit better psychological health than those lacking this quality. For example, greater self-compassion is related to lower levels of depression, anxiety, and stress (Neff & Germer, 2013). Moreover, self-compassion may increase resilience in response to failure and increase the motivation to improve personal areas of weakness (Breines & Chen, 2012; Neff et al., 2005). Individuals high in self-compassion are also more likely to experience greater life satisfaction and well-being (Zessin et al., 2015). Finally, self-compassion has been found to be associated with positive psychological

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strengths such as happiness, optimism, wisdom, curiosity, personal initiative, and emotional intelligence (Heffernan et al., 2010; Neff et al., 2007).

### *Mindful Self-Compassion (MSC)*

Originally conceived by Kristin Neff and Christopher Germer (2013) is the Mindful Self-Compassion (MSC; Lerhrhaupt & Meibert, 2017) program, an intervention which combines the complementary benefits of self-compassion and mindfulness. Loosely modelled on Mindfulness-Based Stress Reduction (MBSR), MSC is an 8-week group training that incorporates psychoeducation, meditation, and reflective exercises. Contrary to other mindfulness-based programs, MSC focuses explicitly and primarily on the cultivation of self-compassion (Finlay-Jones et al., 2016). The program entails weekly meetings of 2 hours and 45 minutes, and a half-day meditation retreat at the conclusion of the course (Germer & Neff, 2019; Neff & Germer, 2013).

The MSC program has proven to be clinically relevant over the years in various contexts and amongst different populations. In fact, it has been shown to help individuals embrace the unexpected, acknowledge limits, and capitalize on available resources (Samuel et al., 2020). The cultivation of self-compassion, via this program, seems to allow the individual to focus on proactive coping leading to self-reliance, support-seeking, problem-solving, accommodation, and negotiation (Klinge & Van Vliet, 2019; Smith et al., 2016; Skinner et al., 2003). Rather than dealing with emotions by denying, blaming, and using aggression as they once had, self-compassion has been found to help individuals regulate their emotions more effectively (Klinge & Van Vliet, 2019).

Overall, there is a widespread application of MSC in various contexts and the above-mentioned studies are only some of many examples that may be found in the vast literature.

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Despite existing research on MSC, little has been conducted on the Short Course in Mindful Self-Compassion (SC-MSC) especially when examining the online adaptation of the latter.

### *Short Course in Mindful Self-Compassion (SC-MSC)*

The Short Course in Mindful Self-Compassion (SC-MSC) is a 6-week adaptation of the empirically supported and previously mentioned 8-week Mindful Self-Compassion (MSC).

Based on the success of the MSC program, the SC-MSC was developed by Neff and Germer (2020) to facilitate the acquisition of a targeted set of MSC practises within a shorter timeframe than the full 26-hour program (CMSC, 2020; UCSD, 2022). Similar to its parent program, the SC-MSC focuses on self-compassion, mindfulness, resilience, and burnout prevention, and incorporates meditations, discussions, experiential activities, as well as home practices.

Participants are expected to take part in weekly 1-hour and 15-minute sessions, culminating to a total of 7.5 hours.

Additional evidence suggests that the overall recruitment process was facilitated by the attractiveness of the lower fees and time commitment. The cost of the SC-MSC represents close to one third of the cost of the lengthier program. Allowing participants to save both on time and money.

Recently, Neff et al. (2020) conducted a study on the effects of a Self-Compassion for Healthcare Communities (SCHC) short course. Given the time-intensive nature of the MSC program and the time pressure demands of working in healthcare, the time commitment required by the regular length program was hypothesized to perhaps unintentionally increase stress. Despite the shorter time commitment, participants who attended the SCHC were found to report significant increases in self-compassion and mindfulness (Neff et al., 2020). Symptoms of depression were also found to be significantly reduced which in turn, helped to increase feelings

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of personal accomplishment and meaning making at work. Moreover, participants experienced significant increases in the use of adaptive coping mechanisms following the completion of the course.

Despite growing evidence regarding the value of self-compassion training for promoting psychological health, little work has examined the benefits of the adapted 6-week SC-MS, especially with the online realities created by the COVID-19 pandemic. To our knowledge, only one published study (Neff et al., 2020), which was given in person, has examined the impact of such a practice on individuals. Provided the potential financial and time-related advantages associated with the SC-MS, as well as the very little existing research on the potential benefits of this short version, especially given the online component, the aim of this qualitative research is to explore the experience of participants in the 6-week online SC-MS.

### **Method**

#### **Approach to Inquiry**

The choice of either a quantitative or qualitative methodology is determined by the research objective. Whereas quantitative approaches are best suited to uncover trends, formulate explanations, or test differences, qualitative approaches are relied upon to provide a deep understanding of a studied phenomenon (Creswell & Guetterman, 2021). The holistic-inductive essence of qualitative studies focuses on the recognition of the subjective nature of reality. Thus, researchers are interested in the significance the subject ascribes to a particular experience and as such, there are no hypotheses to be verified (Tomiak et al., 2007). As the intention of the present study is to describe the natural lived experiences of participants in their own contexts, the use of a qualitative paradigm methodology, more precisely the hermeneutic phenomenological framework, was deemed to be most appropriate.

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Hermeneutic phenomenology or the hermeneutic paradigm seeks to describe a common meaning associated with a lived experience amongst several individuals (Creswell & Guetterman, 2021). In qualitative research, the phenomenological tradition is rooted in the approach developed by Husserl (1950) who believed that the foundation of knowledge rests on subjective experience. In other words, reality is not in the objective world, but in the way that it is perceived by the individual (Tomiak et al., 2007).

### **Participants**

Participants were recruited via an email sent from the SC-MSC facilitator on behalf of the first author. Those who were willing to participate and who met the following inclusion criteria were selected for the study: (1) were at least 18 years of age, (2) were proficient in the English language, and (3) must have completed at least five of six sessions of the SC-MSC offered by Ottawa Meditation & Wellness Incorporated professional. Importantly, the founder and course facilitator, Jennifer Innes, has been trained extensively in mindfulness-based interventions for over six years. Her trainings deriving from renowned pioneers in the world of mindfulness and self-compassion such as Steven Hick, Jack Kornfield, Christopher Germer, Rick Hanson, Tara Brach, and Joseph Goldstein.

The participants in the study were five women ranging from various backgrounds and stages of life. See table 1 for an overview of participants' demographic information. All participants signed an informed consent form prior to the semi-structured interviews, which were conducted online via Zoom one month after the completion of the course and lasted approximately 60 minutes each.

**Table 1***Demographics of participants at the time of study*

Demographic variable	Total	Mean	Standard Deviation
Male	0		
Female			
Age of participants	-	47.6	10.36
Work status: Sick leave	2		
Work status: Public service	1		
Work status: Helping (teaching, doctor, etc.)	2		

**Instruments**

A questionnaire was used to collect the participant's demographic information, including their gender, age, current profession, and any prior experience with mindfulness practice (See Appendix A). To capture the participants' thoughts about their experience with the Short Course in Mindful Self-Compassion (SC-MSC), a semi-structured interview guide was elaborated following an extensive literature review. Four topics were discussed, namely: (1) participants' experience in dealing with change/stress prior to the course; (2) the experience of the course structure (i.e., online, time, etc.); (3) changes experienced after the course, and (4) notable experiences from the course (see Appendix B).

**Data Analysis**

This qualitative research intended to conduct a thematic analysis as its procedure to analyze the data. The thematic analysis is a systematic and nonlinear process where themes appearing important to the studied phenomenon are identified across the data (Fereday & Muir-Cochrane, 2006). The overall process of data analysis, as presented by Braun and Clarke (2006), involves "moving back and forth between the entire data set, the coded extracts of data [being analyzed] and the analysis of [produced] data" (Braun & Clarke, 2006, p. 86). The main author completed the codification process by firstly converting the interviews from speech to text,

followed by importing the participant's transcripts into NVivo (QSR International Pty Ltd., 2020), a qualitative data analysis software. To improve the validity of the codification, the data was then reviewed. The process of thematic analysis was then completed in six phases, specifically by: (1) becoming familiar with the data; (2) elaborating an initial list of potentially pertinent codes; (3) searching for themes and sorting codes into their respective theme; (4) reviewing themes to ensure intra and inter theme coherence; (5) defining and naming themes, and (6) reporting the emerged themes from the data (Braun & Clark, 2006). The current study was approved by the University of Ottawa research ethics board.

### **Results**

From the thematic analysis emerged various categories of experiences that contributed to the reshaping of participants' way of living. These experiences were categorized into two main themes: (1) the SC-MSC process as is and (2) the SC-MSC as a psychologically transformative process. Each of the themes, and their subthemes, are described and elaborated upon separately.

#### **The SC-MSC Process as Is: Investigating the Perceived Usefulness of the Adapted Course**

This theme refers to the perceived effectiveness of the SC-MSC process as is. That is, the usefulness of the changes brought about by the adapted and online format. As these appeared to be important distinguishing features from the original course, specific attention was brought to them separately as subthemes within this category. Specifically, the subthemes are (1) the effectiveness of the adapted length and (2) the effectiveness of the online format.

##### ***Perceived Effectiveness of the Adapted Length***

While participants generally reported enjoying the adapted length, there appeared to be a mixed consensus on its effectiveness. For instance, for some, the six-week length was an obvious

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choice and was “just enough to learn something new, get the juices rolling, and give tools to implement throughout the week” (Participant 3). More precisely, this participant stated that the length of the course was exactly “the right amount of time for retention.” Similar feelings were shared by Participant 2 who explained that she: “ [didn’t] really have an opinion, but [thought] it was good for [her].” While the length appeared to be ideal for some, Participant 1 seemed to feel it was inadequate stating: “I would have liked it to be longer just so you can go a little deeper with some of the ideas. It would be nice to have more time to share and ask questions.” While Participant 4 did not feel it was long enough, it is also important to note that she deemed that the severity of her depression impacted her learning: “I’m a different case. I’ve been in therapy all year and it hasn’t done a single thing. I think I’m more resistant and so I need longer.” Feeling seemingly undecided, Participant 5 stated: “While I like the shorter time frame, sometimes I felt like it would have been nice to have more time to chat with the other participants. Sometimes the time felt a little tight.” However, she highlighted that “there were some definite positives about that sense of having done a lot over a relatively short period of time.”

Overall, the perceived effectiveness of the length of the course seemed to be highly determined by individual life circumstances and learning styles. Wherein participants who reported suffering from more chronic mental struggles felt the length was inadequate, there nevertheless appeared to be a general feeling of satisfaction with the shorter time commitment. Namely, allowing to learn a targeted set of skills relating to self-compassion all while maximizing perceived personal accomplishment for having learned a lot in little time.

### *Perceived Effectiveness of the Online Format*

Given the particularities of the COVID-19 pandemic, the SC-MSM had to be adapted and delivered virtually. For some, this presented obvious advantages. Specifically, Participant 4

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stated that the format allowed her to partake in the course while managing her depressive symptoms: “I found it much more convenient. Having mental health issues, I have a hard time leaving the house – so it just made it much easier.” Sharing similar sentiments concerning the difficulties of leaving home while depressed, Participant 2 claimed she was able to take the course from her room which “helped kickstart the recovery process.” While the online format offered the advantage of remaining at home, it also appeared to be a source of distraction at times. Participant 3 expressed the following: “Sometimes I struggled to stay focused on what [the instructor] was telling us because I had a whole other set of computers and demands beside me.” Whilst sometimes feeling distracted, she also reported enjoying the accessibility of the course: “I liked that we could do the course from the comfort of our own home.” Participant 1 explained that she felt as though the online experience did not hinder her ability to learn and connect with others: “The exercises and conversations were stimulating. I liked the breakout rooms and the group discussions we had.” While Participant 5 did miss seeing people in vivo, she “still thought it was a very effective way to deliver the program.”

By and large, the benefits offered by the online format seemed to outweigh the downsides. Participants appeared to be able to learn without losing the essence of the practices, all while being more accessible to those in need. Specifically, participants suffering from mental health conditions, such as major depressive disorder, reported being able to connect from the comfort of their homes and in turn, kick-start the recovery process. Lastly, the online format seemed to permit participants to connect with others and share. An essential means when amid a socially isolating global pandemic.

In sum, while the adapted features of the course appeared suboptimal for some, they were nevertheless largely well received. The shorter time commitment, which increased a personal

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sense of accomplishment as well as appeared to be better for sustaining attention, paired with the accessibility of the online format made for a useful and appealing course. It appears that the distinguishing features of the course, particularly the benefits of the online format as observed via this study, may offer a promising path forward for mindfulness-based courses of a similar nature.

### **The SC-MSC as a Psychologically Transformative Experience: A New Way of Living**

This theme refers to the self-observed psychological changes experienced throughout the SC-MSC. Namely, it highlights the evolution in the way participants perceived themselves, others, and reality as it is, as a result of participating in the 6-week course. Results suggest that renewed self-perception was experienced by learning self-compassion. Furthermore, participants described shifting from avoidance towards acceptance, openness, and connection to emotions. The latter also impacting the way in which participants related to others. Lastly, a renewed sense of self allowed for a deeper and more accurate relation to reality. To capture the essence of this psychological transformation, the following subthemes will be explored: (1) relating to the self, (2) relating to others, and (3) relating to experience.

#### ***Relating to the Self: A New Way to Act and Perceive Oneself***

**Prior to the SC-MSC**, most participants reported experiencing mental health problems (i.e., depression, anxiety, burnout), viewed themselves as weak, and engaged in maladaptive coping strategies. Suffering from major depression, Participant 2 held a negative view of herself: “The negative self-talk was just so predominant. I was putting myself down all the time and I had been blaming myself for being too lazy, and not doing enough.” Additionally, she would “always avoid things” and further recalled being a problem-solver who “gets overly invested in solving problems” rather than taking care of herself.

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Excessive focus on problem-solving all while avoiding the underlying emotions appeared to be a common experience amongst participants: “Back then I didn’t really cope. I would find solutions to the problem but never reflected on how it directly affected me. I kind of just pushed it down” (Participant 3). This tendency to avoid was also evident in Participant 4 who explained that she “would avoid all the time. Whether it was avoidance by emotional eating, drinking, smoking weed, oversleeping, or watching too much Netflix.” When unequipped to face strong emotions, there appeared to be a proclivity to seek escapism.

Maladaptive coping strategies seemed largely to overlap with a negative self-perception as exemplified by Participant 4 who stated: “I’ve always had issues with self-confidence. I definitely do not perceive myself well, I’m very self-loathing and insecure.” Largely speaking, participants appeared to hold the belief that others were more important than themselves. For instance, Participant 1 claimed that “[She] was always doing everything for everyone else. [She] did not believe [she] was as important and that [her] needs should be held with the same regard.” While Participant 1 explained that she did practice self-care such as taking walks or talking with friends, she nevertheless reported feeling unsatisfied with her capabilities to handle the difficulties she encountered. For instance, stating: “My coping methods weren’t getting to the root of the stress. I would go away to rest when I was really overwhelmed but when I came back, all my problems were still there.” Diagnosed with PTSD and depression, Participant 5 recalled neglecting her own needs and viewing herself as less important. She stated: “When I suffered from PTSD, I was in a very dark place and unable to face my anxieties. I felt like I didn’t have the skills to pull myself out” (Participant 5).

Overall, it appears that prior to practising self-compassion, participants held the belief that their needs were not deserving of attention. Consequently, difficult emotions seem to have

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been avoided, repressed, or outsourced to external devices such as alcohol, food, or social media. In times of stress, the negative self-perception allegedly pushed participants to focus their attention on the needs of others rather than their own. Ultimately leading to feelings of isolation, anxiety, and burnout.

**After the SC-MSC**, there appeared to be a stable shift in self-perception and in the way participants engaged with themselves. Instead of the harsh self-critical attitude Participant 2 typically adopted, she claims to have shifted towards kindness and acceptance of her needs, stating: “I take care of myself now. I really try to accept and not judge how I feel now that I am self-compassionate.” Relating a similar experience, Participant 1 described a gentler approach to coping following the SC-MSC: “This idea that I need to fill my own cup first never came to my mind before and then the course was like: Oh, I’m a person too. Now, I can have compassion and I’m not as hard on myself.”

Although still a work in progress, Participant 4 expressed not viewing herself so harshly after the SC-MSC and explained: “I’m trying harder to not get upset with myself. If I didn’t accomplish anything at the end of the day, I just tell myself: ‘it’s going to take time.’ I am getting better at not berating myself so much.” It also appears that after she experienced a shift in self-perception, Participant 4 also changed her coping style, which she describes as: “I’m trying really hard to sit with my feelings, accept them, and not let them overtake me.”

Similarly, following the training program, Participant 3 expressed a decrease in self-deprecating thoughts, describing her new thought process as: “There are now times where I’m better at acknowledging that I have value and worth, and that I deserve to be heard. I’m learning not to be so hard on myself.” Additionally, she now claims to take the time to “deal with [her] emotions directly.” In fact, doing so also allegedly enabled her to experience anxiety differently,

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in that “[her] anxiety and stress haven’t gone away, but the way in which [she] cope[s] with and experience them has shifted drastically.”

The need to help others before oneself was also a common experience reported by participants. At the conclusion of the course, this tendency appeared to shift for most. For instance, Participant 1 stated that “self-compassion makes you a better person and there’s a gentleness to life that wasn’t there before. I now take care of myself first so that I can better care for others.” Relatedly, with the statement: “I’ve learned that I am just as deserving as others,” Participant 5 demonstrated how she now perceives herself as just as important to others and as having the right to experience stress:

By and large, self-compassion appears to have had the power to transform participants' self-perception, and parallelly, the way in which they cope with stress. While participants still admitted struggling, they were now better able to deal with difficulties head-on rather than avoid them as they once had. Moreover, they collectively described a renewed sense of importance and deservingness to have their needs met which in turn facilitated self-care practices in times of stress.

### ***Relating to Others: A New Way of Experiencing Suffering***

Highlighting one of the most important elements of self-compassion, the recognition of our shared humanity, the psychological changes experienced through connecting with others was one of the most powerful facets which emerged from the thematic analysis of the SC-MS. Not only does the structure of the course create a support-group-like atmosphere, but the curriculum also encourages awareness of shared similarities. All of which were essential for moving away from egocentric feelings and in turn, experiencing a psychological transformation.

Participant 1 spoke of this connection which seemed to remind her of her own humanity:

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You forget your humanity when you're running around all day. But when you sit down for an hour and you listen to someone say something about how they're feeling, I find you remember who you are. You realize, 'I'm a person. I'm a human being living here on this planet.' That realization is liberating. And ultimately, when you're listening, you're connecting, and I almost feel like people can hold something for you that you're having a hard time holding yourself. Maybe you come with a lot of anger and then, when everybody shares it, it's like they are all holding that anger together, so it feels lighter.

Some participants appeared to suggest that the intimacy of the course became a way to reinforce the knowledge of the basic needs we all share as humans. For instance, Participant 3 revealed: "All of us feel, all of us want to be loved, all of us want to be appreciated. At the end of the day, the colour of our blood is red. So to hear participants talk, there was a common sense of 'I'm hurting' and so it just felt like we had this unspoken bond." For Participant 4, common humanity appeared to allow her to put aside the belief that everyone else except her was doing well. She explained this when she stated: "When you are going through a hard time, it does feel like you're the only one that's struggling – especially with social media. But to hear others sharing their difficulties reminded me that I am not alone." Not only did this shared intimacy help increase feelings of connection, but it also permeated discussions on shared interests; as evidenced by Participant 2 who stated: "It's nice having the chance to share with others who have similar interests and are on the same journey. I learned so much by just listening to others."

While the healing effects were felt within the confines of the course, they also extended to the outside. For instance, Participant 5 explained: "I was angry and felt like things were unfair. Then, I remembered the common humanity and thought, 'I'm not the only person in the world who is suffering.' My sense of frustration and irritability just dissipated. It was remarkable."

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Overall, the SC-MSC appeared to have brought participants a deep sense of connection to others, helped alleviate some of their anxiety, and sought to combat their feelings of isolation. While participants shared their inadequacies and difficulties within the course, others were able to be transported outside of their egocentric feelings that bad things were only happening to themselves. Thus, not only did they appear to be able to connect with others, but more importantly, change the way they related to their own suffering.

### ***Relating to Experience: A New Way of Connecting to Oneself and Reality***

Despite the shorter time commitment associated with the SC-MSC, participants nonetheless appeared to witness a change in the way they experienced reality by connecting to a deeper part of themselves. According to Russ Harris (2006), the *Observing Self* or also known as *pure Awareness* is the psychological space in which thoughts and feelings can be observed. Namely, becoming conscious of consciousness itself. The *Observing Self* can be likened to the sky, with thoughts and feelings being the weather. From this space comes the wisdom to know that we cannot change the weather and to detach from it knowing all storms will pass (Harris, 2006).

Throughout the process, participants seemed to let go of their harsh inner voice and discover a calmer truth within. This phenomenon was highlighted by the encounter Participant 1 had with the *Observing Self*. Specifically, she described it as: “When we go into ourselves, there’s a deeper truth that is not there when you’re living about mindlessly. If you really want to know yourself, then go down there and find it. (...) It opened a door within me that I never knew existed.” This realization was credited to self-compassion and allowed her to begin living with more ease wherein small daily annoyances were now met with calm through connection to her breath.

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The act of catching oneself in rumination was also a common experience described by participants whilst connecting to the *Observing Self*. For instance, Participant 5 exemplifies this by reporting: “If I’m in negativity or ruminating, I catch myself. It doesn’t always mean that I can shift out of it. However, I notice it and connect with the awareness of my judgment.” In other words, a deeper awareness of one’s own internal state appeared to have enabled Participant 5 to respond more effectively to external stimuli following the SC-MSC. When thinking of the *Observing Self*, one can also consider the wisdom it brings about. For Participant 2, this newfound wisdom was clear as she described: “I now often think: ‘Okay, if you’re reacting this way, you’re reacting because of your own baggage.’ I don’t take things personally anymore.” This awareness of internal patterns and their influence on the world seems to have provided participants a new lease on life – one not influenced by assumptions or harsh internal criticism.

The connection to the *Observing Self*, for Participant 3, took the qualities of slowing down and analyzing reactions. More specifically, she described: “When I connect to that place, I look at my emotions and whether or not I have control over the situation. I take a lot more time inwardly before acting.” As previously described, the *Observing Self* holds an innate quality of stillness and wisdom. While not being as swayed as others in consequence of her depression, Participant 4 claims that she still experienced a softening of her inner critic throughout the process of the SC-MSC. Namely, “It hasn’t changed much but I am showing myself a bit more self-love. I am consciously trying to be kinder.” While the connection may not have been as powerful as others, the recognition of a deeper Self is enough to instill motivation to be kind and recognize unhelpful thinking patterns.

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All in all, it could be suggested that the mechanisms of self-compassion, specifically mindfulness, enabled participants to recognize the impermanence of life and the benefits of letting go of things outside of one's own control.

In summary, the qualitative analysis of the data appeared to show an overall shift in the way participants engaged with themselves and others following the SC-MSM. They were no longer overly concerned with pleasing others to their own detriment, and quickly realized the importance of filling up their own cup first. Indeed, it appears that with the discovery of self-compassion, participants were able to turn towards their suffering instead of avoiding it like they once had. While not all participants in this study preferred the adapted length, the shorter sessions nevertheless appeared to elicit feelings of personal accomplishment. Additionally, thanks to the online format, participants reported that the course was more readily accessible and convenient for participants. Within the thematic analysis, the most important facet noted appeared to be the connection to humanity participants experienced during the course.

Witnessing the common suffering of others seemed to have alleviated feelings of isolation and defectiveness, and increased openness to participants' own suffering. Finally, the connection imparted through self-compassion purportedly brought participants to the discovery of deeper wisdom and stillness which may consequently have helped lower rumination and increased acceptance.

### **Discussion**

The aim of this qualitative study was to explore and better understand the experience of participants within the context of a Short Course in Mindful Self-Compassion (SC-MSM). From the thematic analysis undertaken emerged two main themes that showed that the course not only appeared to offer unique and beneficial features but that it also made a significant difference in

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the way participants perceived themselves as well as others. In light of these findings, this discussion is structured around two components: a description of the results in line with current knowledge as well as the specific contributions of this research.

Several findings that emerged from the thematic analysis are consistent with what had already been established by previous studies, namely the flexibility offered by online courses and the positive psychological changes caused through the acquirement of self-compassion. In accordance with Chi et al.'s (2018) systematic review and meta-analysis, which describes that longer mindfulness-based programs had a larger effect on depressive symptoms, participants with more chronic symptoms reported not to have benefitted as much from the adapted length of the SC-MSC. However, the qualitative nature of the present study did not seek to validate specific hypotheses. Rather, it was concerned with the exploration of deep and profound experiences. Additionally, the online format was described as more readily accessible and as reducing tensions (i.e., commute, getting ready, social anxiety) that would have otherwise deterred participants from taking part in the course. The latter is in accordance with other studies examining the effectiveness of online mindfulness-based programs (Finlay-Jones et al., 2016; Moore & Hutchinson, 2020; Tymofiyeva et al., 2022) which support the feasibility and effectiveness of online self-compassion training.

The current findings also seem to support findings established through previous research by drawing attention to the shift in self-perception experienced by learning self-compassion. Specifically, through the affirmation of a positive self-perception, the adoption of healthy coping strategies (i.e., listening to one's needs, turning towards emotions instead of avoiding them, practising acceptance, and setting boundaries) were implemented. In addition, when feeling emotionally activated, participants in the current study claimed that they felt better able to

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regulate their emotions by offering themselves kindness and comfort. These statements are congruent with results of other studies that link self-compassion to adaptive coping mechanisms (Allen & Leary, 2010; Chwyl et al., 2020; Ewert et al., 2021).

As noted in other studies (Andel et al., 2021; Taylor et al., 2020), through the mechanism of common humanity, participants in the current study reported being able to recognize that the human condition is imperfect and that they were not alone in their suffering. By remembering the shared human experience, participants expressed feeling less isolated, appeared more able to adopt a broader perspective on themselves and life, as well as change the way they related to their suffering. Additionally, the facet of mindfulness, which emphasizes letting go of thoughts, seemed to facilitate the release of worrisome future-oriented thinking thereby allowing for an experience of a different self. Namely, the *Observing Self* appeared to offer participants a non-attached and unidentified relationship to their experiences. Promoting experiential acceptance all while disrupting the tendency for shaming self-evaluations (Neff & Tirsch, 2013; Vilaradaga, 2009; Zhang & Chen, 2016).

In sum, consistent with the current state of knowledge, the present research suggests that online self-compassion training has the power to impart powerful psychological changes all while being more accessible. Specifically, for the participants in this research, these changes included adopting a healthier self-perception and coping strategies, changing the way they related to others, listening to their own needs, as well as connecting to their inner wisdom.

### **Main Finding: The Usefulness of the Online and Adapted Length**

While it was clear from existing research that self-compassion had the power to instill profound changes, little research has been undertaken to examine the experiences of individuals within a SC-MS, especially in the online context resulting from the COVID-19 pandemic.

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Therefore, the main finding of the current study is focused on the benefits of such an adapted course.

The qualitative analysis highlighted that the unique context of the SC-MSC, that is the shorter time commitment as well as the online format, offered more flexibility and was more readily accessible for participants. Indeed, those who would have otherwise been unable to leave home in light of their depressive symptoms were nevertheless able to partake in the course and kickstart the recovery process. Moreover, the online format allowed participants living in rural and secluded areas to benefit from the course. Something that would otherwise have not been possible. Additionally, given the unique circumstances created by the pandemic, the online format enabled the course to be delivered and for participants to benefit from self-compassion in a time when it was most needed.

Although those who reported exhibiting more acute mental health concerns appeared generally unsatisfied with the length, the approach was still perceived positively by all. Specifically, it appeared to generally increase a personal sense of accomplishment for having learned a great number of skills in little time. Additionally, for those with difficulty focusing, the condensed sessions appeared better for attention retention. However, the latter cannot be said with total certainty as participants did not partake in both the regular and condensed lengths, and thus could not compare the specifications.

In conclusion, despite some negative perceptions concerning the length of the course, all participants reportedly experienced positive changes throughout and following the SC-MSC. Among those with more severe depressive symptoms, the length was perceived as less satisfying. That is, the more acute the symptoms were reported, the lower satisfaction was. Nevertheless, the online format, regardless of unique circumstances (i.e., too depressed to leave home, living in

rural conditions, confined to home due to the pandemic), permitted participants to benefit from the content of the course. The latter offers a promising path forward for future self-compassion courses.

### **Implications for Counselling**

The findings of the study point to the potential merit of online counselling all while integrating the skill of self-compassion. While self-compassion, such as in compassion-focused therapy (Gilbert, 2000), might be introduced to address concerns such as shame and self-criticism, online counselling provides practitioners with a way to help clients who might otherwise be unable to benefit from these services. Specifically, this approach increases accessibility for those unable to leave home due to mental or physical health conditions, such as with the COVID-19 pandemic. As online self-compassion courses (i.e., the SC-MSC) were perceived positively by participants in the current study, it merits further exploration in the broader context of the post-pandemic world. In sum, these results point to the usefulness of continuing with the use of online counselling and specifically those which integrate the skill of self-compassion.

### **Conclusion**

Overall, the results of the qualitative data analysis indicate that self-compassion, via the SC-MSC, is an important process in facilitating transformative psychological experiences. At the very least, it seems to go hand in hand with adaptive coping strategies and increased connection to others. More importantly still is the specific context, condensed and online, in which it worked. Although more research will be needed to examine these hypotheses using larger sample sizes, initial findings are encouraging.

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Despite some critics on the adapted length, all participants seemed to experience positive psychological changes. Namely, the SC-MSM not only appeared effective in facilitating experiential acceptance and wisdom, but its benefits were reported to be enduring to a few months after completion of the program. Additionally, the unique context of the SC-MSM was perceived as being more flexible and accessible, as well as permitted for self-perceived better information retention.

Given that research is increasingly proving self-compassion to be an important aspect of mental and physical health, the SC-MSM, especially given online, should be of interest to many health care practitioners. This program, as demonstrated by our findings, has the potential to help individuals stop self-criticism, learn how to accept difficulties, and make room for suffering. As such, the SC-MSM can hopefully be implemented in a complimentary way to psychotherapy practices. Additionally, the findings show that online interventions may be a promising alternative to in-person training where resources and accessibility may be limited.

Since research on the SC-MSM is extremely limited, future research directions are numerous. For instance, it might be helpful to teach the SC-MSM to targeted populations such as students or healthcare professionals to help them deal with the challenges of life with greater ease. Moreover, it might be of interest to conduct a comparative study on the effects of the MSM in contrast to the SC-MSM. All in all, these findings certainly add to the existent literature on the benefits of self-compassion, all while opening further research to the potential benefits of online formats for such courses.

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### Conclusion

In the recent years, society has needed to quickly adapt to the changing reality offered by the COVID-19 pandemic. Namely, transitioning online for businesses to stay afloat. Considering these exceptional circumstances, participants got to not only experience the adapted length of the Short Course in Mindful Self-Compassion (SC-MSC) but also take part in it virtually. The findings indicated that participants, despite some critics on the format, all appeared to experience positive psychological changes. Self-compassion reportedly enabled them to perceive themselves and others differently. Allowing for the adoption of healthier coping strategies when faced with stress. Interestingly, by connecting with the suffering of others, participants tended to their own inadequacies with more gentleness and understanding. No longer were they berating themselves or viewing their needs as less important than others.

On the other hand, self-compassion appeared to have the power to connect participants not only with others but also with a deeper part of themselves – the *Observing Self*. From this place of wisdom, participants seemed better equipped to detach from expectations and be less reactive to external stimuli. While not all experienced the same level of connection to this place, it was evident that all participants at least understood what it was. Ultimately, the findings concerning the effectiveness and usefulness of self-compassion sought to validate the existing literature on the topic.

While this study was originally intended to put more emphasis on coping strategies, it was quickly realized that the circumstances provided by the pandemic offered a unique lens to the experience of participants in such a course. Thus, explaining the slight variance from the literature review at the beginning of this thesis to the final article included within this paper.

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By and large, participants felt that the online format offered them with more flexibility and was more readily accessible. Those who were disabled either by mental or physical conditions were able to access the course from the comfort of their own homes. Moreover, the online format presented the clear advantage of allowing those living in secluded areas to benefit from the course without needing to travel lengthy distances. Additionally, the adapted length, while not favoured by all, seemed to present the benefit of maximizing information retention all while increasing feelings of personal self-efficacy. Overall, the preference for the adapted length seemed to be highly determined by individual preferences and life circumstances.

When it comes to the issue of maximizing the effectiveness of the course, conducting preliminary evaluations with participants could serve as a means to address this issue. Upon demonstrating interest, participants could be provided with a brief and free questionnaire such as the Patient Health Questionnaire (PHQ-9) or the General Anxiety Disorder-7 (GAD-7) to determine whether or not they are better suited for the adapted or regular length. While the choice would ultimately remain their own, participants with higher scores in the questionnaires would be recommended to partake in the 8-week course to ensure maximum effectiveness. As a chief complaint from participants in this study who suffered from debilitating depression was that they felt the length was not long enough, the latter proposition would appear to somewhat regulate this issue.

These findings certainly add to the existent literature on the benefits of self-compassion, all while opening further research to the potential advantages of online courses such as these. Further research on the SC-MSC, specifically within an online context, would also fill an evident gap in the available literature.

### **Implications for Counselling**

The findings of the study point to the potential merit of online counselling all while integrating the skill of self-compassion. While self-compassion, such as in compassion-focused therapy (Gilbert, 2000), might be introduced to address concerns such as shame and self-criticism, online counselling provides practitioners with a way to help clients who might otherwise be unable to benefit from these services. Specifically, this approach increases accessibility for those unable to leave home due to mental or physical health concerns, such as with the COVID-19 pandemic. While other research specifies the benefits of online counselling (Wong & Christensen, 2018; Ilmiatun et al., 2021; Weinberg, 2021), the present study was the first to examine the effectiveness of the Short Course in Mindful Self-Compassion (SC-MSC) within the online context. As online counselling and related courses (i.e., the SC-MSC) were perceived positively by participants in the current study, it merits further exploration in the broader context of the post-pandemic world.

Moreover, the findings also point to the importance of teaching the skill of self-compassion within the therapeutic context. Not only does it result in greater understanding, validation, and connection for clients, but also in counsellors themselves. In a profession with such a high incidence of professional burnout (McCormack et al., 2018; Rupert et al., 2015; Welp et al., 2015), personally integrating the skill of self-compassion can serve to stop overidentifying with clients' problems, developing self-awareness of preliminary burnout symptoms, as well as imparting self-forgiveness for mistakes that will inevitably be made. As the role of a counsellor involves exposure to human suffering and painful emotions, the integration of self-compassion becomes that much more critical.

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In sum, these results point to the usefulness of online counselling practices. The unique context offered by such practices and/or courses could thus allow for residents in Ontario to have access to far more options for therapeutic services. Helping to address the shortage of providers and long waitlists. Additionally, integrating the skill of self-compassion, as supported by extended literature, serves as a tool both for clients and counsellors to ensure better overall health and wellbeing.

### **Limitations and Future Research Directions**

There are several limitations to this study that must be considered. First, due to the limited courses being offered, the sample size was small. Although the author attempted to construct a detailed and nuanced account of participants' experiences and perspectives, there are likely other potential themes that could not be captured. The findings are not meant to be generalized to the larger population.

Variability in the interpretations of the results is inherent to qualitative research. Despite precautionary measures, such as stating researcher preconceptions and analytical auditing, researcher biases can affect the findings and the identified themes may be interpreted variously. Transferability of the results may also be restricted as the sample population was homogeneously women. As a result, perspectives and experiences that may differ based on gender, sexual orientation, ability, education, and background were not captured.

Future research should include quantitative studies with larger sample sizes to aid in generalizability. It might also be beneficial to add process outcome measures and follow-up meetings with participants. A mixed-method approach would allow researchers to explore treatment effects and to determine if benefits are maintained over time. Lastly, it might be worth

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exploring the delivery of self-compassion programs in an individual versus group format; namely, within a therapeutic context.

### **Statement of Contributors**

As the main researcher, I, Kayla Spicer, completed the literature review and recruited participants. The main author created the interview guide with guidance of her thesis supervisor. The main author completed the field research and transcribed the data. The data analysis started with the elaboration of an initial list of codes. The main author's thesis supervisor verified the codes. Next, the main author began to organize the codes into themes with the input and supervision of the main author's thesis supervisor. The main researcher initiated the study's discussion and her thesis supervisor offered suggestions and guidance for its elaboration.

The thesis supervisor participated in the entire research process as a guide and offered feedback, suggestions, and insight. The two thesis committee members offered guidance, critiques, and suggestions periodically throughout the writing process.

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### **Appendix B - Interview Guide**

1. Reflecting back before you took the SC-MSC, please describe your experience in how you coped and perceived stress/change/suffering?
2. Please describe what pushed you into taking the SC-MSC.
3. Please describe your experience with the SC-MSC.
4. What changes, if any, have you experienced in the way you perceive yourself and/or others?
5. How, if at all, have you changed the way you live since participating in the SC-MSC? Has the way you cope with stress/change/suffering changed?
6. Was the length of the SC-MSC sufficient?
7. Please describe any significant or notable experiences from the SC-MSC.
8. Please describe what about the SC-MSC you found to be most useful.

#### **Prompts:**

I heard you say ...

1. May you please share an example of ...?
2. May you please explain what you mean by ...?
3. May you please describe this further ...?
4. Can you share a particular experience of what you mean when you say ...?
5. Please tell me more about the time when ...

### Appendix C – Recruitment Email

Dear Self-Compassion Practitioners,

I am sending this email on behalf of Ms. Kayla Spicer, the Master's student from the University of Ottawa who came to speak to our group about her research project. As you may recall, Kayla is seeking participants for her study looking at the experiences of participating in a SC-MSC.

Those eligible to participate must be (a) at least 18 years of age, (b) proficient in the English language, and (c) be enrolled in and completed at least 5 of 6 sessions in our six-week Short Course in Mindful Self-Compassion (SC-MSC) program.

If interest, participants will be asked to partake in: (1) One meeting (approximately 80 minutes) in which they will review informed consent, study procedures, complete a brief demographic questionnaire, and an hour-long interview via Zoom regarding their experiences with the SC-MSC. (2) Electronic communication in order to obtain participant feedback on the summaries on the interview data (reading document and writing feedback will take approximately 30minutes and will occur just once at the end of the research project).

While there is no obligation to participate in this study, I hope you will consider it. As far as we know from the Centre for Mindfulness at UCSD, this will be the first research data on the SC-MSC. This research project will provide you with an opportunity to be a part of this and help us carve out new territory in the field of self-compassion. Moreover, participation in the study may be of use to deepen your knowledge, understanding, and integration of the skills taught throughout the six-weeks.

Please know that your participation in this study is voluntary. If you choose not to participate, your decision will not affect your participation in the SC-MSC program now or any mindfulness programs you wish to join in the future.

If you are interested in participating, or if you have any questions, please contact Kayla Spicer, the principal investigator, by email at [email redacted].

Ms. Kayla Spicer  
Master's Student

Dr. André Samson  
Professor

**Appendix D – Consent Form**

**Title of the study:** May I Be Kind to Myself: A Pilot Study on the Experience of a 6-week Short Course in Mindful Self-Compassion (SC-MSC)

Kayla Spicer  
Master's Student  
University of Ottawa  
M.A. Counselling Psychology

Professor André Samson  
Thesis Supervisor  
University of Ottawa  
PhD

**Invitation to Participate:** I have been invited to participate in a research project conducted by Ms. Kayla Spicer under the supervision of Professor André Samson as part of her MA thesis at the University of Ottawa.

**Purpose of the Study:** The purpose of the study is to explore the experience of participating in a six-week Short Course in Mindful Self-Compassion (SC-MSC).

**Participation:** My participation will consist of the following:

1. Six-week SC-MSC program (study requirement is that you complete at least five out of six sessions).
2. One meeting which will include the following:
  - Review informed consent and study procedures (10 minutes)
  - A brief demographic questionnaire (10 minutes)
  - One interview (approximately 60-minutes) that will be video/audio-recorded on Zoom
3. Electronic or written communication in order to obtain feedback on the summaries of the interview data (reading and providing written feedback will take roughly 30 minutes).

**Risks:** My participation in this study entails no foreseeable risks. However, if I experience any discomfort, Ms. Spicer has assured me that she will make every effort to minimize this discomfort. I may decide to withdraw from the study process at any time. I may call the 24-hour Distress Line at (613) 238-3311.

**Benefits:** My participation in this study will provide me with an opportunity to share my own experience of participating in a six-week Short Course in Mindful Self-Compassion. My participation will add to the research on SC-MSC as an intervention for the general public that is more accessible than its parent-program (Mindful Self-Compassion program). The results may allow others to better understand the experience of participating in this new program which may have implications for future design of interventions for a variety of ailments such as burnout, stress, depression, and more.

**Confidentiality and anonymity:** I have received assurance from Ms. Spicer that the information I share will remain confidential. I understand that the contents will be used only for the purposes of this Master's project. My confidentiality will be protected by keeping all participant data and

## EXPERIENCE OF A SHORT-COURSE IN MINDFUL SELF-COMPASSION

written communications private and storing all research materials on a USB which will then be in a locked cabinet. Moreover, the USB will be password-protected to ensure complete safety of sensitive data.

**Anonymity will be protected in the following manner:** Participant numbers will be used for all written reports and material quoted by participants in order to maintain confidentiality. Participant codes will also be used on other research documents. If any other potentially identifying information is shared by participants in the interview transcripts, the principal investigator will alter the content of this material so that no identifying information will be revealed in the study's written reports.

**Conservation of data:** I have been assured that during the research process, the videorecording of interviews and any written materials (electronic and hardcopy) will be kept in a secure manner on a USB in a locked cabinet. Data being sent to me by email will be password protected. If I choose to receive data by post mail, I understand the potential security risk. Upon completion of the project, electronic data will be stored on a USB which will then be stored away in a locked cabinet. The data will be kept for five years following the end of the project. After five years, all research materials will be shredded, and electronic data will be permanently erased.

**Voluntary Participation:** I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions without suffering any negative consequences. If I choose to withdraw, all of my data gathered until the time of withdrawal will be destroyed.

**Acceptance:** I, \_\_\_\_\_, agree to participate in the above research study conducted by Ms. Kayla Spicer as part of her Master's thesis, at the University of Ottawa under the supervision of Professor André Samson. If I have any questions about the study, I may contact Ms. Kayla Spicer by email [email redacted] or by telephone [#####] as well as Professor André Samson by email [email redacted].

If I have any questions regarding the ethical conduct of this study, I may contact the Office for Ethics in Research at the University of Ottawa by email [email redacted] or by telephone [#####].

There will be one electronic copy of the consent that will be sent to participants and also kept by the primary investigator (Ms. Kayla Spicer).

Participant's name	Signature	Date
Researcher's name	Signature	Date
Thesis Supervisor's name	Signature	Date

**Appendix E – Ethics Approval Certificate**

07/09/2021

**Université d'Ottawa**

Bureau d'éthique et d'intégrité de la recherche

**University of Ottawa**

Office of Research Ethics and Integrity

**CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL**

**Numéro du dossier / Ethics File Number**

S-08-21-7305

**Titre du projet / Project Title**

May I Be Kind to Myself: A Pilot Study on the Experience of a 6-week Short-Course in Mindful Self-Compassion (SC-MSC)

**Type de projet / Project Type**

Thèse de maîtrise / Master's thesis

**Statut du projet / Project Status**

Approuvé / Approved

**Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)**

07/09/2021

**Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)**

06/09/2022

**Équipe de recherche / Research Team**

**Chercheur / Researcher**

**Affiliation**

**Role**

Kayla SPICER

Faculté d'éducation / Faculty of Education

Chercheur Principal / Principal Investigator

André SAMSON

Faculté d'éducation / Faculty of Education

Superviseur / Supervisor

Julia DI MILLO

Co-superviseur / Co-supervisor

**Conditions spéciales ou commentaires / Special conditions or comments**

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## Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

## University of Ottawa

Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout événement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Riana MARCOTTE

Responsable d'éthique en recherche / Protocol Officer

Pour/For **Barbara GRAVES** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences sociales et humanités / Social Sciences and Humanities Research Ethics Board**

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## EXPERIENCE OF A SHORT-COURSE IN MINDFUL SELF-COMPASSION

### Appendix F – Data Codes for the Theme of *The perceived effectiveness of the adapted length*

Satisfied	Unsatisfied
<ul style="list-style-type: none"><li>• Attention-retention</li><li>• Sense of accomplishment</li><li>• Getting the juices rolling</li></ul>	<ul style="list-style-type: none"><li>• Treatment resistant</li><li>• Desire for additional time to share</li><li>• Desire to go deeper</li></ul>

## EXPERIENCE OF A SHORT-COURSE IN MINDFUL SELF-COMPASSION

### Appendix G – Data Codes for the Theme of *The perceived effectiveness of the online format*

Accessibility	Features	Focus
<ul style="list-style-type: none"><li>• Convenient</li><li>• Reducing barriers</li><li>• Mental health issues</li></ul>	<ul style="list-style-type: none"><li>• Breakout rooms</li><li>• Connecting to others</li></ul>	<ul style="list-style-type: none"><li>• Other life demands</li><li>• Distractions</li></ul>

EXPERIENCE OF A SHORT-COURSE IN MINDFUL SELF-COMPASSION

**Appendix H – Data Codes for the Theme of *Relating to the self: a new way to act and perceive oneself***

Self-perception		Coping	
Before	After	Before	After
<ul style="list-style-type: none"> <li>• Negative</li> <li>• Lazy</li> <li>• Self-blame</li> <li>• Unworthy</li> <li>• Putting myself down</li> <li>• Weak</li> <li>• Low self-confidence</li> <li>• Self-loathing</li> </ul>	<ul style="list-style-type: none"> <li>• Gentle with self</li> <li>• Feelings of deservingness</li> <li>• Valuing of worth</li> <li>• Just as important as others</li> </ul>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• PTSD</li> <li>• Sick leave</li> <li>• Dismissive of needs</li> <li>• Avoidance</li> <li>• Suppressing emotions</li> <li>• Hyper focused on problem-solving</li> <li>• Focus on others' problems</li> </ul>	<ul style="list-style-type: none"> <li>• Acceptance</li> <li>• Journaling</li> <li>• Acknowledging</li> <li>• Setting boundaries</li> <li>• Allowing emotions</li> <li>• Self-compassion break</li> <li>• Mindfulness</li> <li>• Filling own cup first</li> </ul>

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**Appendix I – Data Codes for the Theme of *Relating to others: a new way of experiencing suffering***

Relating to one's suffering	Connection
<ul style="list-style-type: none"><li>• Not alone in suffering</li><li>• Suffering not unique to me</li><li>• Not broken</li><li>• Common suffering</li><li>• Relief of frustration with suffering</li><li>• Not taking things personally</li></ul>	<ul style="list-style-type: none"><li>• I am not alone</li><li>• Sharing the weight of suffering</li><li>• Healing through listening</li><li>• Reminder of humanity</li><li>• Learning through others</li><li>• Community</li><li>• Unspoken bond</li></ul>

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### Appendix J – Data Codes for the Theme of *Relating to reality: a new way of connecting to oneself and reality*

Inner wisdom	Adapted reactions
<ul style="list-style-type: none"><li>• Deeper truth within</li><li>• Stillness</li><li>• Breathing</li><li>• Impact of own baggage on perception of reality</li><li>• Wise mind</li></ul>	<ul style="list-style-type: none"><li>• Catch oneself</li><li>• Choosing to react</li><li>• Rationality</li></ul>