Unpacking Self-Care: The Connections Between Mindfulness, Self-Compassion, and Self-Care for Counselors

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With an escalating need for provision of mental health services to clients with serious and complex mental health concerns, it is vital that professional counselors find ways to prevent and address the adverse effects of working in stressful, emotionally demanding environments (Craig & Sprang, 2010). While self-care has been shown to mitigate compassion fatigue, self-care activities can be vague and difficult to prioritize. In this article, the authors present a review of the literature on mindfulness in mitigating compassion fatigue in counselors and propose a conceptualization of mindfulness as a gateway to self-care through self-compassion. Implications for research, counselor training, and professional development are discussed.

Keywords: mindfulness, counseling, self-care, self -compassion, compassion fatigue

With a nationwide shortage of mental health providers, it is vital that professional counselors find ways to prevent and address the adverse effects of working in highly stressful, trauma-laden, and emotionally demanding environments (Craig & Sprang, 2010). There is a potential cost to professional counselors working with clients in emotional pain, which is known as secondary traumatic stress or compassion fatigue (Figley, 2002). Secondary traumatic stress is defined as garnering knowledge regarding traumatizing events that were experienced by another individual and experiencing stress as a result (Figley, 2002; Mathieu, 2012). When traumatizing events are discussed frequently in counseling, counselors are at a greater risk for developing secondary traumatic stress.

Counselors' secondary traumatic stress may include PTSD-like reactions, such as re-experiencing or avoidance symptoms, related to the events experienced and shared by their clients (e.g. graphic accounts of abuse or stories of combat-related violence) (Craig & Sprang, 2010). Similarly, compassion fatigue is a secondary exposure to a tremendously stressful event as a result of working with victims of trauma (Stamm, 2005). The term compassion fatigue has evolved from what McCann and Pearlman (1990) first called vicarious traumatization, which is defined as the mental effects, lasting months to years, experienced by professionals who work with traumatized individuals. Figley (1995) built upon the construct of vicarious traumatization by framing the concept of compassion fatigue. Although some studies draw subtle distinctions between compassion fatigue and secondary traumatic stress, most authors use compassion fatigue interchangeably with secondary traumatic stress.

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The consequences of compassion fatigue have major implications for counselors who, when affected, often exhibit symptoms including diminished interest in previously enjoyed activities, heightened emotional reactivity (e.g. anger and anxiety), hypervigilance, muscle tension, difficulty sleeping, and augmented or inflated physical reflex (Figley, 1995; Showalter, 2010). In addition to these symptoms, overall change in individuals' personal and professional lives can occur when experiencing compassion fatigue, which can lead to increased clinical errors, violation of professional boundaries, withdrawal from others, and diminished clientele respect (Mathieu, 2012; Showalter, 2010).

Compassion Fatigue

Research has identified interpersonal and environmental factors that place professional counselors most at risk for compassion fatigue. Interpersonal factors that impact the vulnerability of professional counselors to the effects of compassion fatigue are their ability to be thoughtful, empathetic, and compassionate with clients (Thompson, Amatea, & Thompson, 2014). Further, counselors with less perceived control over their work environment, more over-involvement with clients, and a higher amount of secondary trauma exposure have higher levels of compassion fatigue (McKim & Smith-Adcock, 2014). Environmental factors that affect professional counselors' increased vulnerability to compassion fatigue include working in community agencies due to managed care requirements, lack of supervisor support, productivity demands, and client resistance to treatment (Bowen & Moore, 2014). Additionally, Bowen and Moore noted that working with certain client populations, including children, individuals with low socioeconomic status, individuals with disabilities, and individuals with presenting issues such as borderline personality disorder, relationship abuse, substance use, and chronic and persistent mental illness contributed to compassion fatigue. Interestingly, professional counselors working with these populations and presenting issues also reported higher compassion satisfaction (Bowen & Moore, 2014), which speaks to the complexity of the relationship between emotionally demanding and emotionally satisfying work.

As a profession, it would be prudent to explore that relationship further since the negative implications of compassion fatigue on the personal and professional lives of counselors and their clients are significant. Some of the negative impacts of counselor compassion fatigue include emotional exhaustion, loss of empathy, depersonalization, loss of respect, growing inequity between counselor and client, and ethical and legal errors, such as incomplete or biased record keeping (Negash & Sahin, 2011). Professional counselors who are emotionally exhausted may be less able to empathize with clients and, as a result, depersonalize their presenting issues, leading to inappropriate interventions or reduced quality of service (Negash & Sahin, 2011). These negative effects associated with compassion fatigue place counselors at risk for practicing ineffectively and unethically. This is especially concerning, as counselors have an ethical responsibility to be alert to the signs of impairment from compassion fatigue and mitigate its adverse effects in their clinical work (ACA, 2014).

Relationship between self-care, self-compassion, and mindfulness

While we know that compassion fatigue is mitigated by actively engaging in self-care practices (i.e. healthy eating, sleeping, seeking peer support) and the core of the counseling field is tied to wellness and providing clients the benefits of self-care, counselors often find themselves neglecting self-care (Bradley, Whisenhunt, Adamson & Kress, 2013) and instead

leaning on the adage “counselor heal thyself”. The negative outcomes of neglecting self-care have been well documented (Figley, 2002; Shallcross, 2011).

Self-care is foundational to healthy functioning as individuals, and in the counseling profession, wellness is part of our responsibility to clients (Mathieu, 2012). One emergent aspect of self-care for counselors is the construct of self-compassion. Although there is research focused on the broad area of counselor self-care in mitigating compassion fatigue, little research explores the concept of self-compassion as a means of addressing and managing the effects of compassion fatigue (Patsiopoulos & Buchanan, 2011). Counselors often offer compassion to their clients; however, this facet of counselor development may be absent in counselor self-care practices (Patsiopoulos & Buchanan, 2011) despite the fact that counselors who lack self-compassion have poorer client outcomes (Henry, Schacht, & Strupp, 1990). Perhaps one reason that self-care continues to be undervalued as an individual practice is that counselors may not believe they are as deserving of self-care as are their clients, which is related to their self-compassion.

Neff (2003) describes self-compassion as consisting of three main elements: self-kindness, sense of common humanity, and mindfulness. Neff further developed an operational definition of self-compassion that encompasses being kind to oneself in instances of pain or failure, acknowledging that one’s experiences are part of the larger human condition, and holding painful thoughts in mindful awareness. By increasing self-compassion and changing their relationship to their experiences, individuals can lessen the impact of those circumstances on their well-being and reduce compassion fatigue (Newsome, Waldo, & Gruszka, 2012). Given the substantial rates of psychological distress in mental health professionals, there is a need to cultivate self-compassion and self-care (Boellinghaus, Jones, & Hutton, 2013).

Examining self-compassion and, specifically, mindfulness as a tool to increase self-compassion, may have a role to play in helping increase the self-care behaviors of professional counselors (Christopher & Maris, 2010). While more research needs to be done to determine whether increased self-compassion through mindfulness practice leads to increased self-care behaviors, theoretically they are connected. Self-compassion results from gaining clarity and perspective on one’s experiences and, therefore, may develop from mindfulness (Neff, 2003).

The construct of mindfulness is based on Eastern contemplative practices originating as a part of Buddhist and other spiritual traditions (Kabat-Zinn, 1982). The application of mindfulness in the context of Western medical and mental health is more recent. In the late 1970’s, mindfulness began to be researched as an intervention to increase psychological well-being (Keng, Moria, & Smoski, 2011). Kabat-Zinn (2003) defines mindfulness as, “The awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (p. 145). The core of mindfulness teaching emphasizes attentiveness to one’s state of mind in the present moment to understand, through conscious attention, how one’s thoughts, feelings, and behaviors contribute to their suffering. The ultimate goal of mindfulness is to be present with whatever is experienced in the moment (Kabat-Zinn, 2003). Emerging research suggests that mindfulness meditation increases self-compassion and well-being, making it an effective intervention to foster self-care in counselors (Newsome, Waldo, & Gruszka, 2012). Mindfulness has significant effects as a mediating mechanism in compassion fatigue, increasing attentiveness to the therapeutic process and acceptance of the client, crucial elements in effectiveness as a professional (Christopher & Maris, 2010).

There seems to be a relationship between mindfulness and compassion satisfaction as well as compassion fatigue in that mindfulness has been positively correlated with compassion

satisfaction and negatively correlated with compassion fatigue (Thieleman & Cacciatore, 2014). Therefore, including mindfulness training in community based counseling agencies may prove to be effective in reducing compassion fatigue and increasing compassion satisfaction in providers who routinely work with clients who have suffered a traumatic loss. Additional research on mindfulness has indicated that graduate counseling students who develop a mindfulness practice experience declines in stress, negative affect, rumination, and state and trait anxiety, while experiencing significant increases in positive affect and self-compassion (Shapiro, Brown, & Biegel, 2007). These research outcomes suggest that mindfulness may not only lower stress, but also enhance the ability to regulate emotional states. Similarly, college students entering a helping profession who engaged in a six-week mindfulness group reported significantly decreased perceived stress and an increase in self-compassion and mindfulness (Newsome, Waldo, & Gruszka, 2012). Mindfulness in mental health professionals has been shown to be positively correlated with self-care and self-awareness (Richards, Campenni, & Muse-Burke, 2010). Evolving research suggests that mindfulness increases self-compassion, making it an effective intervention to foster self-care in counselors (Newsome, Waldo, & Gruszka).

Future Directions in Research, Counselor Training, and Professional Development

Replete with evidence that mindfulness significantly increases self-compassion, the relevant literature indicates that mindfulness practice is important to the field of counseling as a self-care intervention as well as a mediator of self-care through promotion of self-compassion. With the globalization of society, many practitioners are choosing to integrate Eastern and Western models and approach wellness from a multicultural perspective (Shallcross, 2012). Perhaps by cultivating increased self-compassion through mindfulness, self-care practices will be increasingly valued and practiced by professional counselors as part of a holistic approach to wellness. The following case example illustrates how mindfulness can be the starting point for self-compassion as well as an effective self-care practice:

Janice is a 47-year-old African American female professional counselor who has worked at the Women's Center for seventeen years. In her clinical practice, she primarily works with survivors of sexual assault and abuse. In the past year, Janice was promoted to the Clinical Director position, which she believes has been a professional growth opportunity. However, due to lack of financial resources at the Center, Janice was asked to maintain her full caseload in addition to the responsibilities of Clinical Director. Also during that time, the individuals on Janice's caseload had presenting issues that were particularly complex related to their sexual abuse histories. Janice often saw five to seven clients a day in addition to her administrative duties, which meant she was typically at the Women's Center over 60 hours per week. She began experiencing sleep disturbance, exhaustion, isolation when she was away from work, complacency, resentment of co-workers and clients, and nightmares in which a client's perpetrator followed her home. After an intervention from one of her colleagues who noticed a change in Janice's demeanor, Janice sought peer consultation and professional counseling. Her counselor integrated mindfulness meditation into their sessions and encouraged Janice to develop a mindfulness practice centered on self-compassion. Over a period of six months and with dedication to mindfulness practice, Janice developed an increased sense of self-compassion, which impacted her ability to set better boundaries in her personal and professional life including dedicating an hour at lunchtime several times per week to eat lunch and walk for 30-minutes with a colleague. While her professional obligations did not significantly change, she noticed that her approach to completing tasks was different, and she was kinder to herself when she did

not complete all of her work at the end of the week. Her understanding of mindfulness meditation practices and the connection to self-compassion and self-care behaviors led her to adjust her approach to working with clients as well. She regularly integrated mindfulness exercises into her sessions and incorporated psychoeducation on the benefits of self-compassion and self-care for trauma survivors. Ultimately, she noticed that although she still felt overworked, her appreciation for her self-care practice and her clients increased and the symptoms of compassion fatigue diminished.

This illustration of self-care has implications for research, counselor training and professional development. First, while this is a theoretical framework that describes the interaction between mindfulness, self-compassion and self-care, research is needed to test the framework from both quantitative and qualitative perspectives. Further implications for continued research in this area include determining whether the positive effects of mindfulness practices are lasting, especially with regard to protecting beginning counselors against the stresses of their profession. While much of the current literature is based on qualitative inquiries, additional quantitative studies could yield important data in assessing the magnitude of the changes in self-compassion and complimentary variables.

Adding additional content to counselor training program curricula is a challenge; however, research indicates that cultivating mindfulness practice for counselors in training decreases stress, negative affect, rumination, and state and trait anxiety, while increasing positive affect and self-compassion (Shapiro, Brown, & Biegel, 2007). Further, graduate counseling students reported increased knowledge of self-care and greater self-compassion after engaging in a graduate course on mindfulness and relaxation techniques (Felton, Coates, & Christopher, 2013). While the theoretical importance of self-care and the ethical imperative for counselors to engage in self-care can be discussed in classrooms, students could benefit from concrete examples and practice in incorporation of self-care practices as an experiential classroom exercise. For example, counselor educators could build in mindfulness practice into the beginning or ending of classes to promote and model cultivation of self-compassion and self-care. Educators could also incorporate a self-care plan as an assignment for their students, asking them to reflect on their personal wellness, self-care, and stress-relief activities. The assignment could also incorporate information about life experiences, cultural/family/social values, and/or relationships that have shaped their views about self-care and how they plan to implement self-care and wellness practices as a counseling professional. Additionally, teaching counseling students how to introduce their clients to the benefits of meditation, self-compassion and self-care can be accomplished by engaging the students in the very practice they will teach. By having students engage experientially in self-care and mindfulness practice, the student increases his or her confidence in sharing the strategy with clients and is better able to understand the benefits of the techniques and assess their impacts on personal and professional development.

Self-care has been shown to be one of the most essential protective factors against compassion fatigue for counselors (Craig & Sprang, 2010) and is an ethical requirement for continued practice (ACA, 2014), yet many counselors continue to neglect self-care (Bradley, Whisenhunt, Adamson & Kress, 2013) and experience high rates of compassion fatigue leading to detrimental outcomes such as exit from the profession, negative emotional and physical symptoms, and ethical violations (Negash & Sahin, 2011). Therefore, inclusion of self-care practice as a professional continuing education standard through inclusion of evidence of self-care in attaining licensure and licensure renewal may be warranted. This may help counselors

prioritize concrete self-care practices, like mindfulness and self-compassion, that will serve them throughout their career and allow them to model appropriate self-care for clients and other professionals.

Self-care strategies centered on increasing self-compassion through mindfulness practices can assist counselors in preventing counselor impairment due to compassion fatigue, thereby increasing professional effectiveness. It is our hope that this conceptualization will continue to be examined in research as well as considered as a critical aspect of counselor training and ongoing professional development.

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