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A Call for Self-Compassion in Social Work Education

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ABSTRACT

Many social work students approach the end of their formal training unprepared to utilize self-care approaches to prevent burnout. Providing students more comprehensive self-care training can help address this issue. One approach to fostering self-care and addressing stress and burnout in social work students is the attitude and practice of self-compassion (SC; i.e., compassion directed inward). Training in SC can be helpful, as it has been shown to be effective in addressing stress and burnout, as well as enhancing practice. This article explores the benefits of integrating an SC approach within professional social work education. A definition, review of the SC literature, and a conceptual sketch for integrating SC approaches in social work education are presented.

KEYWORDS

Burnout; mindfulness; self-care; self-compassion; social work education

> For someone to develop genuine compassion toward others, first he or she must have a basis upon which to cultivate compassion, and that basis is the ability to connect to one's own feelings and to care for one's own welfare. … Caring for others requires caring for oneself. — Tenzin Gyatso, the 14th Dalai Lama

Introduction

Social workers regularly endure significant and complex challenges in their day-to-day work. As a result, they can experience significant stress, compassion fatigue, and potential burnout (Acker, 2010; McGarrigle & Walsh, 2011). Compassion fatigue here refers to the presence of conditions that negatively impact a social worker's ability to experience compassion for clients, as well as related psychological distress (Bride & Figley, 2007). As the profession aims to promote the welfare of society's most disadvantaged and marginalized populations (Ying & Han, 2009), it is crucial that social work education actively foster students' capacities to cope with inevitable stressors and increasingly challenging practice context, in tandem with limited and diminishing resources (Carey, 2008; Dunlop, 2006; Lloyd, King, & Chenoweth, 2002; Strier & Binyamin, 2014). Social work students are at risk of leaving the profession if they are unprepared to address the psychological and emotional challenges of social work practice (Cunningham, 2004; Newell & Nelson-Gardell, 2014).

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Social work education often has overlooked the topic of and training in self-care that might help address the myriad of occupational risks associated with social work practice (Courtois, 2002; Dunkley & Whelan, 2006). Yet there appears to be a paucity of research on social work students' self-care practices, despite the importance of self-care in preventing burnout, maintaining well-being and sustaining competent social work practice (Moore, Bledsoe, Perry, & Robinson, 2011). Nevertheless, many educators recommended a stronger focus on self-care within social work education through greater inclusion of self-care content and training (Black, 2006; Cunningham, 2004; Knight, 2010; Newell & MacNeil, 2010; Newell & Nelson-Gardell, 2014). Research still shows that many social work students approach the end of their formal training unprepared to utilize self-care approaches to prevent burnout and compassion fatigue, as well as to identify indicators of these problems (Lerias & Byrne, 2003; Moore et al., 2011; Shackelford, 2006). Ultimately, such development in social work curricula may be conducive to strengthening students' ability to cope (Ying & Han, 2009; Zellmer, 2005).

Pottage and Huxley (1996), in discussing social work practitioner self-care, posited that neither social work students nor experienced social workers are able to provide proper care and support to service users if they themselves are chronically stressed and overwhelmed. Indeed, education and training on self-care strategies, such as critical reflection, mindfulness meditation, and yoga, may help students in both their personal and professional lives (Profitt, 2008; Schure, Christopher, & Christopher, 2008; Valente & Marotta, 2005).

It is important to note, however, that although it is essential that social work students and practitioners engage in adequate education and training in self-care, it would be unfortunate, and ethically irresponsible, if the responsibility of *doing* self-care were placed solely on individual social workers. Monk (2011) posited that self-care and the well-being of social workers is a shared responsibility among institutions that employ social workers and schools of social work, through educating students about the occupational hazards, and how to practice self-care to mitigate risks. This position is discussed in greater detail in this article.

One approach to addressing pervasive stress, burnout, and compassion fatigue in the helping professions that has recently gained much attention is the attitude and the practice of self-compassion (SC). SC, defined as the attitude and practice of having compassion for oneself (Rickers, 2012), can be valuable in fostering self-care and well-being among those in the helping professions (Neff & Costigan, 2014; Rickers, 2012; Shapiro, Astin, Bishop, & Cordova, 2005). Training in SC can be useful for social work students, as it has been shown to be an effective approach for addressing stress and burnout (Neff & Costigan, 2014). Furthermore, the development of SC (e.g., through mindfulness meditation) appears to enhance effective social work practice (Brenner & Homonoff, 2004; Rickers, 2012; Shapiro et al., 2005).

This article explores the potential benefits of integrating a SC approach within social work education. An operational definition of SC, as well as a review of the SC literature as it relates to social work education, is presented. Finally, a conceptual sketch is outlined for the integration of SC approaches in social work education that will likely enhance student self-care and preparation for the field.

What is Self-Compassion?

The healing properties of compassion have been discussed and utilized for centuries (Gilbert, 2009b). Although the concept of compassion generally refers to being touched by the suffering of others, accompanied by kind feelings, and a strong desire to alleviate their suffering (Wispe, 1991), it may also be directed toward oneself. Even though SC is relatively new in the West, it has been a part of Eastern philosophy and practice for centuries (Neff, 2003a). In 2003, American psychologist Kristin Neff (2003a) introduced a conceptual understanding of SC along with a measurement tool. Research on SC since then has been rapidly growing in various disciplines (Neff & Dahm, 2014). Neff (2003b) posited that SC

> entails three components: 1) extending kindness and understanding to oneself rather than harsh self-judgment; 2) seeing one's experiences as part of the larger human experience rather than as separating and isolating; and 3) holding one's painful thoughts and feelings in balanced awareness rather than over-identifying with them. (p. 225)

These three main components—(a) self-kindness, (b) a sense of common humanity, and (c) mindfulness—interact to foster a self-compassionate frame of mind (i.e., compassion directed inward; Neff, 2003b). SC does not require self-centeredness, as it also cultivates feelings of compassion for others (Gilbert & Procter, 2006; Neff, 2003a). Taking an evolutionary psychology approach, Gilbert (2009a) explained that SC involves the same physiological system that allows mothers to soothe infants, suggesting that SC provides emotional resilience by deactivating the internal threat system.

SC has also gained much attention as a related and complementary construct to mindfulness. SC and mindfulness both are concepts drawn from Buddhist psychology. Mindfulness generally is viewed as paying attention and being aware in the present moment, comprising an attitude and quality of nonjudgment, nonstriving, acceptance, letting go, and patience (Kabat-Zinn, 1991). Mindfulness is necessary to develop SC, because one must be able to turn toward, acknowledge, and accept one's pain or suffering (Neff & Dahm, 2014). Mindfulness also strengthens the other two components of SC (self-kindness and common humanity) and can lessen self-criticism and increase self-understanding (Jopling, 2000), enhance self-kindness (Neff, 2003a), counter feelings of isolation from others, and

increase a sense of interconnectedness with humanity (Elkind, 1967). Germer (2009) argued that being mindfully aware of personal suffering is necessary for one to be able to extend compassion toward the self. Yet it is crucial to pay attention and acknowledge one's suffering in a grounded way that will prevent one from being carried away by the narratives that exacerbate suffering and cause over-identification (Neff, 2003b).

The constructs of mindfulness and SC can be distinguished by their respective targets; mindfulness places emphasis on one's internal *experience*—arising sensations, emotions, and thoughts—whereas SC focuses on oneself as the *experiencer* (Germer, 2009). An example of this would be the experience of sadness. Mindful awareness might be directed at the arising sensations—noting the intensity and quality of the sensations—whereas SC would be aimed at the person experiencing sadness and emotional pain (attempting to soothe and comfort the self when distress arises).

Benefits of Self-Compassion

A review of the literature shows that SC is consistently found to be linked to greater mental health, well-being, and resilience, as well as less anxiety and depression (Barnard & Curry, 2011; Neff & Pommier, 2013). The majority of research projects, exploring the link between SC and well-being, have relied on correlational studies using Neff's (2003a) empirically supported Self-Compassion Scale (SCS). The SCS is a 26-item measure of one's SC level, using a 5-point Likert scale. It assesses the positive and negative aspects related to SC and includes six subcomponents: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus overidentification (Neff & Germer, 2013). The SCS has demonstrated strong convergent and discriminant validity, good test–retest reliability, and no correlation with social desirability (Neff, Rude, & Kirkpatrick, 2007). Increasingly, research studies are also making use of other methods to explore the link between SC and well-being, such as mood inductions (Breines & Chen, 2012; Leary, Tate, Adams, Allen, & Hancock, 2007), behavioral observations (Sbarra, Smith, & Mehl, 2012), and short-term interventions (Shapira & Mongrain, 2010). To that end, a recent meta-analysis of self-compassion and well-being showed that SC is an important explanatory variable in understanding mental health and resilience (MacBeth & Gumley, 2012).

It has been suggested that SC may be a stronger predictor of well-being, happiness, and life satisfaction than mindfulness alone (Baer, Lykins, & Peters, 2012; Van Dam, Sheppard, Forsyth, & Earleywine, 2011). Such association could potentially be attributed to the qualities of self-kindness and social interconnectedness engendered by SC and measured by Neff's (2003a) SCS (Pauley & McPherson, 2010). SC has been linked to enhanced motivation (Hollis-Walker & Colosimo, 2011), greater empathy (Neff & Pommier, 2013), as well as optimism, curiosity,

social connectedness, decreased rumination and fear of failure (Neff, 2009). It has also been shown that SC improves functioning in relationships (Neff & Beretvas, 2013). In a cross-cultural research study that compared SC among Thais, Taiwanese, and Americans, the investigators found a significant link between SC and mental well-being in all three cultures (Neff, Pisitsungkagarn, & Hsieh, 2008). Furthermore, outcomes indicated that SC is associated with a sense of autonomy, competence, and self-determination (Magnus, Kowalski, & McHugh, 2010; Neff, 2003a), all important factors for social work students and practitioners.

Taken together, the literature suggests that fostering SC holds great potential for being able to more effectively handle difficulties and life stressors, as well as for increasing quality of life and well-being.

Cultivating Self-Compassion

Neff and Dahm (2014) stated that, despite existing levels of SC originating partially from early formative childhood events, SC can still be taught at any age. Moreover, research on interventions that foster SC (Smeets, Neff, Alberts, & Peters, 2014) have shown that SC is indeed teachable to clinical and nonclinical populations. SC can be transmitted through such empirically supported interventions as Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1982), Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002), Mindful Self-Compassion (MSC; Neff & Germer, 2013), and Compassionate Mind Training (CMT; Gilbert, 2009a). MBSR and MBCT both teach mindfulness skills through meditation techniques (e.g., body scan, breath awareness and yoga; Neff & Dahm, 2014), with SC found to be the key mechanism in these interventions' effectiveness (Baer, 2010).

Compassion-based methodologies have recently begun to be empirically evaluated (Smeets et al., 2014). Explicit SC interventions (e.g., CMT and MSC) are designed to help individuals systematically develop SC skills. CMT has been found to help outpatient mental health patients significantly reduce their levels of shame and self-criticism, as well as diminish feelings of depression and low self-worth, with nearly all participants reporting readiness for termination of their hospital program upon completion of CMT intervention (Gilbert & Procter, 2006). MSC, modeled on MBSR, explicitly focuses on developing SC skills and practice (e.g., breathing practice with compassion phrases, and compassion meditation). Randomized control studies of MSC deployment have discovered that this intervention is effective at enhancing SC, mindfulness, and mental well-being (Neff & Germer, 2013). Not surprising, it was also found that the more participants engaged in formal SC meditation, the more their level of SC would increase. Further, the degree to which participants engaged in brief informal SC exercises in their day-to-day life predicted gains made in their feelings of self-compassion.

Although more research clearly is required to determine precisely how mindfulness increases SC, it has been suggested that because mindfulness practice involves a kind and open attitude toward oneself, it likely is conducive to fostering SC and compassion toward others (Shapiro, 2013). Moreover, since mindfulness is a requirement for the cultivation of SC (because it helps with preventing overidentification with painful emotions), teaching social work students to be more self-compassionate can also be achieved through established mindfulness-based interventions (MBI) (such as MBSR and MBCT; Neff and Dahm, 2014). Accordingly, the pathways to teaching and increasing SC are increasingly well supported in the mindfulness literature (Shapiro, Schwartz, & Santerre, 2002).

Self-Compassion and Higher Education

The contribution made by SC as a construct is that it places focus on one's emotional stance—or generating an attitude and feeling of self-kindness and acceptance toward one's own suffering or experiences of failure—instead of focusing on one's self-esteem or self-worth (Neff, Hsieh, & Dejitterat, 2005). This difference is important within an academic context, as students' school-related stressors (e.g., competition, competing demands) and the challenges of reaching established academic goals all can be fraught with stressors. Hence, fostering SC in students may be especially useful in enabling them to cope with the challenges of being a student. For instance, Leary and colleagues (2007) conducted a series of SC experiments with university students who were asked to recall unpleasant events such as failure and receiving negative feedback from others. They consistently found that students with higher SC showed less extreme and less negative emotional reactions, as well as greater cognitive flexibility (e.g., acceptance of thoughts; perspective taking) when compared to students lower in SC.

University students higher in SC also exhibited greater levels of self-efficacy (Iskender, 2009). Neff and colleagues (2005) also found that students with greater SC experienced more intrinsic motivation for learning, had less fear of failure, and exhibited greater confidence when compared to students with less SC. Research also has linked SC to lower levels of procrastination and worry (Williams, Stark, & Foster, 2008). In sum, findings increasingly show that students with higher levels of SC manage academic and personal challenges more effectively (Terry, Leary, & Mehta, 2013), suggesting the wisdom of incorporating SC approaches within the learning environment.

Self-Compassion and the Helping Professions

SC has specifically been examined among helping professionals and students in training in counseling, nursing, and social work, the results showing the potential personal and professional benefits, such as reduced stress and

anxiety, along with higher levels of patient satisfaction (Heffernan, Griffin, McNulty, & Fitzpatrick, 2010; Shapiro et al., 2005; Ying, 2009a). Research outcomes show that SC is crucial for sustaining caring for others (Newsome, Waldo, & Gruszka, 2012; Shapiro, Brown, & Biegel, 2007). Importantly, SC has been associated with lowered compassion fatigue among counselors, as well as with greater compassion satisfaction, that is, positive feelings generated by work that seeks to help others (Ringenbach, 2009).

Considerable attention has been placed on mindfulness as a self-care approach for helping professionals. MBI might be an important pathway to cultivating greater SC among helping professionals, such as social workers, who are exposed to many occupational hazards that lead to stress, fatigue, and burnout (Figley, 2002). Studies on MBI among helping professionals consistently show positive outcomes. For instance, a randomized controlled study of the MBSR program among health care professionals (including social workers) showed that changes in SC positively predicted a diminuation in perceived stress (Shapiro et al., 2005). Several studies examining the effects of MBI among nursing professionals also have shown significant improvements in well-being, as well as the prevention of burnout (Cohen-Katz, Wiley, Capuano, Baker, & Shapiro, 2005; Henry & Henry, 2003; Poulin, Mackenzie, Soloway, & Karayolas, 2008), and similar improvement for physicians and psychologists (Goodman & Schorling, 2012; Shapiro et al., 2005).

With respect to students in training, Shapiro and colleagues (Shapiro, Brown, & Biegel, 2007), in examining the effects of a mindfulness intervention on counseling psychology graduate students, reported significant increases in SC, positive affect, and mental health. In addition, even brief exposures to MBI for students (e.g., premed, medical, nursing, psychology, and teaching) have been shown to increase SC, improve mental health, reduce stress and psychological distress, increase professional self-efficacy, and enhance empathy and listening skills (Jain et al., 2007; Poulin et al., 2008; Rimes & Wingrove, 2011; Shapiro, Schwartz, & Bonner, 1998). An additional study, involving female therapists in training, discovered that participating in mindfulness classroom activities led to greater self-compassion and compassion for others, as well as increased attention and awareness (Dorian & Killebrew, 2014).

It appears that the cultivation of SC may be useful in buffering the deleterious effects of stress in the lives of both practitioners and students in the helping professions. Such strategies may be an effective way of supporting them as they prepare to enter their learning practicums and their professional careers.

Self-Compassion and Social Work Education

SC recognizes not only the need for intentional caring of self but also the interconnectedness of all life—that humans are intricately and inextricably connected to and affected by each other. This observation is in line with

social work's holistic framework that advocates a self-compassionate approach that is neither selfish nor self-pitying; rather, it is a healthier and more holistic conceptualization of self-to-self relating, and relating to others.

Although it is generally recognized that social workers exhibit compassion for others, the connection of social work to SC is relatively new but gaining traction (Rickers, 2012; Ying, 2009a). Social work students, in particular, may well experience significant pressure to do well in their work with clients (Birnbaum, 2008). Those desiring to make a good impression, and provide expert care to their clients, frequently overlook their own self-care. Such inadvertent neglect may lead to problems once they enter the field as professionals, especially if they are regularly exposed to immense client suffering and trauma (Sabo, 2011). Therefore, it is not surprising that studies show that a lack of SC has been associated with significantly poorer patient outcomes in psychotherapy (Castonguay, Boswell, Constantino, Goldfried, & Hill, 2010). This finding is precisely why SC should be developed at the earliest stages of one's social work career.

Nevertheless, there has been relatively little research on SC in the social work literature. Recently, a few studies have begun to emerge examining the benefits of SC among social work students and professionals. For example, in a study exploring the lived experience of SC among social workers, Rickers (2012) found that SC helped them to manage very stressful practice situations. Participants in this study also considered SC a vehicle to providing holistic care and healing in their work. A noteworthy finding was that participants recommended the integration of education and training in SC within the social work curriculum, as self-compassion was regarded by them as an important approach to addressing burnout and enhancing their work with clients.

Yu-Wen Ying, at UC Berkeley School of Social Welfare, recently added to the SC literature by looking specifically at social work students. One research study conducted by Ying found that all six subscales of the empirically supported SCS were associated with overall competence among social work students. Ying also found that overidentification and isolation (two of the SCS subscales) reduced competence, and overidentification increased depression (Ying, 2009a). Ying (2008b) also discovered that mindfulness, the key component of SC, reduced both depression and anxiety levels among MSW students. From yet another study, Ying (2009b) noted that mindfulness was positively correlated with social work students' own mental health and that, utilizing the subcomponent overidentification of the SCS, self-detachment acted as a buffer against exhaustion among social work students (Ying, 2008a). Ying and Han (2009) also reported that MSW students' SC practice allowed for a greater sense of satisfaction and stress reduction than their association with a particular religion or spiritual path and that a sense of common humanity, another major component of SC, enhanced coping capacity among these students.

Ying and Han (2009) explained that SC may enhance coping among social work students in many ways. First, practicing self-kindness, the first component of SC, allows for the development of a pattern of gentleness and care toward the self that may be especially useful during self-critical or stressful times. Second, awareness of common humanity, the second component of SC, may facilitate acceptance and meaningful action, instead of withdrawal or self-pity, during stressful periods. Third, mindful awareness, the third component of SC, can foster calmness and objectivity instead of feelings of being overtaken by emotional and cognitive reactivity (Bishop et al., 2004; Brown & Ryan, 2003).

Self-Compassion and Teaching Empathy in Social Work Education

It has been suggested that the topic of empathy in social work education and research is not well organized and narrowly focused (Freedberg, 2007; Raines, 1990). Although the Council on Social Work Education's (2015) document titled "Educational and Policy Accreditation Standards" outlines professional social work competencies and important practice behaviors, it does not communicate the importance of empathy for social work practice (Gerdes, Segal, Jackson, & Mullins, 2011). In reviewing the social work literature on empathy, Gerdes and colleagues (2011) found that although it is seen as a crucial aspect of social work education and practice, the social work profession lacks a coherent and applicable strategy to teach empathy. Hence, SC is seen as a conduit for developing empathy and effective social work practice (Crews, 2012; Rickers, 2012). Indeed, cultivating SC has been shown to stimulate brain activity that evokes empathy and compassion for others (Longe et al., 2009). This finding suggests that compassion for self and others go hand in hand. SC has also been linked to empathic concern, compassion for humanity and altruism (Neff & Pommier, 2013). In addition, mindfulness skills that foster SC can help increase empathy, compassion, and self/other awareness, as well as prevent compassion fatigue (Block- Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007). In fact, social work education should place empathy at the same level of importance as instruction on diversity and ethics and include empirically supported training, such as SC-enhancing practices, that foster empathy, compassion, and SC (Gerdes et al., 2011; Napoli & Bonifas, 2011; Ying, 2009b).

Self-Compassion and Reflective Social Work Education

Reflective social work education places great emphasis on reflection for effective learning (Schön, 1983). Reflective learning also is seen as a method for enhancing social work practice (Mishna & Bogo, 2007). Because social work students can experience significant distress as well as a myriad of unpleasant emotions when reflectively learning about issues of oppression and diversity

(Akamatsu, 2000; Garcia & Van Soest, 1997; Sullivan & Johns, 2002), cultivating SC in the very context where learning through reflection occurs can enhance this reflective pedagogical style. This may be achieved by students meeting inevitable difficulties related to social identity or issues of trauma and oppression with a warm and kind stance. In fact, Wong (2004), examining how mindfulness can be useful in social justice approaches to social work, asserted that its incorporation in the classroom allows for students to reach a deeper discovery and to honor marginalized knowledge. Wong's use of mindfulness in teaching on diversity and social identity seeks to facilitate learning through students' arising feelings of discomfort—actively encouraging the cultivation of a more compassionate and embracing approach and greeting "their discomfort with a gentle smile and a friendly hello" (p. 5).

SC also is particularly important for social work students in their practicums in order to buffer potential self-criticism and negative emotions as they reflect with their instructors on their work. SC has been shown to be a significant predictor of students' well-being. The way students manage their emotions (self-compassionately vs. self-critically) in the face of challenges and disappointment has been shown to be a major contributor to such well-being (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). Ultimately, SC can help social work students manage difficult thoughts and emotions that arise from the inevitable challenges presented by their learning contexts, such as the practicum and courses on oppression and diversity. This may ultimately help with increasing a sense of competence, use of self in the field, and the practice of self-care (Ying & Han, 2009).

Further, the use of explicit SC skills may also aid social work educators in managing their own emotional reactions, which often arise when educating students about oppression and diversity, and reflecting on their practice. Because this can be a daunting task for social work educators (Mishna & Bogo, 2007), the practice of approaching pain and distress with a soothing and self-compassionate embrace can help enhance the emotional regulation needed to effectively manage the reflective classroom (Neff & Costigan, 2014). There are a variety of ways to fold a more self-compassionate approach into the curriculum. Although the following is not an exhaustive review, it begins to outline many of the possible ways that SC might be incorporated into the classroom.

Self-Compassion Approaches in Social Work Education

As a starting point, educators could begin to enhance classroom discussions on self-care that highlight the importance of SC for practitioners. Indeed, Rickers (2012) found in her study that social workers increased their ability to offer compassion to themselves by simply learning about the concept and practice of SC. Topics that might be explored could include the nature of SC and its

components (self-kindness, common humanity, and mindfulness) as they relate to self-care, critical reflection, and empathy. In addition, the role of awareness, breathing, and a nonjudgmental attitude (as it relates to students' personal, academic, and practice experiences) could also be explored. Discussions on SC should also emphasize that SC enhances well-being and resilience and is not a form of self-indulgence or self-pitying (Gilbert, 2009a).

Naturally, as the cultivation of SC involves an experiential approach, it must be practiced to be fully understood (Germer, 2009). Formal and informal SC practices, taken from the literature, could be taught and practiced in the classroom. Furthermore, SC practices may also be incorporated into assignments to encourage daily practice. To teach SC skills, some formal practices include meditation techniques, such as loving-kindness meditation (LKM), affectionate breathing, and guided SC meditations (Neff, 2011; Salzberg, 1995). One popular SC meditation, LKM, is an ancient Buddhist practice that seeks to cultivate compassion, empathy, and feelings of warmth for self and others (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Salzberg, 1995). It can positively shift individuals' outlook on themselves and others, which may increase insight and empathy (Fredrickson et al., 2008). SC meditations, such as LKM, might include setting positive intentions for all living beings (including the meditator) by affectionately repeating a sequence of phrases (e.g., "May I be safe, may I be peaceful"; "May you be safe, may you be peaceful"; "May I be good to myself" (Grossman, Niemann, Schmidt, & Walach, 2004). In accordance with the broaden-and-build theory—which asserts that positive emotions widen an individual's outlook, reshape who they are, and build personal resources (Fredrickson, 1998)—LKM broadens attention and positive emotions. In fact, LKM has been shown to increase positive emotions as well as a wide range of personal resources such as mindfulness, purpose in life, social support, and decreased illness symptoms (Fredrickson et al., 2008). SC meditations may also involve simply repeating one word (e.g., peace, joy, safe) or cultivating compassionate images of a benevolent person or loved one.

Some informal practices that can cultivate SC more portably include soothing phrases (e.g., gentle caressing of pain in the body, placing one's hand over one's heart during moments of stress, and repeating self-compassionate phrases), gentle inner conversation and self-talk, gratitude, and savoring. These brief practices can cultivate SC feelings, behaviors, and habits and can be used wherever one may be (Germer & Neff, 2013). Within the mindfulness evidence base, some practices that could be used to cultivate SC among students include breath awareness, brief body-scan, and mindfulness of thoughts and emotions (Kabat-Zinn, 1991).

These effective SC and mindfulness interventions are also currently being used for a variety of clinical and nonclinical problems, such as eating disorders, anxiety, depression, smoking cessation, and stress (Mayhew & Gilbert, 2008; Neff & Tirch, 2013; Segal et al., 2002). For a more detailed

review and implementation instructions, the preceding exercises are described elsewhere in detail (Germer, 2009; Kabat-Zinn, 1991; Neff, 2011; Segal et al., 2002).

Many of these formal and informal SC practices are also a part of the MSC program. One study found that participants who participated in the MSC, when compared to a waitlist control, significantly increased their levels of SC, compassion for others, mindfulness, and life satisfaction (Neff & Germer, 2013). Participants also experienced a significant reduction in depression, anxiety, stress, and emotional avoidance. Moreover, large effect sizes were found and gains were maintained up to 1 year.

Two particularly important brief SC practices that could be utilized "in the moment" when difficult situations arise for students are (a) the SC Break and (b) Soften, Soothe, and Allow (Germer, 2009). The SC Break allows for having a personal experience with the three components of SC. It is a short practice that involves repeating the following phrases (or something similar) when emotional difficulties arise in one's day: "This is a moment of suffering" (mindfulness), "Suffering is a part of life" (common humanity), and "May I be kind to myself" (self-kindness) (Germer & Neff, 2013, p. 6). A brief exercise like this could be taught to students to aid them in building their SC "muscles" in order to break a rumination pattern and to begin to provide some comfort to themselves (Neff, 2011). Soften, Soothe, and Allow practice involves locating a difficult emotion in the body (e.g., feelings that may arise through a challenging practicum experience, a negative core belief, or shameful thought), intentionally *softening* that area, gently *allowing* the discomfort to be there, and *soothing* oneself with loving-kindness intentions, words, or gestures. This practice has been considered a balm to one's experience of suffering and shame (Germer & Neff, 2013).

Social work educators could also incorporate SC writing exercises within certain parts of the curriculum. In one study involving a 1-week SC writing exercise, participants were instructed to reflect on a distressing or upsetting event that occurred during their day and write a one-paragraph compassionate letter to themselves (first person) related to the distressing situation. Compared to a control group, this exercise increased participants' levels of SC for 6 weeks and led to a significant increase in happiness up to 6 months (Shapira & Mongrain, 2010). This simple exercise, as well, could relate specifically to students' practice-related issues experienced within the practicum setting.

In addition to integrating SC approaches into various courses, it may also be advantageous to offer a semester-long course that specifically focuses on strategies to increase SC, such as meditation and LKM. There is evidence in the literature that supports this approach. For example, medical students who participated in a semester-long course that teaches SC strategies (e.g., meditation) increased their levels of SC and improved self-regulation (Bond et al., 2013). Weekly drop-in SC and mindfulness groups, such as MSC and MBSR,

could also be held within social work departments. Sessions could incorporate elements of SC and mindfulness practices such as contemplative readings, mindfulness meditations, and intuitive writing (Birnbaum, 2008).

Mindfulness: A Path to Self-Compassion

Many social workers who are employed in a variety of practice contexts use mindfulness in their work with clients and for their own self-care (Coholic, 2006; Hick & Furlotte, 2009). For instance, Moore and colleagues (2011) reported that a basic mindfulness self-care strategy for social work graduate students—mindful weekly journal writing—decreased stress, improved their performance in course assignments, and improved their ability to work with the clients they were serving. Further, Gockel, Burton, James, and Bryer (2012) discovered that integrating mindfulness skills training within the classroom, for as little as 10 minutes, resulted in enhanced self-awareness and an increased ability to practice self-care. Napoli and Bonifas (2011) showed that the integration of mindfulness training into the MSW curriculum improved students' quality of life and strengthened their stress-management capacity. Birnbaum (2008) also found that self-awareness and coping capacity increased among social work students who participated in a mindfulness intervention.

Mindfulness has also been recognized as potentially helping social work students and practitioners enhance their critical reflection and listening skills, manage stress more effectively and improve self-awareness (Irving, Dobkin, & Park, 2009; Johns, 2006; Lynn, 2010; Ying, 2008b). In addition, Mishna and Bogo (2007) posit that mindfulness also can enhance social work educators' capacity to address and effectively respond to inevitable tensions that come up in social work classrooms, especially as they involve discussions on diversity and oppression.

The way one pays attention in mindfulness must embody compassion and acceptance toward self and others (Shapiro et al., 1998). These findings on mindfulness, a key component for cultivating SC, are important and encouraging, as they point to the benefits of incorporating self-compassionate skills and strategies within the social work curriculum. Because mindfulness has been found to significantly increase SC among medical and counseling students (Newsome, Christopher, Dahlen, & Christopher, 2006; Shapiro et al., 2007, 1998), and in light of the growing research indicating the benefits derived from being self-compassionate (Neff & Costigan, 2014), it is recommended that social work educators strive to incorporate SC education and training in the curriculum.

Neff and Germer (2013) noted that mindfulness is important to keep compassion from becoming a form of resistance (e.g., I'll practice SC to get rid of pain), whereas compassion gives a person the necessary emotional support and capacity to embrace and work through difficult experiences.

Essentially, mindfulness and SC mutually enhance each other (Neff & Dahm, 2014). SC allows social workers to nurture others through the development of their own emotional resources (Dorian & Killebrew, 2014). It is also an important quality in the healing relationship (Hick & Bien, 2008) and fundamental to maintaining adequate self-care (Neff, 2009).

The Role of Institutions in Supporting Self-Care

In the same way that social workers support clients, and understand their struggles within a larger sociopolitical context, it is crucial that self-care be treated in a similar fashion. This would entail shifting the focus of responsibility from individual social workers, no longer placing much of the burden of practicing self-care on them, to a shared responsibility with the institutions that employ such practitioners. For instance, employers such as mental health agencies, schools, and hospitals, where social workers frequently practice, could institute policies and procedures that encourage and support self-care. In discussing self-care among therapists, Killian (2008) argued that institutions could implement

> policy changes to help make the workplace a space where therapists feel a sense of collegiality and support, and where they feel they have a sense of control (e.g. having some say about administrative policies, experiencing a degree of predictability in their workload, etc.). (p. 45)

Furthermore, Shier and Graham (2011) posit that social agencies could hold spaces for and encourage practices such as mindfulness and SC for social workers, and these practices could also be implemented into supervision or other reflective team-building activities. Ultimately, leaders of social work programs and practice settings could work together to support self-care among social workers in a way that does not blame individual practitioners for their burnout or level of self-care. Clearly, we must stop expecting that social workers and other helping professionals "pull themselves up by their bootstraps" in order to prevent burnout and compassion fatigue (Killian, 2008).

Conclusion

The feasibility of combining avenues that increase SC with social justice approaches in social work education and practice (e.g., critical analysis, structuralism) has been called into question (Shier & Graham, 2011; Hick & Furlotte, 2009). In fact, some social work scholars have questioned whether practices like mindfulness contribute to a tolerance of injustices by being more accepting of them. They also have questioned how such practices will impact advocacy-related work and call for further investigation into the full ramifications for the social work profession (Shier & Graham, 2011).

In response to these concerns, Hick and Furlotte (2009) contend that it is certainly feasible to combine these approaches, arguing that mindfulness can help social workers create greater awareness of how oppressive dynamics play out and can enhance understanding of their work as it relates to oppression in society. In offering a course that merges mindfulness and structural social work approaches, Hick and Furlotte argued that incorporating SC approaches in critical social work education need not mean the dulling of a social justice-oriented approach. Indeed, social work students overwhelmingly called for a stronger intersection of these two approaches within their social work education.

Another issue arises with respect to the competence level and possible discomfort of social work educators in incorporating SC into their classrooms. Certainly, it is important and beneficial for educators to maintain their own regular formal practice of SC, such as meditation (Wong, 2004), and SC can be cultivated and practiced by anyone, informally and formally (Germer, 2009). Training and professional development for social work educators who desire to incorporate SC (and other contemplative approaches) into their classrooms should develop a sense of competency and comfort in using these approaches. It is also important to note that by teaching SC to students, we are not engaging in therapy or conducting a clinical intervention. Students must seek adequate mental health supports, as needed.

Ultimately, the literature points to the need for additional study of SC within social work education and practice (Rickers, 2012). Moreover, although some mindfulness interventions have begun to be evaluated within social work practice and education, further research is needed. Increasing evaluation of SC and mindfulness approaches will allow for a greater understanding of best practices for social work education, especially with respect to self-care, empathy, reflective practice, compassion fatigue, and burnout. It is also essential to explore how SC-enhancing practices impact social advocacy work in order to address concerns that these contemplative approaches could lead to an acceptance of social injustice and oppression (Shier & Graham, 2011).

Students are the future of the social work profession; if the profession and its practitioners are to thrive, they should be adequately trained to protect themselves from the inevitable occupational hazards that arise from diminished self-care. In this context, Moore et al. (2011) advocated for the inclusion of student self-care in the CSWE's mission statement. Expanding SC within the social work curriculum is also a way to lessen the burden on the individual student learner to foster self-care, recognizing the institutional and systemic factors that understandably play a part in making self-care a challenge for social work students. Addressing self-care on an institutional level (e.g., social work department, social work agencies, and institutions) is in accordance with the profession's holistic focus of recognizing micro-, mezzo-, and macrolevel

factors that impact human suffering. Adequately distributing the responsibility for social work professionals—in this case, starting with students—to sustain themselves in increasingly difficult practice contexts is essential.

We cultivate SC as social workers because what we do is hard work and our profession is fraught with occupational risks that may cause much suffering. Cultivating SC may well reap significant benefits for social work students, practitioners, our profession, and potentially the society we seek to transform. It is this author's hope that social work educators will be encouraged to delve further into the SC literature, expand it, and develop SC self-care approaches within their teaching practice. By providing training and skills that foster SC, which align with the profession's holistic perspective, students may be better able to care for themselves and for the people they serve while being renewed in the struggle toward progressive social change.

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