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**How do doctoral students make sense of a brief self-compassion intervention to  
understand the challenges that they face with their studies?**

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A Portfolio Submitted in fulfilment of the Professional  
Doctorate in Counselling Psychology (DPsych)  
Department of Psychology  
City St George's, University of London  
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## DECLARATION

I, Claire Louise Atkinson, hereby grant powers of discretion to City St George's, University of London to allow this thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to the normal conditions of acknowledgement.

## 2 PREFACE

This thesis represents the culmination of my academic journey and professional development as a counselling psychologist. It integrates academic theory, research, and clinical practice, three facets of my training that have profoundly influenced each other and shaped my experience and understanding of the therapeutic process. The work presented here interweaves three distinct yet deeply connected components: the research I conducted on a self-compassion intervention with PhD students, the case study of therapeutic work with a client struggling with Post-Traumatic Stress Disorder (PTSD) and health anxiety following critical care hospitalisation, and a publishable article derived from my research.

The qualitative research component explores how doctoral students make sense of a brief self-compassion intervention designed to understand the challenges of their academic journeys. This research builds upon the foundational work of Neff (2003), who conceptualises self-compassion as comprising three components: self-kindness, common humanity, and mindfulness. The study sheds light on the pervasive impact of self-criticism (Gilbert.,2009/2022; Neff., 2003/2023), and the transformative potential of self-compassion in fostering resilience and emotional well-being. Participants in this research reported struggling with an inner critic that exacerbated feelings of isolation, imposter syndrome, and fear of failure (McCray & Joseph-Richard, 2021). The findings highlight the importance of integrating self-compassion practices into academic support structures to mitigate the high levels of stress and anxiety commonly experienced by PhD students (Sverdlik et al., 2018; Evans et al., 2018).

The case study/process report details my clinical work with Fahid (a pseudonym), a client who experienced PTSD and health anxiety after critical care hospitalisation. This section illustrates the application of a pluralistic therapeutic approach, integrating Compassion-Focused Therapy (CFT), as developed by Gilbert (2009), within a Cognitive Behavioural



Therapy (CBT) framework (Beck, 1979). Fahid's therapeutic journey highlighted the significance of addressing self-criticism and cultivating self-compassion, which played a crucial role in his recovery. This process mirrors the themes explored in my research with PhD students, underscoring the prevalence of self-criticism as a barrier to well-being and the transformative power of self-compassion.

Another significant theme that connects my research and clinical practice is the role of mindfulness in emotional regulation. In the self-compassion intervention with PhD students, mindfulness practices were introduced to help participants become more aware of their thoughts and emotions without judgment (Segal et al., 2018). This non-judgmental awareness was essential in helping participants manage stress, reduce rumination, and develop a more balanced perspective on their academic challenges. Similarly, Fahid's therapeutic journey involved mindfulness-based techniques, such as grounding exercises and cognitive imagery, which were integrated into his treatment plan to help him regulate his emotional responses to trauma-related triggers. These practices enabled Fahid to stay present in the moment, reducing the intensity of his panic attacks and helping him process distressing memories more effectively (Kabat-Zinn, 1994).

A theme that permeates both the research and therapeutic work is the necessity of cultural and contextual sensitivity in psychological interventions. In my research, the theme of "Everybody hurts" was pivotal in helping participants understand self-compassion as a shared human experience rather than an individual trait (Neff, 2003). This understanding was particularly important for participants from diverse cultural backgrounds, as it helped them reconcile their personal experiences with broader cultural narratives around suffering and resilience. Similarly, in my work with Fahid, cultural sensitivity was crucial. Fahid's experience as a Bangladeshi man living in London, coupled with his role as a husband and father, influenced his perceptions of strength, independence, and vulnerability. These cultural

factors were integral to our therapeutic work, as they shaped Fahid's understanding of his symptoms and his responses to therapy (Huang et al., 2021). By acknowledging and exploring these cultural dimensions, I was able to tailor the therapeutic interventions to explore Fahid's values and beliefs which helped with his engagement with the therapeutic process and to strengthen our professional relationship (Lago., 2005).

The integration of these components—the qualitative research, the case study, and the publishable article—highlights the importance of a pluralistic approach to therapy and research, as advocated by Cooper and McLeod (2011). This approach emphasises the need for flexibility, cultural sensitivity, and the application of theory to practice. The thesis reflects a commitment to epistemological reflexivity, drawing on the hermeneutical-phenomenological approach (Heidegger, 1977; Gadamer, 2013), and pluralistic practice, valuing the multiplicity of truths and the importance of context in psychological work.

In conclusion, the themes that connect my research on self-compassion interventions for PhD students, my therapeutic work with Fahid, and the insights presented in the publishable article reveal the deep interconnections between theory and practice in the field of counselling psychology. Both the research and clinical work underscore the importance of addressing self-criticism, fostering mindfulness, and adopting a culturally sensitive and pluralistic approach to psychological interventions. These themes not only highlight the challenges faced by individuals in different contexts but also illuminate pathways to healing and resilience through the cultivation of self-compassion.

As I reflect on the journey that led to the completion of this thesis, I am struck by the profound impact these interconnected themes have had on my development as a counselling psychologist. The insights gained from both the research and clinical work have deepened my

understanding of the complex dynamics at play in psychological interventions and have reinforced my commitment to a holistic, client-centred approach to therapy and research.

It is my hope that this thesis will contribute to the ongoing conversation in the field of counselling psychology about the importance of integrating research and practice, and that it will inspire others to explore the rich intersections between these two domains. By continuing to bridge the gap between theory and practice, we can develop more effective and compassionate approaches to supporting the mental health and well-being of individuals across diverse contexts.

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### **3 SECTION A: QUALITATIVE RESEARCH STUDY**

#### **3.1 ABSTRACT**

This study explored how PhD students experience and make sense of a brief self-compassion intervention to understand the challenges that they faced in their academic journeys. Using a qualitative approach, semi-structured interviews were conducted with nine PhD students from a London University, following their participation in a two-week self-compassion intervention delivered via MP3 audio recordings. Thematic analysis was utilised to analyse the interview data, identifying six major themes: Scared and alone, Know thy Enemy, Transforming perspectives, Everybody hurts, unlocking self-love and Turning guidance into growth.

The results suggested that the intervention offered these students a chance to face feelings of isolation, imposter syndrome, and overwhelming stress, helping them shift from harsh self-criticism to a more compassionate inner voice. Participants found that mindfulness helped them become more understanding and supportive of themselves, reducing procrastination and building emotional resilience. The idea of common humanity—understanding that everyone struggles—played a pivotal role in helping participants feel less alone and more connected.

By integrating self-compassion practices into their daily routines, these participants were able to better manage the intense pressures of their PhD programs. This research highlights the potential of self-compassion to improve the mental health and wellbeing of doctoral students, offering nuanced and valuable insights for the field of counselling psychology and academic support services.

## **3.2 CHAPTER 1. LITERATURE REVIEW**

### **3.2.1 Introduction**

Extensive research consistently reveals a pressing mental health crisis among doctoral students (Batchelder, 2021; Cornwell et al., 2019; Evans et al., 2018; Friedrich et al., 2023; Levecque et al., 2017; McCray & Joseph-Richard, 2021; Moate et al., 2019; Richardson et al., 2020; Sverdlik et al., 2018). The pursuit of a doctoral degree (PhD) is a rigorous and often stressful journey that can have a detrimental impact on student wellbeing and psychological health (Freidrich et al., 2023; Liu et al., 2019). In a study in Belgium 50% of PhD students reported experiencing a mental health problem (Levecque et al., 2017). The prevalence of disorders such as anxiety and depression are rising globally in the general population (Baxter et al., 2013; Ferrari et al., 2013). Compared to the age-related general population, doctoral students have a significant elevated risk for anxiety and depression (Evans et al., 2018; Freidrich et al., 2023; Satinsky et al., 2021). A recent study, that included PhD students from over two hundred institutions in different countries, identified that students were six times more likely to experience symptoms of anxiety and depression compared to the general public (Evans et al., 2018). Moreover, this prevalence is comparatively higher than students enrolled in other higher education courses (Levecque et al., 2017). This implies that there are challenges that are unique to doctoral programmes that are negatively associated with wellbeing and psychological health.

PhD students are faced with numerous internal and external pressures. External and systemic contributors include factors such as the academic system, the cohort system, and socio-economic pressures (Bekkouch et al., 2021). World events such as the Covid 19 pandemic have also contributed to reduced wellbeing and increased reporting of anxiety and depression symptoms amongst this population (Malik, 2023). Efforts to identify phenomenon associated with student wellbeing and distress has often focused on individual factors (Byrom et al.,

2022). Internal individual pressures include self-doubt, self-critical perfectionism, imposter syndrome, anxiety, and fear of failure (Cornwell et al., 2019; Sverdlik et al., 2018; McCray & Joseph-Richard, 2021; Batchelder, 2021; Moate et al., 2019; Richardson et al., 2020). These pressures have an impact on wellbeing consequently contributing to attrition rates as high as 50%, depending on the discipline and country (Schmidt and Hansson., 2018; Rigler et al., 2017; Golde et al., 2005). Psychological distress such as the experience of anxiety and depression is considered a key factor influencing the completion time of doctoral programmes, with students experiencing distress taking longer to finish (Sverdlik et al., 2018). These studies showcase the urgent need to find ways to promote the wellbeing of doctoral students and support their psychological health as they prepare to enter the workforce.

Exploring the construct of self-compassion in relation to student well-being is considered a distinct area of interest as interventions aimed at cultivating it purport to address the emotional and psychological challenges students face (Jimenez- Gomez, 2022; Neff., 2023). The construct of self-compassion is considered a stable form of internally driven self-worth, that can be particularly relevant for students facing intense academic pressures (Neff, 2003). This stability contrasts with similar constructs, such as self-esteem, that are considered to rely on success and external validation (Neff & Vonk, 2009). Self-compassion interventions are rooted in the work of Kristin Neff, who conceptualises self-compassion as comprising three components: self-kindness, common humanity, and mindfulness (Neff, 2003). Self-kindness involves being gentle and understanding with oneself rather than critical; common humanity recognises that suffering and personal inadequacy are part of the shared human experience; and mindfulness entails maintaining a balanced awareness of negative thoughts and emotions without over-identifying with them (Neff, 2003).

This critical literature review will examine existing research on the experiences of doctoral students and their wellbeing. To begin I will provide a clear understanding of the unique challenges that this population encounter. To establish the outcomes of self-compassion interventions amongst student populations I will critically review evidence from quantitative research before turning to qualitative studies to explore the lived experience of such interventions. Then I will seek to understand how philosophical theory on the concept of self-compassion has been applied to scientific research and practice (Gilbert, 2009; Neff, 2023). A summary of the reviewed research will be provided, highlighting the identified gaps and outlining potential future research directions. I will conclude by specifying the aims and objectives of this study and by detailing the research question.

### 3.2.2 Challenges for doctoral students

Doctoral students face a variety of challenges that impact their academic performance, mental health, and overall well-being (Richardson et al, 2018). These can be broadly categorised into academic pressures including the supervisory relationship, financial constraints, work-life balance, mental health issues, and social isolation. Understanding these challenges is crucial for developing effective support systems and interventions to aid doctoral students in their journey.

#### 3.2.2.1 *Academic Pressures*

One of the primary challenges faced by PhD students is the high expectations and performance demands associated with their studies. The pressure to produce original research, publish papers, and present at conferences can lead to significant stress and anxiety (Stubb et al., 2011; Freidrich et al., 2023). Additionally, the nature of doctoral research often involves dealing with complex problems that do not have clear solutions, creating a sense of uncertainty and ambiguity (Lovitts, 2001; Sverdlik et al 2018). This uncertainty can be

overwhelming, particularly when students struggle to make meaningful progress (McCray et al., 2021). Moreover, the fear of failure is pervasive among doctoral students. The high stakes of doctoral studies can paralyse students, leading to procrastination, avoidance behaviours, and reduced academic performance (Sverdlik et al., 2018).

Maladaptive perfectionism is another significant challenge for this population. These students often set excessively high standards for themselves and are overly critical of their performance. This perfectionism can result in chronic dissatisfaction, increased stress, and a reluctance to submit work or take academic risks (Sherry et al., 2010; Paucsik et al., 2020).

#### *3.2.2.2 Financial Constraints*

Financial constraints pose another major challenge. Many students face financial difficulties due to inadequate funding and scholarships, necessitating part-time work to support themselves. This additional workload can add to their stress and negatively impact their academic performance (Levecque et al., 2017; Rigler et al., 2017). The pursuit of a doctoral degree can also lead to significant debt accumulation, especially if students rely on loans to finance their education. This financial burden can cause long-term stress and influence their post-graduation career choices (Turk-Bicakci et al., 2014).

#### *3.2.2.3 Work-Life Balance*

Balancing work and personal life are significant challenges for doctoral students. They often struggle to manage their research, coursework, teaching responsibilities, and personal life. The lack of time management skills can lead to burnout and decreased productivity (Martinez et al., 2013). Maintaining healthy personal and family relationships can also be challenging due to demanding schedules, resulting in feelings of guilt and stress that affect overall well-being (Levecque et al., 2017).



#### 3.2.2.4 *Mental Health Issues*

Mental health issues are prevalent among doctoral students, exacerbated by the cumulative pressures of their studies. High levels of stress and anxiety are common, driven by the fear of failure, imposter syndrome, and pressure to meet deadlines (Barry et al., 2018). Prolonged stress and lack of work-life balance can also lead to burnout, characterised by emotional exhaustion, depersonalisation, and reduced personal accomplishment. Burnout can severely impact students' academic performance and mental health (Cornwell et al., 2019; Maslach & Leiter, 2016).

#### 3.2.2.5 *The supervisory relationship*

The relationship between doctoral students and their supervisors can significantly influence their academic journey. Poor communication, lack of support, or mismatched expectations can lead to frustration and hinder progress (Devos et al., 2017). The supervisory relationship is characterised by complex power dynamics that, while essential for guiding the research process, can also create communication barriers if not properly managed (Chang et al., 2016). To foster a productive relationship, it is important to articulate, challenge, and deconstruct these power dynamics, allowing students to engage more openly with their supervisors (Lacey., 1977). Evolving the relationship into a *critical friendship* can help minimise tensions, but clear professional boundaries must be maintained to prevent confusion with social interactions (Richards & Shiver., 2020). There is also a requirement for supervisors to be culturally sensitive to and aware of different cultural values and expectations amongst doctoral students (Pinto., 2020). Additionally, while building rapport is key to facilitating honest academic discussions, supervisors aim to guide students from dependence to independence, enabling them to become autonomous researchers. This transition can be challenging, and any changes in supervision can disrupt the student's progress and affect the broader research environment (Gardener, 2010).

The growing recognition of the psychological wellbeing of doctoral students has highlighted the need for supervisors to be vigilant, identifying and addressing issues early by guiding students to appropriate support services (Virtanen & Phyalto., 2017). Increasing students' sense of belonging can help mitigate the negative impacts of imposter syndrome (Sverdlik et al., 2020). However, professional staff, who often focus on undergraduates, may overlook the specific challenges faced by doctoral students (Creaton & Handforth., 2021). Supervisors play a critical role in personalising support and helping students plan their work effectively, which can reduce stress and help them navigate their research journey more successfully (Benmore., 2016).

#### *3.2.2.6 Social Isolation*

Social isolation is another critical challenge faced by doctoral students (Freidrich et al., 2023). The solitary nature of their research often leads to limited interaction with peers resulting in feelings of loneliness and detachment (Pyhältö et al., 2012). Building a professional network and integrating into the broader academic community is crucial for doctoral students, but this can be challenging due to competitive environments and perceived lack of opportunities (Gardner, 2008). The worldwide Covid-19 pandemic added a physical dimension to their isolation leaving students isolated in a way never previously experienced further exacerbating these feelings (Batchelder, 2020).

#### *3.2.2.7 A Focus on Self-Compassion*

Doctoral students face a myriad of challenges that can significantly impact their academic journey and personal well-being. Academic pressures, the supervisory relationship, financial constraints, work-life balance issues, mental health problems, and social isolation are prevalent among this population. Addressing these challenges requires comprehensive support systems, including effective mentorship, financial aid, mental health resources, and

opportunities for social integration. By understanding and mitigating these challenges, academic institutions can help doctoral students thrive and achieve their academic and personal goals. Moreover, it underscores the necessity of fostering effective and stable coping mechanisms, such as self-compassion, to enhance student resilience and overall well-being.

Self-compassion is identified as a construct of interest as it has the potential to play a crucial role in addressing the mental health challenges faced by doctoral students. Self-compassion involves treating oneself with kindness, understanding, and acceptance during times of stress or failure (Neff., 2003). While self-compassion includes mindfulness, it extends beyond it by adding warmth and care towards oneself. Mindfulness involves non-judgmental awareness of the present moment (Kabat-Zinn, 1994). Self-compassion builds on this by promoting self-kindness and a sense of shared human experience (Neff, 2003). This distinction is important for students because self-compassion not only fosters mindfulness but can also encourage a nurturing and supportive inner dialogue that can help them manage stress and self-criticism (Yelea, et al, 2020). For doctoral students, who often hold themselves to high standards and may struggle with feelings of inadequacy, developing self-compassion can be a powerful tool to combat the negative effects of imposter syndrome and the emotional toll of academic pressures (Sverdlik et al., 2018). Additionally, it can encourage students to recognise that difficulties and setbacks are a normal part of the doctoral journey, reducing feelings of isolation and promoting emotional resilience (Smeets et al., 2013).

By promoting self-kindness and recognising common human struggles, self-compassion has been associated with enhanced emotional resilience and well-being (Batchelder., 2020; Geary et al., 2023; Paucsik et al., 2022; Richardson., 2020). By fostering self-compassion, students can better manage the intense demands of their programmes, maintain their mental health, and sustain their motivation and engagement over the long term (Jimenez-Gomez et al., 2022; Ferrari et al., 2017). These qualities are crucial for students facing academic pressures and

personal challenges (Wakelin et al., 2022). Moreover, it highlights the importance of reviewing the literature on self-compassion as a standalone construct in relation to the academic and wellbeing experiences of doctoral students.

### 3.2.3 Methodology

To conduct a comprehensive literature review, a combination of search terms were entered into electronic databases PsycInfo, PsycArticles and Google Scholar. These included: “self-compassion”, “self-compassion theory”, “self-compassion intervention”, “self-compassion and doctoral students”, “self-compassion and PhD students”, “self-compassion and university students”, “qualitative self-compassion”, “self-compassion interventions students”, “self-compassion student psychological health and students’ wellbeing”. Boolean operators (AND, OR) were employed to refine and expand the search results. A range of spellings and characters were used to capture relevant research, and abstracts were screened for relevance. Literature was limited to publications since 2003 to ensure relevance. Studies were included if they were peer-reviewed articles or academic book chapters and focused on self-compassion or closely related constructs. Other inclusion criteria required that they provided empirical data, theoretical insights or a comprehensive review. Only publications in English were included. There was a focus on studies that were conducted with student participants, and specifically doctoral students. Exclusion criteria were also applied to the search. This included articles not subject to peer review, studies not primarily focused on self-compassion, publications in languages other than English and studies published prior to 2003, unless they were seminal works. Unless relevant or deemed comparable, studies not including student populations were also excluded from the search.

A total of 234 articles, including abstracts, were reviewed with exclusions made based on relevance. Data from the included studies were extracted and organised using a standardised

form to ensure consistency and comprehensiveness. The extracted data included Author(s) and publication year, Study aims and objectives, research methods, key findings, and conclusions. They were further organised into categories to address the central question in this literature review. For example, by intervention and mechanism for change. Please see literature overview in Appendix A. Overall, eighty-three studies were included. There was a total of 78 quantitative studies and 5 qualitative. There were 24 studies that used self-compassion interventions as part of their research. Of these 24 There were 2 studies that used a qualitative research design.

### 3.2.4 The Complexity of Self-Compassion

#### 3.2.4.1 *Definition*

Notions of self-compassion are deeply rooted in Buddhist philosophy, which posits that cultivating compassion is essential for personal happiness (Dalai Lama, 1995). Compassion is understood as bi-directional, encompassing both oneself and others (Neff, 2023). Definitions of compassion are often debated, with scholars attributing it to diverse origins. From an evolutionary perspective, compassion is considered the affective component that facilitates the nurturing of children, aiding their progression from vulnerability to independence and reproductive maturity (Bowlby, 1969; Gilbert, 2010). Some conceptualise compassion as an attitude (Sprecher & Fehr, 2005), while others regard it as a benevolent response to others (Post, 2002). Alternatively, compassion can be defined as an affective state associated with a specific emotion: “the feeling that arises when witnessing another's suffering and that motivates a subsequent desire to help” (Goetz et al., 2010, p. 51). I adopt the definition put forward by Neff (2003) that posits self-compassion “involves being touched by and open to one’s own suffering, generating the desire to alleviate one’s suffering and to heal oneself with

kindness. Self-compassion also involves offering non-judgmental understanding to one's pain, inadequacies, and failures, so that one's experience is seen as part of the larger human experience." (p. 87). In recent years this definition has been broadened to reflect the belief that self-compassion can also take a reflective, ferocious and proactive form. This can occur when self-compassion is aimed at self-protection, meeting important needs or motivating change (Neff 2021).

#### *3.2.4.2 Methodological challenges*

To explore the philosophy of self-compassion within Western psychological science, it is essential to clarify this construct. Some philosophical perspectives challenge the very existence of the "self" (Hume, 2008), making self-compassion a highly contested topic. The literature reveals a lack of consensus regarding a definition of self-compassion which has implications on research. How the construct is theoretically underpinned informs the development of measurement tools. For example, Neffs (2003) Self-Compassion Scale and Hackers (2008) Relational Compassion Scale measure similar but potentially distinct constructs. This showcases the lack of understanding of the relationship between self- and other compassion and the requirement for further exploration (Strauss, 2016).

There have been vigorous methodological debates concerning the measurement of self-compassion as a unitary construct (Neff & Pommier, 2012; Muris & Otgaar, 2020; Chafe & Mongrain., 2024). In a meta-analysis of sixty-nine studies Sinclair et al (2017) explored the construct of self-compassion as a singular variable to mitigate against workplace stress and to promote compassionate caregiving in health care providers. This analysis drew them to conclude that self-compassion is a composite of common factors of self-care, healthy self-attitude, and self-awareness rather than a singular construct. This is refuted by Neff (2020) who asserts that self-care is concerned with burnout prevention and structurally distinct from

self-compassion that is concerned with an awareness of suffering. This controversy has led to criticism that researchers in this field may not always operate in a logical and rational manner but may instead be influenced by “personal interests, cognitive biases, and social factors” (Muris & Otgaar, 2020, p. 1476). Despite these debates, there is extensive empirical support for the existence of self-compassion as a standalone construct (Strauss., 2016; Neff., 2003; Neff., 2022; Neff., 2023). One of the most widely adopted empirical measurements of self-compassion in the literature is the Self-Compassion Scale (SCS) developed by Neff (2003) to measure trait levels of self-compassion (Muris & Otgaar., 2020).

#### *3.2.4.3 The Self-Compassion Scale (Neff, 2003)*

The SCS is a 26 item self-report measure that demonstrates robust construct validity that affirms that the SCS is a reliable and valid measure of self-compassion (Cleare et al., 2018; Neff et al., 2021). There is good discriminant validity for the SCS indicating that self-compassion is distinct from other similar constructs such as self-esteem (Neff & Vonk, 2009), Narcissism and social desirability (Neff, 2003). Despite its widespread use it is subject to methodological criticism and debate relating to the scoring of the scale. Central to this controversy is the content validity of the tool (Muris & Otgaar., 2020; Strauss., 2016; Neff., 2023). This is because the questionnaire includes negative items (self-criticism, isolation and over identification) that may inflate the relationship with psychopathology (Muris et al., 2016; Straus., 2016). This has resulted in the argument that the SCS is not an optimal instrument for measuring the true protective nature of self-compassion. One implication of this methodological issue is that the SCS score alone makes it challenging to investigate and understand the precise role of self-compassion in comparison to other protective variables (such as self-esteem and self-efficacy) on the multifaceted origins of distress (Muris et al 2016; Muris & Petrocchi., 2016). Issues such as these reflect the complex nature of researching self-compassion. It also demonstrates how such research is influenced by

nuanced philosophical, theoretical, and empirical considerations. These considerations are important when reviewing the literature on self-compassion interventions as they influence how research is understood.

### 3.2.5 Review of Self-Compassion Interventions

Self-compassion is a multifaceted concept that lacks a unified definition, thus attempts to develop research interventions that are aimed at cultivating self-compassion are underpinned by a variety of theoretical influences. Reviewing interventions that have been used with student populations can provide insight into some of the outcomes identified with this population. Neff & Germer (2013a) pioneered an 8-week Mindful Self-Compassion (MSC) programme to increase self-compassion amongst clinical and general populations. Participant group training involved: psychoeducation, learning to develop a compassionate inner voice, a discussion as to the application of self-compassion to everyday life, the importance of living in accordance with core values, skills to deal with difficult emotions, interpersonal relationships and relating positively to self. There was also a requirement to attend a half-day mindful retreat. Following this programme participants (N=21 highly educated women of the general public but not students) reported a significant increase in self-compassion levels as measured by the Self Compassion Scale (SCS). These results were maintained at 1-year follow-up, although there was significant participant dropout at follow-up. Importantly, results have been replicated when the MSC has been applied to other populations including postgraduate health psychology students and practising psychologists (Yelea et al., 2020; Eriksson et al., 2018; Jimenez-Gomez et al., 2022) and has been positively associated with increases in wellbeing scores, supporting its suitability in an educational setting. Crucially from these findings we cannot understand the lived experience following the MSC intervention. Nor do we know how participants understood the intervention to make sense of



the challenges they face. The MSC take places over an 8-week period, other interventions have taken place over longer periods of time requiring an increased commitment from participants.

Fox et al. (2020) investigated the effects of a standardised group manual for Compassion Focused Therapy in a university counselling and psychological services centre. Compassion Focused Therapy (CFT) was developed as an integrated biopsychosocial theoretical model and psychotherapeutic approach aimed at increasing compassion in clinical populations through affect regulation (Gilbert, 2009). CFT incorporates self-compassion but also includes compassion *for* others and *from* others. This 12-week intervention led to significant changes in measures of compassion including fears of compassion, self-reassurance, and self-criticism. However, self-compassion is not isolated as a construct or as measure. This means we do not know the extent to which techniques to cultivate compassion for others and the ability to receive compassion from others influenced the outcome. We also don't know how the participants experienced the intervention, and it is unclear as to any cross-cultural implications for such a protocol. This same is true of a study conducted by Stefen et al (2021) who again used a CFT derived intervention to investigate the impact of a 12-week intervention on the resting heart rate of college students. Results indicated that increases in self-compassion resulted in improved resting and reactivity of participants heart rate variance. Whilst this study isolated the impact of a self-compassionate task (self-compassionate letter writing) on heart rate variability, it is unsure to what extent the compassion focused tasks, previously undertaken as part of the course, influenced the development of self-compassion. Thus, there is ambiguity regarding which construct was isolated.

Another drawback of these studies is that participants were required to make a substantial time commitment that often resulted in high dropout rates. This sets practical limits to its application. Notably, the MSC as used in the Neff (2013) study had extremely low drop put

rates (8%). However, this is potentially explained by participants paying to take part in the course. This financial commitment may have encouraged them to complete the intervention. For those with little or no disposable income, any financial obligation may act as a barrier to participation. Moreover, even when no participation fee is required, those with onerous demands on their time could struggle to uphold such an obligation and time commitment. The results from Yelea et al., (2020) research support this assertion, as 20% of the 25 students failed to complete at least half the intervention.

Given the differences in underlying theory behind the MSC and CFT interventions the content of the interventions will differ. For example, the MSC will not include exercises focused on cultivating compassion for others. This makes comparisons between interventions difficult. The different emphasis on interventions means that whilst there is overlap there is uncertainty about the constructs being targeted. Given the contentious nature of self-compassion this makes research challenging. This situation becomes further muddled when we are unclear how the sub-constructs of self-compassion influence each other. For example, Mindfulness Based Stress Reduction (MBSR) interventions (Kabat-Zinn, 1982) have similar content that consists of: (1) group format with Socratic dialogue following each period of group practice; (2) emphasis upon non-conceptual learning and non-goal orientation; (3) variety of meditation techniques – body scan, sitting and walking meditation, and hatha yoga; and (4) strong emphasis on the necessity of home practice and applying skills learned each week outside of class. Research using this intervention has asserted that it enhances self-compassion (Raab et al., 2015) and further that self-compassion is a process through which MBSR operates (Sevel et al., 2019). Neff (2020) asserts self-compassion is distinct from mindfulness as it has a “narrower scope” than mindfulness (page.29), and postulates that mindfulness is required to experience self-compassion. This research appears to support this stance. However, what is not clear is *how* this happens or *what* this experience is like. As with

the studies conducted by Neff (2013) and Yelea (2020) these interventions demand a significant amount of time from participants. The MBSR as used by Raab et al (2015) and Sevel et al (2019) require 2.5 hours per week of group time. In Neff's (2013) study participants, in addition to the group workshop, were required to attend a half day mindfulness workshop. This makes interventions such as these impractical and/or unsustainable for those with busy schedules, something reflected in the over 50% participant dropout rate reported by Sevel et al (2019). Further, individuals with stressful professions that leave them susceptible to the risk of burnout, may even find the time commitment required inadvertently serves to increase their stress (Neff, 2020).

#### *3.2.5.1 Brief self-compassion interventions*

To address these practical constraints, brief interventions have been the focus of multiple research efforts, however, they have not all isolated self-compassion from compassion or other closely related constructs such as mindfulness and self-esteem (Rose et al., 2018; Pintado et al., 2019; Mantelou et al., 2017). In 2020 Neff piloted a four-week adaption of the MSC. Following participant feedback, this was adjusted to a 6-week course for health care professionals. The time-consuming meditative exercises were removed, with the focus on providing participants with self-compassion tools to help them deal with stress. These came in the form of informal loving kindness exercises such as putting a hand over your heart and speaking kindly to oneself during times of struggle. To make it easier for participants to commit to the study, the requirement to attend the additional half day workshop was also removed. Practically, the courses took place over participants one-hour lunch breaks and food was provided. This indirectly suggests that institutional support was a key element in facilitating participants commitment to the programme. For example, by providing the room and ensuring staff availability. Results echoed those of her earlier (2013) research indicating that the adapted MSC was suitable for diverse population groups.

There have been numerous efforts to make self-compassion interventions accessible and reduce participant time commitment. These interventions can be based on single exercises (Moffit et al., 2018) or can take place over a day (Franco et al., 2021), a fortnight (Hasselberg et al., 2019), or in equal or less time to the original and adapted MSC (Dundas et al., 2017; Li et al., 2014; Liu et al., 2022). The content of the interventions varies between studies making direct comparisons between them challenging. However, despite discrepancies in content they provide empirical support the use of brief interventions in helping participants to cultivate self-compassion. One crucial commonality amongst these studies, as well as the lengthier interventions, is that they took place in person and were delivered in groups. Group-delivered self-compassion interventions offer several strengths, such as providing a supportive environment where participants can share experiences and foster a sense of community, which enhances engagement and reduces feelings of isolation (Germer & Neff, 2013). These interventions can also be cost-effective and accessible, reaching a larger audience simultaneously (Kirby et al., 2017). However, limitations include the potential for variability in individual participation and commitment, which can impact overall effectiveness (Neff, 202; Baer, 2015). Additionally, group dynamics may sometimes inhibit openness and personal disclosure, particularly for those with higher levels of social anxiety (Gilbert & Procter, 2006). Online interventions have the potential to offer the flexibility not afforded by group interventions making them easier to access for student populations.

### *3.2.5.2 Online self-compassion Interventions*

The need for research interventions to be flexible and adaptable has never been greater than during the restrictions that were in place during the global COVID-19 pandemic. Restrictions on movement and proximity significantly impacted interventions designed for in-person delivery (Holmes et al., 2020). Furthermore, with technological advancements, more individuals are opting to work or study remotely than ever before (McGaughey et al., 2021).

This necessitates that research interventions adapt to keep up with these changes. Brief online interventions benefit from being flexible, cost-effective, straightforwardly disseminated and easily incorporated into the lives of people, such as doctoral students, who face considerable time pressures, may work in multiple locations and/or remotely.

There is limited research on online delivery methods for self-compassion interventions. Of the studies that were found there existed variation in the theoretical foundations of the interventions. For instance, some are based on Compassion-Focused Therapy (CFT) principles (Steffen et al., 2019), while others are grounded in Neff's (2003) self-compassion theory (Li et al., 2021). This diversity in theoretical underpinnings makes comparing online interventions challenging. Like traditional approaches, the content of online interventions often adopts an eclectic mix. For example, some studies emphasise guided meditation (Hasselberg et al., 2021; Li et al., 2021), whereas others utilise imagery techniques (McEwan et al., 2018). There was one online study identified in the review that focused on a participant sample of doctoral students. In Australia, Finlay-Jones et al (2017) developed an online protocol in line with Neff's (2003) conceptualisation that included 6-weekly modules that 37 participants covered. The first module aimed to introduce self-compassion and provide a rationale for the program within a self-care and stress-management framework. The second, third, and fourth modules focused on developing understanding, skills, and capacities related to the construct of self-compassion. The fifth module encouraged participants to apply these skills to cope with difficult emotional experiences. The sixth and final module concentrated on applying self-compassion to clinical training experiences. Results showed a large effect size for increases in self-compassion. This suggests that brief online programs are effective with doctoral student populations, although more research is needed to support this position. Finlay-Jones et al (2017) also gained participant questionnaire feedback where participants reported that they had been able to cultivate an increase in self-compassion. To further

develop and refine such an intervention it is crucial to understand *how* participants experienced this and how they made sense of the self-compassion intervention to address the challenges they experienced within their doctoral programme. Quantitative research is effective at measuring the extent to which an intervention leads to increases in self-compassion. However, it may not fully capture the deeper, subjective experiences of participants or the personal meanings and emotional processes that are central to qualitative research (Braun & Clarke, 2022). Nevertheless, existing research supports the position of online interventions helping participants to cultivate self-compassion.

Of the five online studies identified there was only one that took place in the UK. The studies reviewed were in Australia, Sweden and China. Cross-cultural differences need to be considered when reviewing this literature. To do this it is necessary to understand how participants experienced and made sense of these interventions. To address this gap, qualitative research can provide insight into the contextual understanding of participants' experiences. However, such research is currently scarce, highlighting the need for further exploration in this area. Despite the multiplicity of differences between the studies they echoed the findings of Finlay-Jones et al (2017) whereby results suggested that brief online interventions ranging between two and four weeks in duration can help cultivate self-compassion amongst participants (Steffen et al., 2019; Li et al., 2021; Hasselberg et al., 2020; McEwan et al., 2018). One surprising finding was that; regardless of duration, delivery mode, theoretical underpinning or geographical location, many of the research interventions experienced large participant dropout rates 35- 50% (Li et al., 2021; Hasselberg et al 2020; Yelea et al 2020). High participant attrition can indicate several potential issues. It may suggest problems with the study design, such as overly demanding or lengthy interventions, lack of participant engagement or interest, or insufficient support from researchers (Fewtrell et al., 2008). They can also reflect external factors affecting participants, such as time

constraints, personal issues, or unanticipated difficulties with the study procedures (Gustavson et al., 2012). Importantly, significant dropout rates can undermine the validity and reliability of the study results by reducing the sample size and potentially introducing bias if they are not random but instead are related to specific characteristics of the participants or their experiences in the study (Dettori, 2011). This attrition can skew the findings and make it difficult to generalise the results to a broader population. To address this, it is important to explore participants experiences of the interventions.

Thus far the research reviewed supports the position that self-compassion interventions can help students, including those at doctoral level, cultivate self-compassion. However, the literature on self-compassion interventions is complex theoretically and methodologically. This complexity makes empirical comparison between interventions difficult as they utilise different concepts, instructions and guidance. This is further hindered by differences in duration and delivery method. Longer interventions provide practical challenges that make commitment to course problematic. Conversely, brief interventions appear to be subject to high dropout rates which can potentially challenge the validity of studies. It is therefore essential to critically review the outcomes of self-compassion interventions with student populations.

### *3.2.5.3 Efficacy of interventions*

Self-compassion is a multifaceted concept that suffers from a lack of uniformity in its definition, thus attempts to extract knowledge through quantitative investigation can miss the nuanced insights that can be gleaned from exploring the contextual and subjective internal experience of the individual (Naidoo & Oosthuizen., 2024; Homan & Simmonds., 2019). However, empirical studies have increased the knowledge base of potential outcomes following a self-compassion intervention amongst students, providing compelling support for

their use in educational settings. In recent years and following from Neff & Germer's (2013) work there have been several studies that have explored the outcomes of interventions in student populations. Smeets et al (2014) developed a brief three-week group intervention in line with Neff's (2003) model of self-compassion. This intervention was administered to 27 female undergraduate psychology students and results indicated significant increases in self-compassion (as measured by a shorter version of the SCS), mindfulness, optimism, and self-efficacy that were correlated with significant decreases in rumination as compared to the control group. Importantly these results have recently been replicated when the adapted MSC has been delivered online over a briefer two-week period with a significantly larger participant sample of college students (n=113) (Liu et al., 2023). In this study it was found that increases in self-compassion were associated with reductions in self-reported imposter syndrome, maladaptive perfectionism and psychological distress. As these experiences are commonly reported in student populations it is promising that self-compassion interventions appear to have the potential to reduce these negative outcomes (Liu et al., 2023).

In a similar Norwegian study that was conducted by Binder et al (2017) 158 participants completed a two-week intervention that integrated the MSC (Neff & Germer., 2013), Compassionate Mind Training (Gilbert& Proctor., 2007) and MBSR (Kabat-Zin 1982). During this two-week period participants took part in in three in person 90-minute sessions. These were comprised of didactic learning, meditation, reflection and experiential tasks. There were also several daily "homework" tasks which involved mindfulness and mindful breathing. Through self-reported measures results showed increases in self-efficacy and healthy impulse-control and reductions in self-judgment and habitual negative self-directed thinking, as well as increases in self-compassion and reductions in anxiety and depression.

Whilst the findings of Smeets et al (2014), Binder et al (2017) and Liu et al (2023) echoed those of Neff and Germer (2013) and benefited from having a control group and larger



participant samples, causation cannot be implied which limits interpretation of the results from the self-reported outcome measures. In addition, all three studies are subject to the same methodological limitations of Neff's (2013) research in relation to criticism levied at the SCS. As aforementioned, whilst research has supported the construct validity of the SCS (Cleare et al., 2018; Neff et al., 2021), studies have shown this measure has only partial content validity (Muris et al., 2016). This makes it unclear if self-compassion is responsible for outcomes and further research is needed to understand how participants understood the intervention to ascertain that. Moreover, due to an absence of standardised protocol for interventions, whilst the definition of self-compassion was conceptually identical for the interventions, there were differences in the techniques and content used to cultivate it and it is unknown how they influenced outcomes. Moreover, the Binder et al (2017) study blended three distinct constructs (self-compassion, compassion and mindfulness) and it is ambiguous how this may have influenced outcomes. Given the validity issues surrounding the measure of self-compassion this information is vital to be able to further develop and refine these interventions. To gain a deeper and more nuanced understanding of participants' lived experiences and their sense-making of the intervention, these studies would benefit from qualitative exploration. Such research could enhance our knowledge of how participants interpret and engage with the different components of the programme, and how these experiences influence their approach to academic challenges. Despite these limitations the research does support the use of brief self-compassion interventions amongst student populations. Moreover, it indicates that there are potential wellbeing outcomes that might mitigate against the distinct pressures faced by students (Poka, 2024).

#### *3.2.5.4 Correlational self-reported outcomes*

There are a multitude of studies that provide correlational support for increased trait levels of self-compassion being associated with positive outcomes and reduced negative outcomes in

student populations. Recent research has associated increased self-compassion scores (measured by the SCS) with intrinsic motivation something that is considered vital for student wellbeing (Kotera, 2023). Further, in a large sample of undergraduate students (n=206) increased levels of trait self-compassion have been associated increased academic performance (Egan., et al 2022). This suggests that cultivating self-compassion may help to achieve academic success. Other outcomes associated with higher trait levels of self-compassion include increased life and job satisfaction, increased happiness, increased ability to goal set and decreased levels of an anxiety, depression, procrastination, self- criticism and burnout (Batchelder., 2020; Biber et al., 2019; Dreisoerner et al., 2023; Ferrarri., et al 2019; Mantelou & Karakasidou., 2017; Beaumont., 2016; Wakelin, 2022; Sirois., 2014). These studies demonstrate good reliability, with results often sustained for up to six months. However, it is noteworthy that doctoral students were not included in these participant samples. To understand the outcomes for this specific population, it is essential to include them in research efforts.

#### *3.2.5.5 Outcomes with doctoral students*

The literature search identified six studies that included doctoral students as their participant sample, only two of these studies focused on doctoral students outside of the discipline of psychology. Other than the research of Yelea et al (2020) and Jimenz-Gomez et al (2022), none of these studies used a self-compassion intervention. Instead, they adopted questionnaire methods to correlate trait levels of self-compassion, all measured by the SCS, with various self-reported outcome measures. These studies found that increased self-compassion scores were associated with decreased imposter syndrome, increased ability to cope with stress during the Covid-19 pandemic and lower levels of burnout and self-criticism (Batchelder., 2020; Geary et al., 2023; Paucsik et al., 2022; Richardson., 2020). Clearly, further research is necessary to establish a solid evidence base. However, these findings

provide a rationale for additional research to investigate how self-compassion interventions enhance self-compassion amongst doctoral students. To understand the participant experience and how they might relate what they have learnt to their studies, qualitative studies are required for which there is a gap in the literature. Additionally, whilst self-reported quantitative outcome measures offer rigorous correlational evidence, they come with crucial limitations that must be acknowledged.

A major drawback all these studies share is that self-compassion as measured by the methodologically quarrelsome SCS can only be associated with other outcome measures meaning that causation cannot be implied. Secondly, all of the studies relied on participants self-reported responses. This is problematic as self-reported measures have several limitations. One significant issue is the potential for social desirability bias, where participants might respond in ways they believe are more socially acceptable rather than being truthful. This can lead to inflated scores on self-compassion scales as individuals may want to present themselves in a positive light (Van de Mortel, 2008). Another limitation is the subjective nature of self-report measures. Participants' responses can be influenced by their current mood, recent experiences, or individual differences in interpreting the questions (Podsakoff et al., 2003). This subjectivity can result in variability that is not necessarily reflective of actual changes in self-compassion or the associated outcomes but rather of temporary states or misunderstandings. Additionally, self-report measures rely on the participants' self-awareness and ability to accurately assess and report their own thoughts and feelings. Not all individuals may have the same level of introspective ability, leading to inaccuracies in the data collected (Paulhus & Vazire, 2007). This could be particularly problematic in self-compassion research, where the concept involves nuanced emotional and cognitive processes that may not be easily articulated. Lastly, the static nature of self-report questionnaires means they capture only a snapshot of the participants' self-compassion at a

specific point in time. This can miss fluctuations in self-compassion that occur in response to daily stressors or life events, limiting the depth of understanding that can be gained about how self-compassion functions in dynamic real-world settings (Neff, 2003).

Despite some methodological limitations, the research suggests that self-compassion interventions could effectively address the specific challenges faced by doctoral students, promoting their mental health and academic success. Further research is needed to understand how students experience and make sense of these interventions to understand some of the challenges they face with their research programmes. Both qualitative and quantitative research helps uncover cross-cultural differences relating to self-compassion research efforts. Qualitative research is ideally suited to reveal nuanced in-depth insights into how individuals from various cultural backgrounds experience and interpret self-compassion interventions (Braun & Clarke., 2022).

#### *3.2.5.6 Cross cultural differences*

The importance of acknowledging cross-cultural differences in the understanding of self-compassion interventions comes from research conducted with undergraduate students in China. Huang et al., (2021) used a 4-week (2 hours per session, once a week) group delivered self-compassion intervention that was adapted to suit Chinese culture from Mindfulness-Based Cognitive Therapy (Segal et al 2018), Compassionate Mind Training (Germer and Procter, 2006) and the MSC programme (Germer and Neff, 2019). The intervention group was found to report higher levels of self-compassion (as measured by the SCS) and future-orientated coping, as well as lower levels of depression and stress compared to the control group. Results supported the assumption that self-compassion and future-orientated coping is implicated in student wellbeing. This study is not without limitations, challenges with the SCS have been detailed but a further limitation of this study rests in the intervention itself.

Huang et al (2021) combined conceptually different approaches and only one of the three isolated self-compassion. This has potential to challenge the validity of the “self-compassion” intervention. It is not known to what extent the non-self-compassion elements of combined interventions influenced the outcome and arguably combining them resulted in the intervention targeting a different construct.

It is, however, important to consider ideological and philosophical differences with regards to this research and its applicability to western students. Specifically, Confucianism, moral perfection as the ultimate life goal, is thought to be crucial to Chinese culture where self-criticism is encouraged along with shame to motivate people towards perfectionism (Huang, 2021; Neff et al., 2007). How this philosophy influenced researcher reflexivity and participants’ experiences of the intervention, and outcomes, is unknown and further research is required to explore this. This information is considered vital when interventions are used crossed-culturally so that they are refined for their specific audience. This importance is highlighted in a qualitative study conducted by Zhao et al (2021). They used online focus groups with university students in China who formed part of a larger psychometric quantitative study. There were four focus groups. Male students who scored high on the SCS, Female students who scored high on the SCS, male students who scored low on the SCS and female students who scored low. Participants typed anonymised responses to statements designed to explore each of the six factors from the SCS (self-kindness, common humanity and mindfulness). For example, “Take a few moments to think about something important to you but you failed or did not do as well as you had expected in the past, try to remember what was going through your mind and what your ‘inner voice’ was saying.” After that, participants were asked to discuss how they felt and thought about six statements. Thematic analysis was used to analyse the data. One of the key findings was that Chinese participants valued benign self-criticism and self-reflection when contemplating their understanding of

self-compassion. This is in line with Confucianism which suggests that self-criticism could be potentially beneficial for personal growth. Crucially, participants' view of the self-compassion dimensions (self-kindness, common humanity and mindfulness) were described as dialectical in that they reflected *both* negative and positive perceptions in each factor. This is contrary to Neff's (2003) position that asserts that they are separate and purely negative or purely positive dimensions. This nuanced cultural understanding challenges the assumption that self-compassion is universally beneficial. The research of Huang et al., (2021) and Zhao et al. (2021) demonstrates the need for self-compassion interventions to address culturally specific barriers and present the construct in ways that resonate with the target population's values. While the transferability of these findings to other Chinese students or populations is limited, they underscore the importance of cultural sensitivity in designing and delivering self-compassion interventions. Additionally, this work also highlights the need for further research into cross-cultural understandings of self-compassion to ensure interventions are both effective and culturally relevant across diverse populations.

Cultural differences in ideologies and philosophies surrounding the understanding of self-compassion are further supported from findings that participants in Thailand reported higher trait self-compassion scores compared to those in the US (Neff, 2008). Considering such differences, research is required to specifically explore how students in UK institutions understand self-compassion post intervention. Moreover, it is necessary to understand how these interventions might help students to understand the challenges that they face with their PhD programmes. Notwithstanding these issues, the research reviewed broadly support the argument that self-compassion interventions provide positive outcomes with student populations. However, while quantitative methods offer valuable insights into the outcomes of self-compassion interventions, such as reductions in stress, anxiety, and self-criticism

(Neff, 2013; Smeets et al., 2014), they may not fully capture the nuanced understanding of how students experience and interpret self-compassion post-intervention. Self-compassionate behaviour has recently been positioned as a system of interacting processes that may be influenced by time frame, current situation and the individual, thereby highlighting the value of researching individuals' everyday experiences (Ferrari et al., 2022; Naidoo & Oosthuizen, 2024). Qualitative approaches are uniquely suited to exploring these lived experiences and uncovering the contextual and cultural factors that shape them (Braun & Clarke, 2022). In addition to the findings from quantitative research, a review of qualitative efforts is essential to provide a deeper and comprehensive understanding of students' experiences with self-compassion interventions.

#### *3.2.5.7 Qualitative research*

Thus far this literature review has primarily focused on quantitative studies. There is a dearth of qualitative research into self-compassion, being a relatively recent concept, research efforts have focused on supporting theory with an evidence base (David et al, 2018). As with quantitative studies, research is problematic in terms of the conceptualisation of the construct and is limited by related but different constructs being positioned together. For example, in a focus study using Consensual Qualitative Research applied to non-helping professions in the Czech Republic it was found that participants viewed the construct of compassion as help, support, closeness and interest and that compassion was viewed in terms of being deserved before applied. It was also found that individuals were cautious of exploitation through compassion (Barankova et al., 2019); highlighting the need for interventions to address fear of compassion. Notably, there was roughly equal participation between men (48%) and women (52%); something quantitative studies, to date, have largely failed to achieve. There might be differences in the way men and women understand compassion as well as cross-cultural differences (between the Czech Republic and the UK) that can affect the reflexivity

and transferability of the study. Whilst this research looked at compassion to self and others it would arguably lack credibility when seeking to isolate insights to self-compassion only.

In a similar study, Tierney et al (2018) explored what compassion towards self and others meant for UK medical students through focus groups. Using thematic analysis, it emerged that bringing humanity into the workplace, compassion as an innate resource, zoning into an individual's current needs, and collective compassion are what this group understood about compassion. However, as with Barankova et al. (2019), the use of focus groups can impact the heuristic value of what emerges through the debate. It's not known if participants felt able to express their opinions freely and how views were influenced by other group members or researchers. Whilst these findings support Neff's (2003a) model, self-compassion isn't viewed in isolation from compassion and whilst this research enables hypotheses into how UK medical students might understand self-compassion, we are no further to understanding this post-intervention.

In a recent study, increased bodily awareness has been identified as a precursor to cultivating self-compassion through mindfulness. Undergraduate students in Pintado's (2019) 8-week Mindfulness-Based Stress Reduction programme reported increased feelings of self-compassion, synchronicity with others and changes in patterns of behaviour such as eating and sleeping. This emphasises the importance of mindfulness in self-compassion interventions and supports quantitative research efforts. Crucially, this wasn't a self-compassion programme, but one based on mindfulness and yoga. Specific self-compassion meditations were included in only two of the eight sessions. Thus, it is uncertain to what extent the other six sessions influenced participants experiences, resulting in a lack of transferability and confirmability of the insights when relating to self-compassion in isolation. Qualitative research focused on self-compassion as a distinct construct is required to address this.



In what appears to be the only published qualitative research to date that looks at the experience of self-compassion post intervention in a student population, Binder et al., (2019) explored the experience of a brief self-compassion intervention with undergraduate university students in Norway. Using explorative-reflexive thematic analysis through in-depth interviews the following themes emerged post intervention, participants detailed that they were more aware of being too hard on their self and treating themselves badly (loving kindness). They had increased acceptance of painful and uncomfortable feelings and were more easily able to allow the feelings to be there without escalating (mindfulness). Further, they felt less alone in the world when having painful feelings or difficulties (common humanity). Finally, participants reported feeling more stable and peaceful having learned new ways to cope with stress (coping behaviour - like Huang et al (2021) quantitative outcome). These themes are clearly linked to Neff's (2003) model of self-compassion. Further, it demonstrates that the participants understanding of the intervention provided them with increased awareness of the construct of self-compassion enabling them to learn to relate to themselves differently.

However, the pre-understanding and preconceptions of researchers in relation to the topic could increase the propensity to bias when analysing themes. Further, the imbalance of power between researcher (academic staff and mental health professionals) and participants (students) in this study is important to highlight as students may have been inhibited or even wanting to please during the interviews. Mindful of the limitations of focus groups already attended to in this review, arguably in this instance they might have been preferable to the 1:1 in-depth interview that took place in recognition of the power dynamics between students and staff.

In summary of qualitative efforts, there is not enough research to inform our understanding of how doctoral students understand self-compassion following a brief self-compassion

intervention which I believe is contextually and culturally dependent. The one study that has explored this utilising a participant population seems to support Neff's model, however it is recognised that this research took place in Norway and due to methodological reflexive limitations further work is needed and represents a gap in our knowledge. Gaining insight into how doctoral students make sense of a brief self-compassion to understand the challenges they have faced with their study programme is imperative to develop and refine interventions and promote student wellbeing. To employ self-compassion interventions for research purpose amongst this population and to be able to implement any adaptations in line with theoretical positioning it is imperative to have a clear understanding of what self-compassion is as construct.

### 3.2.6 Conceptual Framework

#### 3.2.6.1 *Theoretical construct*

Self-compassion is assumed to be a multifaceted construct comprised of overlapping but conceptually distinct elements that are organised into three broad domains: Self-kindness Vs Self-criticism, Common Humanity Vs Isolation and Mindfulness Vs Over Identification (Neff 2016). Each of these domains are assumed to operate within a bipolar continuum. This means that observations can fall in a range on either side of the zero point (-1, 0 or +1), and assumes that in any moment of suffering individuals can display coldness or warmth toward themselves or be at some neutral point in between (Neff, 2022). As aforementioned it is the negative aspects of this continuum that have caused methodological controversy. There is also a lack of clarity regarding the relationship between these components. For example, it is not clear if they are inherently or definitively related or if the facets engender each other (Barnard and Curry, 2011). In a pilot study on self-compassionate writing conducted by Dreisoerner et al. (2020), researchers explored whether training in a single component of self-

compassion could influence other aspects of the practice. The findings provided partial support for the idea that enhancing one domain of self-compassion might lead to improvements in others. For instance, participants who underwent mindfulness training not only reported increased mindfulness but also showed gains in self-kindness and a sense of common humanity. However, those who received training focused on self-kindness did not experience corresponding improvements in self-kindness, mindfulness, or common humanity. These results highlight the nuanced and complex relationships between the different components of self-compassion, suggesting that further research is needed to fully understand how these elements interact and influence one another. This knowledge can contribute to the development of both theory and interventions.

#### 3.2.6.2 *Self-kindness Vs Self-Criticism*

Self-criticism is the process of negative self-evaluation. Traditional cognitive theories conceptualised self-criticism as a single process varying in degree of severity (Beck et al., 1979). However, later research has identified two distinct forms of self-criticism, the *hated self* and the *inadequate self* (Gilbert et al., 2004; Halamová, Kanovský, Gilbert, et al., 2018). The hated self is an aspect of self-criticism focused on aggressive self-hate and a desire to eradicate perceived undesirable aspects of the self. Given the scathing nature of the hated self it is understandable that it has been found to be associated with psychopathology (Gilbert et al., 2004). In contrast, the inadequate self is focused on drawing attention to inadequacies, things to improve and failures, with the function of self-correction (Wakelin et al., 2021). Recent research, in university students in the Czech Republic, has found that the “inadequate self” had a greater impact on the experience of stress compared to the “hated self” (Kotera et al., 2021). In further support of the argument that self-criticism has discrete functions, neural research has found that the inadequate-self form is related to reassuring processes in the brain, which is not the case for the hated-self form (Kim & Henderson et al., 2020). This

suggests that the way in which individuals engage with self-criticism influences their emotional experience. Understanding how doctoral students enrolled in self-compassion interventions engage in self-criticism is important. This knowledge enables the refinement of these interventions to better support students in developing a more supportive and kind inner dialogue, helping them cope with the demands of their doctoral programs.

According to Neff (2003; 2023) Self-kindness and self-criticism occupy opposite sides of a continuum. However, Neff asserts that self-kindness encompasses more than merely reducing or eradicating self-criticism. Self-kindness involves taking an active approach in caring for our own distress (Neff, 2003). Crucially, self-kindness is considered conceptually distinct from self-love. In accordance with Buddhist literature self-love involves finding joy, whereas self-kindness and compassion is based on the wish to be free from suffering (Henschke & Sdlmeier, 2023). In practice self-kindness requires being emotionally present during difficult times, acknowledging pain, and responding with compassion as opposed to criticism (Neff, 2003). For example, “I know this is a difficult time and that I am suffering, how can I look after and care for myself?” compared to “It’s because I’m a failure”. This involves individuals’ awareness and acknowledgement of a current difficult experience and then actively considering ways to promote self-care (Neff, 2023). From this perspective, it is assumed that treating ourselves with warmth and understanding enables us to learn how to provide validation and support for ourselves (Neff, 2003). When individuals practice self-kindness, they treat themselves with the same care and understanding they would offer to someone they care about, particularly during times of failure or difficulty (Germer & Neff, 2013). Cultivating a compassionate inner dialogue has been found to engender internal validation, helping individuals feel more confident, resilient, and self-assured in their worth and capabilities (Neff, 2003; Germer & Neff, 2013; Lefebvre et al., 2020; Barcaccia et al., 2022). Investigating this experience with doctoral students can contribute to the

understanding of how they engage with these practices and identify challenges and setbacks they face. In addition, it can provide rich insights into what participants have learnt and how they envisage it will impact them moving forward with difficulties that they encounter.

### *3.2.6.3 Common humanity Vs Isolation*

Isolation, both social and emotional, is closely linked to various forms of psychopathology. Research has consistently shown that feelings of loneliness and isolation can significantly increase the risk of developing mental health issues such as depression and anxiety (Cacioppo, Hawkley, & Thisted, 2010; Wang et al 2017). Isolation can disrupt sleep, elevate blood pressure, and increase the stress hormone cortisol, contributing to physical health problems that can exacerbate mental health conditions (Hawkley & Cacioppo, 2010; Klein et al 2023). Additionally, isolation can impair an individual's ability to develop and maintain supportive relationships, creating a vicious cycle where loneliness begets more loneliness, deepening the individual's psychological distress (Cornwell & Waite., 2009; Santini et al., 2020).

The sense of common humanity inherent in self-compassion is assumed to play a pivotal role in fostering a sense of connection with others rather than feelings of isolation. According to Neff (2003), when individuals embrace the idea of common humanity, they acknowledge that pain, failure, and personal inadequacies are part of the shared human experience. This knowledge helps to mitigate feelings of isolation by highlighting that one's struggles are not unique or abnormal, but rather a part of being human (Neff, 2003). Adopting this perspective fosters a sense of solidarity and connectedness, reducing the sense of alienation that often accompanies personal hardships. Research supports assertions that self-compassionate individuals are more likely to feel connected to others. For example, studies have shown that self-compassion is associated with greater social connectedness, increased empathy, and

more compassionate attitudes towards others (Neff & Pommier, 2013). Feelings of isolation are often found with doctoral students (Richardson et al., 2018), insight into how a self-compassion intervention might help students cultivate self-compassion and in turn help them to foster a shared connection with others is required. This could be important to their wellbeing as research has found the sense of common humanity inherent in self-compassion can help to shield against the negative effects of social comparison (Tweedale, 2020; Siegel et al., 2021).

Social comparison, where individuals evaluate themselves against others, often leads to feelings of inadequacy and isolation, especially in a culture that emphasises competition and individual achievement such as in academia (Festinger, 1954; Kretz, 2020; Geary., 2023). By focusing on shared experiences and the universality of human struggles, self-compassion is purported to help individuals move away from competitive self-evaluation and towards a more inclusive and supportive mindset (Neff., 2023). This inclusive perspective is crucial during times of failure or difficulty. When individuals face challenges, they can often feel alone in their suffering, believing that others are coping better or do not experience similar struggles (Neff, 2003). These irrational beliefs about our failures are closely tied to judgments of worth. According to cognitive models of distress, such as those proposed by Albert Ellis (1962) and expanded by Ellis and Dryden (1997), judgments of worth involve the tendency to evaluate oneself and others as inherently good or bad based on specific actions or outcomes. When we fail or make mistakes, we might conclude that we are inherently flawed or worthless, a judgment that fuels emotional distress including symptoms of anxiety, depression, guilt and self-criticism (Bridges & Harnish., 2010; Toth et al., 2022).

By embracing the concept of common humanity, individuals can remind themselves that everyone encounters hardships and that these experiences do not diminish their intrinsic value

or worth (Neff, 2003). Neff (2003; 2023) further asserts that this shift in perspective can alleviate feelings of isolation and foster a sense of belonging. Gaining insight into how common humanity aligns with participants' unique and culturally influenced pre-understandings of self-compassion and its sub-concepts is essential. This exploration is necessary to determine if and how individuals adopt this knowledge and apply it to the challenges they face.

#### *3.2.6.4 Mindfulness Vs Over Identification*

Mindfulness, defined as focused attention on the present moment with openness, curiosity, and non-judgment (Kabat-Zinn, 1994; Bishop et al., 2004), is a foundational element in both Buddhism and contemporary psychological practices. In Buddhism, mindfulness (Sati) is emphasised as a means to understand the mind and alleviate suffering (Segal, 2002). Neff and Dahm (2015) argue that cultivating self-compassion necessitates a mindful acknowledgment of one's pain. Within self-compassion, mindfulness is crucial for several reasons, though its application and benefits require critical scrutiny.

Firstly, mindfulness encourages present-moment awareness, which enables individuals to recognise experiences of suffering (Neff, 2003). This awareness can facilitate more effective addressing of needs by bringing negative emotions into conscious awareness rather than ignoring or suppressing them (Neff & Dahm, 2015). However, the emphasis on being present can overlook the complexity of individual psychological states and the difficulty some individuals may have in attaining or maintaining this awareness, especially under severe stress or mental health issues (Kabat-Zinn, 1994; Querstret et al, 2020). Given the prevalence of mental health issues amongst doctoral students it is essential that research explores their experience of self-compassion interventions to address this challenge and help to further develop interventions.

A central aspect of mindfulness is the non-judgmental observation of thoughts and emotions. This stance is vital for self-compassion as it helps individuals avoid self-criticism. Instead of labelling experiences as "bad" or "unworthy," mindfulness promotes acceptance of these experiences as part of the human condition, reducing negative self-reactions (Neff & Dahm, 2015). Yet this idealised non-judgmental stance could be challenging to achieve, particularly for individuals deeply entrenched in self-critical thinking patterns and especially amongst clinical populations (Gilbert., 2018). This has implications for the generalisability of research findings and may contribute to attrition if interventions are too challenging. Research is required to explore this experience with doctoral students.

Acceptance of the present moment, another facet of mindfulness, involves acknowledging suffering and imperfections without denial. This active engagement with one's experience is intended to foster kindness and understanding towards oneself. Nevertheless, the concept of acceptance may be misconstrued as passive resignation, potentially leading to a lack of motivation to change harmful circumstances or behaviours. This could be rejected in cultures that encourage self-critical motivation (Huang et al., 2020) and underscores the need for interventions to address barriers to self-compassion (Neff., 2003; Neff., 2023).

A crucial aspect of self-compassion is the recognition and acceptance of pain to avoid over-identification with negative thoughts and feelings. Over-identification can lead to rumination, where individuals become consumed by negative and/or self-critical thinking (Neff 2003; Neff & Dahm; 2015). Mindfulness disrupts rumination by encouraging observation of thoughts without entanglement, creating mental space and reducing the intensity of negative emotional states. Accumulating evidence indicates that the efficacy of acceptance- and mindfulness-based interventions on mental health problems is mediated or explained by increases in acceptance and mindfulness (Gu, et al., 2015). This suggesting that these skills



could be the crucial mechanisms underlying self-compassion interventions' therapeutic effects on psychological outcomes (Linardon, 2020; Neff, 2023). However, the efficacy of mindfulness in preventing over-identification is not uniform across all individuals, and further research is needed to understand its differential impacts (Tang & Braver, 2020)

Mindfulness creates a supportive internal environment for self-compassion, promoting healing and enhancing mental health, yet its application must be tailored and supported by further research to address these complexities effectively (Neff & Dahm, 2015; Segal, 2002; Kabat-Zinn, 1994; Bishop et al., 2004). Further research is required to understand how doctoral students experience mindfulness in relation to self-compassion.

### 3.2.7 Summary & Conclusion

Doctoral students face numerous internal and external challenges as they navigate their academic journey. These can have a detrimental impact on their wellbeing and ultimately impact their ability to complete their programme of study. There is a critical need to address the mental health issues of doctoral students who are at an elevated risk of experiencing distress in comparison to students on other academic courses. Self-compassion offers itself as a promising coping mechanism to support the wellbeing of doctoral students. This review has highlighted the complexity of theory and research around the construct of self-compassion and showcased the outcomes of both quantitative and qualitative research. Empirical investigation into self-compassion has provided significant insights demonstrating that self-compassion interventions are adept at cultivating self-compassion.

There is limited research that has been conducted with doctoral students, nevertheless self-compassion interventions have reliably been found suitable for use in student populations.

Over the last 20-years, research has demonstrated that efforts to improve self-compassion are associated with increased wellbeing and positive affect whilst reducing stress, anxiety,

burnout, and self-criticism (Ferrari et al., 2019; Wakelin et al., 2021). This mindset is associated with enhances in students' intrinsic motivation and academic performance. Efforts to refine Self- Compassion interventions have aimed to reduce the time commitment required from participants. Traditional self-compassion interventions last between 8-12 weeks and take place in person usually in a group setting. Whilst these can be effective in promoting wellbeing and reducing distress, they are time-consuming and demanding, making them less accessible for individuals with busy schedules (Yelea et al, 2020). Participants have often struggled to maintain commitment over extended periods, resulting in high dropout rates that could suggest a reduced effectiveness (Neff & Germer, 2013).

Brief self-compassion programs offer several psychological benefits, making them valuable interventions for various populations, including students and professionals. These programs, often consisting of short, easily integrated exercises, have been shown to effectively reduce symptoms of stress, anxiety, and depression (Smeets et al 2014; Mantelou & Karakasidou, 2017). Brief self-compassion programs are accessible, adaptable and time-efficient, making them suitable for individuals with limited time (Hickie., 2010). They can be easily incorporated into daily routines without requiring significant time commitments, which is particularly beneficial in high-stress environments like academia (Kazdin & Blase., 2011). Overall, self-compassion programmes provide a practical and effective means to improve mental health and well-being.

Whilst existing research has contributed to our knowledge base it is limited by methodological issues, such as the validity of measurements like the Self-Compassion Scale (SCS), a lack of consensus on the conceptualisation of self-compassion, and the inclusion of related but distinct constructs like compassion and mindfulness. Additionally, the quantitative studies mentioned have relied on self-reported measures, which can lack credibility due to

inaccuracies stemming from self-deception and memory biases (Paulhus & Vazire, 2007). The varying content and techniques of different interventions further complicate empirical comparisons, and it is crucial to consider cross-cultural differences that might influence the reliability of outcomes, particularly the impact of cultural and religious ideologies. Further cross-cultural research is required to address this. Qualitative research is required to gain in depth insights into how students experience and comprehend the construct post-intervention. Whilst this is currently scarce, its potential to reveal nuances surrounding participant experience including cultural perspectives is critically required. Of the qualitative research that has been conducted there are limitations. These include researcher preconceptions and experimental designs that fail to account for power dynamics, again underscoring the need for further research. Doctoral students have largely been excluded from the knowledge base thus far and this need to be addressed. There is a gap in the research as to how this specific population make sense of self-compassion interventions. This gap needs to be filled and can help meet the urgent requirement to promote student mental health (BPS, 2020). The British Psychological Society (BPS) has highlighted the serious mental health concern of students in higher-education and has publicly endorsed a government backed University Mental Health Charter to address this (BPS, 2020). Thus, this topic is of direct relevance to counselling psychologists as it can contribute to the understanding of how to practically enhance wellbeing of students using self-compassion interventions as well as contributing to a wider discussion about how to support students in educational settings. Most existing self-compassion studies that have student participants samples focus on undergraduate students, neglecting the unique pressures faced by doctoral students (Levecque et al., 2017). There is the need for more insight into how interventions are experienced. There is a clear gap in the research regarding how doctoral students understand and experience self-compassion interventions. This line of inquiry would contribute significantly to the practical

application of self-compassion interventions within educational settings, tailoring support to meet the specific needs of doctoral students and help support their wellbeing.

### 3.2.8 Research question

This study will seek to answer the question as to how postgraduate students make use of a brief self-compassion intervention to understand the challenges they have with their PhD program. The aim and objective of my study is to use qualitative exploration to understand how doctoral students experience a self-compassion intervention. This will include in depth investigation of how participants understand the construct of self-compassion both prior to and following the research intervention. A primary objective will be to investigate whether the knowledge and skills participants have gained influence their approach to their academic studies. My research question is: How do doctoral students make sense of a brief self-compassion intervention to understand the challenges that they face with their studies?

### **3.3 CHAPTER 2. METHODOLOGY**

#### **3.3.1 Overview**

This chapter explains the methodology that was used to investigate the research question and study aims as identified from the introduction chapter. This research was conducted to address a gap in the knowledge of how PhD students utilise a brief self-compassion intervention to reflect on and make sense of the difficulties they encounter in their academic journey.

Specifically, this study sought to answer the question: How do postgraduate students make use of a brief self-compassion intervention to understand the challenges they have with their PhD program? It was hoped that this will provide an understanding of the challenges that the participants encountered with their doctoral programme. As well as how they make use of a brief self-compassion intervention to understand those challenges. In the wider context, it is hoped that the research can contribute to counselling psychology literature and inform the practice and development of academic guidelines that can be used to promote the wellbeing of doctoral students.

The following subsections first discuss the theoretical position for this study. The choice and rationale of the analytic method that was used in this study is then explored. Secondly, the procedures, recruitment, data collection strategy and analytic procedures are described in detail. Ethical considerations will also be shared. The last part of the chapter will discuss the role that researcher reflexivity played in this qualitative research design.

#### **3.3.2 Theoretical Framework**

This research adopts a constructivist ontology and a hermeneutical-phenomenological epistemological position.

### **3.3.2.1** *Epistemology*

The phenomenological aspect of this approach focuses on how individuals understand the meanings of lived experience (Heidegger., 1927/1962; Gadamer., 1965/2013). Bolio (2012, in Guillen 2019) assumes that the sense and meaning of the world is subjectively formed and as a method phenomenology explores the person's awareness and understanding that form part of the individual's internal world. In this way phenomenology leads to finding the relationship between subjectivity and objectivity that is present in each moment of human existence (Guillen, 2019). How participants understand the objective self-compassion intervention is something that is subjective for the individual according to this view.

Hermeneutics is based on the Greek word "hermeneuein" which means "to interpret" and has sought to bring together science and thought using language (Heidegger., 1927/1962). In this way my role as researcher to interpret the participant experience and understanding of the self-compassion intervention. Velez and Galeano (2002, in Guillen 2019) claim that hermeneutics is an approach that explains behaviour, culture and systems of organisations so to reveal the meanings that they contain whilst simultaneously preserving individuality. This subjectivity attends to cross cultural and individual differences in the understanding and experience of self-compassion that might arise post-intervention. It also foregrounds the requirement for my cultural sensitivity in exploring the experience of the participants in relation to the research question.

Hermeneutic phenomenology is an inquiry arm of philosophical hermeneutics that features prominently in the consideration of existential issues (Annels., 1996). The notion of self is highly contested (Hume., 2008) and the construct of self-compassion can be assumed and explored when aligned with this epistemological premise. Self-compassion as a construct is underpinned by theory and supported by burgeoning empirical investigation (Neff., 2003; Neff., 2023; Neff & Germer., 2013; Smeets et al., 2014; Yelea et al., 2020). PhD students face

unique challenges that set them apart from other student populations, making them particularly susceptible to mental health issues (Batchelder, 2021; Cornwell et al., 2019; Evans et al., 2018; Friedrich et al., 2023; Levecque et al., 2017; McCray & Joseph-Richard, 2021; Moate et al., 2019; Richardson et al., 2020; Sverdlik et al., 2018). The pressures they encounter are distinct and often more intense, contributing to a heightened vulnerability to mental health concerns (Freidrich et al., 2023; Liu et al., 2019). Research suggests that cultivating an increase in self-compassion is associated with improved student wellbeing and reduced symptoms of anxiety, burnout, self-criticism and imposter syndrome (Batchelder., 2020; Geary et al., 2023; Paucsik et al., 2022; Richardson., 2020). Self- compassion has therefore been identified in this study as a construct of interest in relation to the personal and academic experiences of doctoral students. This study will be guided by existing theory while also allowing for the discovery of new insights. In relation to this research question a hermeneutical- phenomenological position presupposes that a psychoeducational intervention aimed at cultivating an increase in self-compassion will bring awareness to the construct of self-compassion among participants and encourages them to reflect on this experience.

It then follows that I will explore and interpret the meaning and significance attributed to the participants' lived experience of the self-compassion intervention (Heidegger, 1977). In my endeavour to answer the research question my knowledge and experience will contribute to my approach to analysis and interpretation. I adopt Gadamer's (1965/2013) position that understanding, and interpretation are inextricably interconnected making definitive objective interpretations impossible. The art of understanding is expressed as a *hermeneutic circle* consisting of 1) *Prejudice* which describes the certainty of the researchers' background and assumptions impacting interpretations. This stance assumes that knowledge is actively constructed through engagement with the world. 2) *Linguisticity* views understanding as a dialogical process that involves continuous interplay between researcher and participants.

This process is viewed as central to uncover meanings that are embedded in participants narratives. 3) *Histricity* –refers to the socio-cultural, historical and personal contexts that influence how individuals make sense of their human experiences (Ling 2008).

Hermeneutical phenomenology, as a research epistemology, lends itself to both inductive and deductive analytical methods. Interpretation is guided by the researchers understanding, pre-existing knowledge and theoretical perspective (Heidegger, 1962). This means that an epistemologically driven deductive approach can be used to integrate theoretical concepts and definitions of self-compassion to gain insight and guide the interpretation of participants unique experiences. This practice promotes transparency and reflexivity in the research process (Willig, 2022). It also allows theories of self-compassion and its related concepts to be integrated into the analysis.

#### 3.3.2.2 *Ontology*

In this project self-compassion is viewed with a constructivist ontology and assumes that individuals co-construct knowledge and meaning through interactions between knowledge circumstance and ideas (Wadsworth, 1996). This is an active process for both the participant and the researcher whereby the participant uses cognitive activity to engage in creating knowledge and the researcher investigates the participant's subjective individual experience (Svhwandt, 2001). It assumes that everyone's reality is different, and for research purposes it is necessary to consider multiple points of view as reality is not a single observable entity (as with positivism) but constructed from dynamic multiple realities (a sum of perspectives, perceptions, views, and beliefs) unique to that person (Schwandt, 2001). In this way it is assumed that there will be individual differences in both the understanding and experience of the intervention. The purpose of this research is not generalisability, but to develop an in depth understanding of how PhD students understand their experience of a brief self-



compassion intervention (Willig, 2022). The epistemological and ontological position of this research has directly informed the design of the study.

### 3.3.3 Research design

To answer the research question, this study used a qualitative design that involved a semi-structured interview of participants who participated in the brief self-compassion intervention. A qualitative approach afforded non-linear and rich insight into the participants subjective experience and understanding of the intervention to answer the research question (Cleland, 2017). Thematic analysis (Braun & Clark, 2022) based on phenomenological hermeneutics and ontological constructivism is the analytic method that was believed to be best suited to this study. An initial sample of 12 participants were recruited. Of this 12, 3 participants dropped out after screening and before starting the intervention. A final 9 participants took part in the study. A 20–30-minute pre-interview video screening call took place to confirm participants met the inclusion criteria. During this call participants were fully informed about the study and its requirements. It also provided them with the opportunity to ask any questions. Once accepted on to the research programme, participants took part in the intervention as detailed later in this chapter. Following completion of the intervention, one-to-one online video recorded interviews took place approximately two-weeks post intervention and lasted 50-65 minutes.

#### 3.3.3.1 *Rationale for Thematic Analysis*

The purpose of Thematic Analysis is to uncover shared patterns of meaning that can provide insight into how participants make use of a brief self-compassion intervention to understand the challenges that they have with their PhD programme (Willig, 2022). Thematic Analysis is believed to be best suited for this research question as it offers flexibility and depth, making it an ideal choice for understanding complex, nuanced experiences, behaviour, or thoughts across a data set (Braun & Clarke, 2022). The challenges faced by PhD students are

multifaceted, involving emotional, psychological, and academic dimensions (Levecque et al., 2017). Thematic analysis is adept at capturing this complexity, enabling the exploration of various ways in which the participants made use of the self-compassion intervention to understand their academic challenges. In addition, Thematic Analysis provided a clear, systematic process for coding and theme development that ensured that the analysis was rigorous and transparent (Braun & Clark., 2022). Establishing rigour is crucial for ensuring the credibility and trustworthiness of the findings (Willig, 2022). This systematic approach was believed to be optimal for exploring the various academic challenges participants face and how the self-compassion intervention was understood in relation to these challenges.

Thematic Analysis is adept at exploring how individuals make sense of their experiences something which was considered essential to answer the research question. When investigating how participants made sense of the self-compassion intervention, this method helped to reveal the personal and collective meanings participants attached to their experiences, highlighting common challenges and coping strategies. The depth afforded by this approach is a requisite for understanding the nuanced ways in which the self-compassion intervention contributed to students' understanding of their experiences in their PhD programmes. Thematic Analysis also promotes the respectful representation of participants' voices, ensuring that their experiences are authentically captured and reported, whilst maintaining anonymity and confidentiality. This ethical consideration was thought to be important when dealing with sensitive topics such as personal wellbeing and academic stress. Another reason for selecting Thematic Analysis was that it allows the findings to be presented in an accessible manner so that they can be perused by a broader audience outside of counselling psychology such as governmental departments. For example, the Office for Students (n.d) are directly involved in policy development around creating supportive environments that address the unique challenges faced by PhD students.

### 3.3.3.2 Alternative approaches

A mixed-methods approach for this study was considered as it is recognised that it could have provided a comprehensive understanding of the impact of self-compassion interventions on doctoral students. A mixed-methods approach would have allowed for the collection of measurable data, such as pre- and post-intervention assessments of self-compassion using tools like the Self-Compassion Scale (Neff, 2003), along with quantitative measures of mental health and academic outcomes, such as anxiety and stress levels. This would have been useful in gauging the effectiveness of the intervention from a statistical standpoint, providing a broad overview of any significant changes. Then qualitative data, collected through semi-structured interviews, could have complemented this by exploring the deeper, more subjective experiences of the participants, allowing for an understanding of how they made sense of their challenges and how self-compassion influenced their academic journey. This approach could have offered a well-rounded perspective, combining the generalisability of quantitative findings with the richness of qualitative insights.

However, the decision was made to focus solely on a qualitative approach, primarily due to the epistemological stance underpinning the study. The research sought to explore the lived experiences of doctoral students and how they internalised and applied the self-compassion intervention to their unique academic pressures. A qualitative approach, rooted in the hermeneutical-phenomenological framework, was deemed most appropriate for capturing the subjective nature of these experiences (Heidegger, 1977; Gadamer, 2013). While the inclusion of quantitative data could have added valuable context and supported the findings with empirical evidence, the primary aim of the study was to understand the personal sense-making process of participants. Additionally, the decision was influenced by the significant gap in the literature on qualitative research exploring the experiences of student's use of self-compassion interventions, particularly at the doctoral level. Despite the growing body of

quantitative studies on self-compassion interventions, qualitative research remains limited, particularly in understanding how students themselves interpret and make sense of such interventions in the context of their academic pressures. By choosing this route, the research was able to fully focus on capturing the depth and complexity of participants experiences, ensuring that their voices and personal narratives were central to the exploration of their experience of the intervention.

Other qualitative approaches to this study were also carefully considered. As this research is underpinned with Neff's (2003) theoretical conceptualisation of self-compassion, Grounded Theory was considered as an alternative methodological approach given its emphasis on theory development. There are many similarities between Grounded Theory and Thematic Analysis. For example, both are based on enquiry that involves identifying patterns and themes and both are used to interpret and analyse qualitative data (Cho and Lee, 2014). However, Grounded Theory is a solely inductive process with an emphasis on theory development as opposed to the individual meanings that are made. I wanted to be able to analyse the data both inside and independently of a theoretical framework which positioned grounded theory as a less suitable analytic approach for this research.

Similarly, Interpretive Phenomenological Analysis (IPA) was a strong analytical contender for this study. IPA is concerned with trying to understand lived experience and how participants make sense of their experiences (Larkin, Flowers & Smith., 2021). Like Thematic Analysis, IPA has a dual focus on the unique individual experience as well as exploring patterns across the data (Smith, Flowers & Larkin., 2022). IPA also takes a singularly inductive approach to analysis that does not involve the use of pre-existing theory to identify codes that might be applied to the data set.

A pivotal reason for selecting Thematic Analysis over IPA and Grounded Theory was its flexibility, which was recognised as essential so that the analysis that could reveal new insights. At the same time, I wanted to incorporate the theoretically driven working definition of self-compassion that this research adopts. I felt that combining inductive and deductive approaches meant that I could leverage the strengths of each to provide a balanced and robust analysis. For this reason, Thematic Analysis was the preferred approach to data analysis in relation to answering the research question. This combined approach to coding meant that data analysis could be performed without a theoretically informed coding frame, as well as one derived from the literature (Willig, 2022). In this way, the exploration of how participants made use of the brief self-compassion intervention was considered through existing theories and definitions of self-compassion, but at the same time it allowed for the emergence of unique insights.

### 3.3.3.3 Limitations

There are several criticisms that have been levied at Thematic Analysis as an approach to data analysis. One such criticism is directed at its interpretive nature, where analysis relies heavily on the researcher perspective. This can increase the propensity for researcher bias (Terry & Hayfield., 2020). This study has addressed this by explicitly stating the epistemological and ontological underpinnings of the analysis. This action defines the analytical lens including the assumptions and concepts that guides the analysis in this research. Locating Thematic Analysis both theoretically and epistemologically also helped me to move beyond mere paraphrasing of content to generate meaningful interpretations of the data in line with my position (Braun & Clark, 2022; Terry & Hayfeild., 2020).

There also exists the perception that the inherent flexibility of Thematic Analysis has the potential to negatively impact the rigour of research. Specifically, that it can lead to a lack of

coherence when developing themes derived from the research data (Kiger & Varpio, 2020). Various steps have been taken to achieve rigour in this research. The study has strived for transparency by detailing a clear and consistent research focus. This transparency is evident in both the methodological and analytical approach. Adhering closely to the guidance set out in Braun & Clark's (2022) 6-step recursive guide to Thematic Analysis meant a systemic approach was applied to the data set. Thorough data immersion took place. An extensive circular coding process was performed. Explicit efforts to promote reflexivity are detailed in the analysis section and at the end of this chapter. Collaboration with my research supervisor and regular peer review has helped to ensure that identified themes are internally coherent, distinct from each other, clearly articulated and are supported by the data set. These direct efforts have been undertaken to ensure that the research is robust and meaningful.

#### 3.3.4 Self-compassion Intervention specification

The self-compassion intervention to be used in this research project closely aligns to an intervention developed by Smeets et al (2014). The decision to adhere to this particular intervention was based on several factors. Firstly, the Smeets et al (2014) intervention sought to help students deal with the challenges of university life in a more self-compassionate way. This is directly relevant to this current research project as participants are PhD students. Secondly, Kristen Neff was co-author of the Smeets et al (2014) paper and is widely considered one of the leading experts in both theory and research in self-compassion (Egan et al, 2022).

Whilst Neff's own intervention comprises an intensive 8-week Mindful Self-Compassion (MSC) programme (Neff & Germer, 2013) she has supported and been involved in more time limited programmes that have produced significant differences in self-reported measures of self-compassion as measured by the self-compassion scale (Smeets et al 2014; Albertson &

Neff et al 2015). I recognise that the interventions and their related findings are based on a positivist epistemological premise (Smeets et al., 2014). However, I determined that the construct validity that they have been found to demonstrate (Cleare et al., 2018; Neff et al., 2021) provides a good starting point for qualitative exploration into how participants understand a self-compassion intervention in line with Neff's definition of self-compassion that is adopted in this research. Finally, as Smeets et al (2014) clearly set out each step of the intervention, with ready access available to the instructions on Kristen Neff's website (Neff, 2023), it made closely adhering to the intervention practicable.

Other interventions considered included the two-week intervention used in qualitative research conducted by Binder et al (2019). Whilst this intervention also adapted the MSC intervention to a similarly timed intervention to Smeets et al (2014), and bore many similarities in detail, it included Mindfulness Based Stress Reduction (MBSR) which is arguably a different construct to that of self-compassion. In addition, the Binder et al (2019) intervention was less explicit in instructions that made the possibility of close adherence ambiguous. Finally, the authors of the Binder et al (2019) study were contacted on multiple occasions to discuss the possibility of sharing the intervention for the purpose of this research but contact was not established.

#### *3.3.4.1 Intervention delivery*

Smeets et al (2014) delivered their intervention in person and in groups. In contrast the intervention in the current study was delivered by MP3 audio on a 1:1 basis and included the opportunity for personal reflection as opposed to group discussion. The two audio-recordings were recorded by two individuals independent to the research. It is believed that the two individuals who made the recording were unknown to the participants. However, this was not able to be verified without disclosing confidential identification information from both parties. This decision not to use my own voice on the recordings was taken to encourage

freedom of expression and so not to impact the heuristic value of what emerged from the research interviews. For example, participants not liking the voice of the person who made the recording. Creating distance between myself and the intervention was considered essential for participants to be able to talk openly in their interviews (Bergen, 2020).

Whilst it is recognised that group delivered interventions provide an opportunity for increased insight and learning that occurs between group members (Yalom., 2005), the rationale for an audio delivered intervention was based on accessibility and flexibility. Research into other self-compassion interventions has reported that participants often struggle to fit the requirements of the intervention into their daily lives (Yela et al., 2020). An audio delivered intervention that invites active personal reflection affords participants a level of flexibility that group sessions do not. This flexibility is considered optimal to encourage engagement amongst participants who arguably have onerous demands on their time. As we navigate an increasingly digital age, service providers have shifted many psychoeducational interventions in therapeutic settings to include digital support, both in research and practical applications (NHS, 2022). Digital interventions are easily accessible, flexible, economical, and practical for psychoeducational tasks and are not intended to take the place of therapy (Henson et al, 2019). Owing to practical time restraints and the theoretical positioning of the research it was decided that a pilot study would not be conducted. As the specific intervention had been piloted and used in research with other participant populations it was felt that it had demonstrated acceptable feasibility (Smeets et al., 2014; Li, 2023). I consulted my research supervisor as an expert in self-compassion on the details of the intervention to ensure practicality.

#### *3.3.4.2 Intervention overview (adapted from Smeets et al., 2014)*

#### *3.3.4.3*

#### **Session 1**



The first audio recording focused on teaching participants to notice their own suffering and introduces several informal self-compassion techniques. See Appendix B for the full audio recording transcript.

1. Background information to be given on self-compassion and its differences from concepts, such as self-indulgence, self-pity, and self-esteem.
2. Participants were asked to reflect on how they usually treat themselves when having a difficult time and to explore their self-critical voice by writing down their most common self-critical thoughts on cards.
3. Participants were asked to think about what they would need to feel comforted and understood in times of distress.

### **Out of session tasks**

1. Participants instructed to switch their intervention bracelet from one arm to the other every time they addressed themselves in a harsh way or felt upset about something.
2. Participants asked to keep a seven day “self-compassion journal” that contains instructions on how to reprocess difficult experiences with a sense of kindness, common humanity, and mindfulness (Neff, 2011).
3. For the third exercise, participants were asked to practice an informal form of loving-kindness meditation and were instructed to silently repeat three loving-kindness phrases, directed at others and themselves, every night before going to bed. For example, “May you be at peace,”; “May you be kind to yourself,”; and “May you be free from suffering”.

### **Session 2**

The second audio recording focused on teaching participants to be more self-compassionate when confronting difficulties in daily life. See Appendix B for the full audio recording transcript.

1. Participants were given psychoeducation on the role of self-criticism in fear of failure and procrastination.
2. Participants were asked to think about ways to motivate themselves in a self-compassionate rather than a self-critical way.
3. Participants were asked to do an exercise (adopted from Neff, 2011) where they will design three personalised self-compassion phrases that correspond with the key elements of the self-compassion definition, e.g., “This is a moment of suffering” (mindfulness), “suffering is something we all share” (common humanity), and “may I be kind to myself” (self-kindness). Participants were asked to use these phrases when encountering difficulties in daily life and to adapt these sentences according to the situation.
4. Participants were asked to write down five things they appreciate about themselves and to reflect on the experience of relating to oneself in a positive way.

### **Out of session tasks**

1. Participants were instructed to use their self-compassion phrases as often as possible when encountering difficulties or disappointments in daily life over the next week.
2. Participants were asked to write a self-compassionate letter about an issue that they tend to feel bad about. This letter was to be written from the perspective of an imaginary friend who is unconditionally kind, accepting, and compassionate, and they were asked to read the letter twice in the upcoming week.

3. Participants were asked to continue with their informal loving-kindness practice every night before going to bed.

### 3.3.5 Research materials

The intervention audios were recorded on a digital recording device and emailed to participants in MP3 format. The data was collected through online video recorded semi-structured interviews, with guidance from some set questions and prompts (see Appendix C). Ethical approval was received for interviews to be conducted in this way. Online video recording software was used to record participant interviews, and all data was then kept on a password protected computer. The password was known only to the main researcher.

#### 3.3.5.1 Resources

Encrypted audio and video recording software (Microsoft Teams) were used for both the intervention and the interview (already licenced by the researcher). The recording of the intervention was provided by two volunteers independent to the research and known personally to the researcher. Several recordings were made and checked by the researcher for pace and tone. The recording volunteers were each given a £40 amazon gift voucher for their time. I had access to a recording studio to ensure the recording is of suitable quality.

“Intervention bracelets” made from natural material were purchased online at [www.amazon.co.uk](http://www.amazon.co.uk) at a cost of £1.00 per bracelet. Participants were asked if they required a pen and a notebook to be sent to them at the same time as their intervention bracelet. These items were sent by registered mail.

As the intervention was listened to in the participant’s own time and the interviews place online via video, this eliminated the cost of meeting rooms and travel. Owing to the time commitment from participants (an approximate total of 6hours for intervention and in-depth interview) participants were each given a £15 amazon gift voucher for taking part. This was

emailed to the participant on the same day as their interview took place. Costs were borne by the researcher and did not exceed £250.

### 3.3.6 Sampling, recruitment and Participants

#### 3.3.6.1 *Sample*

The target population was purposive and based on the criterion that individuals were actively enrolled and attending a PhD programme at a single London University. This approach to sampling ensured that the participants would be directly relevant to the research question and could provide rich qualitative data. According to the World Population Review (2024) between 1-3% of the world's population has a PhD. Owing to the small target population criterion sampling was considered for this study to be more efficient than, for example, random sampling. The decision to exclusively include participants that attended a single London university was taken as it was hoped that this would encourage support from the institution in the recruitment of participants.

#### 3.3.6.2 *Recruitment*

The recruitment process took place in March 2023. The doctoral programme office at the University was asked and agreed to circulate a recruitment poster via email amongst doctoral students (See Appendix D and E). Three printed posters were also put up around the university campus. In exchange for this support, I offered that this research, upon conclusion, could be disseminated within the institution so that any insights can inform discussions around student well-being. A total of 16 potential participants expressed interest in the study in response to the recruitment email. These responses were received within one week of the email being sent.

#### 3.3.6.3 *Exclusion criteria*

For ethical reasons individuals under 18 years old were excluded from the research. Students on professional doctorates were excluded as their academic journey was considered to differ from those on PhD Programmes (see also reflexivity). Individuals known personally to the

main researcher were also excluded. Potential participants experiencing acute stress and emotional distress were to be given the option to delay participation and, if required, to be signposted to support services.

#### *3.3.6.4 Screening*

In late March and early April 2023, pre-interview screening video calls took place to confirm that participants met this criterion and to provide them with the details of the intervention and focus of the study. It also gave them the opportunity to ask questions. These calls lasted between 20 -30 minutes. During the calls the institutional guidelines for telephone screening were followed to adhere to ethical standards in the event of participants experiencing acute distress (City, University of London Psychology Department; Research Ethics Committee, 2021). The questions and protocol followed the instructions laid out on Figure 1. Participants were also provided with general details of what the post-intervention interview would consist of so that consent was fully informed.

**Questions and protocol used to screen for stress and Emotional Stress (based on guidelines from City, University of London Psychology Department; Research Ethics Committee, 2021)**

**1. Have you understood the intervention and focus of this study?**

**2. Are you experiencing a high level of stress or any emotional distress currently?**

If yes, follow-up questions to determine whether the distress is currently interfering with the person's life in a significant way.

**3. Are there any reasons you can think of that might make participating in this self compassion research intervention and interview too difficult for you?**

If yes, follow-up questions to determine whether anything can be done to mitigate this, or whether participation at this time does not seem appropriate.

**If individuals do not answer any of the screening questions affirmatively, proceed to scheduling an interview. If individuals answer any of the screening questions affirmatively and their answers to the follow-up questions indicate acute distress or a safety concern but no imminent danger, consider the following actions:**

a) Do not schedule an interview.

b) Recommend that the individual contact his or her GP/ mental health/ wellness support services.

**In the rare event that individuals respond to the screening questions affirmatively and provide information that suggests imminent danger, consider the following actions:**

a) Request that the individual speak with the psychologist research supervisor, requesting the individual's phone number for this purpose.

b) Recommend that the individual attend their GP/ A&E.

c) Request the individual's address to call emergency services if needed

*Figure 1 Telephone screening protocol for potential participant stress and distress.*

All potential participants answered the screening questions non affirmatively. Once participants verbally confirmed during the screening call that they wanted to take part in the study, they were provided via email, with the Participant Information Sheet (see Appendix F) and Consent Form (see Appendix G) that outlined the research project. They were then asked to provide written confirmation, by return email with signed documents, that they understood the content and consented to take part. Participants were again given the opportunity to ask any questions.

### *3.3.6.5 Intervention*

Once participants have been provided with the participant information sheet and had formally consented to participate, having been screened against the exclusion criteria, they were then accepted on to the research programme. Participants were sent the intervention bracelet via post as well as writing materials if they were required. Participants were asked to

email myself as the lead researcher on receipt of the resources. At this point they were emailed with detailed instructions including the first recording of the intervention (See Appendix H). There was flexibility in the exact date that participants chose to start the intervention so that they could fit it in with their academic studies. This took between April and May 2023.

### 3.3.6.6 Sample size

An initial 16 students expressed that they were interested in taking part in the study by way of responding to the recruitment email that was circulated by the doctoral college. Figure 2 details the recruitment and attrition rates through the research process.

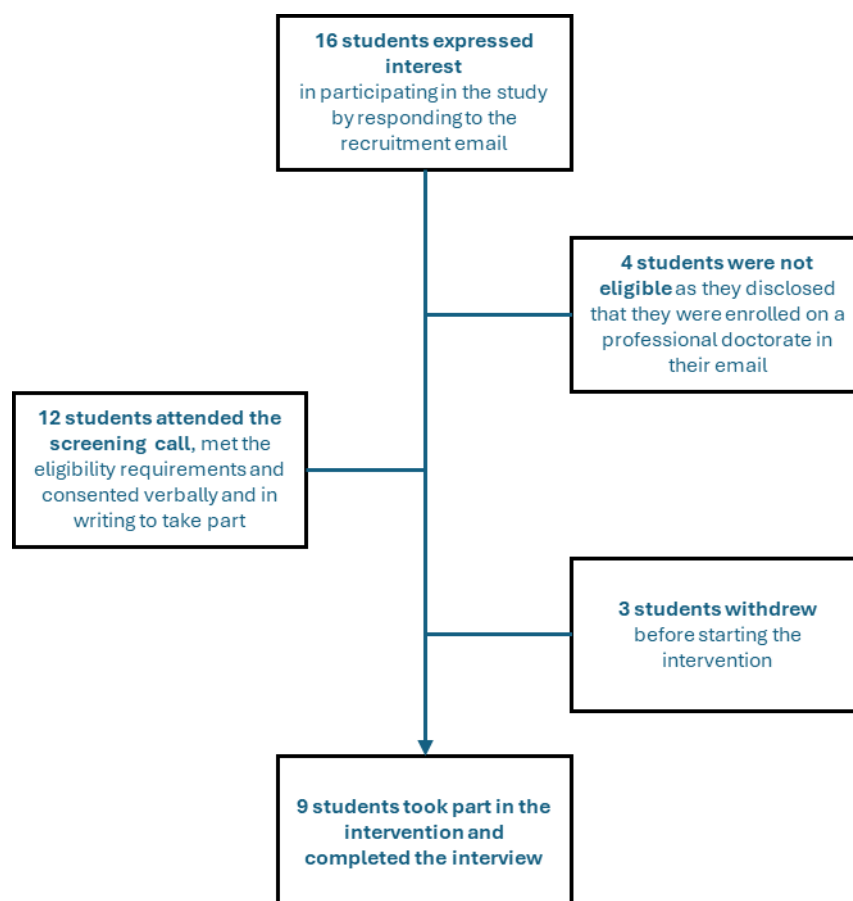


Figure 2 Recruitment and attrition rates through the research process

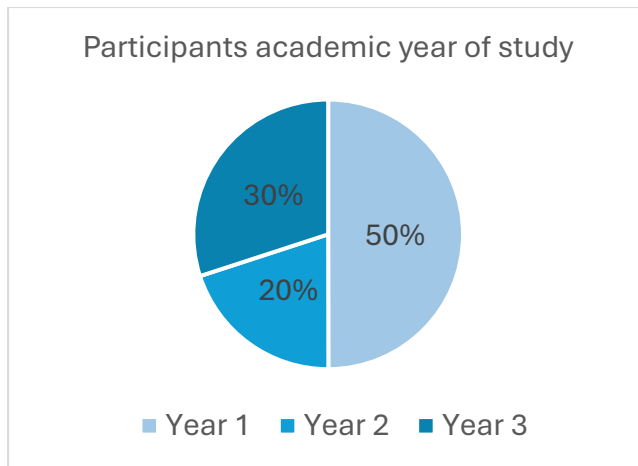
3 participants dropped out of the study before starting the intervention. 2 of these participants, without request, cited the demands of their courses as the reason for them not taking part in the study. The third participant dropped out without further contact for reasons unknown. The remaining nine participants listened to both audios of the intervention and eight of the nine participants attempted the out of session tasks.

Sandelowski (1995) argued that the aim for qualitative studies is to ensure the data collected is small enough to manage and large enough to provide a new understanding to the research question and can be of subjective judgement. In line with this position, there exists research and guidelines to ensure that the sample size is adequate to reliably uncover commonalities in the data. Guest, MacQueen, & Namey (2012) found that data saturation can often be reached with as few as six interviews when the goal is to identify common themes. This is reflected in Braun and Clarke's (2013) guidelines for Thematic Analysis that suggests 6-10 participants for small projects. This indicates that a sample of nine participants was sufficient for thematic analysis to generate reliable and insightful findings in this study.

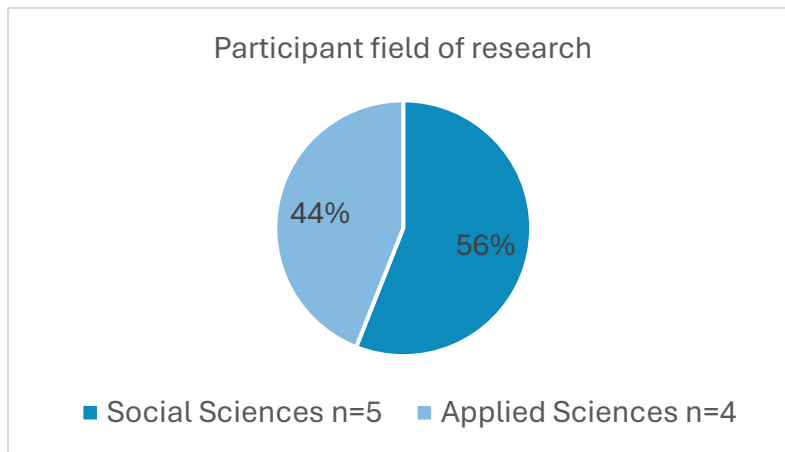
#### *3.3.6.7 Participant demographics*

All 9 participants were enrolled as doctoral students at a single London university. Extreme caution has been used to ensure that the reporting of demographic data is de identifiable to protect participants confidentiality. The age range of the participants was between 23 and 50 years. The age ranges were skewed with a median of 30-years. Figure 3 represents the academic year of study participants were in where they took part in the research. To protect confidentiality, I am not reporting details of the participants specific PhD programmes. In Figure 4 below I have, however, used broad categories to display the participants general field of research.





*Figure 3 Participants academic year of study*



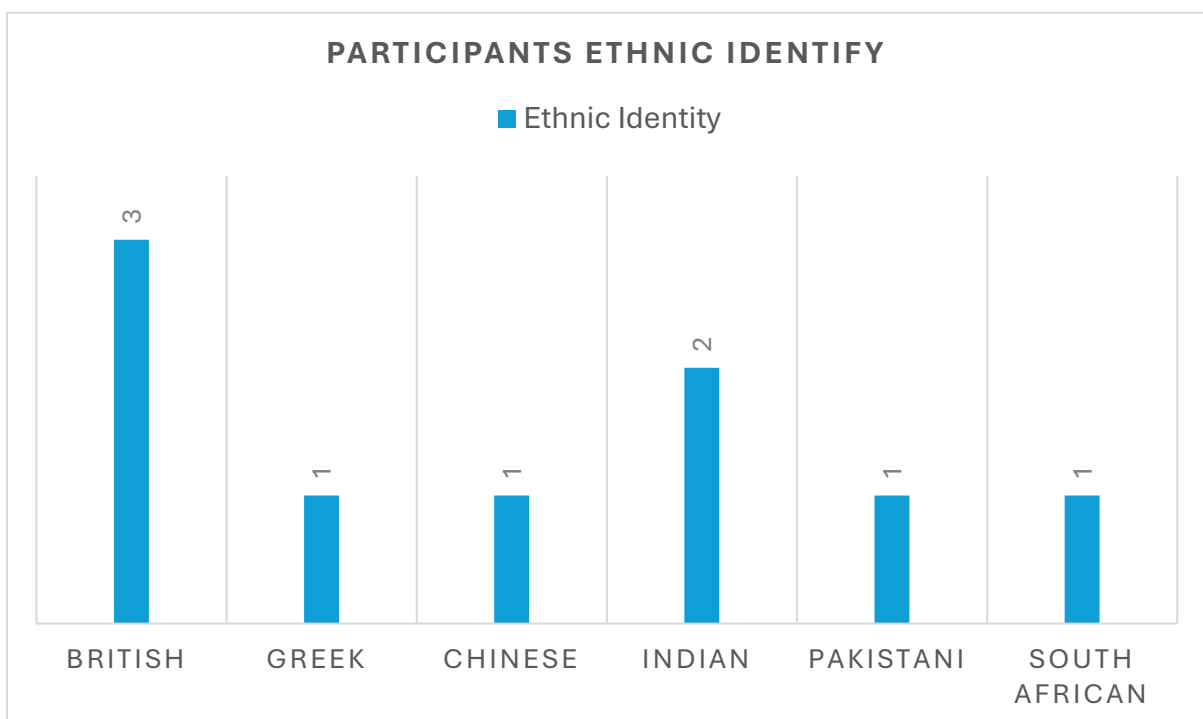
*Figure 4 Participant field of research*

77% of participants (n=7) identified as female and 33% (n= 2) identified as male. Participants studied and lived in different countries across the world. To anonymise the data, I have chosen not to report the number of participants in each country or provide more granular detail such as the towns participants resided in. The various geographical location of participants is displayed in Figure 5. Participants reported a broad and diverse range of ethnic identities that are displayed in Figure 6. These have been reported as research has found that documenting participants ethnic backgrounds can promote the transparency and reliability of

research enabling replication and comparison of studies across different cultural contexts (Tracy, 2010).



*Figure 5 Geographical location of participants*



*Figure 6 Participants ethnic identities*

### 3.3.7 Semi-structured interview

Smeets et al (2014) used the third and final session of the intervention for group discussion and evaluation of the intervention as part of their quantitative research efforts. In this research project, and in line with the qualitative approach of Binder et al (2019), the intervention is comprised of two sessions that are held a week apart with the final session being the 1:1 interview. Consideration was given to whether the interview should be conducted with the

participants as a focus group. This was decided against as participants had not experienced the intervention together which could impact what is shared within the interview if it was to be in a focus group format. Further, as participants were made aware that I am also a doctoral student it was thought there was less of a power imbalance to impact the 1:1 interview (as opposed to it being conducted by faculty staff members). This was considered important as the interviews consisted of participants discussing details of their academic journey that might have been inhibited in discussion with institutional leads.

The interviews were scheduled at a time and date that suited the participants and me. They were scheduled during the working hours of the country that the participant was located. This was to facilitate access to support in the case of distress being experienced. They took place on Microsoft teams (Licensed by City, University of London) and were video recorded. The purpose of the interview was to allow the participants to reflect on both their experience of the intervention and their understanding of self-compassion in line with the research question. This was reiterated to the participants at the beginning of the interviews. The interviews were semi-structured and conducted by me as the lead researcher. This was considered appropriate as I did not participate in facilitating the intervention (owing to its digital delivery method).

The interview guide was informed by Neff's (2003) conceptualisation of self-compassion. The interview was aimed at open-ended hermeneutic phenomenological exploration of the participants experiences of the intervention (see Appendix C for interview agenda). In this way interview guide questions sought to elicit narratives from participants demonstrating how meanings are lived out based on shared understandings that develop from experiencing the intervention in their socio-cultural context (Oerther, 2021). This was done by following the guidelines suggested by Oerther (2021), whereby the interviews begin with warm up questions, followed by core questions before moving to probing questions. This meant that my active listening during the interviews was a prerequisite so that I was attuned to the

content of what the participants were saying whilst simultaneously being ready to explore the underlying meanings in their narratives in further detail. The interviews were concluded with wrap up questions.

A verbal check was made on the participants experience of emotional distress during each interview, relating to both the intervention and the interview. At the end of each interview participants were emailed the participant debrief form (see Appendix I) that included signposting in the event of distress. After each interview notes were made in my reflexive journal about the content of the interview and about key discussions that took place.

Interviews took place in April and May 2023 and were transcribed verbatim between June and September 2023.

#### *3.3.7.1 Data inclusion*

It was recognised that this intervention would generate data outside of the interviews that took place. For example, with the self-compassion journal and self-compassionate letter writing task. This information could undoubtedly have provided rich insights into the way participants engaged, understood, and experienced the intervention. However, I decided that only the information contained within the verbal interview would be included for data purposes. At pre-screening, participants were instructed to retain or destroy their written activities, following the interview, at their discretion. They were also informed that this information was outside of my purview. This decision was carefully considered and discussed in detail with my research supervisor. I had several reasons for taking this stance. Firstly, it was anticipated that exploring these written accounts might bring up personal participant information that would not be relevant to the research question. In line with academic institutional and professional regulatory guidelines (BPS, 2021) my position is that it is ethical to include only data that is pertinent to the research question.

Secondly, I judged that asking participants to disclose the content of their journals and letter writing tasks could potentially provoke unnecessary anxiety and/or distress. For example, causing them anxiety over my perceived judgment of them during analysis. In addition, it may have contributed to worry surrounding confidentiality and the ability for others to be able to identify them. As an ethical researcher it was my responsibility to avoid this (British Psychological Society, 2021; Health and Care Professions Council., 2016).

Finally, I strongly felt that if participants were aware that their journal entries and self-compassionate letters were going to be included and explored within the research, it would be likely that this knowledge would influence the way that they approached the intervention. I felt that it was crucial to ensure that the intervention was engaged with as authentically as possible and that participants were treated in accordance with ethical principles.

Participants reactions to this appeared to support my decision. Three participants exclaimed relief when informed that this information would not be included. A further two participants shared that they were worried that I would look at the content of their written tasks. These responses are in line with studies where it has been found that participants feel more comfortable and are more open when they are assured that their private reflections remain confidential (Guillemin and Gillam., 2004).

### 3.3.8 Ethical considerations

This study has been approved as low risk by City, University of London Research Ethics Committee. Ethics approval code ETH2223-1789. It has complied with the BPS code of ethics (The British Psychological Society., 2021) and HCPC ethical guidance for students (Health and Care Professions Council, 2016). All participants were over 18 years old and not currently experiencing acute emotional distress.

To maintain ethical adherence, it was important to protect vulnerable participants from emotional distress. I recognised that taking part in the intervention and subsequent interview could potentially exacerbate distress through recalling upsetting memories or experiences (British Psychological Society, 2021). Simultaneously, it was crucial that those from clinical populations were not excluded from the research to adhere to ethical standards of inclusivity (British Psychological Society, 2021). To navigate these tensions, it was decided that potential participants who are experiencing acute distress (regardless of past history) and/or a high level of stress at the time of the screening call would be offered the option to postpone participation to a later date, or to not take part in the study. In the event of risk participants were to be signposted to support services that were detailed in the Participant Debrief Form (Appendix I).

Participants were fully verbally informed of the nature of the research at the pre-screening call prior to the intervention. A detailed written information sheet was provided explaining the purpose of the research and what was be expected from the participants (see Appendix F). Written, informed consent was obtained at this stage. Participants were provided with the opportunity to ask questions at the pre-screening call. To equip the research participants with the materials (intervention bracelet, pen and notebook) relevant to the research, their home address was required. It was recognised that this is personal information and to mitigate against any potential risk, this information was destroyed by the researcher as soon as the materials were sent. Sending materials via Royal Mail Special delivery ensured that they arrived promptly. Participants were informed of this in the Participant Information Sheet (Appendix F).

During the pre-screening call, prior to taking part in the intervention and subsequent interview, participants were informed of their right to withdraw from the study at any time and without reason. Participants were also told that they can stop listening to the audio

recordings or engaging with the tasks at any point when taking part in the intervention. They were also offered a break from the interview if they felt it was required. The interviews were semi-structured and if they necessitated further questioning to illicit more detailed responses, this was done sensitively, respectfully and without leading the participants.

Upon completion of the interview, participants were fully debriefed verbally and in writing (see Appendix I). At the end of the interview, they were again given the opportunity to ask questions as well as to provide feedback. The intervention is psychoeducational as opposed to a clinical, participants were made aware of this distinction verbally at the pre-screening call and in writing through the Participant Consent Form (Appendix G). As the content of the intervention is easily accessible online and doesn't include distressing material, it is assumed that risk to participants is low. However, to ensure the safeguarding of participants, signposting to relevant counselling support and services was provided if required. This contact information was included on the Participant Debrief Form (Appendix I). At the onset of the study, it was incorrectly assumed that all participants would be located in the UK. An amendment to the ethics application was submitted and approved by the Research Ethics Committee in April 2023. This amendment was required to ensure that participants who took part in the intervention and were interviewed (via Microsoft Teams) in locations other than the UK had access to support in the event of distress (see Appendix I). Additionally, interviews were conducted during working hours of the country that the participants were located to facilitate participant access to support services if required.

I provided my university email contact details if participants wished to withdraw their data or in the case of any concerns about the research. The research supervisors contact details were also included in the event that participants felt unable to ask me directly, or if they wished to make a complaint.

Confidentiality was protected by anonymising any personal or identifying details using pseudonyms. It was recognised that the participant sample was taken from a small and targeted population. To protect confidentiality in the write up of the research, their demographic details were presented in a way to prevent identification. Participants were informed that confidentiality would be broken only if the researcher felt there was a risk of serious harm to themselves or others, or where there was a legal obligation to do so, these details were provided on the Participant Information Sheet (Appendix F).

. Interview transcripts were stored on the institutional OneDrive account on the same computer. All data related to the study, including transcripts, recordings and contact details will be destroyed following completion of the research, in line with City University of London's research guidelines. These stipulate that City, university of London will keep data from this study for 10 years after the study has finished. Information relating to data protection was contained in the Participant Information Sheet (Appendix F). Throughout the project I was in regular personal therapy, as a means of safeguarding from potential distress and met regularly with the research supervisor.

The participants were from diverse cultural backgrounds. It was my responsibility to recognise and respect the various backgrounds, values and experiences (Irvine et al., 2008; British Psychological Society., 2021). To embody a culturally sensitive approach it was imperative that I invested time learning about cultural norms and communication styles that might influence participants during the research process (Ozaki & Sue, 2016). To do this I read academic texts and articles and engaged with cultural insiders who were personally known to me. These actions both informed and contributed to my knowledge, so I felt confident in demonstrating sensitivity. I also recognised the importance of self-reflection and the necessity for me to be aware of my own cultural biases and assumptions (Lago., 2005). I



approached this by detailing in my reflexive journal my thoughts, feelings and potential biases throughout the research.

### 3.3.9 Data Analysis

Braun and Clarke's (2022) recursive six step guide to Thematic Analysis was used to analyse the data to ensure that analysis is adequate and avoid making unfounded or unconvincing claims. This process took place between September 2023 and May 2024.

**Step 1: Data Familiarisation:** The analysis began by becoming familiar with and immersing into the data by reading and re-reading transcripts. This step was crucial for understanding the breadth and depth of participants experiences. In line with the hermeneutic-phenomenological perspective, I approached data analysis with the understanding that meaning is co-constructed between the participant and researcher. This lens positioned me as both a participant in and an observer of the research process (Gadamer, 2013). The video interviews were initially watched and transcribed verbatim. This was attempted one interview at a time so to remain focused. See Appendix J for a transcript excerpt. I found that having a visual recording was helpful as it provided nonverbal information such as facial expressions and hand gestures that would have been absent from audio alone. During transcription I made notes in a column adjacent to the transcripts for anything that I felt was important explicitly or by way of interpretation (see Appendix J). I made notes on a micro level going through the transcript line-by-line and staying close to the data. I also approached the transcripts at a broader level looking a segment of data to ensure that I captured underlying meanings. This was followed by repeated active listening of the audio and reading of the transcript. I noticed that to ensure that I was concentrating on what was being said that the listening of the audios took place in the morning as opposed to the evening when I am tired. I also alternated my listening to different locations allowing me to experience the audio in a different way.

**Step 2 Generating Initial Codes:** From this familiarity, initial codes were generated from note taking on pertinent data items, questions, and connections between data items. The thematic coding process was guided by a combination of inductive and deductive reasoning, in line with my epistemological perspective. Inductive reasoning allowed me to remain open to unexpected insights from the data, whereas deductive coding drew on existing theories of self-compassion to shape the analysis. This combination of approaches ensured that my analysis reflected both the participants' lived experiences and the theoretical framework underpinning the study. I used a simple strategy of a three-column Microsoft Word document which detailed the interview transcript, code and researcher notes. The first step in code generation required that I explored the data free from a theoretical framework to identify novel insights to answer the research question. I repeated this process twice to check my understanding. It was vital that I retained a curious and non-assumptive stance and, to the best of my ability, put aside my own beliefs and assumptions. This was made easier when approaching the data semantically but became more challenging when exploring the subtext and underlying assumptions. This involved me zooming in and out of the data which was exhausting. To promote reflexivity, I had to take regular breaks so that I could remain alert. I also relied on my reflexive journal to detail and explore my own reactions to this process. In addition, I made use of peer research support to explicitly foreground my thinking and check my assumptions in both the semantic and latent coding. Reflexivity was a continual process, where I considered how my own background and theoretical beliefs shaped my interpretations of the data. This approach is consistent with the hermeneutic circle, in which understanding develops through an iterative process of interpreting both parts and wholes of the data (Gadamer, 2013).

The next step in the coding process involved developing a framework for deductively coding the data in line with the theoretical construct of self-compassion as defined by Neff (2003).

Self-compassion is defined as 1) Mindfulness 2) Self-Kindness and 3) Common Humanity.

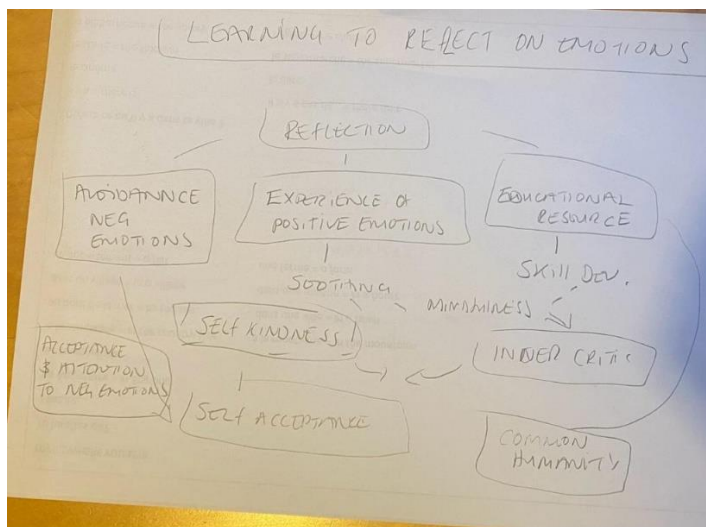
These constructs provided the structured framework for the deductive coding that was then manually applied to the entire dataset. I determined to take a manual approach as it enabled me to stay close to the data through the entirety of the analytic process. This deductive approach was performed twice. The process was experienced as more efficient as there was a roadmap for coding. However, full attention was required to uncover the codes associated with latent meanings.

The final step in code generation was circularity and maintaining an iterative approach to coding. This involved a dual focus on both inductive and deductive codes. This was applied to the dataset on two further occasions to identify anything that had been missed. During this process codes were refined as new insights were revealed. This rigorous approach to coding allowed me to identify codes that were too broad and make them more specific or vice versa. As much as immersion is important to be able to code the data, I found it was important to step away and “reset” to avoid feeling overwhelmed or “lost in” the data which is why I had frequent breaks between coding. I also only approached the data one transcript at a time.

All codes were then extrapolated to a Microsoft Excel document and sorted alphabetically (see Appendix K). I noticed that there were slight differences in code names, so I chose to merge ones with synonymous meanings (see appendix K). I then proceeded to compile clusters of code that shared concepts or ideas to provide an answer to the research question. These colour coded clusters of broader shared meanings represented the initial (candidate) themes that were identified from the data.

**Step 3: Searching for Themes:** After coding the data, I began to identify broader patterns of meaning. As the researcher, I recognise that my interpretations of the data are influenced by my epistemological beliefs about knowledge creation. This dynamic, interpretive process

reflects the underlying constructivist view that knowledge is actively constructed by both the participants and the researcher. Therefore, the themes and patterns identified are not objective truths but are shaped by the interaction between myself as researcher and participants, as well as by my theoretical framework. All relevant themes were noted. On reflection I found that many of these initial “themes” were in fact topic summaries, something that does not constitute part of a Thematic Analysis (Braun and Clarke, 2022). To avoid this, I spent a considerable amount of time trying to encapsulate what was emerging as central organising concepts from the data. I found that visual representations helped me with this process, as provided in the example in Figure 7. Which shows the approach taken to defining emerging themes. This approach allowed me to begin to organise themes with their corresponding sub themes.



*Figure 7 A crude visual representation of theme development*

**Step 4: Reviewing Themes:** Themes and sub themes were reviewed and refined to ensure that they accurately reflected the data. This involved checking the themes against the coded data and the entire dataset to confirm their validity and coherence. Reviewing these candidate themes required my revisiting the full dataset. This was necessary to ensure coherence and relevance to providing a convincing narrative to answer the research question. It also ensured

that themes identified the most important patterns over the dataset and were supported by relevant participant excerpts. This was achieved by highlighting supporting transcript excerpts with the same colour allocated to each theme (see appendix J and K). These were extrapolated into Microsoft Excel so that each theme was accompanied by all the supporting data.

**Step 5: Defining and Naming Themes:** The final step involved defining and naming the themes, providing a clear and concise description of each theme that clearly reflected participant voices. This step was essential for communicating the findings effectively. To help develop my themes I actively engaged with peer debriefing and sought feedback from my research supervisor. This enabled me to gain alternative perspectives and helped ensure that the themes accurately reflected the data.

**Step 6: Producing the Report:** The next chapter provides a coherent narrative of how the data was interpreted but also why the selection of themes and interpretation of the data are important and accurate. To remain grounded in the data, using participants' own words to support interpretations and keeping the research question in mind was essential. As the analysis also used deductive codes it allowed for integration with existing theories and definition of self-compassion. This helped to situate the findings within the broader context of existing research (Fereday & Muir Cochrane, 2006).

### 3.3.10 Reflexivity

It has taken me many years to acknowledge the existence and extent of my own self-criticism. The distress it has caused and the impact it has had on my life has been considerable. The existence of a cruel and unforgiving inner critic is something I presupposed was common to all. I can attest to personal experiences over my lifetime that has fuelled its development and loudened its voice. It was refreshing and freeing to learn that, with time

and practice, it was possible to quieten if not silence that vile voice of hate. It was a radical shift in my thinking, contraindicated by my culture and upbringing, that there could be another way to relate to yourself. I had never believed it possible to treat myself with loving kindness. The idea of which initially made me distinctly uncomfortable. My personal practice of self-compassion is understood as an ongoing journey that has included both challenges and successes. This research topic was therefore driven by my own interests and practice of mindfulness and self-compassion. Over the last 5 years this has become an integral part of my life, and I am committed to incorporating self-compassion routines into my daily self-care practices. I encourage my children to use this approach in relating to themselves as I believe that seeing themselves through a self-compassionate lens can help to empower and motivate them. Further, that being kind to ourselves can help us in turn be kind and empathic towards others. I frequently use self-compassion practices with clients in my clinical work and have felt privileged to have been able to bear witness to the positive impact it has often had.

My first-hand experience of the inordinate pressures and challenges that I believe are unique to doctoral programmes has influenced my curiosity and exploration of self-compassion experiences in relation to this specific population. As a mature student I come to the research from not only a psychological background, but also from having experienced an alternative career and focus. My many years working in the City of London in various industries such as IT and banking have contributed to shaping my view of myself and the world. I live in western society and am from a multi-cultural background whose influences have been profound in my personal and professional development. Becoming a mother and watching my children grow and develop has had a considerable influence on how I see and relate to myself and the dual roles I often undertake both inside and outside the home.

As a researcher investigating a self-compassion intervention, my background, beliefs, and experiences play a crucial role in shaping the research process which necessitates the promotion of reflexivity throughout this process. This is my own interpretation of the data set in relation to the research question. I recognise that others may provide alternative interpretations which is something that I am open to. Whilst the interviews were collaborative leaning towards a more empathetic reading (as opposed to suspicious), I am aware that the process involves a degree of appropriation (Willig, 2012). It was evident that during the interviews that my voice was present, and I maintain the position that meaning is constructed through language which I understand as a collaborative process. However, at the same time I believe that the participants account was driving the interpretation. In line with the epistemological position of the research and Heidegger's (1977) hermeneutical philosophy, it is contended that to entirely eliminate my own concepts from interpretation is "manifestly absurd" (Gadamer., 1975). It is for this reason I have chosen to write up this research using the first person.

Despite this, I am aware that holding an open curiosity to the experience of others is particularly important with phenomenological research. To attend to the influence of my own beliefs, assumptions, and values I have overtly attempted to "bracket", that is to suspend judgment and assumption throughout the research and interview process, so I am able to better understand participants experience (Husserl, 2012). I have taken several direct steps to promote reflexivity. For example, through the exclusion of participants enrolled on a professional doctorate I hoped in some way to attend to assumptions of "sameness" and over-identification towards others on the similar academic journeys. Also, keeping a reflexive journal throughout the research process helped to document my thoughts, feelings, and potential biases. This practice encouraged continuous self-examination of my personal responses and reactions and has helped me to identify moments where my perspectives might

influence the research. For example, being engaged but at the same time being mindful to avoid being too enthusiastic during the participant interviews. I am aware of my passion for this topic area and that avidly portraying that could have potentially resulted in participants providing socially desirable responses. Approaching the work with an open curiosity, and through researcher reflexivity, I have also made a considered effort to represent the participant in both my explicit and latent interpretations. Being transparent in my reporting has also helped me to promote reflexivity. For example, in my combined approach of applying inductive and deductive coding frameworks to the data reflects my personal theoretical positioning in relation to the research project.

Maintaining a non-assumptive stance is something that I have further been able to explore in my personal counselling sessions that have taken place throughout the research process. Finally, I have been well supported by my peers, academic staff and research supervisor throughout the professional doctorate. I have fortunately had the opportunity for regular discussions and reviews through this entire process. Gaining feedback and alternative viewpoints has been vital to promoting reflexivity throughout this research.



### 3.4 CHAPTER 3. RESULTS

The report of how post graduate students make use of a brief self-compassion intervention to understand the challenges they have with their PhD programme is introduced in Table 1 below. Six themes, with corresponding sub themes, were identified and interpreted. Pseudonyms have been used to protect participant confidentiality. An extract of the interview transcripts with researcher notes are in Appendix J. Image 1 also shows a visualisation of themes in relation to answering the research question. Following the hermeneutic-phenomenological position adopted in this research, the themes derived from the data reflected both the participants' subjective experiences and my interpretations as a researcher, recognising that meaning is co-constructed through dialogue and interaction

Theme	Sub Theme	Characteristics
<b>Scared and alone</b>	Isolation Fear of failure I'm not good enough Stress and overwhelm	The demands of the PhD impacting wellbeing and the wider context of institutional responsibility
<b>Know thy enemy</b>	Existence of inner critic Emotional impact Practical impact I have a choice	Acknowledging existence of the inner critic and identifying our habitual response to it. The impact of drawing attention to our inner critic and understanding how it is possible to positively engage with it.
<b>Transforming perspectives</b>	Ordering thoughts Acceptance Embodiment	How reflection on experiences and the associated feelings changes how we view ourselves, the world and others. This includes being able to accept negative emotions as well as recognising how they are embodied.
<b>Everybody hurts</b>	A change in understanding of self-compassion I am not alone in my feelings	Understanding common humanity as an important part of the construct of self-compassion and how that knowledge impacts emotions.
<b>Unlocking self-love</b>	Identifying barriers to self-compassion Reprocessing experiences self-compassionately Self-compassion is a skill to develop It's ok to have a break	Viewing oneself with kindness and understanding self-compassion as a skill that can be developed. As well as beginning to understand personal barriers and cultural differences in self-compassion.
<b>Turning guidance into growth</b>	Accessibility and flexibility Task engagement	Practicalities of the intervention – understanding instructions, accessibility, and

	Ongoing practice Programme development	implications for ongoing practice as well as future approaches to interventions.
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**Table 1.** Themes identified and defined.



**Image 1.** Visualisation of themes.

### 3.4.1 Theme 1: Scared and alone.

Taking part in the intervention facilitated participants to reflect on the numerous internal and external pressures of their PhD programmes. This reflexivity enabled them to consider challenges that they found to be unique to doctoral programmes. Self-reflection was something that some participants had not previously experienced, indicating that intervention engagement was responsible for bringing awareness to those experiences. Through their engagement participants commonly identified feelings of anxiety, low mood burnout and

loneliness. Participants felt isolated from their peers, and many experienced a fear of failure. Through social comparison most student participants experienced feelings of not being good enough in relation to their PhD programmes and struggled with a sense of not belonging. Procrastination was something all participants experienced to some extent. In conjunction with pressures in their personal life, this made it difficult for many of the participants to maintain a sense of wellbeing.

#### *3.4.1.1 Isolation*

One way in which PhD programmes were understood by participants as being unique, was because they were felt to lack structure for the submission of academic work. This means that the ability to self-motivate was considered essential for success and this was understood as different from other academic courses.

*“In the master’s they give you the structure, they give you the deadlines. Whereas it’s very different in PhD life.” – Bella, page 258.*

Participants also shared that their social experience was different compared to that of other academic courses. For example, attending lectures in undergraduate and other postgraduate courses happens on a regular basis. In contrast, participants reported infrequent connections with their peers. It was revealed that this lack of connection with peers resulted in feelings of isolation. The intervention, through daily tasks such as journaling, encouraged participants to focus on and identify the challenges that they faced allowing providing them with increased awareness of their difficulties.

*“My PhD is very isolated... there are conferences every now and then, but they happen once every six months or so.” - Ashraf, Page 198.*

This demonstrates that feeling connected/isolated to/from others can influence how the PhD programme is experienced. The emotional impact of being isolated during their PhD programmes was associated with feelings of loneliness for many of the participants. It appeared that these participants felt alone professionally from their peers, and potentially also in relation to personal connections outside of academia.

*“This is such a lonely journey the PhD course...No one knows what you're actually doing”- Rakhee, Page 141.*

Taking part in the intervention clarified to participants that to reduce feelings of isolation and loneliness, that connection with others was essential. Through their engagement they understood that being isolated was something that had a negative emotional impact. This connection was considered important socially, professionally, and emotionally. In this way participants understood the polarity between isolation and connection. It seemed that whilst participants had a vague preunderstanding of the importance of connection to help reduce isolation, this knowledge was amplified and made explicit through engaging with the intervention. Taking the time to reflect on their own experiences appeared to help participants identify their emotional wellbeing needs.

*“Sometimes we need [to] go out to have some social activities... to bring our positive feelings.” - Ray page 73.*

#### *3.4.1.2 I'm not good enough*

Many participants reported lacking a sense of belonging on their PhD programmes, and reflected this was especially so in the first year of the course. Understandably it takes time for the participants to adapt to their programme of study. It seemed that being isolated and disconnected from other students accompanied social comparisons being made with others in academia. When encountering fellow academics, participants are only presented with what

others display externally (both verbally and non-verbally) without necessarily having any other information about that other person's internal experience. For participants feeling isolated, this seemed to result in self-doubt and feelings of not belonging when encountering knowledgeable and seemingly confident others. The intervention helped bring awareness to these feelings and give them an opportunity for detailed consideration in a way that some participants had not done or been able to do so previously.

*"Sometimes there's the impostor syndrome...because I'm surrounded by so many people that are just on a completely another level."- Ashraf, page 174.*

This demonstrates that participants experienced increased feelings of anxiety when social comparison was accompanied by self-doubt or a negative self-evaluation. The feeling of not being good enough for the programme appeared amplified by internal and external factors. For example, financial remuneration seemed to increase the pressure to perform and exacerbate feelings of not being good enough. This potentially had an impact on participants understanding of the factors that influenced their admittance on to their chosen programme. There appeared to be an inference that this was attributed to something other than their intellectual ability (potentially luck or a mistake).

*"I'm on a very privileged funding stream ...and I was concerned that I would be found out and seen as - "You don't belong here! What are you doing? You can't do a PhD." - Sophia, page 212.*

It was also revealed that internal factors unrelated to the PhD programme contributed to the way that participants evaluated themselves in comparison to others. Age, gender identity, race and religion are examples of differences that might have contributed to feelings of not belonging amongst participants in relation to their course. These feelings may also exist in

other areas of the participants lives, suggesting that they might not be unique to their experience of the PhD programme.

*“I'm currently undergoing a diagnostic thing for autism, and it's brought up quite a lot of things for me like not fitting in, not being good enough, lots of people think I'm weird.” - Bella, page 247.*

#### *3.4.1.3 Fear of failure and procrastination*

Participants reflected that they often placed excessive pressure on themselves to perform in their studies. As there exists a need for self-direction and self-motivation within the PhD programme it could be that some students set themselves unrealistic standards as they are unclear on expectations (owing to isolation). This uncertainty appeared to influence them towards self-imposing impractical standards/goals to avoid failing their programme.

Engagement with the intervention resulted in many participants identifying with the cycle of being motivated by fear, ensuing in the setting of unrealistic goals/deadlines that was detailed. Once these goals are not hit the self-doubt and negative evaluations are then confirmed. Alternatively, if the goals are achieved more are set to a higher standard initiating the cycle again.

*“... because my standards keep changing and they're now at the point where it's so unrealistic that you keep moving that bar higher..., but it's almost to the point where it's like you're never gonna attain this. And is that just setting yourself up to fail? So that just reaffirms everything you thought about how useless you were.” - Esme, page 96.*

If fear of failure can result in procrastination, it is expected that procrastination would be a common experience amongst participants. All participants reported that procrastination was something that they often struggled with. However, it appeared that the intervention brought about the new understanding that underlying procrastination was a pervasive fear of failure.

*“So being motivated by fear, that definitely struck a chord 100%. And I think that's particularly relevant for PhD students.” - Sophia, page 248.*

#### *3.4.1.4 Stress and overwhelm*

Participants demonstrated a clear understanding of the emotional impact that the PhD has on them. It was understood to be something that dominates their entire life, and taking part in the intervention gave them the opportunity to reflect on this impact. Their involvement helped participants recognise other areas of their lives, such as family, friendships, and relationships, that might be negatively affected by a lack of time to invest in them. There was a pervasive feeling of being overwhelmed and overburdened and this appeared to be normalised by participants. This indicates that the pressures of the course had a negative impact on feelings of anxiety and low mood that could be triggered through experiences of worry and isolation.

*“So much of my PhD time, I just feel like I’m rushing or, you know... swimming against the tide.” – Esme, page 79.*

This pressure whether it be internal or external can result in feelings of burnout that can have a negative influence on self-care. Feeling unable to meet basic care requirements can have a negative emotional impact on participant health and wellbeing. This suggest that the demands of their courses were embodied and had both an emotional and physical impact on participants.

*“Not getting enough sleep can lead into a whole bunch of other things like struggling with like exercising, feeding yourself well and things like that.” - Sophia, page 213.*

There seemed to be a sense that this pressure was expected prior to embarking on the course but that the expectation was very different to the reality of their experience. This suggests that participants potentially underestimated the impact of the PhD programme on their wellbeing. At the same time participants are aware of the importance of their mental health during the

interviews. However, considering the impact of their study programme on their ability to care for themselves, it may reflect the challenges they faced in prioritising time for their well-being.

*“Before I started my PhD I knew there was a thing about doing a PhD. In like mental health and how challenging it is. But now I'm on it. It's like this really is a thing...we all need to kind of look after ourselves and stuff.” - Bella, page 257.*

Participants also reflected that they felt that emotional support was lacking on doctoral research programmes at an institutional level and that this is something that they would like increased access to for their specific population. Some participants appeared disillusioned by one off events. This suggests that they would prefer something that they can build upon and develop to help support them as they progress through their programme of study. This indicates that they considered that time spent on improving mental health and wellbeing an investment and a benefit.

*“It almost makes it a bit tokenistic when it's like “I will drop this in here seeing as it's this awareness month, we'll do an event now” and it's not really allowing that space for those habits to form. It's just as an afterthought.” - Esme, 107.*

In some cases, participants appeared to feel that their institution was using the demands of the programme to actively try to push students to their limits (resulting in burnout and emotional exhaustion) to justify them being awarded a PhD. This suggests that they believed intellectual achievements are prioritised over emotional wellbeing at an institutional level. At the same time there seemed to be a belief amongst one participant that students want that burnout to happen to prove that they are worthy. Whether they are proving this, for example, to themselves, peers or family remains unclear. However, it suggests that the accolade of



PhD/Doctor is meaningful to this participant and held in such high esteem that there is a belief that it must be torturous to succeed.

*“There's some kind of pride in how academia like grinds its students right down and breaks them... a lot of students see their PhD as a badge of honour; it's a reward for their suffering.”*  
- Esme, Page 106.

I was struck that despite all the pressure and hardships experienced, that all participants would still choose this path in life which suggests that they value the experience and journey of learning. It also supports their position that suffering is necessary for academic success. I wonder if the action of focused attention to consider their challenges helped participants re-affirm the decision they made to pursue a doctoral degree.

*“You know, I wouldn't change it for anything, I would happily do it all over again.”* - Ashraf, Page 184.

### **3.4.2 Theme 2: Know thy enemy.**

The self-compassion intervention encouraged participants to become aware of self-critical thoughts through psychoeducation and specific task requirements. Not all participants became aware of self-criticism, rather they identified that their thoughts centred around the perceived criticism of others. Prior to the intervention many participants used avoidance of the inner critic as a coping strategy for the potential emotional distress caused by self-criticism. For some participants the process of being aware of the inner critic was experienced as emotionally uncomfortable as prior to taking part in the intervention they had actively tried to ignore or suppress it. For other participants engaging with the intervention enabled them to recognise the extent to which they self-criticised which was something that they were previously unaware of. This was often connected to practical challenges participants faced in their doctoral studies. For some participants, growing awareness of the

inner critic then helped them to begin to develop the skill of choosing how to respond to self-criticism. This means that through increased awareness of self-criticism the intervention allowed participants to learn new ways of relating to themselves. Moreover, by potentially reducing self-criticism, engaging with the intervention changed the attitude to the way some participants approached their studies.

#### *3.4.2.1 Existence of inner Critic*

Prior to taking part in the intervention participants assumed the existence of an inner critic. The inner critic was something that they understood as separate, but at the same time part of the individual, and was experienced as something negative and not under personal control.

*“I'm quite in tune with my self-critic... They [inner critic] have quite a lot to say and I know that I'm very hard on myself.” – Esme, page 85.*

By engaging with the intervention participants identified the characteristics of their inner critic. For some this was experienced as their own voice, but for others it assumed the position of perceived criticism from other people. For example, a family member or a supervisor/colleague. Noticing the difference between being self-critical and anticipating the potential criticism of others was a new insight as to how participants related to themselves and suggests that not all participants were self-critical. This indicates that there are individual differences in the way that the inner critic is experienced. These insights were attributed to the experience of engaging with the research intervention and something participants were previously unaware of.

*“So, it wasn't I'm stupid”. It was more... They are going to think that I'm stupid...They think I am worthless or a waste of space ... it's more about what I perceived other people thought about me and that was a surprise.” – Lauren, page 23.*

#### *3.4.2.2 Emotional Impact*

The psychoeducational audios in the programme detailed that to compassionately attend to self-critical thoughts it is first necessary to be aware of them. The intervention required that the inner critic was brought into awareness physically (changing the hand the bracelet was worn on) and mentally (through the first part of the letter writing task). “Tuning in” to the inner critic was a novel experience for many participants, and some demonstrated an open curiosity about this which they found helped them to increase their awareness of self-criticism. Prior to the intervention, focused attention (mindfulness) wasn’t something participants had engaged with in relation to critical thoughts. The experience of the intervention appeared to provide further insight into the way that participants related to themselves suggesting a change in understanding. It seemed that taking part in the intervention allowed participants to learn that mindfulness could facilitate the identification, and contribute to a growing awareness, of critical thoughts.

*“The bracelet made me very realise how critical I am with myself. And even though I think of myself as someone who's got insight into how I'm doing and how I'm treating myself and even just the small thoughts that bracelet sort of brought awareness” - Sophia, page 201.*

The physicality of the bracelet task also seems to have helped some participants move from experiencing more abstract negative feelings towards themselves to something more specific. This suggests that actively engaging with the mindful tasks of the intervention helped to facilitate increased awareness of critical thoughts amongst participants, making their thoughts clearer and more defined.

*“It made me more aware of my thoughts...Oh and it made them in a way seem more real and tangible because I was doing something with them, like moving bracelet” – Angela, page 40.*

Prior to taking part in the programme, self-criticism was generally experienced as something that was to be avoided. Many participants detailed how they actively tried to avoid and/or suppress negative thoughts. This suggests that the inner critic was experienced as painful, and that avoidance serves as a coping strategy to numb any emotional distress.

*“You fill your day to the brim so you avoid listening to your head and your inner critic” – Esme, page 16.*

If participants adopt avoidance as a coping mechanism to keep them safe from emotional distress, it follows that bringing awareness to self-criticism could be emotionally painful. Not all participants remembered to use their bracelet or used it infrequently which might be attributed to emotional avoidance. Some participants appeared more surprised about that extent to which they criticise themselves, and others experienced more of a negative emotional response. This suggests that there are individual differences in what participants said to themselves critically, how they criticised themselves (directly/indirectly) and how they responded to self-criticism. It appeared the more negative the criticism the greater the emotional impact on participants.

*“The bracelet was a mixed blessing. And sometimes it would bring me down a little bit because it would focus on that negativity, whereas I'm working very hard to like... not.” - Lauren, page 22.*

#### *3.4.2.3 Practical Impact*

Through psychoeducation provided by the intervention's audios, and as awareness of their inner critic grew through the tasks, participants reported learning that it is possible to understand the impact that the inner critic has on their approach to activities in their personal lives. It also provided them with a way to make sense of some of the challenges they experienced in their PhD programmes. Participants reflected on how they recognised that

they were criticising themselves for what work they haven't done, or for avoiding what they needed to do. It appeared that they were learning that the way that they spoke to themselves influenced the way that they felt. Many participants reflected that their critical thoughts resulted in feelings of being a failure and were associated with guilt. This indicates that participants were learning the influential association between their internal dialogue and approach to their studies.

*“Like if you don't do it, it's because you're rubbish. You know because you're a failure” – Esme, page 93.*

Most participants were able to make a connection between the experience of their inner critic and how they approached their studies. They began to learn that if they spoke to themselves negatively, they would feel negatively and approach their studies in a negative way. This was most noticeable in relation to their experiences of procrastination. Prior to this it was understood as a failing on the part of the individual and was for example attributed to laziness.

The change in understanding of how participants made sense of their experiences of procrastination seemed to directly result from their engagement with the intervention. They came to understand that their procrastination was linked to anxiety about failing to reach their goals; the more anxiety they felt, the less likely they were to take action toward achieving them. The shift in understanding the reasons behind their procrastination may have laid the foundation for a more empathetic and compassionate response toward themselves.

The audios of the intervention appeared to have provided some participants with the language that helped them to understand the negative impact of self-criticism on motivation and procrastination. As Ashraf succinctly commented the *“self-critical voice that demotivates me from wanting to learn”* (page 194). Moreover, the intervention appeared to allow participants

to personally identify with theoretical concepts of self-criticism that provided them with new insights and understandings of challenges that they faced in their studies.

*“I wrote down that cycle of, like, fear, procrastination, the self-criticism, and I was like oh my God, it's me, it's ME...Wow, this is this is huge”. – Esme, page 95.*

#### 3.4.2.4 *I have a choice.*

*“...how we choose to be compassionate towards ourselves is a choice and it's something that we can choose to do.” - Angela, Page 46.*

Prior to the intervention the inner critic was considered separate from but part of the self. Participants often appeared passive in this process, lacking agency, and desperately trying to avoid its wrath. There often appeared a sense of powerlessness and a feeling that the inner critic is dominating the internal world, and that this experience was normalised. Angela reflects *“I'm used to putting myself down in a way” (page 21)*. The intervention encouraged engagement with the inner critic allowing an increased sense of control in self-talk. From this, some participants had learnt that it was possible to accept and acknowledge the presence of critical thoughts rather than avoid them. In doing so they found that that it can lead to a positive emotional impact. This would indicate that some participants had made use of the self-compassion intervention to learn different ways of behaving that were associated with a positive outcome.

The intervention provided participants with the education and experiential learning that taught them, that through acceptance, that they can let go or disentangle from self-criticism. This seemed to influence how they responded to the inner critic. In this way it appeared that some of the participants were beginning to learn that they have agency in relating to themselves either critically or compassionately. This represented a new insight into the function of the inner critic for many participants. Learning that they could choose how to

respond to the inner critic, in some cases, allowed them to transform it into something more supportive. In this way participants used the intervention to learn a new and completely different way of relating to themselves.

*“So that voice changed to be like a voice of a friend. So, when I talk to myself, I'm talking to myself as if it's... like I'm my own friend.” - Ashraf page 194.*

### **3.4.3 Theme 3: Transforming perspectives.**

Through engaging with some of the tasks of the intervention (e.g., journalling and mindfulness practices) participants were able to learn that the consideration of their thoughts and emotions allowed them to create a positive shift in how they felt about their personal and professional challenges and experiences. For some participants this was a novel experience that they had never previously encountered. Through partaking in the activities directed at self-reflection, some participants learnt to accept negative thoughts and emotions and were able to use mindful acceptance to help with difficulties related to their studies. For many of the participants engaging with the intervention highlighted the challenges that they experienced with embodying self-compassion practices. Through taking part in the intervention some participants found that they were more easily able to identify their emotional experience. The way in which participants engaged with the research intervention (actively or passively) influenced how they experienced the tasks. Participants noticed that when they took a more active approach, the activities had a greater positive impact.

#### *3.4.3.1 Ordering thoughts*

For some participants self-reflection is not something that necessarily comes naturally, or an activity previously engaged with. The intervention, through tasks such as journalling, helped to cultivate this through sparking a sense of curiosity about the participants' relationship with

self and others. This suggested reflecting on their inner experiences through engaging with the research intervention helped the participants to develop a greater understanding of how they felt about themselves and the world around them. Many of the participants reflected that the physicality of writing thoughts and experiences down helped to change the way that they related to them. This change resulted in an emotional shift that they experienced as having a positive impact on their personal wellbeing. This suggests that the intervention allowed the participants to view their personal experiences in a way that was different from just thought alone, and for some participants in a way not done before engaging with the intervention. This could indicate that the brief-self compassion intervention helped add more structure to the participants internal world which they experienced as beneficial.

*“The process of writing it and getting it out gives you a little bit more clarity.” – Esme, page 81.*

Writing down whether via the journalling task or when things happen in the moment afforded participants the opportunity to reflect on their experiences and emotions at a time that was suitable for them. Participants found that it wasn’t until they started the written process of self-reflection that they realised how much they were storing internally.

*“You just start off with that first sentence and suddenly it's like the floodgates open a bit, [laughing]...you kind of don't realize how much you need it.” – Esme, page 82.*

This indicated the research intervention allowed greater exploration of the internal world than had previously occurred, which suggests that participants gained a clearer understanding of themselves. Through reflection on the content of the journalling task, some participants began to identify patterns and notice changes in their emotions. This again supports the suggestion that engaging with the research intervention helped participants develop a better understanding of themselves.



*“I also felt how negative I was. And then immediately, maybe you know the next day I would change...So it wasn't really constant”. - Rakhee, page 113.*

It appeared that self-reflection provided participants with the space and format to consider personal experiences and emotions. As this was broadly experienced as positive by participants, it suggests that the research intervention has highlighted to participants the importance of taking time for introspection and allowed them to recognise the positive emotional impact that it can have. For participants where this experience was novel it appeared that this understanding was brought about from engaging with the brief self-compassion intervention. For participants with previous experience of activities it seemed to serve as a reminder of ways to promote an increase in wellbeing.

#### *3.4.3.2 Acceptance*

Prior to making use of the self-compassion intervention, many participants reported that they often responded to difficult emotions with avoidance/distraction or self-criticism. Through engaging with the programme participants were provided with an alternative approach to considering and responding to uncomfortable or distressing emotions. This represented a change in understanding in how they can respond to these emotions that appeared to be brought about by their participation in this research. This suggests that the intervention challenged their existing coping strategies and provided participants with new ones.

*“I understand that I have to get all these feelings and try to process them correctly and not push them away.” - Rakhee, page, 120.*

Through engaging with the intervention many of the participants reported that they were now able to accept some of the negative emotions that they experienced. This seemed to represent a change in their responses because of engaging with the intervention. Specifically, they

seemed to make use of the self-compassion intervention in a way that allowed them to experience acceptance around some of the challenges they were having with their studies. The intervention appeared to have taught participants that acceptance doesn't involve invalidating feelings but rather an acceptance of their experience and then choosing to let it go. This again suggests that the intervention helped to equip participants with a way of relating to themselves that was different from before taking part. Participants demonstrated their new understanding that mindfulness and mindful acceptance is a construct that forms part of self-compassion, and through self-reflection can be used as a response to self-criticism or negative emotions, such as worry over failures or feelings of not being good enough.

*“I was able to reflect on the moment and sort of reassure myself that anything that I was struggling with, it's OK to struggle with”. – Ashraf, page 180.*

I find it interesting that through taking part in the research intervention participants were able to identify the importance and need for self-acceptance and recognise that as distinct from receiving validation from others. This suggests that engagement with the research intervention shifted some participants focus of validation from external to internal.

*“That acceptance for myself rather than looking to other people to accept me is the difference” - Bella, page 249.*

#### *3.4.3.3 Embodiment*

The psychoeducation and tasks of the intervention provided an opportunity for the participants to learn a new way to respond to themselves. Many participants found that their engagement with the intervention helped them to recognise habitual responses to self-criticism and/or emotional distress. These participants reflected that these responses had developed over a long period of time. Some explicitly shared their belief that changing self-talk is something that needs to be worked on and practiced. Participant engagement with the

intervention appeared to highlight the challenges and complexities of self-compassion practices. Many of the participants found that whilst they could cognitively attend to themselves compassionately, the embodiment of self-compassion practices was experienced as cumbersome. If participants are self-critical as the norm, talking to themselves compassionately might have evoked resistance and disbelief. This means that initial self-compassion practices might have felt alien, potentially leaving participants at odds with themselves. This highlights the distinction between cognitive and emotional understanding amongst participants.

*“I think easy to maybe say, more difficult to really say it and really mean it.” - Sophia, page 204.*

Through their engagement with the intervention, specifically through mindful awareness, participants appeared to increase the extent to which emotional discomfort was acknowledged and embodied. For example, where an emotion was felt in the body such as anxiety in stomach. This suggests that having the awareness and the language to identify emotional experiences, as directed by the intervention, might have helped participants to become more adept at identifying and understanding their emotions.

*“I was comforted to recognise that it was a moment of suffering and. I was feeling pain in that moment, and it wasn't necessarily moments that I would usually think of as suffering.” - Sophia, page 209.*

As participants engaged with the intervention, some noticed that their approach to the didactic and experiential tasks affected how these tasks were experienced and internalised. Specifically, the level of their engagement with the tasks appeared to influence how deeply they transitioned from merely understanding the concepts intellectually to truly feeling and emotionally comprehending them. Some participants found that if they became an active

participant in the research intervention in relation to the audios and the specific tasks that this helped them to embody the experiences to a greater extent. It then follows that participants who were more actively engaged (as opposed to passive recipients) had the potential to benefit from receiving a greater positive impact in the way the tasks were experienced.

*“I would say the statements, but then give myself a bit of pause time to really kind of think about the meaning behind them, which helped more.” - Bella, page 245.*

#### **3.4.4 Theme 4: Everybody hurts.**

The concept of common humanity recognises that pain, failure, and personal inadequacies are universal aspects of the human experience (Neff, 2003). It emphasises that individuals are not alone or isolated in their struggles. This represented a new insight into how participants understood and made sense of the construct of self-compassion. This change in perspective was brought about from engaging with the intervention and most participants strongly resonated with the concept. Through engaging with the tasks of the intervention many participants were able to apply the concept of common humanity to the challenges that they experienced with their studies. This enabled some students to feel less alone and isolated which suggests that the intervention had a positive impact on the wellbeing of these participants. This understanding seemed to create an emotional shift in how these participants experienced certain aspects of their PhD programmes. At the same time participants recognised their need to receive support from others when coping with challenges or emotional distress and reflected that many of the tasks of the intervention were easier to apply to others than to themselves. This indicates that participants understood compassion as a separate but interrelated construct to self-compassion. Being guided by the intervention to consider common humanity in relation to their studies appeared to provide some participants with a coping strategy for their academic challenges. One participant found the concept of

common humanity invalidating of the individual experience indicating that they had a negative experience of the construct.

#### *3.4.4.1 A change in my understanding of self-compassion*

Taking part in the research intervention appears to have altered how participants understand the construct of self-compassion. Prior to the intervention most participants didn't recognise common humanity as being part of self-compassion. Their engagement with the research intervention meant that their understanding of self-compassion had changed. This indicates that research intervention allowed the participants to learn a different definition of self-compassion. Participants used the psychoeducation and tasks of the programme to make sense of common humanity as a feeling or sense of togetherness that is diametrically opposed to feelings of isolation.

*“When I usually thought about self-compassion, I always thought of self-kindness and not being self-critical when it's not needed. But it's that common humanity that shared experience, which really changed my perspective on it.” - Ashraf, Page 196.*

#### *3.4.4.2 I am not alone in my feelings*

Through engaging with the intervention, participants learnt that emotional pain and suffering are part of the human condition. They used their didactic and experiential learning in application to some of the challenges they faced with their studies. After the research intervention participants appeared to understand the importance of acknowledging a shared connection with others when feeling emotional distress whether through external experiences or from internal self-criticism.

*“Maybe they have their own struggles and their happiness. Then we can share it and we won't feel alone.” - Ray, page 73.*

Some participants took an active approach in their lives to seeking evidence of this shared connection. This indicates that they had a previous understanding of its importance, but it seems that only after the programme that this was understood in relation to self-compassion.

*“Every time there is a problem I have been reading about it so there are a few websites that I keep on reading. I try to see how people have summarized their experience” - Sandeep, page 150.*

Participants initially made sense of a shared emotional experience through acknowledging that other people will be experiencing the same thoughts and feelings as them in an abstract way. The guidelines that accompanied the tasks of the programme (such as journalling) encouraged participants to consider their experiences using the definition of self-compassion adopted by this research. This helped participants focus their attention on common humanity which helped them to direct their thinking towards specific experiences or challenges with their studies. This meant that participants were able to think about their experiences from a new frame of reference that was brought about from engaging with the intervention. For many participants this shift in perspective allowed them to feel less alone and less isolated suggesting that it potentially had a positive impact on their wellbeing and experience of their studies.

*“When I was like journaling and certain parts that... You know this isn't an isolating like kind of suffering or situation or something like that. This is more of a like a shared experience.” - Ashraf, Page 173.*

At the same time participants acknowledged the importance of having a physical connection and people that you can turn to in times of distress and for support. Indicating that they made a distinction between self-support and being supported by others. Some participants reflected

that the skills and practices acquired during the programme could be applied to others. Most participants felt that the process of giving compassion to others was felt to be easier than directing it towards the self. Taking part in the programme seemed to provide reflective insight into the difference between self-compassion and that of compassion for others. This suggests that self-compassion was understood as construct distinct from compassion.

*“You'll just have a similar feeling to others, but not for ourselves.” - Ray, page 70.*

Whilst the constructs of compassion and self-compassion were seen as distinct, they were understood as being closely related and influencing each other. Many participants felt that engaging with the intervention deepened their understanding of self-compassion, which in turn helped them become more compassionate toward others.

Through their participation most participants resonated with the concept and understanding that they are not alone in their struggles. They were able to apply the principle of common humanity to their experiences in a way they experienced positive. Doing so allowed participants to acknowledge emotional distress and helped them to normalise rather than isolate their experience as being different from what others go through. This suggests that the intervention helped participants to self-reflect compassionately and reprocess their experience through a self-compassionate lens. Many participants applied the tasks of the intervention to help them be more self-compassionate to challenges that they experienced with their PhD programmes. An alternative way of approaching challenges appeared to come about from engagement with the intervention and represented both a new understanding and coping strategy that allowed participants to comfort themselves when they were struggling emotionally and practically.

*“Focusing on the idea that other people have probably struggled with this, my colleagues are experts on this stuff. They were once probably practicing at this point and so struggling is*

*common here, sort of like a common experience, and it's gonna take time to practice and get better.” – Ashraf, Page 186.*

There was variance in the way that common humanity was understood. One participant perceived that common humanity could be experienced as invalidating of the individual over the collective. This suggested that for participants who take comfort in their perceived difference from others, the concept might not be considered helpful or the position from which they would seek to understand their experiences.

*“The common humanity one is an interesting one because it doesn't actually help to know that other people feel crap...sometimes by saying that you actually saying, there's nothing special about you... So, for some people, the common humanity is like, ohh, I feel so alone. I feel like I'm the only one who feels this way. And this is reassuring.” - Lauren, Page 26.*

This highlights the importance of acknowledging cultural and individual differences when applying psychological concepts like common humanity. What might be reassuring for one participant could feel dismissive or alienating for another. Therefore, recognising these cultural and personal nuances is crucial to ensuring that interventions are meaningful and relevant to diverse populations.

#### **3.4.5 Theme 5: Unlocking self-love.**

Through engaging with the intervention participants were able to identify barriers that prevented them from being self-compassionate. There were both unique and common barriers to self-compassion found amongst participants, the most prevalent being the belief that self-critical motivation was necessary for academic success. From their engagement participants learnt that self-compassion is different from constructs such as self-pity and self-indulgence. This knowledge helped some participants to begin to overcome their barriers. The intervention through various tasks encouraged participants to reprocess challenges that they



experienced in a compassionate way. With practice this became easier for some participants, and they applied the experiential tasks to challenges that they faced within their study programme which appeared to have a positive emotional impact. After completing this research intervention self-compassion was viewed by all participants as a skill that was believed to develop to a greater extent with practice. This represented a change in understanding of self-compassion by some students who prior to taking part believed it was more of an inherent trait like concept. Through reprocessing their experiences self-compassionately some participants noticed that they were able to reduce self-criticism. Many of the participants made use of the intervention to understand that taking guilt-free breaks from their studies could be beneficial for their emotional wellbeing and could contribute to their academic success. In this way some participants seemed to have learnt that they could relate to and motivate themselves compassionately, rather than critically with associative positive affect.

#### *3.4.5.1 Identifying barriers to self-compassion*

Prior to taking part in the research programme, it appeared that self-compassion was understood as similar to concepts such as self-indulgence and self-pity. These constructs were found to have negative connotations for all participants. For example, being lazy or wallowing in emotions. Through engaging with the intervention self-compassion was now understood by participants as a distinct construct that could have a positive influence on wellbeing. At the same time participants were able to construct concepts such as self-indulgence and self-pity as being a barrier to self-compassion. This demonstrates a new learning that allowed participants to trial novel ways of relating to themselves.

*“I liked how they separated self-compassion from things like self-pity and self-indulgence because I don't think that was clear to me before...but being kind to yourself isn't like self-indulging yourself. It's also working towards like health and growth.” - Sophia, page 199.*

There were also unique barriers to self-compassion that were identified through participants engaging in the intervention. It appeared clear that participation in the research intervention allowed participants to become more aware of their individual barriers to self-compassion. For example, family or societal expectations of emotional resilience and stoicism were identified as barriers to self-compassionate responses for some individuals. One participant struggled acknowledging emotional pain as this was something that they felt unable to demonstrate to family members. This suggests that the stories surrounding emotional communication inherent in participant's families and in society (either spoken or unspoken) may have been a barrier to their self-compassionate responding. Another participant was concerned that mindful acceptance of their experience may lead to inertia and a negative emotional impact. It seemed that for this participant mindful acceptance is at odds with cultural norms that valorise self-critical motivation and view self-compassion as self-indulgent. Given the cultural diversity among participants, these findings suggest that culturally ingrained values and beliefs play a critical role in shaping perceptions of self-compassion. Addressing these cultural differences within interventions could help participants navigate and reframe such barriers, fostering a deeper and more meaningful engagement with self-compassion practices.

Many of the participants reflected that self-critical motivation was something they engaged with to propel them towards action, especially in relation to their studies. It was also something that they assumed was essential for their academic success. It appeared that it wasn't until participants engaged with the intervention that they understood that there was an alternative approach to motivation, and they began to consider self-critical motivation a

barrier to self-compassion. This would suggest that participants being able to identify their individual barriers to self-compassion was essential for them to overcome them.

*“You [don’t] have to beat yourself up in order to make things happen. My take away thing from it [is] that it’s OK to think that you’re OK.” - Lauren, page 32.*

From this change of understanding it seemed that participants were able to perceive self-compassion as not only important to their emotional wellbeing, but also having the potential to positively impact their studies/career. Moreover, it demonstrates that, after completing the intervention, participants understood self-compassion as something that could positively address some of the challenges that they faced with their PhD programmes.

*“I kind of see a purpose for self-compassion now, it’s not just a nice thing to do. It will help your brain, your mental health and then that then in turn helps your work.” - Bella, page 253.*

#### *3.4.5.2 Reprocessing experiences self-compassionately*

The research intervention provided the participants with the psychoeducation and practical instructions to process their experiences in a self-compassionate way. Participants were actively encouraged to utilise concepts of common humanity, mindfulness, and self-kindness when approaching the tasks. Reprocessing in a novel way was understandably challenging for some participants. Participants found that reprocessing their experiences with self-compassion was more effective after the fact, particularly following moments of self-criticism or emotional distress. This indicates that applying mindfulness phrases in real time was challenging for some, likely due to the overwhelming nature of strong emotions, which seemed to inhibit their ability to respond with self-compassion in the moment. However, most participants reported that reflecting later allowed them to revisit their experiences with a compassionate perspective, leading to a noticeable positive emotional shift. This suggests that

the intervention taught participants the powerful lesson that reprocessing challenges through the lens of self-compassion can significantly alter their emotional state for the better.

*“So each day I was writing down like a situation that happened and trying to look at it from a more compassionate perspective.” - Angela, Page 47.*

Similarly, many participants found the mindfulness statements at night to be deeply relaxing, indicating that the intervention provided a positive emotional boost that helped counterbalance the challenges they faced in their studies. Moreover, the research intervention seemed to empower participants with the language needed to articulate their emotions more effectively. This shift in how they described their emotional experiences suggests that their engagement with the intervention led to a meaningful change in their self-expression. By gaining the ability to accurately label and articulate their feelings, participants also developed a capacity to soothe themselves in times of need. This implies that the intervention not only equipped them with practical knowledge but also with techniques to navigate and manage their personal and academic challenges more effectively.

*“Then in my head I would sort of say this is just a moment of suffering.*

*Suffering is a shared experience and may you be kind to yourself.” - Ashraf, page 183.*

The meaning making surrounding language was identified as a potentially important factor in how some participants understood the programme. The personal meaning attached to words had the ability to influence how some participants responded to aspects of the intervention as well as to their overall understanding of self-compassion.

*“I didn't really like to use the word suffering. Even if I know you mentioned in a good way I just didn't want to use the word suffering.” - Rakhee, page 126.*

The process of writing appeared to resonate with participants as being beneficial to help reprocess experiences self-compassionately. Through engaging with the intervention, it seemed that participants had learnt that writing down and reprocessing their challenges

through the lens of mindfulness, common humanity and self-kindness resulted in a different emotional experience than when approached via thought alone.

*“In your mind it's not automatic and if you write it down it's more clear and you can understand everything and be kind to yourself more.” - Ray, page 76.*

Participants appeared to understand reprocessing self-compassionately as being able to view experiences from a separate and kinder perspective. The letter writing task (writing a challenging experience and then writing a response from a compassionate other) strongly resonated with most participants in a positive way. Approaching the letter writing task from the perspective of a compassionate other seemed to facilitate participants to generate and embody compassionate responses in line with the definition of self-compassion. As participants were able to receive self-compassion in this way, albeit indirectly, the impact appeared to be experienced as soothing. This signifies that engaging with the intervention had a positive emotional impact on challenges that participants were experiencing in their personal and professional lives.

#### *3.4.5.3 Self-compassion is a skill to develop.*

Following their engagement with the intervention, all participants reported that they now considered self-compassion to be a skill. This strongly implies that self-compassion was understood by participants as something that can be cultivated and developed by the individual as opposed to an inherent trait. For some participants this represented a change of understanding of what they considered self-compassion to be prior to taking part in the research programme. It appeared that through engaging with the intervention participants were able to shift their understanding of what self-compassion is and how it can be cultivated and developed. The regular practice of self-compassionate exercises was considered necessary to be able to increase the ability for participants to relate to themselves

compassionately. This suggests that participants considered the research intervention an initial step towards cultivating self-compassion.

*“I mean, the way I understand it now is that it's kind of a skill that you have to develop rather than a more arbitrary thing.” - Angela, page 43.*

To begin with some participants struggled with some of the tasks (such as journalling) and found that with practice they became easier. Whilst the participants found acquiring new skills challenging, it appeared that through repetition they became more familiar which could have made them easier to grasp. Through engaging with the intervention, participants went on to then make use of these new skills and apply to them to the challenges that they faced within their personal and professional lives. This application seemed to have an initial positive emotional impact on participants. Most participants appeared to believe that any positive emotional impact could become greater with practice. Through engaging with the intervention participants understood that changing the way that they relate to themselves and the way they cope with challenges can take time, and that with practice change was possible.

*“Struggling is common here, sort of like a common experience, and it's gonna take time to practice and get better.” - Ashraf, page, 187.*

Taking part in the research intervention also supported participants to become better able to identify areas that they wanted to work on and develop for the benefit of their emotional wellbeing. It seemed that intervention engagement provided participants with better awareness of their wellbeing needs, something that was not understood prior to taking part in the research. The research intervention also appears to have provided participants with the foundation for ongoing direction in cultivating self-compassion. After completing the intervention participants now understood self-compassion to be an ongoing practice that they could develop and apply to the emotional challenges that they experience.

*“So I think it's been quite transformative in that respect because to me, It's given me something more to work on and work towards - Esme, page 98.*

#### *3.4.5.4 Its ok to have a break.*

Engaging in the research intervention allowed participants to recognise that looking after themselves and at times prioritising their own self-care needs (in favour of the demands of their course) was important for their well-being. It also appeared to allow them to recognise their own self-worth in a way that wasn't considered prior to taking part. This suggests that participants made use of the intervention to change the way they thought about and approached some of the challenges that they experienced with their PhD programmes.

*“A way that we can take care of ourselves and adjust the negative feelings and let us become more a priority. Yeah, a priority.” - Ray, page 70.*

Prioritising personal needs, specifically the need to rest, was something that seemed to resonate with all the participants as something that they now felt could benefit their studies and emotional wellbeing. This belief seemed to have come about directly from engaging with the intervention as prior to this self-critical motivation seemed to have been accepted amongst them as the norm and essential to ensure academic success. Many participants reflected that self-critical motivation can play out in the pressure to always be studying to the exclusion of everything else and through forgoing rest and relaxation. From engaging with the intervention some participants appeared to have altered their beliefs and now understood that to be self-compassionate meant that taking a break from their studies was something that could be helpful for them.

This was seen as beneficial to their emotional wellbeing which they in turn felt could help their performance in their studies. This indicated that participants had learnt that approaches

other than self-critical motivation (i.e. self-compassion) could contribute to their academic success. This new understanding appeared to provide participants with the permission required to allow themselves a break from their studies. It also seemed to help to mitigate against negative emotions that could influence their wellbeing, such a guilt for resting.

*“I recognize that it's OK to take time to just chill and don't feel guilty for taking time for yourself in those moments of burnout.” - Ashraf, page 190.*

This change in understanding of what self-compassion is and the practical benefits of engaging in practices and developing that skill also appeared to influence the way that participants spoke to themselves. Specifically, engaging in self-compassionate practices allowed participants to reflect on their own personal strengths and achievements. These exercises appeared to provide the permission for them to be kind and supportive to themselves and, as Lauren reflects, with the new understanding that *“saying nice things about yourself isn't being self-indulgent”* (page 33). This is interpreted to mean that engaging with the intervention helped participants overcome barriers to self-compassion and develop new and kinder ways of relating to themselves that weren't used prior to taking part in this research.

Moreover, having the opportunity to engage with the intervention appeared to have a positive emotional impact on how many participants felt about their ability to perform and the experience of their PhD programme. Engaging with the loving-kindness practices of the intervention appeared to support some participants to produce a shift in perspective. This shift might promote increased psychological flexibility that can help to increase wellbeing.

*“If I'm learning, perhaps a particular concept and it's I'm not understanding it straight away or it's taking more time than it should, then I guess that's where that reflective. I guess voice of the friend comes in where it says it's OK, that it's taking time.” –Ashraf, page 194.*



### 3.4.6 Theme 6: **Turning guidance into growth.**

Taking part in the intervention facilitated reflection on the practical aspects of engaging with self-compassion interventions. Many participants reported the importance of having flexibility so that they could choose a time to engage with the intervention and provide it with their attentional focus. For example, when not struggling with deadlines. This flexibility made it easier to take part. From their engagement participants were able to anticipate how they would approach future self-compassion interventions and practices. Task engagement and preference varied amongst participants and previous experiences of similar tasks appeared to influence this. Tasks were understood as exercises that participants could continue to use to help cultivate self-compassion following the intervention and many of the participants had incorporated what they had learnt into their daily lives post-intervention. This means that intervention engagement helped participants make sense of tasks as continuous rather than one off practices. Through engaging with the intervention participants reflected that they felt that it was something that would be particularly beneficial for those commencing their PhD programmes as well to non-student populations. Moreover, participants understood the intervention as something that could help support students with some of the challenges that they faced on their programmes and a way to help promote student wellbeing.

#### *3.4.6.1 Accessibility and flexibility*

Participants were able to choose a time that suited them to engage in the research programme. After engaging with the intervention participants reflected on how the mode of delivery would affect their ability to take part. As they progressed through the tasks, they realised they needed time and focus to engage effectively. This suggests an assumption that greater

attentional focus would increase the intervention's impact and highlighted the importance participants gave to being able to integrate the intervention into their daily lives.

Participants had the agency to choose when to start the intervention, and upon completion identified that this flexibility was crucial for their commitment. They found the intervention easily accessible. The psychoeducation element was delivered through a digital audio format, allowing participants to choose a comfortable environment for listening.

*“I was listening to the audio on the train mainly because it's actually on the train where I get that peace and quiet. So I thought I'd listen to the audio then and I just had notebook on my lap...taking some notes while I sat down.” - Ashraf, page 172.*

There was variance in how individual participants approached the intervention. For example, when, where and how they listened to the audios or whether they took notes or not.

Participants understood the programme as something that could be approached in a way that made sense to them and was tailored for their specific needs.

*“I remember loving the audio, and I remember pausing quite a lot and taking notes” - Sofia, page 198.*

Given their experience with the brief self-compassion intervention and the demands on their time, some participants reflected that a digital intervention would be the only way they could commit to such a programme. This suggests a preference for digital delivery over longer in-person courses. Moreover, through engaging with the intervention participants were able to identify that other intervention formats (such as in person and over longer time periods) would have not been feasible with their schedules.

*“If it was in person, then I probably wouldn't have been able to do this because it's very hard to fit in time. – Ashraf, page 191.*

Having digital delivery allowed participants to circulate delivery amongst their peers. This is something they were not encouraged or prevented from doing. This indicates that after completing the intervention they viewed the content as valuable and understood it as a potential way to help other PhD students with their challenges.

*“I even suggested to another person that if they can listen to it, they can actually get benefit from it.” - Sandeep, page 147.*

#### 3.4.6.2 Task engagement

All participants listened to the audios and most participants engaged with the daily tasks. One participant did not engage with any of the tasks, this was attributed to their personal recreational research into the area, meaning that they felt that it wasn't necessary for them to do so. In this way there appears to be a lack of motivation. This could suggest that to engage with the requirements of the programme a degree of motivation is required. On reflection, with this participant there is curiosity surrounding whether the failure to engage in tasks could be borne out of a fear of failure.

*“So in fact, meditation is something that I have tried. I have failed miserably [laughs]. I really cannot let's say keep my mind focused to just one particular thing.” - Sandeep, page 145.*

One thing that was common amongst participants was that their prior experience of individual tasks seemed to positively influence how they were responded to the various tasks of the intervention. This suggests that task familiarity influenced how participants made sense of the different tasks as well as participant preference for specific tasks. Even if participants had previous experience of the tasks of this programme, it appears that the structure around the instructions in this programme, allowed them to approach the tasks in a novel way. This would suggest that as well as learning new way to relate to themselves, engaging with the

intervention taught participants new ways to approach familiar tasks. This new direction appeared to help participants apply the techniques learnt in the intervention to approaching challenges that they experienced with their academic studies.

*“I journal anyway...but I didn't have, like, a structure or a guideline as to how I did it, but now it helped me structure what I was writing based on the guidelines.” - Angela, page 41.*

#### 3.4.6.3 Ongoing practice

Through engaging with the intervention, it appeared that participants understood that they had been provided with an alternative approach to coping with personal distress and a new way of relating to themselves. In this way self-compassion appeared to be understood as important both personally and professionally. This suggests that participants understood the intervention as something that could help support themselves and other students with the challenges of their academic programmes.

*“To know that there were programs like this that can potentially help and mitigate some of that [stress of the PhD]. I think it's just really hopeful and promising for the for the future”. - Esme, page 106.*

Participants widely reported a positive experience of the programme. There was variance in the emotional impact that was experienced amongst participants that was brought about through engaging in the course. The decision made by some participants to continue with their self-compassionate practices could indicate that they value this way of relating to themselves as experienced through the intervention. It also suggests that they felt that it was something that they could further cultivate through continual engagement with practices.

*“I feel more positive than before., I think I can adopt the method in the course. So that maybe it has even more positive changes in my life.” - Ray, page 63.*

The flexibility of the programme meant that the participants could continue with the specific practices that they found most beneficial for their personal development and discard those that might not have resonated as much or been experienced as beneficial.

*“I’ve now incorporated the week one compassion exercise into my daily journaling” - Angela, page 50.*

#### *3.4.6.4 Intervention development*

*“I wanted this kind of programme to continue over a longer period especially for people in their first and second years.” - Rakhee page 140.*

Despite acknowledging that it was difficult to fit programmes such as this into their lives, several participants reflected that they would have benefited from the course being longer in duration. This suggests that when participants were able to engage with the material that they wanted more content and resources. It seemed that participants understood engaging with a self-compassion intervention could help doctoral students in developing self-care practices that can have a positive impact on their wellbeing through the duration of their PhD programmes.

*“It has helped in how I structure my weeks as a PhD student in that I allow myself time to rest.” - Sophia, page 220.*

### **3.5 CHAPTER 4. DISCUSSION**

#### **3.5.1 Introduction**

The purpose of this research was to ascertain how PhD students make sense of a brief self-compassion intervention to understand the challenges that they faced with their academic studies. This research has contributed to the field of counselling psychology by enhancing our understanding of the unique experiences of doctoral students in relation to self-compassion interventions, providing valuable insights into supporting their mental health and well-being. To demonstrate this, I will begin with a summary of the research findings, followed by an integration of these findings with existing literature and relevant psychological theories. Specifically, I will seek to understand the results through the lens self-compassion theories (Neff., 2003), cognitive theories (Bandura., 1986; Beck., 1976; Segal, Williams, & Teasdale, 2002; Young, Kosko & Weishaar., 2006), and self-determination Theory (Ryan & Deci, 2000). The integration of these approaches will be considered under a coaching psychology framework. Coaching and counselling psychology both aim to support individuals in achieving personal growth and well-being, but they often overlap in their focus on helping clients develop self-awareness, set goals, and overcome challenges. While counselling psychology typically addresses deeper emotional and psychological issues, coaching psychology often emphasises goal attainment and performance enhancement (Grant & Cavanagh., 2007). However, both approaches share a foundation in understanding human behaviour, fostering resilience, and promoting positive change (Stober & Grant., 2010). To contribute to and further develop the existing knowledge base, I will highlight nuanced and previously unknown insights into how participants understood and applied the intervention to the challenges they faced in their studies. Additionally, I will consider both the strengths and limitations of the research, including my own personal and methodological reflexivity. I will then suggest ways to disseminate this

research, so self-compassion practices can be integrated into mental health programmes, academic environments, and personal development initiatives. Finally, I will suggest directions for future research.

### 3.5.2 Summary of findings

The journey through a PhD programme is filled with numerous challenges, and this research explored how a brief self-compassion intervention encouraged postgraduate students to reflect on these difficulties and practice new ways of relating of themselves. By examining the experiences of participants, six major themes were identified, each providing insight into how they understood self-compassion and applied the construct to their academic studies.

One of the most important themes to emerge was *Scared and alone*. Through engaging with the intervention participants reflected on some of the challenges that they experienced and frequently reported feelings of isolation, attributing this to the lack of structured interactions and the necessity for self-motivation. Unlike undergraduate and other postgraduate courses, where regular lectures foster a sense of community, PhD students often find themselves working alone, leading to feelings of loneliness. This isolation was compounded by a pervasive fear of failure and a sense of not being good enough. Social comparisons with peers often exacerbated these feelings, contributing to imposter syndrome and a sense of not belonging. Additionally, the demanding nature of PhD programs often resulted in burnout and overwhelming stress, severely affecting participants' overall well-being.

A crucial aspect of the intervention was focused attention resulting in the theme *Know thy enemy*. The intervention encouraged participants to become aware of self-critical thoughts through psychoeducation and specific tasks. Participants acknowledged the inner critic as a separate but integral part of themselves, often experienced as negative and uncontrollable. The intervention helped differentiate between self-criticism and anticipated criticism from

others, revealing individual differences in experiencing the inner critic. Before the intervention, many used avoidance to cope with self-criticism's potential to elicit emotional distress. The interventions psychoeducational audios emphasised awareness of self-critical thoughts as a precursor to compassionate attention. Tasks like the bracelet exercise increased awareness, with participants recognising for the first time the extent of their self-criticism. The intervention facilitated participants experiencing a shift from abstract negative feelings to the explicit content of their critical thoughts. Participants learned that their inner critic affected their personal lives and PhD studies. They connected self-critical thoughts to feelings of failure and guilt, understanding how their internal dialogue influenced their approach to tasks.

The intervention also reframed procrastination from a personal failing to a response to fear of failure, laying the groundwork for more compassionate self-responses. In this way the intervention empowered participants to accept and acknowledge self-critical thoughts rather than avoid them. Learning that they had the agency to choose their response, participants began transforming self-criticism into supportive self-talk. This represented a significant shift, as they learned to relate to themselves in a new compassionate way.

Another vital theme identified was *Transforming perspectives*. The self-compassion intervention involved tasks such as journaling and mindfulness practices, which helped participants to reflect on their thoughts and emotions. This reflection facilitated a positive shift in how they perceived personal and professional challenges. For many participants, this was a novel experience. The intervention encouraged acceptance of negative emotions, which helped them manage academic difficulties. Active engagement with the tasks led to a greater positive impact as reflected by participants. Through self-reflection tasks such as diary writing, participants organised their thoughts more clearly and developed a deeper



understanding of themselves, experiencing a beneficial emotional shift. The act of writing allowed participants to process and clarify their emotions, highlighting the importance of self-reflection for personal well-being. Participants also learned to accept negative emotions instead of responding with avoidance or self-criticism. The intervention provided new coping strategies, teaching participants that acceptance does not invalidate feelings but allows them to let go of distress. This was a significant shift from seeking external validation to internal acceptance. The embodiment of self-compassion practices proved challenging for many, as it required a shift from cognitive understanding to emotional integration. Engaging mindfully with the intervention tasks helped participants recognise and embody their emotional experiences more effectively, suggesting that active participation is crucial for maximising the benefits of self-compassion practices.

One of the most pivotal finding from the analysis was detailed in the theme *Everybody hurts*. Facilitated by the psychoeducation of the intervention, the construct of common humanity emerged as a completely new insight altering how participants understood self-compassion. Participants learned to view self-compassion not just as self-kindness but as a shared human experience that combats feelings of isolation. The intervention helped them redefine self-compassion, emphasising the sense of togetherness over loneliness. Participants learnt that emotional pain is part of the human condition and applied this understanding to their academic challenges. Recognising shared experiences helped them feel less alone and more connected. Participants used the intervention's tasks to reflect on and reframe their struggles within a context of common humanity. This shift in perspective, facilitated by journaling and other reflective practices, allowed them to feel less isolated and more supported. Most participants resonated with the concept of common humanity, which helped them normalise their emotional distress. This new coping strategy allowed them to self-reflect compassionately and approach their academic challenges with a self-compassionate lens.

Engaging with the intervention enabled participants to comfort themselves and acknowledge that struggling is a common experience. However, one participant felt that common humanity could be invalidating and undermine the uniqueness of individual experiences. This suggests that for some, the concept might not be helpful.

***Unlocking self-love*** was another key theme identified from the analysis. Through engaging with the intervention, participants identified various barriers that hindered their development of self-compassion. A common barrier was the belief that self-critical motivation was necessary for academic success. Participants were taught to use common humanity, mindfulness, and self-kindness to reprocess their experiences self-compassionately. This was challenging initially but became easier over time, particularly through reflection rather than in-the-moment practice. Writing tasks were especially beneficial, helping participants articulate and process their emotions. Post-intervention, participants viewed self-compassion as a developable skill rather than an inherent trait. Regular practice was seen as necessary to cultivate this skill. This shift in understanding suggested that participants recognised self-compassion could positively address the challenges of their PhD programmes. Engaging in the intervention helped participants understand the importance of self-care and prioritising personal needs, including taking breaks. This realisation shifted their motivation from self-criticism to self-compassion, reducing feelings of guilt associated with rest and enhancing their emotional well-being through respite. This new understanding also positively influenced how participants perceived their abilities and academic performance.

Lastly, the theme of ***Turning guidance into growth*** was identified. Engaging in the self-compassion intervention helped participants recognise the need for intentional time and focus to take part, emphasising the importance of being able to incorporate the time to participate into their busy lives. All participants listened to the audios, with most engaging in daily tasks,

indicating that motivation is crucial for engagement. As they worked through the tasks, participants became aware that choosing suitable times for engagement—particularly avoiding high-stress periods like deadlines—was essential for them to benefit from the tasks. The accessibility of the digital format allowed them to engage at their convenience and in flexible settings, underscoring the importance of integrating the intervention seamlessly into their daily routines. This intervention's accessibility and flexibility were understood as crucial factors for taking part in the research study. Prior task familiarity positively influenced their response to the intervention, helping participants apply new techniques to their academic challenges. From their experience of this intervention, some suggested that an intervention of longer duration would further benefit doctoral students, supporting their well-being and academic success. While most participants felt that the content of the intervention was clear, one participant struggled with the second week's requirements but could review the material as needed. Participants understood the intervention as an alternative approach to coping with personal distress and a new way of relating to oneself. The overall positive feedback and continued desire to practice self-compassion indicated that the intervention was seen as valuable and important to participants.

Exploring these themes provides a deeper understanding of how PhD students make sense of a brief self-compassion intervention to understand the challenges of their academic journeys. The personal experiences shared by participants show the complex nature of self-compassion and its potential to build emotional resilience, self-awareness, and a kinder inner dialogue. This study highlights new aspects of self-compassion, such as how students experience their inner critic differently and the practical benefits of incorporating self-reflection and acceptance into daily life. These insights not only support existing theories but also offer fresh perspectives on how self-compassion can meet the unique needs of doctoral students.

From this summary of the results, I will move to place the findings within the broader context of existing literature. Comparing these results with previous studies allows increased understanding of the theoretical and practical implications of self-compassion interventions in academic settings. Moreover, it highlights the unique aspects of this research, advancing the field by deepening our understanding of self-compassion and fostering the development and refinement of strategies to support the mental health and well-being of PhD students.

### 3.5.3 Relationship of findings to existing literature

This section will relate the themes identified in this research to the broader literature, providing a comprehensive understanding of how PhD students made sense of a brief-self compassion intervention to understand the challenges that they faced with their studies.

#### 3.5.3.1 *Doctoral Student Mental Health*

The theme of Scared and alone, particularly feelings of isolation, fear of failure, and stress, is extensively documented in the literature. Studies indicate that doctoral students experience higher levels of anxiety and depression compared to the general population and other student groups (Evans et al., 2018; Levecque et al., 2017). The isolation reported by participants in this study echoes findings by Phyalto et al. (2012), which highlighted that a lack of structured interactions and the need for self-motivation significantly contribute to loneliness and alienation.

Participants also shared their experiences of imposter syndrome, fear of failure, and procrastination, which align with Barry et al. (2018), who found that doctoral students often set unrealistic standards, leading to anxiety and avoidance behaviours. Furthermore, the stress and overwhelm experienced by participants, affecting their overall well-being, reflect the high levels of burnout widely reported in the literature (Batchelder, 2021; Cornwell et al.,

2019; Evans et al., 2018; Friedrich et al., 2023; Levecque et al., 2017; McCray & Joseph-Richard, 2021; Moate et al., 2019; Richardson et al., 2020; Sverdlik et al., 2018). Overall, the participants' experiences in this study corroborate existing research and support the assertion that there is a mental health and wellbeing crisis among doctoral students.

### *3.5.3.2 The role and impact of self-criticism*

The intervention's focus on increasing awareness of the inner critic relates directly to the literature on self-critical perfectionism and imposter syndrome among doctoral students. McCray and Joseph-Richard (2021) highlight that self-critical thoughts and perfectionism are prevalent in this population, often leading to mental health issues. The participants' new understanding of how self-criticism impacts their behaviour, particularly procrastination, supports findings by Cornwell et al. (2019) that self-compassion can mitigate these negative effects. It also supports other bodies of evidence that suggest self-compassion interventions can reduce self-criticism amongst student populations (Smeets et al., 2014, Binder et al., 2017; Liu et al 2023). The intervention's focus on recognising and addressing the inner critic helped participants understand the impact of self-criticism on their academic performance and mental health, which is supported by existing evidence of self-compassion's role in combating these negative effects (Batchelder., 2020; Geary et al., 2023; Paucsik et al., 2022; Richardson., 2020).

One novel insight afforded by this research design was the identification of individual differences among participants regarding the nature of the inner critic. Some participants experienced self-criticism as an internal voice, while others perceived it as criticism from someone else, such as a relative or supervisor. These variations reveal a more nuanced understanding of how the inner critic is conceptualised, challenging the assumption that it is a singular process (Beck et al., 1979). This finding underscores the complexity and variability

of self-critical experiences among individuals. It also supports existing research and contributes to the knowledge base that self-criticism takes distinct forms. For instance, Gilbert et al. (2004) and Halamová, Kanovský, and Gilbert (2018) identified the "hated self" and the "inadequate self" as distinct forms of self-criticism. Participant interviews in this study support these distinctions and suggest an additional dimension of self-directed self-criticism and other-directed self-criticism, indicating further complexity. This implies that interventions may need to be tailored to address these distinct manifestations effectively.

Through adopting a qualitative research design this study was able to uncover how participants experienced self-criticism and highlight change processes something that only one other study to my knowledge (Binder et al., 2019) has explored with undergraduate students. Through in-depth exploration, it was revealed that participants, prior to taking part in the intervention, tried to avoid or suppress the inner critic. This study demonstrates that to address and/or transform their critical voice, participants had to acknowledge and accept it which supports the finding of other interventions and previous research (Neff & Germer, 2013; Fox et al 2020). The intervention helped participants understand that facing their inner critic was a crucial first step in developing self-compassion. Fostering acceptance and awareness were foundational in shifting their approach to self-criticism, moving from avoidance to a more compassionate engagement with their own inner dialogue.

Consequently, this shift increased the agency that participants had over their critical voice.

The mechanism of this highlighted the importance of mindful acknowledgment as a pathway to transforming self-critical thoughts, echoing the findings of Seval et al (2019) and Raab et al (2015) who found that self-compassion is the process through which MBSR operates. It also supports Pintado's study (2019) that identified mindfulness as a precursor to self-compassion.

### *3.5.3.3 Self-reflection and emotional regulation*

The existing literature suggests that self-compassion interventions can facilitate a positive shift in participants attitudes toward their difficulties (Neff, 2013). As this research focused on identifying participants shared experiences it was uniquely positioned to address this providing detailed insights into handling negative thoughts and emotions. The act of self-reflection, novel to some participants, was pivotal in allowing them to alter their emotional responses. This went beyond passive responding, as with studies focused on compassionate imagery (McEwan et al., 2018), and utilised active approaches to reflecting on their personal challenges. Experiential work is key to most self-compassion interventions (Yelea et al., 2020; Eriksson et al., 2018; Jimenz-Gomez et al., 2022) and the finding from this study further supports existing literature on the necessity of active engagement to engender emotional shifts (Neff. 2023). Writing down thoughts and experiences provided clarity and helped change participants emotional responses. Many participants found that documenting their thoughts allowed them to better process and understand their emotions, leading to a positive impact on their personal well-being. This process facilitated greater self-exploration and understanding, helping participants identify patterns and changes in their emotions. These findings corroborate existing literature in highlighting the importance of incorporating reflective writing into self-compassion interventions to facilitate emotional clarity and resilience (Batchelder., 2020; Geary et al., 2023; Paucsik et al., 2022; Richardson., 2020).

Mindfulness was also something participants found beneficial for emotional regulation. The intervention provided an alternative approach to coping with negative emotions and distress, teaching them to accept and process feelings mindfully rather than using avoidance or rumination. This is in line with existing literature supporting the efficacy of mindfulness-based interventions on wellbeing and mental health (Gu et al., 2015; Linardon., 2020). This shift from seeking external validation to internal acceptance highlighted the intervention's

impact on their emotional regulation and self-perception. It also reinforces other findings that self-compassion effectively fosters internal validation (Lefebvre et al., 2020; Barcaccia et al., 2022).

It is notable that some participants struggled with some of the mindful practices. There was a common challenge of being unable to emotionally embody the practices despite cognitively understanding them. Gilbert (2018) found that deep entrenched self-criticism posed a difficulty in attaining the non-judgemental stance integral to mindfulness practices. Some of the participant experiences in this study mirrored this finding. By recognising and addressing the difficulty of attaining a non-judgmental stance, interventions can be better designed to support participants in this transition (Kabat-Zinn, 1994; Querstret et al., 2020). It also suggests that continuous engagement with self-compassion practices over a longer duration might be necessary to help participants internalise these practices fully.

Overall, and in line with existing literature, the self-compassion intervention facilitated positive changes in how participants understood and managed their thoughts and emotions. By promoting self-reflection, acceptance, and mindful engagement, the intervention helped participants develop a more compassionate and structured approach to their personal and professional challenges, enhancing emotional resilience and well-being among participants.

#### *3.5.3.4 The importance of connection*

The concept of common humanity, a focal insight from this research, reshaped participants' understanding of self-compassion. Engaging with the intervention programme helped participants resonate with the idea that their struggles were part of a shared human experience, reducing feelings of isolation and enhancing well-being. This aligns with Neff's (2013) emphasis on common humanity as a core component of self-compassion, facilitating a shift in how participants perceived their academic challenges.



Participants acknowledged the necessity of support from others during challenging times, indicating their perception of compassion and self-compassion as distinct yet interrelated constructs. This also supports Neff's (2003) conceptualisation of compassion as a unitary construct and corroborates qualitative research findings on understandings of self-compassion and compassion for others (Tierney et al., 2018). Recognising common humanity provided participants with a coping strategy for academic difficulties, reinforcing the significance of shared experiences in alleviating feelings of isolation. This suggests that the concept of common humanity was integral to the intervention, facilitating a shift in participants' responses. Furthermore, it implies that common humanity may have been central to other self-compassion interventions utilised with student populations (Smeets et al., 2014; Binder et al., 2017; Yela, 2020).

Participants sought evidence of shared experiences, indicating a prior understanding of its importance, which was deepened by the programme. This understanding allowed them to reflect on their experiences from a new perspective, helping them feel less isolated.

Journaling and other tasks encouraged them to consider their experiences through the lens of self-compassion, focusing on common humanity. This aligns with research indicating that self-compassion helps shield against the negative effects of social comparison, common in competitive academic environments (Tweedale, 2020; Siegel et al., 2021).

While many participants found common humanity beneficial, one participant felt it invalidated individual experiences. This suggests that for some, the concept might not be helpful indicating it is not universally accepted. Crucially, it supports previous findings that have identified cultural differences in ideologies surrounding self-compassion (Huang et al., 2021; Zhao et al., 2021). This suggests that self-compassion interventions should be adaptable and sensitive to these differences to be effective for diverse populations. By acknowledging

and incorporating cultural and individual variations, research and practitioners can enhance the relevance and impact of self-compassion programmes.

By applying the concept of common humanity to their academic challenges, participants experienced a shift in their emotional responses, feeling less alone and more supported. The current study, in line with existing literature on self-compassion, provides specific evidence that applying common humanity in an academic context can serve as an effective coping strategy, enhancing emotional resilience and well-being (Kotera et al., 2019; Martinez-Rubio et al; 2021; Woodfin et al 2021)

This study extends existing literature by showing *how* common humanity can be operationalised in specific contexts like academia, providing practical coping strategies that reduce feelings of isolation. This new insight underscores the potential of self-compassion interventions to transform individual experiences in highly competitive and isolating environments.

#### 3.5.3.5 *Cultivating self-kindness*

The process of learning to love oneself by identifying and overcoming barriers to self-compassion reflects broader literature on the development of self-compassion as a skill. Neff (2003) argues that self-compassion can be cultivated through targeted interventions, which empirical studies support by showing improvements in well-being and reductions in self-criticism and stress (Jimenez-Gomez et al., 2022; Ferrari et al., 2019). The participants' experience of self-compassion as a skill aligns with findings by Wakelin et al. (2021), demonstrating that self-compassion training leads to lasting positive changes. Additionally, Gilbert (2009) emphasises that self-compassion involves being kind and understanding toward oneself in instances of pain or failure, rather than being harshly self-critical, which supports the notion that self-compassion can be learned and practiced.

Initially, participants equated self-compassion with self-indulgence and self-pity, which had negative connotations such as laziness and emotional wallowing. Through the intervention, they learned to distinguish self-compassion as a positive construct beneficial for well-being. Concepts like self-indulgence and self-pity were recognised as barriers to self-compassion, allowing participants to explore healthier ways of relating to themselves. Moreover, participants identified unique barriers to self-compassion, such as difficulty in acknowledging emotional pain due to familial and societal norms and the fear that mindful acceptance might lead to inertia, which contrasts with their usual self-critical motivation. The intervention helped them see self-critical motivation as a barrier to self-compassion, highlighting the importance of overcoming personal barriers for developing self-compassion, as supported by Kuyken et al. (2010) and Neff & Germer (2013). These findings again align with research on cross-cultural differences, showing that cultural context significantly influences understandings of self-compassion and self-criticism. In collectivist cultures, emotional expression and self-compassion can conflict with social harmony, whereas individualistic cultures may find self-compassion more compatible with personal well-being (Huang et al., 2021; Zhao et al., 2021). This again demonstrates the need for culturally sensitive approaches to make interventions more effective across different cultural contexts.

The intervention helped participants apply new skills to personal and professional challenges, resulting in positive emotional impacts. They understood that cultivating self-compassion takes time and practice but believed that it could significantly improve their emotional well-being and academic performance. Additionally, participants recognised the importance of self-care and taking breaks from their studies for their well-being. This new understanding helped them challenge the belief that constant self-criticism and overworking were necessary for academic success, a common belief amongst PhD students according to the literature (Sverdlik et al., 2018, Sherry et al., 2010; Paucsik et al., 2020). They learned that taking

breaks and practicing self-compassion could enhance their emotional well-being and, in turn, their academic performance. This shift allowed participants to permit themselves to rest without guilt, addressing negative emotions and promoting better mental health. These outcomes align with the findings of Smeets et al. (2014), who observed that self-compassion training can improve students' well-being and reduce stress.

The intervention highlighted the significance of language in understanding and practicing self-compassion. Personal meanings attached to words influenced participants' responses to the intervention. For example, some participants were uncomfortable with certain terms like "suffering," which affected their engagement with the practices. However, the intervention helped them develop a more compassionate and positive language to describe their experiences, facilitating better emotional regulation and self-compassionate responses. This perspective is supported by the work of Barnard and Curry (2011), who emphasise the importance of language and cognitive framing in the cultivation of self-compassion.

Overall, the intervention had a positive impact on participants, helping them overcome barriers to self-compassion and develop new, kinder ways of relating to themselves. It improved their emotional well-being, attitude to academic studies, and overall understanding of self-compassion as a practice that can be cultivated and integrated into their lives.

Participants reported a positive emotional shift and increased psychological flexibility, indicating the potential of self-compassion practices to enhance well-being and effectively address personal and professional challenges. These findings are consistent with the broader literature on self-compassion, including the qualitative work of Binder et al (2019), which highlights the psychological benefits of self-compassion, such as increased resilience and reduced symptoms of depression and anxiety.

An important and new insight is the practical application of self-compassionate practices, specifically the incorporation of guilt-free breaks into daily routines. Participants, by overcoming cultural and personal barriers, recognised the importance of self-care and rest. This practical implementation was transformative, demonstrating that taking breaks without guilt can lead to enhanced emotional well-being and academic performance. This finding underscores the effectiveness of culturally sensitive self-compassion interventions in fostering healthier, more balanced lifestyles.

#### *3.5.3.6 Experience of the intervention*

Participants in the study reflected that they valued the flexibility to choose when to engage with the research programme, significantly influencing their commitment. Digital delivery methods allowed participants to integrate the intervention into their daily routines, such as listening to audio recordings on the train. This reflects the recognised benefits of digital formats for convenience and accessibility (McGaughey et al., 2021). Prior studies indicate that interventions lacking flexibility or accessibility and imposing significant time demands often experience high dropout rates (Sevel et al., 2019; Raab et al., 2015). Interestingly, high dropout rates have also been noted in briefer and online interventions (Li et al., 2021; Hasselberg et al., 2020). In contrast, all participants in this study completed the intervention, although the small sample size is acknowledged. This high completion rate may be attributed to participants' motivation.

Motivation and prior experience were significant factors in how participants engaged with the intervention tasks. This finding aligns with theories of self-determination and intrinsic motivation, which suggest that individuals' motivation and past experiences influence their engagement and effectiveness in interventions (Ryan & Deci, 2000). Participants also appreciated the ability to review materials multiple times, highlighting the role of digital

interventions in allowing self-paced learning and understanding, echoing previous research findings (Finlay-Jones et al., 2017).

Another potential explanation for participants' adherence to the intervention is personalisation. A new insight from this study is the positive impact of allowing participants to personalise the intervention to their specific needs. This aspect of personalisation goes beyond flexibility, underscoring the value of individualised approaches within structured interventions. Participants tailored their engagement by choosing how and when to listen to the content, highlighting the need for adaptable interventional designs that cater to individual preferences and lifestyles. Participants' reflections on the interventions usefulness for themselves and peers suggests a broader potential for application and dissemination within academic settings, supporting the existing knowledge base on self-compassion interventions (Neff, 2023).

The study's focus on self-compassion aligns with well-established findings in the literature that highlight the importance of self-compassion for mental health (Jimenez-Gomez et al., 2022; Paucsik et al., 2022). Self-compassion interventions are associated with reduced stress and improved well-being (Neff, 2003). The existing literature suggests that results from interventions can be sustained up to 6 months (Batchelder, 2020; Biber et al., 2019; Dreisoerner et al., 2023; Ferrarri et al., 2019; Mantelou & Karakasidou, 2017; Beaumont, 2016; Wakelin, 2022; Sirois, 2014). Conversely, participants in this study expressed a desire for a longer intervention duration, suggesting that short-term programmes might not be sufficient for sustained behavioural change. This finding points to the need for ongoing support and extended programmes to reinforce learning and practice over time, an insight that could enhance the existing literature on intervention duration and effectiveness. The novel observation that participants shared the intervention with peers, despite no formal

encouragement to do so, highlights the potential for organic dissemination of digital programmes. This peer-to-peer sharing suggests that well-received digital interventions could naturally propagate within target communities.

The study's findings align well with existing literature on the benefits of flexibility, digital interventions, self-compassion, and motivation in educational and therapeutic settings.

Additionally, the study provides new insights into the importance of personalisation, the specific needs of PhD students, the necessity of long-term engagement, and the potential for organic peer dissemination. These insights contribute to a deeper understanding of how digital self-compassion interventions can be effectively implemented and sustained, particularly within academic environments.

Thus far the results of this study have been explored in relation to the existing literature with an emphasis on highlighting new insights. The next section will explore these results in line with pertinent psychological theories. This analysis will provide a deeper understanding of how interventions that utilise self-compassionate practices align and contribute with established theoretical frameworks. This is important because it bridges the gap between empirical findings and theoretical understanding, enhancing the practical application of self-compassion interventions in psychological practice.

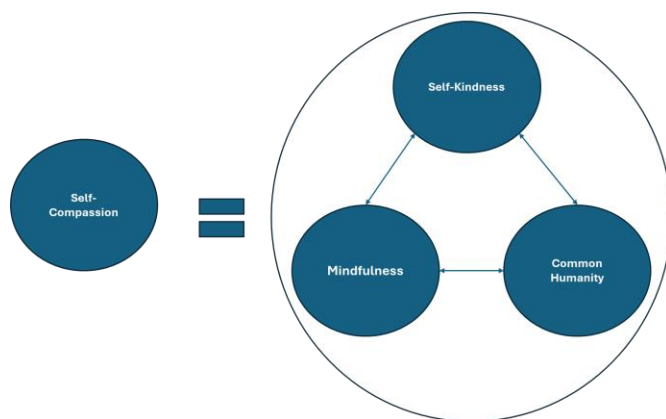
### 3.5.4 Theoretical implications

#### 3.5.4.1 *Theories of self-compassion*

The results from this study provide substantial support for Neff's (2003) self-compassion theory, which includes three core components: self-kindness, common humanity, and mindfulness. The themes identified in the study—such as Know thy enemy, Everybody hurts and Unlocking self-love—correspond closely to these components. Participants' increased awareness of self-critical thoughts and the development of a more compassionate inner

dialogue illustrate the process of moving from self-criticism to self-kindness. The ability to order their thoughts and accept their emotions highlights the role of mindfulness in self-compassion. The acknowledgment of shared human experiences aligns with common humanity, reducing feelings of isolation and fostering social connectedness. This study also highlights that common humanity as part of self-compassion can be a novel concept for participants, that through psychoeducation, can transform their understanding self-compassion.

Other research has corroborated the three facets of self-compassion (Germer & Neff, 2013; Neff & Pommier., 2013; Querstret et al, 2020). Importantly, this research also offers insight into how they relate to each other. While Neff does not specify the relationships between these components, other than they overlap (Neff., 2003; Neff., 2023, see Figure 8.), recent findings suggest that training in one component can influence the others. For example, Dreisoerner (2020) found that training in self-kindness can enhance mindfulness.



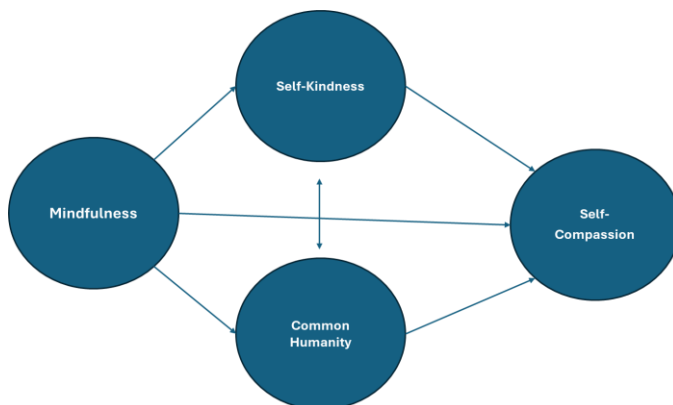
*Figure 8 Neff's(2003) conceptualisation of self-compassion*

However, participants experience of recognising their inner critic and accepting their emotions indicates that mindfulness might be the central prerequisite of self-compassion, influencing the other facets. This suggests that these components are not equally weighted.



In this context, mindfulness acts as a precursor to not only self-compassion as a whole but also to self-kindness and common humanity, which then reinforce each other. Figure 9 illustrates this relationship. This nuanced understanding could inform the development of interventions. Instead of designing interventions based equally on mindfulness, self-kindness, and common humanity, it might be more effective to focus primarily on mindfulness, while also incorporating elements of self-kindness and common humanity.

This shift in focus could lead to more effective strategies for cultivating self-compassion. By recognising the central role of mindfulness, interventions can be tailored to first establish mindfulness, thereby creating a foundation that enhances self-kindness and common humanity.



*Figure 9 An alternative insight into self-compassion*

As participants were able to distinguish between compassion for self and others both theoretically and practically. For example, by recognising that it is easier to give compassion to others themselves, this supports the concept of self-compassion as a construct distinct from compassion, but it doesn't tell us about its relationship with other related constructs such as self-esteem. Despite this, over all this research provides support for Neff's conceptualisation of self-compassion. Notably, elements of this study also align with the emotional regulatory

systems included in the Compassion Focused Therapy (CFT) framework espoused by Gilbert (2009). For instance, participants reported the comforting effects of nightly mindfulness tasks, suggesting that these tasks may stimulate the soothing system, thereby helping participants feel better emotionally regulated (Gilbert., 2009). An integral finding for the development and refinement of interventions is the affirmation that through practice, it is possible to create new norms in how we relate to ourselves. This supports both Gilbert's and Neff's theoretical positions. Participants in this study demonstrated that they understood self-compassion as a developable skill, reinforcing the idea that self-compassion can be cultivated over time.

Moreover, the findings align with theoretical positions suggesting that variances in trait levels of self-compassion are influenced by cultural, familial, and societal factors. This highlights the importance of considering these factors when designing and implementing interventions aimed at fostering self-compassion. The results from this research can also be considered in light of other relevant psychological theories.

#### *3.5.4.2 Cognitive Theories*

The results of the brief self-compassion intervention can also be interpreted through the lens of cognitive theories. Beck's (1976) cognitive theory of depression emphasises the role of negative self-beliefs and cognitive distortions in perpetuating psychological distress. The intervention highlighted that the role of avoidance of self-criticism through participants reported habitual suppression self-critical thoughts. Avoidance behaviours serve as a coping mechanism to escape the anxiety and discomfort associated with that self-criticism (Beck, 1976). By removing this coping strategy some participants found the experience of becoming aware of their inner critic uncomfortable. This discomfort could have potentially led them to drop out of the research study if experienced as too overwhelming and painful. This

avoidance behaviour might explain the lack of engagement from one participant as well as participants who dropped out after finding details of what the intervention entailed.

Moreover, it may account for the high dropout rates observed in similar studies (Li et al., 2021; Hasselberg et al 2020; Yelea et al 2020).

Additionally, avoidance reinforces the perfectionistic cycle, as the individual never challenges their unrealistic standards or learns to cope with the discomfort of imperfection (Hamedani et al., 2023). The findings suggest that self-compassion interventions can effectively counteract these cognitive distortions. By fostering a more compassionate inner dialogue, participants were able to challenge and reframe self-critical thoughts, reducing the impact of perfectionism and fear of failure. Likewise, the intervention helped reduce cognitive distortions such as catastrophising (e.g. “I’m a failure”). Participants learned to view their academic challenges with a more balanced perspective, facilitated by mindfulness practices and a supportive inner dialogue.

The promotion of mindfulness, a central component of the intervention, aligns with Mindfulness-Based Cognitive Therapy (MBCT). MBCT integrates mindfulness techniques to prevent relapse in depression by altering the cognitive processes associated with negative mood states (Segal, Williams, & Teasdale, 2002). Participants' ability to stay present and observe their thoughts without judgment significantly reduced rumination, a common cognitive pattern associated with anxiety and depression. By fostering a non-judgmental attitude towards their thoughts and emotions, the intervention enabled participants to reduce the negative impact of these cognitive patterns.

Improved emotional regulation was experienced by participants, something crucial to cognitive theories (Kennerley, Kirk & Westbrook, 2017). Participants reported better management of their emotional responses, reducing stress and feelings of overwhelm. This

improvement in emotional regulation is indicative of increased psychological flexibility, the ability to adapt to situational demands and shift one's perspective. This is a concept central to cognitive theories and is associated with better mental health and well-being (Lloyd et al., 2013)

The intervention also addressed maladaptive schemas, such as "I'm not good enough" or "I must meet high standards to be accepted." By providing corrective emotional experiences, particularly through journaling and letter writing tasks, the intervention helped participants identify and learn a new way to respond to these deep-seated negative beliefs, a core aspect of Schema Therapy (Young, Kosko & Weishaar., 2006) Through this process, participants could reframe their self-concept and reduce the impact of these maladaptive schemas on their well-being.

Whilst the intervention was digital and a solo endeavour the emphasis on shared suffering and common humanity aligns with Social Learning Theory. Understanding that others share similar struggles allowed participants to reframe their experiences and reduce feelings of isolation and inadequacy (Bandura, 1986). This recognition of shared human experiences contributed to a supportive internal dialogue, enhancing the participants' overall psychological well-being.

In summary, the intervention's results can be effectively interpreted through various cognitive theories. By promoting mindfulness, reducing cognitive distortions, improving emotional regulation, healing maladaptive schemas, and fostering a sense of shared humanity, the intervention provided participants with valuable tools to enhance their wellbeing.

Additionally, they offer theoretical insights into understanding the lack of engagement among some participants. While cognitive theories offer valuable insights into the results of this study, other theoretical frameworks are equally compelling in understanding how PhD

students made sense of the intervention to understand the challenges they face in their studies.

#### *3.5.4.3 Self-Determination Theory*

Self-Determination Theory (SDT) provide an alternative lens through which to explore the results. SDT emphasises the importance of autonomy, competence, and relatedness in fostering intrinsic motivation and well-being (Ryan & Deci, 2000). This theoretical framework provides a valuable perspective for interpreting how self-compassion interventions can influence PhD students' motivational profiles which can then explain how they make sense of the challenges that they face with their studies.

SDT posits that the satisfaction of three basic psychological needs—autonomy, competence, and relatedness—is essential for optimal functioning and psychological well-being.

Autonomy refers to the feeling of being in control of one's actions and decisions.

Competence involves mastering tasks and gaining skills, while relatedness pertains to feeling connected and belonging to others (Ryan & Deci, 2000). The results from this study indicate that through mindfulness participants were increasingly aware of their inner critic and provided with the autonomy on how to respond to self-criticism. Through common humanity they recognised the universality of their struggles, increasing their sense of relatedness, with their peers and supervisors. The intervention encouraged acceptance (mindfulness) and a supportive inner dialogue (self-kindness) in relation to learning new skills that enabled participants to feel more competent. In this way the self-compassion intervention can be understood as fostering intrinsic motivation and well-being.

In line with SDT, recent research on PhD students' motivational profiles identified four distinct profiles: Low self-determined, Introjected, Identified, and High self-determined.

Students with high self-determination have been found to have better educational outcomes,

such as persistence, satisfaction, and academic performance (Litalien et al, 2024).

Participants experience of the self-compassion intervention appeared to have facilitated a shift in participants from more controlled forms of motivation, like introjected regulation—driven by guilt and pressure—to more autonomous forms, such as identified regulation, which are driven by personal values. This shift may result from the self-compassion intervention reducing internal pressures and promoting a more accepting and supportive inner environment. This was demonstrated practically by participants learning to partake in guilt free breaks and recognising the importance of rest for academic performance.

The results from this study suggest that the self-compassion intervention helped enhance autonomous motivation by promoting non-judgmental acceptance of oneself, thereby reducing internal conflict and pressure associated with controlled motivation. This can help participants develop a more integrated and autonomous motivational profile. Additionally, the intervention helped participants perceive their challenges and setbacks more positively, maintaining and possibly enhancing their intrinsic motivation. For example, through recognising that even supervisors they admire would have struggled at some point when learning new tasks helped participants normalise the challenges they experienced. This meant that these challenges were understood as part of the learning process as opposed to something deficient within the individual.

The self-compassion intervention promoted emotional resilience and a supportive mindset amongst participants. In this way it created conditions that fulfilled participants' needs for autonomy, competence, and relatedness allowing them to begin to develop more desirable motivational profiles. Encouraging self-compassion practices among PhD students can therefore be an effective strategy to support their psychological needs and improve their academic pursuits and personal development. This theoretical position underscores the

potential of self-compassion as a valuable tool for supporting the well-being and success of PhD students.

#### *3.5.4.4 Coaching Psychology*

Theories of self-compassion, cognitive psychology, and self-determination provide valuable lenses for interpreting the results of this study. By integrating these theories, a robust conceptual framework emerges to understand self-compassion, which naturally aligns with coaching psychology (Spence & Oades., 2011). Coaching psychology aims to enhance personal and professional development through goal setting, self-reflection, and skill-building (Rank & Gray., 2017). As coaching psychology is aimed at non-clinical populations, drawing on this framework in conjunction with counselling psychology may feel more accessible to academics who might associate counselling psychology with mental health problems (Grant., 2006). Within this context, self-compassion interventions can be seen as tools for fostering self-awareness, self-regulation, and resilience among doctoral students.

The study highlight's themes of emotional reflection and awareness of the inner critic, which are integral to coaching techniques that promote self-reflection and cognitive restructuring. Participants learned to identify and modify unhelpful thoughts and behaviours, a core aspect of cognitive-behavioural coaching (Ducharme., 2007). Practical strategies, such as informal loving-kindness exercises, embody the action-oriented approach of coaching psychology (Green & Spence, 2014), helping participants integrate self-compassion into daily life.

Implementing self-compassion interventions at both the supervisory and student levels within academic institutions can foster supportive and understanding relationships with oneself and others. This approach can enhance the capacity to manage stress and achieve academic and personal goals. The results of this study suggest that incorporating self-compassion principles and interventions into a coaching framework, that is tasked with improving mental health and

wellbeing, can equip doctoral students with essential tools to navigate the unique challenges of their programmes.

Future research should continue exploring the intersection of these theoretical perspectives to refine and enhance self-compassion interventions. By combining elements from each theory, practitioners can develop more holistic and effective support systems for doctoral students, ultimately improving their mental health and academic success. Whilst the research findings have been interpreted in light of existing theories and research, providing an insight into participant experiences, it is crucial to consider both the strengths and limitations of this research study to understand its implications within the wider context.

### 3.5.5 Strengths and limitations of the research study

#### 3.5.5.1 *Strengths*

This study has several notable strengths. Data collection methods used in this study, including pre-interview screening, the self-compassion intervention, and post-intervention interviews, were well-structured and carefully considered to excavate as much detail as possible to answer the research question. The use of MP3 audio recordings for delivering the intervention provided participants with flexibility and accessibility, allowing them to engage with the material at their convenience. This approach, as reflected by participants, likely enhanced participant engagement and adherence to the intervention tasks. The recruitment and sampling process was purposive and criterion-based, ensuring that the participants were directly relevant to the research question. By targeting PhD students at a single London based, the study gathered rich qualitative data from individuals likely experiencing similar academic pressures and challenges. This sampling strategy, combined with pre-interview screening to confirm eligibility, helped ensure that the data collected was both relevant and meaningful to address the research question.



I have also demonstrated a strong awareness and commitment to ethical standards, following guidelines set by the British Psychological Society (2021) and the Health and Care Professions Council (2016). Ethical considerations included obtaining informed consent, ensuring participant confidentiality, and providing support for participants experiencing distress. These measures protected participants' well-being and upheld the research process's integrity. Reflexivity is another crucial strength of this study. Throughout the research process, I have actively and consistently engaged in reflective practices that have helped me remain aware of my biases and assumptions, ensuring that to my best endeavours the analysis was grounded in the data and reflective of the participants' experiences.

#### *3.5.5.2 Limitations*

While the interpretive nature of thematic analysis is a strength, it also presents a limitation due to the potential for researcher bias. The analysis relies heavily on my perspective, which inevitably introduces subjectivity into the findings. Despite efforts to promote reflexivity and transparency, and in line with the epistemology, this bias can never be eliminated. I accept that a different researcher may have provided alternative interpretations. This reliance on my interpretation may impact the objective generalisability of the findings (Smith, 2017), although the purpose of this research was to uncover experiences as opposed to making statistical generalisations (Willig, 2022). A key aspect of promoting reflexivity has been the exclusion of participants from professional doctorate programmes. This step was intentional to prevent the assumption of similarity and the potential for over-identification with participants, who may be on comparable academic paths. Throughout the research, I have kept a reflexive journal, documenting my thoughts, emotions, and any biases that may arise. This has facilitated regular self-examination and helped me identify moments where my perspective might influence the research. For example, during participant interviews, I've

been mindful to control my enthusiasm, as I recognise my passion for this subject could lead to participants providing responses that they feel might align with my expectations.

Additionally, maintaining a transparent and open approach has been central to my efforts to promote reflexivity. By applying both inductive and deductive coding frameworks, I have been able to reflect my personal theoretical positioning within the research process. My commitment to representing the participants' voices accurately—through both explicit and latent interpretations—has been a priority. In addition, regular personal counselling sessions throughout the research allowed me to further examine my non-assumptive stance, ensuring that I remained open to the experiences of others. Throughout this journey, I have also benefited from invaluable support and feedback from my peers, academic staff, and research supervisor. The opportunity for regular discussions and reviews has been instrumental in offering alternative viewpoints and refining my approach, thus supporting the ongoing process of reflexivity in my work. However, reflexivity is an ongoing process that requires continuous self-examination. In future research, I plan to deepen my engagement with reflexive practices, possibly incorporating more structured reflexive exercises or seeking additional feedback from diverse perspectives to further enhance the credibility of my analysis.

Another limitation is the small sample size of nine participants. While qualitative research does not aim for generalisability in the same way as quantitative research, the limited number of participants may restrict the extent to which the findings can be applied to broader populations especially as participants came from a variety of culturally different geographical locations. Additionally, focusing exclusively on PhD students at a single London based university may limit the applicability of the findings to other academic institutions.

In addition, the decision not to conduct a pilot study is a notable limitation. Although the intervention had been previously validated in other studies (Smeets et al., 2014), a pilot study specific to this research could have identified potential issues and allowed for adjustments before full implementation. Conducting a pilot study could have improved the intervention's feasibility and ensured it was optimally tailored to the target population (Kistin & Silverstein, 2020).

I also recognise that the decision to exclude written data from participants' self-compassion journals and letters, while carefully considered and ethically sound, may have limited the richness of the data collected. The inclusion of written reflections could have provided additional insights into how participants engaged with and made sense of the intervention. By excluding this data, the study may have missed valuable information that could have further enriched the analysis. It follows that future research consider including this data. Further, the reliance on self-reported data through interviews introduces the potential for social desirability bias. Participants may have provided responses they believed were expected or desirable rather than completely honest accounts of their experiences. This limitation is inherent in qualitative research and can create complexities when results are interpreted owing to over estimation of positive responses (Bergen & Labonte., 2020). Future research might consider interviews being conducted by someone independent of the research with no interest in the topic.

While the study included participants from diverse cultural backgrounds and geographical locations, the cultural sensitivity of the intervention itself was not fully addressed. Self-compassion practices and the understanding of psychological interventions can vary significantly across cultures (Huang et al., 2021; Zhao et al; 2021). Future research should consider adapting interventions to be more culturally inclusive and sensitive to the diverse

backgrounds of participants. The study's design provides insight into participants' experiences shortly after the intervention but does not capture long-term effects. Longitudinal research would be valuable in understanding the sustained impact of self-compassion interventions on doctoral students' mental health and academic performance. Without this data, it is difficult to assess the enduring benefits or potential drawbacks of the intervention. Future research could include follow up interviews to address this.

Having considered both the strengths and limitation of this research study I will make an overall quality evaluation of the work. To do this effectively it is first necessary to explore both methodological and personal reflexivity.

#### 3.5.6 Reflexivity

In addition to the steps taken to promote reflexivity as mentioned in the limitations of the study (section 3.5.2) there were other researcher considerations that took place throughout this work. Conducting this research presented numerous challenges, from recruiting participants to managing my biases the interviews. One of the most significant challenges was balancing my dual roles as a researcher and a fellow doctoral student, which required navigating potential assumptions of sameness and ensuring that participants felt comfortable sharing their experiences. This experience taught me the importance of building trust and rapport with participants, as well as the value of maintaining professional boundaries.

Another key learning experience was managing the logistical and technical aspects of the research, such as recording and transcribing interviews and ensuring data security. These tasks required meticulous attention to detail and organisational skills, which I developed and refined throughout the project. Reflecting on these challenges, I appreciate the importance of preparation and adaptability in conducting rigorous and ethical research. The emotional impact of the research was profound, both for the participants and for me. Listening to

participants' stories of struggle and resilience was often moving and on occasion overwhelming. As someone who has personally benefited from self-compassion practices, I found it inspiring to see the positive changes participants experienced through the intervention. However, it was also a reminder of the heavy emotional toll that academic pressures can exert on PhD students, underscoring the importance of this research.

To manage the emotional demands of the research, I regularly practiced self-compassion techniques, such as mindfulness, journalling and self-care practices such as exercise. I also sought support from personal counselling, peers and mentors. Where possible I escaped from the demands of this project to find solace with my family. These practices not only helped me cope with the stress of the research process but also deepened my understanding of the intervention's impact. This personal connection to the research reinforced my commitment to promoting self-compassion as a valuable tool for enhancing well-being among doctoral students.

This research project has been a significant milestone in my professional development as a researcher and future psychologist. It provided me with the opportunity to apply theoretical knowledge to practical research, develop methodological skills, and engage deeply with the lived experiences of my participants. The process of designing and conducting the study, analysing the data, and reflecting on the findings has strengthened my research capabilities and reinforced my passion for promoting student mental health and well-being.

One of the most rewarding aspects of this research was seeing the practical impact of the self-compassion intervention on participants' lives. Their feedback and reflections highlighted the intervention's potential to foster resilience, reduce self-criticism, and enhance overall well-being. This experience has reinforced my belief in the importance of translating research into

practice and advocating for evidence-based interventions that support the mental health of doctoral students.

### 3.5.7 Quality evaluation

The quality of this research study is assessed using Yardley's criteria, which is particularly well-suited for qualitative research (Yardley., 2000). The criteria include four main principles: 1) sensitivity to context 2) commitment and rigor 3) transparency and coherence 4) Impact and importance. Yardley's framework, known for its flexibility, aligns well with the interpretive nature of qualitative inquiry, allowing for a thorough evaluation that acknowledges the complexity and subjectivity inherent in exploring human experiences (Bishop & Yardley., 2017). This makes it suitable for assessing studies like this one, which delve into the nuanced experiences of PhD students.

One of the study's vital strengths is its solid theoretical foundation, rooted in constructivist ontology and hermeneutic-phenomenological epistemology (Heidegger., 1927/1962; Gadamer., 1965/2013). This position enables an in-depth exploration of participants' subjective experiences and the meanings they attach to the self-compassion intervention. The research is firmly anchored in understanding the unique experiences of PhD students, particularly in how they make sense of a brief self-compassion intervention. The cultural, historical, and personal contexts of participants were thoroughly considered, contributing to a nuanced understanding of their experiences.

The study shows strong commitment and rigour, particularly in its data collection and analysis methods. The use of semi-structured interviews allowed for rich insights into participants' subjective experiences, while thematic analysis, guided by Braun & Clarke's (2022) six-step method, ensured a systematic and transparent approach to data analysis. The flexibility and depth of thematic analysis make it well-suited for exploring complex, subtle

experiences, behaviours, and thoughts. Reflexivity was maintained throughout the research process, with regular engagement in personal therapy and peer consultation to mitigate researcher bias, aligning with Yardley's (2000) emphasis on thoroughness and methodological rigour.

Transparency and coherence are evident in the clear articulation of the research process, from participant recruitment to data analysis. The study provides detailed descriptions of each step, ensuring that the methodology is both replicable and coherent with the research objectives. Reflexivity is integrated into the discussion, acknowledging the researcher's influence on the study and ensuring that findings are grounded in the data, which is a critical aspect of this framework.

The impact and importance of this research are underscored by its potential applications in academic and mental health settings. The study contributes valuable insights into the mental health challenges faced by PhD students and offers evidence-based recommendations for integrating self-compassion practices into academic environments. The findings highlight the potential for self-compassion interventions to enhance emotional resilience and well-being among doctoral students, marking this study as a significant contribution to the field of counselling psychology. This aligns with Yardley's (2000) criterion of assessing the broader significance and practical implications of the research. While the limitations and challenges of this study have been detailed, there are important implications afforded by this research that are applicable to academic environments, student personal development, and mental health support. These implications, along with practical applications of the research, are explored in the next section.

### 3.5.8 Implications of research

This research provides important insights into addressing the psychological and emotional challenges faced by this unique population. To transform research into practice it is essential to explore the wide-ranging implications and applications of the study's findings, highlighting how self-compassion practices and interventions can be integrated into mental health support, academic environments and personal development. These insights can offer valuable guidance for addressing issues associated with the well-being of doctoral students.

#### 3.5.8.1 *Academic Environments*

The theme of isolation and the need for social connectedness highlighted in the study suggests that academic institutions might consider fostering more supportive and inclusive cultures. Universities can facilitate regular peer support groups and community-building activities that encourage social interaction and reduce feelings of isolation. Creating a connected and supportive academic environment can help enhance students' sense of belonging and reduce stress (Neff & Pommier, 2013). The findings also indicate that doctoral students often struggle with self-doubt and fear of failure, that can be exacerbated by their interactions with supervisors. Training supervisors to adopt a more compassionate and supportive approach could help mitigate these issues. Supervisors can be trained in coaching techniques that emphasise empathy, active listening, and constructive feedback, helping students feel more supported and less isolated. Where appropriate supervisors could also help to normalise some of the struggles within the PhD journey modelling to students that they are not alone. This approach aligns with coaching psychology principles with a view to improving the supervisory relationship, which in turn can enhance student performance and well-being (Rank & Gray., 2017).



Additionally, the study suggests that self-compassion practices and interventions can be integrated into the doctoral pathway to support student well-being. Incorporating mindfulness and self-compassion exercises into research methods courses or professional development workshops can provide students with practical tools to manage stress and self-criticism (Neff & Dahm, 2015). Embedding these practices into regular coursework ensures that all students have access to these techniques. The findings indicated that it was felt there was a need for this particularly at the beginning of the course when the journey is new, this could involve including self-compassion interventions in enrolment and orienteering agendas.

Counselling psychologists play a crucial role in addressing the mental health needs of doctoral students, particularly concerning the issues of isolation and self-doubt highlighted in the study. By collaborating with academic institutions, counselling psychologists can help design and implement supervisor training programmes that align with the Good Supervisory Practice Framework (UK Council for Graduate Education., 2024). These programmes can emphasise the importance of empathy, active listening, and psychological support in supervisory relationships, ultimately contributing to a more supportive and inclusive academic environment that fosters both student well-being and academic success.

#### *3.5.8.2 Personal Development*

The study also highlights the importance of viewing self-compassion as a skill that can be developed and practiced over time. Encouraging students to engage in regular self-compassion exercises can help them cultivate this skill, leading to long-term benefits for their mental health and well-being (Neff., 2003; Gilbert., 2009). Universities can provide resources and guidance on self-compassion practices, encouraging students to incorporate these techniques into their daily routines.

Moreover, the themes of reflecting on emotions and growing awareness of the inner critic suggest that reflective practices are essential for developing self-compassion (Neff & Germer., 2013). Encouraging students to engage in regular self-reflection, such as journaling or mindfulness meditation, can help them become more aware of their thoughts and feelings. These practices can promote greater self-awareness and emotional regulation, supporting students in managing the challenges of their doctoral programmes.

#### *3.5.8.3 Mental Health Support*

One of the most important implications of the study is its potential to positively impact psychological distress among doctoral students. The findings support other bodies of evidence that have found that self-compassion interventions can help to reduce anxiety, stress, and self-critical thoughts (Batchelder., 2020; Biber et al., 2019; Dreisoerner et al., 2023; Ferrarri., et al 2019; Mantelou & Karakasidou., 2017; Beaumont., 2016; Wakelin, 2022; Sirois., 2014). Participants reported developing a more compassionate inner dialogue, which reduced the impact of perfectionism and fear of failure. This findings suggests that self-compassion interventions may be particularly suited to address some of the unique challenges to doctoral students. The intervention also appeared to enhance emotional resilience among participants. By adopting mindfulness and self-kindness when they experienced challenges, participants began to learn to accept and process their emotions without judgment. This emotional resilience is a necessity for managing the high levels of stress typical in doctoral programmes and aligns with the use of self-compassion as a preventive mental health strategy (Cornwell et al., 2019).

The results suggest that universities should consider integrating self-compassion training into their institutional mental health programmes. Workshops or courses tailored specifically for doctoral students can be incorporated into existing mental health services and student

counselling services. The findings could also support broader initiatives, such as the University Mental Health Charter (BPS, 2020), which aims to address student mental health. Including self-compassion interventions in academic settings could significantly contribute to achieving this goal. By addressing psychological distress early and equipping students with self-compassion skills, institutions can reduce the overall burden on mental health services, improve student outcomes and actively support student wellbeing.

### 3.5.9 Practical Applications of research

Based on the study's findings, universities and mental health professionals, led by counselling psychologists could support doctoral students by developing targeted self-compassion interventions. These interventions can include workshops, online courses, and peer support groups, providing various ways for students to engage with self-compassion practices, manage stress and reduce self-criticism. Interventions can be designed to be flexible and accessible, allowing students to incorporate self-compassion into their busy schedules. Encouraging doctoral students to view self-compassion as a skill that can be developed and practiced over time is considered advantageous for their long-term well-being.

Educational institutions can create and disseminate self-compassion resources such as guided meditations, reflective exercises, and informational materials. Promoting a culture of self-compassion within universities is crucial to help support the wellbeing of PhD students. This involves training staff and department members in self-compassion, integrating these values into institutional policies, and creating a supportive and empathetic academic environment. Embedding self-compassion into the institutional culture can foster a nurturing and inclusive atmosphere, supporting the well-being of all students.

The implications of this study are promising for counselling psychology, mental health support, academic environments, and personal development initiatives. Integrating self-compassion training into institutional mental health programmes could benefit doctoral students' well-being and help address the prevalent mental health crisis in this population (Jimenez-Gomez et al., 2022; Paucsik et al., 2022).

#### 3.5.10 Long term Impact

The long-term impacts of self-compassion interventions, particularly when applied to doctoral students, extend beyond the immediate alleviation of mental health issues, such as anxiety and self-criticism. Over time, these interventions can lead to a sustained transformation in students' coping strategies, emotional resilience, and overall psychological well-being. As participants continue to integrate self-compassion into their daily lives, they are increasingly likely to experience enduring benefits, including a reduction in burnout, enhanced emotional regulation, and an improved ability to navigate academic pressures—key challenges within doctoral programmes. Empirical evidence suggests that, when self-compassion is incorporated as a long-term practice, individuals develop stronger emotional resilience, better manage academic stress, and experience improved well-being. For example, Smeets et al. (2013) demonstrated that self-compassion interventions contributed to sustained increases in optimism and self-efficacy, both of which are essential for managing the prolonged demands of doctoral study. By shifting the focus from self-criticism to self-kindness, students are better equipped to mitigate the detrimental effects of imposter syndrome, which can persist throughout their academic careers.

Cultural considerations are pivotal in determining the applicability and impact of self-compassion interventions, influencing both their effectiveness and acceptance. In cultural contexts where self-criticism and perfectionism are deeply ingrained—such as in many East

Asian societies—the practice of self-compassion may be met with initial resistance. Research by Zhao et al. (2021) highlights how students in China, influenced by Confucian ideals of moral perfectionism, may struggle to embrace the self-kindness component of self-compassion fully. Consequently, interventions must be carefully adapted to align with cultural values and expectations, adjusting the emphasis placed on different aspects of self-compassion to suit the specific cultural context. In Western contexts, where individualism and self-reliance are often highly valued, self-compassion interventions may encourage personal reflection on emotional well-being and the shared human experience of suffering, making them more easily adopted. This cultural variability underscores the need for a flexible approach to self-compassion interventions, ensuring they are both contextually relevant and effective in addressing the unique challenges faced by doctoral students, thereby enhancing engagement and supporting the long-term success of the intervention.

#### 3.5.11 Future research

Future research should consider including a more diverse sample to explore the transferability of these findings across different academic institutions. Additionally, investigating longer-term interventions and studies that include follow ups could provide insight into the sustained impact of self-compassion practices on PhD students. Research could also focus on the effectiveness of institutional policies designed to support the mental health and emotional wellbeing of PhD students, potentially incorporating self-compassion training as a key component. The findings from this research and the broader literature highlight the positive impact of a self-compassion intervention in addressing the unique challenges faced by doctoral students. To further develop knowledge in this area a mixed-methods approach to gain a more comprehensive understanding of the impact of self-compassion interventions on doctoral students could be adopted in future research. Combining quantitative measures, such

as pre- and post-intervention self-compassion assessments (Neff, 2003) and mental health outcomes, with qualitative data from interviews could provide both statistical evaluation and deeper insights into participants' experiences, offering a more holistic view of the intervention's effectiveness., making it a valuable area for further exploration.

Additionally, further efforts are required to help develop and refine self-compassion interventions tailored specifically for doctoral students. This includes considering the unique academic pressures, financial constraints, and social isolation experienced by this group. For reflexivity and to mitigate against bias Trainee Counselling Psychologists were purposefully excluded from this research. Future research could include this specific population.

Understanding the lived experiences of participants can inform the design of more effective interventions that address the specific needs of diverse student populations.

This research underscores the significance of cultural sensitivity in self-compassion interventions. This includes considering the role of the researcher within the research process. Future studies should investigate the role of culturally competent facilitators, who are trained to identify and navigate cultural nuances, ensuring that participants feel both understood and engaged throughout the intervention (Zhao et al., 2021). Additionally, adopting frameworks that guide culturally competent health research can enhance the quality and applicability of interventions in multicultural settings. For instance, Woodland et al. (2021) propose a framework for conducting culturally informed, high-quality, and actionable health research in multicultural societies. This framework highlights the importance of integrating cultural competence at every stage of the research process—from planning and design to data collection and interpretation. Researchers are encouraged to use culturally sensitive methods and tools, which help capture participants' experiences more accurately, improving the relevance and impact of interventions. A key component of this framework is the active

involvement of culturally competent facilitators, who are not only trained to recognise cultural differences but also ensure that these differences are respected and meaningfully incorporated into the research process. This is particularly critical when interpreting self-compassion practices, as cultural variations may influence how participants relate to the concepts of self-kindness and emotional expression. By incorporating these cultural considerations, researchers can develop self-compassion interventions that resonate with diverse populations, ensuring that the interventions are both effective and respectful, ultimately leading to better health outcomes in multicultural contexts.

### 3.5.12 Conclusion

This research aimed to discover how PhD students make sense of a brief self-compassion intervention to address the challenges they face in their academic studies. By analysing participant interviews, six major themes were identified: Scared and alone, Know thy enemy, Transforming perspectives, Everybody hurts, Unlocking self-love, and Turning guidance into growth. These themes provide valuable insights into the unique experiences of doctoral students and how they experienced a brief self-compassion interventions.

The study contributes to the field of counselling psychology by highlighting some of the specific challenges faced by PhD students and demonstrating how self-compassion interventions can help support their well-being. The findings demonstrate that PhD students often struggle with feelings of isolation, imposter syndrome, perfectionism, and overwhelming stress, which can lead to burnout and negatively impact their overall well-being. The intervention helped participants become more aware of their inner critic, learn to reflect on their emotions, and recognise the commonality of their struggles with others. This newfound awareness facilitated a shift from self-criticism to self-compassion, promoting emotional resilience and a more supportive inner dialogue. This resulted in practical changes

to way they approached their studies, such as taking guilt-free breaks. This research also highlighted the importance of interventions recognising and attending to cultural differences in participant populations so that they can be tailored to the unique values, beliefs, and coping strategies of diverse groups, thereby enhancing their relevance, effectiveness, and long-term impact.

The integration of these findings with existing literature and psychological theories, such as Neff's theory of self-compassion (2003), Self Determination Theory (Ryan & Deci, 2000) and cognitive theories such as Beck's theory of depression (1976), schema theory (Young, Kosko & Weishaar., 2006) and social learning theory (Bandura, 1986) provide insightful lenses through which to understand the results. The study supports the notion that self-compassion can be cultivated through targeted interventions, leading to improved emotional regulation, reduced self-criticism, and enhanced well-being. The findings further suggest that mindfulness is a central component of self-compassion, acting as a precursor to self-kindness and common humanity.

The research also highlights the importance of creating supportive academic environments and fostering social connectedness among PhD students. Universities can facilitate peer support groups, community-building activities, and training for supervisors to adopt a more compassionate approach. Integrating self-compassion practices into the doctoral curriculum and providing resources for regular self-reflection can help students develop the skills necessary to manage academic challenges effectively.

In conclusion, this research has addressed an important gap in the literature by exploring How PhD students make sense of a brief self-compassion intervention to understand the challenges that they face with their academic studies. Through doing so the results showcase the potential of self-compassion interventions to address the mental health and



well-being challenges faced by PhD students. By fostering a more compassionate and supportive inner dialogue, these interventions can help students manage stress, reduce self-criticism, and enhance their emotional resilience. The findings provide a foundation for developing targeted self-compassion programmes that can be integrated into academic environments, supporting the personal and professional development of doctoral students. Future research should continue to refine these interventions, ensuring they are culturally sensitive and tailored to the unique needs of diverse student populations.

### 3.5.13 References

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## 3.6 APPENDIX A: LITERATURE REVIEWED SUMMARY

Authors	Title	Year	Research design	Intervention	sample
Barankova, Martina; Halamova, Julia; Koronova, Jana;	New expert views of compassion: Consensual qualitative research using focus	2019	Qualitative		
Batchelder, Alison R;	Self-compassion as a moderator of the relationship between the impostor phenomenon and psychological health in doctoral students	2020	quantitative	Intervention	doctoral students
Beaumont, Elaine; Durkin, Mark; Hollins Martin, Caroline J; Carson, Jo;	Measuring relationships between self-compassion, compassion fatigue, burnout and well-being in student counsellors and student cognitive behavioural	2016	quantitative		students
Beaumont, Elaine; Durkin, Mark; Martin, Caroline J; Hollins; Carson, Jo;	Compassion for others, self-compassion, quality of life and mental well-being	2016	quantitative		students
Biber, David D; Ellis, Rebecca;	measures and their association with compassion fatigue and burnout in student	2019	quantitative		students
Blinder, Per-Einar; Dundas, Ingrid; Slige, Signe Helen; Helmes, Aslak;	The effect of self-compassion on the self-regulation of health behaviors: A	2018	QUALITATIVE	3 weeks	Students
Bluth, Karen; Neff, Kristin D;	Experiences of outcome after a brief self-compassion intervention for university	2018			article
Brown, Lydia; Houston, Emma E; Amoneo, Hermioni L; Bryant, Christin;	New frontiers in understanding the benefits of self-compassion	2021	quantitative		meta analysis
Chwyl, Christina; Chen, Patricia; Zaki, Jamil;	Is self-compassion associated with sleep quality? A meta-analysis	2021	quantitative		
Crawf, Christina; Chen, Patricia; Zaki, Jamil;	Beliefs about self-compassion: Implications for coping and self-improvement	2021	quantitative		
Conversano, Goro; Ciachini, Rebecca; Orrù, Graziella; Di Giuseppe, M;	Mindfulness, compassion, and self-compassion among health care professionals:	2020	quantitative		systematic
Craig, Catriona; Hickey, Syd; Spector, Anne;	What's new? A systematic review	2020	quantitative		review
Dreisörner, Aljoscha; Junker, Nina Mareen; Van Dick, Rolf;	Compassion focused therapy: A systematic review of its effectiveness and	2021	quantitative		systematic
Dreisörner, Aljoscha; Klack, Anamarija; Van Dick, Rolf; Junker, Nina M;	The relationship among the components of self-compassion: A pilot study using a	2023	quantitative		
Dundas, Ingrid; Blinder, Per-Einar; Hanson, Tia Oß; Slige, Signe Helen;	Self-compassion as a means to improve job-related well-being in academia	2023	quantitative		academics
Dundas, Ingrid; Blinder, Per-Einar; Hanson, Tia Oß; Slige, Signe Helen;	Does a short self-compassion intervention for students increase healthy	2017	quantitative	Focus	Students
Durkin, Mark; Beaumont, Elaine; Martin, Coroline J; Hollins; Carson, Jo;	A pilot study exploring the relationship between self-compassion, self-judgement,	2016	quantitative		Nurses
Egan, Helen; O'Hara, Marie; Cook, Amy; Mantzios, Michael;	self-kindness, compassion, professional quality of life and wellbeing among UK	2022	quantitative		Students
Evans, Susan; Bhika, Katarzyna; Blaha, Katherine Thorpe; Allen, Elizabeth;	Mindfulness, self-compassion, resiliency and wellbeing in higher education: a	2018	quantitative		students/community sample
Ewert, Christina; Vater, Annika; Schröder-Abé, Michela;	Self-compassion mediates improvement in well-being in a mindfulness-based	2022	quantitative		Students
Ferrari, Madeleine; Dal Gho, M; Steele, Mike;	Self-compassion mediates improvement in well-being in a mindfulness-based	2018	quantitative		Students
Ferrari, Madeleine; Hunt, Caroline; Harrysunker, Ashish; Abbott, Maree;	stress reduction program in a community-based sample	2021	quantitative		meta analysis
Fintay-Jones, Amy L; Rees, Clare S; Kane, Robert T;	Self-compassion and coping: a meta-analysis	2017	quantitative		general population
Fintay-Jones, Amy; Kane, Robert; Rees, Clare;	Self-compassion is associated with optimum self-care behaviour, medical	2019	quantitative	n/a	meta analysis
Fong, Mele; Loi, Natasha M;	Self-compassion interventions and psychosocial outcomes: A meta-analysis of	2016	quantitative		psychologist
Foroughi, Ali Akbar; Khanjani, Sajad; Rafiee, Sahar; Taheri, Amir Abba;	Self-compassion, emotion regulation and stress among Australian psychologists:	2017	quantitative	6 weeks	students
Fox, Jenn; Cattani, Kara; Burlingame, Gary M;	Self-compassion online: A pilot study of an internet-based self-compassion	2016	quantitative		student
Fox, Jenn; Cattani, Kara; Burlingame, Gary M;	cultivation program for psychology trainees	2020	quantitative	n/a	meta analysis
Fris, Anna M; Johnson, Malcolm H; Outfield, Richard G; Considine, Na;	The mediating role of self-compassion in student psychological health	2020	quantitative		
Fulton, Cheryl L;	Self-compassion: conceptualization, research, and interventions (Brief review)	2020	quantitative		
Gandy, Marissa R; Shortway, Kendahl M; Marks, Donald R; Block-Lerner;	Compassion focused therapy in a university counseling and psychological services	2020	quantitative	12 weeks	students
Ghadampour, Ezatolah; Mansouri, Leila;	center: A feasibility trial of a new standardized group manual	2020	quantitative	1 day	nurses
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Effectiveness of a one-day self-compassion training for pediatric nurses' resilience	2016	quantitative	8 weeks	diabetic
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Kindness matters: a randomized controlled trial of a mindful self-compassion	2016	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Mindfulness, self-compassion, and counselor characteristics and session	2022	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	variables	2022	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Psychology doctoral students' self-care during the COVID-19 pandemic:	2023	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Relationships among satisfaction with life, stress levels, and self-compassion	2023	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	The effectiveness of compassion focused therapy on increasing optimism and self-	2018	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	compassion in female students with generalized anxiety disorder	2017	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Don't be so hard on yourself: Changes in self-compassion during the first year of	2020	quantitative		HCP
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	university are associated with changes in well-being	2020	quantitative		HCP
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Self-compassion explains less burnout among healthcare professionals	2020	quantitative		HCP
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Cultivating self-kindness and attention to the present moment in the young: A pilot-	2020	quantitative	2 weeks	young adults
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	study of a two-week internet-delivered mindfulness and self-compassion program	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	The effects of a self-compassion intervention on future-oriented coping and	2020	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	psychological well-being: A randomized controlled trial in Chinese college students	2022	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Effectiveness of the Mindfulness-Based Stress Reduction (MBSR) vs. the Mindful Self-	2022	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Mechanisms of change in mindfulness-based stress reduction: Self-compassion	2012	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	and mindfulness as mediators of intervention outcomes	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	A systematic review of the effectiveness of self-compassion-related interventions	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	for individuals with chronic physical health conditions	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Predicting self-compassion in UK nursing students: Relationships with resilience,	2022	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	engagement, motivation, and mental wellbeing	2022	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Positive psychology for mental wellbeing of UK therapeutic students: relationships	2023	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	with engagement, motivation, resilience and self-compassion	2023	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Mindfulness of UK graduate students in education: Self-compassion moderates	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	pathway from extrinsic motivation to intrinsic motivation	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Effects of self-compassion training on work-related well-being: A systematic review	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Stress, self-compassion, and well-being during the transition to college	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Self-compassion and resilience at work: A practice-oriented review	2020	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Only interventions and assessments: The effect of online self-compassion	2020	quantitative	4 weeks	employees
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	meditation on psychological health	2020	quantitative		employees
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	A meta-analysis of the relationship between self-compassion and self-efficacy	2020	quantitative		employees
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Can acceptance, mindfulness, and self-compassion be learned by smartphone	2020	quantitative		employees
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Effects of a brief self-compassion intervention for college students with impostor	2023	quantitative	4 weeks	students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	phenomenon	2012	quantitative		students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Exploring compassion: A meta-analysis of the association between self-	2017	quantitative	brief	20 students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	The effectiveness of a brief self-compassion intervention program on self-	2021	quantitative		20 students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	compassion, positive and negative affect and life satisfaction	2021	quantitative		20 students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Doctoral students' well-being in United Kingdom business schools: A survey of	2018	quantitative	2 weeks	student
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	personal experience and support mechanisms	2018	quantitative		student
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Evaluation of a web-based self-compassion intervention to reduce student	2018	quantitative		student
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	assessment anxiety	2018	quantitative		student
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Comparing the efficacy of a brief self-esteem and self-compassion intervention for	2018	quantitative	brief	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	state body dissatisfaction and self-improvement motivation	2020	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	The process of science: A critical evaluation of more than 15 years of research on	2020	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	self-compassion with the Self-Compassion Scale	2023	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Self-compassion: Theory, method, research, and intervention	2017	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	A pilot study and randomized controlled trial of the mindful self-compassion	2017	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	program	2017	quantitative	8 week	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Caring for others without losing yourself: An adaptation of the Mindful	2020	quantitative	adapted msc	HCP
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Self-Compassion Program for Healthcare Communities	2022	quantitative	for HCP	HCP
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	The role of self-compassion in psychotherapy	2017	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Self-compassion and psychological	2022	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Self-compassion and flourishing buffer the impact of the first year of the COVID-19	2022	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	on PhD students' mental health	2022	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Changes in body awareness and self-compassion in clinical psychology trainees	2020	quantitative	8 weeks	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	A systematic review and meta-analysis on the effectiveness of self-compassion	2024	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Academic expectation, self-compassion, psychological capital, social support and	2020	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	student wellbeing	2020	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Mindfulness, self-compassion, and empathy among health care professionals: a	2014	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	review of the literature	2015	quantitative	8 week	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Mindfulness-based stress reduction and self-compassion among mental	2020	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	healthcare professionals: a pilot study	2020	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Trainee wellness: Self-critical perfectionism, self-compassion, depression, and	2018	quantitative	6 week	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	burnout among doctoral trainees in psychology	2018	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Compassion-focused intervention for highly self-critical individuals: Pilot study	2018	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Doctoral students' well-being: A literature review	2018	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Self-compassion in mindfulness-based stress reduction: An examination of	2020	quantitative	8 week	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	The benefits of self-compassion and optimism exercises for individuals vulnerable	2010	quantitative	1 day	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	to depression	2017	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Can self-compassion promote healthcare provider well-being and compassionate	2017	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	care to others? Results of a systematic review	2014	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Procrastination and stress: Exploring the role of self-compassion	2014	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Meeting suffering with kindness: Effects of a brief self-compassion intervention for	2014	quantitative	3 weeks	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	female college students	2021	quantitative	12 weeks	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Impact of a 12-week group-based compassion focused therapy intervention on	2019	quantitative	2 weeks	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	The effect of a brief online self-compassion versus cognitive restructuring	2018	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	intervention on trait social anxiety	2018	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	The PhD experience: A review of the factors influencing doctoral students'	2018	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	completion, achievement, and well-being	2018	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Having the "headspace" for compassion toward self and others: A qualitative study	2018	QUALITATIVE	Focus group	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Effectiveness of self-compassion-related interventions for reducing self-criticism: A	2022	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	systematic review and meta-analysis	2020	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Effects of mindfulness-based interventions on self-compassion in health care	2020	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	professionals: a meta-analysis	2019	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Effectiveness of self-compassion related therapies: A systematic review and meta-	2019	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	analysis	2020	quantitative	8 weeks	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Effects of the Mindful Self-Compassion programme on clinical and health	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	psychology trainees' well-being: A pilot study	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	On loving thyself: Exploring the association between self-compassion, self-	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	reported suicidal behaviors, and implicit suicidality among college students	2021	quantitative		Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	Self-compassion in Chinese young adults: Specific features of the construct from a	2021	quantitative	focus group	Students
Ginnell, Katie E; Mosewich, Amber D; McEwen, Carolyn E; Eklund, Rob;	cultural perspective	2021	quantitative		Students

### 3.7 APPENDIX B: SELF-COMPASSION INTERVENTION

#### *Appendix B self-compassion audio script*

#### **MP 3 Recording Scripts**

The guidance from the Smeets et al (2014) intervention was adapted for one-to-one audio use replacing group discussion with self-reflection. The content, with minor adaption for audio delivery was taken from Kristen Neff's online self-compassion resources (Neff, 2023)

#### **Session 1**

Welcome to this brief 2-week intervention on self-compassion. Before you start, please ensure that you are able to engage in the reflective aspects of this audio by having access to writing material. It would be ideal if you can be somewhere where you can listen uninterrupted.

To begin we detail background information on self-compassion and its differences with concepts, such as self-indulgence, self-pity, and self-esteem.

Having compassion for oneself is really no different than having compassion for others. Think about what the experience of compassion feels like. First, to have compassion for others you must notice that they are suffering. If you ignore that homeless person on the street, you can't feel compassion for how difficult his or her experience is. Second, compassion involves feeling moved by others' suffering so that your heart responds to their pain (the word compassion literally means to "suffer with"). When this occurs, you feel warmth, caring, and the desire to help the suffering person in some way. Having compassion also means that you offer understanding and kindness to others when they fail or make mistakes, rather than judging them harshly. Finally, when you feel compassion for another (rather than mere pity), it means that you realize that suffering, failure, and imperfection is part of the shared human experience that is often out of our control.

Self-compassion involves acting the same way towards yourself when you are having a difficult time, fail, or notice something you don't like about yourself. Instead of just ignoring your pain with a "stiff upper lip" mentality, you stop to tell yourself "this is really difficult right now," how can I comfort and care for myself in this moment?

Instead of mercilessly judging and criticizing yourself for various inadequacies or shortcomings, self-compassion means you are kind and understanding when confronted with personal failings – after all, who ever said you were supposed to be perfect?

You may try to change in ways that allow you to be more healthy and happy, but this is done because you care about yourself, not because you are worthless or unacceptable as you are. Perhaps most importantly, having compassion for yourself means that you honour and accept your humanness. Things will not always go the way you want them to. You will encounter frustrations, losses will occur, you will make mistakes, bump up against your limitations, fall short of your ideals. This is the human condition, a reality shared by all of us. The more you are open to this reality instead of constantly fighting against it, the more you will be able to feel compassion for yourself and all your fellow humans in the experience of life.

*Self-compassion is made up of three elements 1. Self-kindness vs. Self-judgment. 2. Common humanity vs. Isolation. 3. Mindfulness vs. Over-identification. We will now explore each of these in turn:*

*Self-kindness vs. Self-judgment.*

Self-compassion entails being warm and understanding toward ourselves when we suffer, fail, or feel inadequate, rather than ignoring our pain or flagellating ourselves with self-criticism. Self-compassionate people recognize that being imperfect, failing, and experiencing life difficulties is inevitable, so they tend to be gentle with themselves when confronted with painful experiences rather than getting angry when life falls short of set ideals. People cannot always be or get exactly what they want. When this reality is denied or fought against suffering increases in the form of stress, frustration and self-criticism. When this reality is accepted with sympathy and kindness, greater emotional equanimity is experienced.

*Common humanity vs. Isolation.*

Frustration at not having things exactly as we want is often accompanied by an irrational but pervasive sense of isolation – as if “I” were the only person suffering or making mistakes. All humans suffer, however. The very definition of being “human” means that one is mortal, vulnerable and imperfect. Therefore, self-compassion involves recognizing that suffering and personal inadequacy is part of the shared human experience – something that we all go through rather than being something that happens to “me” alone.

*Mindfulness vs. Over-identification.*

Self-compassion also requires taking a balanced approach to our negative emotions so that feelings are neither suppressed nor exaggerated. This equilibrated stance stems from the process of relating personal experiences to those of others who are also suffering, thus putting our own situation into a larger perspective. It also stems from the willingness to observe our negative thoughts and emotions with openness and clarity, so that they are held in mindful awareness. Mindfulness is a non-judgmental, receptive mind state in which one observes thoughts and feelings as they are, without trying to suppress or deny them. We cannot ignore our pain and feel compassion for it at the same time. At the same time, mindfulness requires that we not be “over-identified” with thoughts and feelings, so that we are caught up and swept away by negative reactivity. Now we have spoken about what self-compassion is it is now important to establish what it is not...

**What Self-Compassion Is N**

When individuals feel self-pity, they become immersed in their own problems and forget that others have similar problems. They ignore their interconnections with others, and instead feel that they are the only ones in the world who are suffering. Self-pity tends to emphasize egocentric feelings of separation from others and exaggerate the extent of personal suffering. Self-compassion, on the other hand, allows one to see the related experiences of self and other without these feelings of isolation and disconnection. Also, self-pitying individuals often become carried away with and wrapped up in their own emotional drama. They cannot step back from their situation and adopt a more balanced or objective perspective. In contrast, by taking the perspective of a compassionate other towards oneself, “mental space” is provided to recognize the broader human context of one’s experience and to put things in

greater perspective. (“Yes it is very difficult what I’m going through right now, but it’s normal and natural for human beings to struggle at times. I’m not alone ...”).

Self-compassion is also very different from self-indulgence. Many people say they are reluctant to be self-compassionate because they’re afraid they would let themselves get away with anything. “I’m stressed out today so to be kind to myself I’ll just watch TV all day and eat a tub of ice cream.” This, however, is self-indulgence rather than self-compassion. Remember that being compassionate to oneself means that you want to be happy and healthy in the long term. In many cases, just giving oneself pleasure may harm well-being (such as taking drugs, over-eating, being a couch potato), while giving yourself health and lasting happiness often involves a certain amount of displeasure (such as quitting smoking, losing weight, exercising). People are often very hard on themselves when they notice something they want to change because they think they can shame themselves into action – the self-flagellation approach. However, this approach often backfires if you can’t face difficult truths about yourself because you are so afraid of hating yourself if you do. Thus, weaknesses may remain unacknowledged in an unconscious attempt to avoid self-censure. In contrast, the care intrinsic to compassion provides a powerful motivating force for growth and change, while also providing the safety needed to see the self clearly without fear of self-condemnation.

Although self-compassion may seem similar to self-esteem, they are different in many ways. Self-esteem refers to our sense of self-worth, perceived value, or how much we like ourselves. While there is little doubt that low self-esteem is problematic and often leads to depression and lack of motivation, trying to have higher self-esteem can also be problematic. In modern Western culture, self-esteem is often based on how much we are different from others, how much we stand out or are special. It is not okay to be average, we have to feel above average to feel good about ourselves. This means that attempts to raise self-esteem may result in narcissistic, self-absorbed behaviour, or lead us to put others down in order to feel better about ourselves. We also tend to get angry and aggressive towards those who have said or done anything that potentially makes us feel bad about ourselves. The need for high self-esteem may encourage us to ignore, distort or hide personal shortcomings so that we can’t see ourselves clearly and accurately. Finally, our self-esteem is often contingent on our latest success or failure, meaning that our self-esteem fluctuates depending on ever-changing circumstances.

In contrast to self-esteem, self-compassion is not based on self-evaluations. People feel compassion for themselves because all human beings deserve compassion and understanding, not because they possess some particular set of traits (pretty, smart, talented, and so on). This means that with self-compassion, you don’t have to feel better than others to feel good about yourself. Self-compassion also allows for greater self-clarity, because personal failings can be acknowledged with kindness and do not need to be hidden. Moreover, self-compassion isn’t dependent on external circumstances, it’s always available – especially when you fall flat on your face! Research indicates that in comparison to self-esteem, self-compassion is associated with greater emotional resilience, more accurate self-concepts, more caring relationship behaviour, as well as less narcissism and reactive anger.

Let’s try a reflective activity now... Whenever you’re feeling bad about something, think about what you’ve just said to yourself. Try to be as accurate as possible, noting your inner

speech verbatim. What words do you actually use when you're self-critical? Are there key phrases that come up over and over again? What is the tone of your voice – harsh, cold, angry? Does the voice remind you of any one in your past who was critical of you? You want to be able to get to know the inner self-critic very well, and to become aware of when your inner judge is active. For instance, if you've just eaten half a box of Oreo's, does your inner voice say something like "you're so disgusting," "you make me sick," and so on? Really try to get a clear sense of how you talk to yourself. Spend some time thinking about the way you speak to yourself what you say and how you say. If it helps pause the recording to allow time for this reflection.

When we become aware of our inner- critic we can now make an active effort to soften the self-critical voice, but do so with compassion rather than self-judgment (i.e., don't say "you're such a bitch" to your inner critic!). Say something like "I know you're worried about me and feel unsafe, but you are causing me unnecessary pain. Could you let my inner compassionate self say a few words now?"

Reframe the observations made by your inner critic in a friendly, positive way. If you're having trouble thinking of what words to use, you might want to imagine what a very compassionate friend would say to you in this situation. It might help to use a term of endearment that strengthens expressed feelings of warmth and care (but only if it feels natural.) For instance, you can say something like "Darling, I know you ate that bag of cookies because you're feeling really sad right now and you thought it would cheer you up. But you feel even worse and are not feeling good in your body. I want you to be happy, so why don't you take a long walk so you feel better?" While engaging in this supportive self-talk, you might want to try holding one hand over your chest on your heart. Physical gestures of warmth can tap into the caregiving system even if you're having trouble calling up emotions of kindness at first, releasing oxytocin that will help change your bio-chemistry. The important thing is that you start acting kindly, and feelings of true warmth and caring will eventually follow.

Before we finish this first session the homework tasks for the week will be detailed. There are three homework tasks that will need to be completed daily over the next seven days. These instructions have also been emailed to you as part of your participant instructions so that you have them in writing:

Firstly, At the beginning of this project you were provided with an "intervention bracelet". In order to build your awareness of your inner critic it is requested that you switch the bracelet from one arm to the other every time that you notice you are being self critical. Awareness is the first step towards change.

Secondly, You are asked to practice an informal form of meditation where you will silently repeat three loving-kindness phrases, directed at yourself and others, every night before going to bed. These phrases are "may you be at peace," "may you be kind to yourself," "may you be free from suffering" it might help for these phrases to be written down and kept near your bed so that you can remember them.

Finally, try keeping a daily self-compassion journal for one week (or longer if you like.) Journaling is an effective way to express emotions, and has been found to enhance both mental and physical well-being. At some point during the evening when you have a few quiet

moments, review the day's events. In your journal, write down anything that you felt bad about, anything you judged yourself for, or any difficult experience that caused you pain. (For instance, perhaps you got angry at a waitress at lunch because she took forever to bring the check. You made a rude comment and stormed off without leaving a tip. Afterwards, you felt ashamed and embarrassed.) For each event, use mindfulness, a sense of common humanity, and kindness to process the event in a more self-compassionate way.

Mindfulness will mainly involve bring awareness to the painful emotions that arose due to your self-judgment or difficult circumstances. Write about how you felt: sad, ashamed, frightened, stressed, and so on. As you write, try to be accepting and non-judgmental of your experience, not belittling it nor making it overly dramatic. (For example, "I was frustrated because she was being so slow. I got angry, over-reacted, and felt foolish afterwards.")

Common Humanity is processed by writing down the ways in which your experience was connected to the larger human experience. This might include acknowledging that being human means being imperfect, and that all people have these sorts of painful experiences. ("Everyone over-reacts sometimes, it's only human.") You might also want to think about the various causes and conditions underlying the painful event. ("My frustration was exacerbated by the fact that I was late for my doctor's appointment across town and there was a lot of traffic that day. If the circumstances had been different my reaction probably would have been different.")

To process Self-Kindness Write yourself some kind, understanding, words of comfort. Let yourself know that you care about yourself, adopting a gentle, reassuring tone. (It's okay. You messed up but it wasn't the end of the world. I understand how frustrated you were and you just lost it. Maybe you can try being extra patient and generous to any wait-staff this week...")

Practicing the three components of self-compassion with this writing exercise will help organize your thoughts and emotions, while helping to encode them in your memory. If you keep a journal regularly, your self-compassion practice will become even stronger and translate more easily into daily life. Try spending 10-15mins on each journal entry you are not required or expected to share you journal entries with the researcher.

Once you have completed the three homework tasks please request the second recording from the research project lead. Thank you for taking the time to engage in this first session.

## **Session 2 Script**

Welcome to the second session of this self-compassion programme in this session we will be exploring the role of self-criticism in fear of failure and procrastination. Then we will look at ways we can motivate ourselves in self-compassionate ways and identify self-compassionate phrases that can be adopted in our everyday lives when encountering difficulty. We will then identify things that we value and appreciate about ourselves before finishing with details of tasks to complete outside of this session. Please have writing material available you might find it useful to make notes during the exercises pausing the recording to give you sufficient time to do so.

We begin by discussing the role that self-criticism plays in procrastination and fear of failure. Procrastination is an everyday occurrence. We put off things that we can't commit



immediate attention to. A common reason for procrastination is fear of failure. This fear makes some people more averse to certain tasks, and causes delay in taking action as a way to delay whatever it is that we're afraid of. For example, this fear can play a role when a student worries that they will fail a test, so they avoid studying for the test to avoid thinking about it. Coping with fear through this type of avoidance can help to protect our mood in the short term by helping to postpone the thing that we're afraid of. In the long term this strategy can be self-sabotaging. Procrastination often results in self-criticism that can lead to anxiety and depression and a loss of confidence generating a greater fear of failure. In this way we fear failing a test so avoid studying for it, we then beat ourselves up for avoiding it which makes us feel sad and worried and then we don't think we can do it and are even more scared of failing, kick starting the whole cycle off again. The cycle of fear of failure, procrastination, self-criticism, negative mood, loss of confidence, circling back to fear of failure can be a difficult one to break.

Developing self-compassion through loving kindness, common humanity and mindfulness is a way to combat the procrastination cycle by reducing self-criticism. For the next part of the session, we will use a reflective exercise to explore how we can motivate ourselves through self-compassion, it might help you to write down some of your thoughts so please have access to writing material and you can pause the recording if you require extra time.

According to Kristen Neff a leader in self compassion research and practice if you really want to motivate yourself, love is more powerful than fear. In this exercise, you'll reframe your inner dialogue so that it is more encouraging and supportive. To start, think about the ways that you use self-criticism as a motivator. Is there any personal trait that you criticize yourself for having ( for example, being too overweight, too lazy, too impulsive, etc.) and do you so because you think being hard on yourself will help you change? If so, first try to get in touch with the emotional pain that your self-criticism causes give yourself a few moments to identify and connect with that feeling, then try giving yourself compassion for the experience of feeling so judged.

Next, see if you can think of a kinder, more caring way to motivate yourself to make a change if needed. What language would a wise and nurturing friend, parent, teacher, or mentor use to gently point out how your behaviour is unproductive, while simultaneously encouraging you to do something different. What is the most supportive message you can think of that's in line with your underlying wish to be healthy and happy? Are you able to write this down.

To keep this practice alive every time you catch yourself being judgmental about your unwanted trait in the future, first notice the pain of your self-judgment and give yourself compassion.

Next, we will identify statements that will help you remember to evoke the three aspects of self-compassion when you need it most. You will be required to practice these phrases when encountering difficult situations or emotions over the next seven days so you might find it helpful to write these down. To begin this exercise think of a situation in your life that is difficult, that is causing you stress. Call the situation to mind, and see if you can actually feel the stress and emotional discomfort in your body.

Now, say to yourself: This is a moment of suffering. That's mindfulness. Other options include: This hurts...ouch...this is stress...take a moment to think about another phrase that you could use to demonstrate mindfulness

With this situation still in mind you can tell yourself: Suffering is a part of life. That's common humanity. Other options include: Other people feel this way...I'm not alone...We all struggle in our lives.

Now, put your hands over your heart, feel the warmth of your hands and the gentle touch of your hands on your chest. Or adopt a soothing touch that feels right for you and say to yourself: May I be kind to myself. You can also ask yourself, "What do I need to hear right now to express kindness to myself?" Is there a phrase that speaks to you in your particular situation, such as: *May I give myself the compassion that I need...May I learn to accept myself as I am...May I forgive myself...May I be strong...May I be patient.*

*For the final exercise of this session take some time to write down* write down five things that you appreciate about yourself and reflect on how it feels to think about yourself with positivity.

There are three out of session tasks for you to complete over the next 7 days. Please make a note of these so that you're clear on what required.

Firstly, if you can use the phrases that we identified to evoke the three aspects of self-compassion earlier in the session as often as possible when encountering difficulties or disappointments in daily life over the next week. For example, "this is a moment of suffering" demonstrating Mindfulness, "suffering is part of life" common humanity, and "May I be kind to myself" (self kindness).

Secondly, please continue with your informal loving-kindness practice every night before going to bed showing compassion for yourself and others by saying these phrases "may you be at peace," "may you be kind to yourself," and "may you be free from suffering"

Finally, please write a compassionate letter, there will be three parts to this letter. In part one try writing about an issue you have that tends to make you feel inadequate or bad about yourself (physical appearance, work or relationship issues...) What emotions come up for you when you think about this aspect of yourself? Try to just feel your emotions exactly as they are – no more, no less – and then write about them.

Part Two: Write a letter to yourself from the perspective of an unconditionally loving imaginary friend

Now think about an imaginary friend who is unconditionally loving, accepting, kind and compassionate. Imagine that this friend can see all your strengths and all your weaknesses, including the aspect of yourself you have just been writing about. Reflect upon what this friend feels towards you, and how you are loved and accepted exactly as you are, with all your very human imperfections. This friend recognizes the limits of human nature, and is kind and forgiving towards you. In his/her great wisdom this friend understands your life history and the millions of things that have happened in your life to create you as you are in this moment. Your particular inadequacy is connected to so many things you didn't necessarily choose: your genes, your family history, life circumstances – things that were outside of your control.

Write a letter to yourself from the perspective of this imaginary friend – focusing on the perceived inadequacy you tend to judge yourself for. What would this friend say to you about your “flaw” from the perspective of unlimited compassion? How would this friend convey the deep compassion he/she feels for you, especially for the pain you feel when you judge yourself so harshly? What would this friend write in order to remind you that you are only human, that all people have both strengths and weaknesses? And if you think this friend would suggest possible changes you should make, how would these suggestions embody feelings of unconditional understanding and compassion? As you write to yourself from the perspective of this imaginary friend, try to infuse your letter with a strong sense of his/her acceptance, kindness, caring, and desire for your health and happiness.

Part Three: Feel the compassion as it soothes and comforts you. After writing the letter, put it down for a little while. Then come back and read it again, really letting the words sink in. Read the letter back to yourself over the next week.

We have now come to the end of this session. Thank you for your participation in this programme. We look forward to your feedback please see your email titled Participant Instructions for details of how to arrange your interview with the lead researcher.

### 3.8 APPENDIX C: INTERVIEW AGENDA

#### **Appendix C: Interview Agenda**

##### **Areas of Interest**

- To explore if there was anything important thing participants got from the intervention
- To explore if the intervention influenced participants relationship to self
- Participant experience of intervention and its different components
- Negative experiences and outcomes

##### **Potential interview questions**

1. How did you approach the course e.g. all at once or was it spaced out over time?
2. Can you tell me about your experiences of the self-compassion course? Please describe it in as much detail as possible. Probes: how regularly did you engage with the course? was there any challenges to engagement?
3. What did you find most helpful about the course?
4. What did you find least helpful about the course?
5. What changes would you like made to the course?

6. Can you describe the impact of this experience on you? Probes: have you noticed any changes to how you feel? Have you noticed any changes in your reactions to things?
7. What is your understanding of self-compassion and has that changed since taking part in the programme?
8. Has the programme had any impact on how you approach your studies?

### 3.9 APPENDIX D: RECRUITMENT POSTER

Appendix D recruitment Poster



Department of Psychology, School of Health and Psychological  
Sciences

We are looking for current **PhD students at City** to volunteer for a brief digital self-compassion programme and to then share your experiences.

In return for your time, you will receive a **£15 Amazon voucher**.

Research shows that self-compassion is strongly linked to positive outcomes including reduced anxiety, improved mood, and reduced burnout.

**Participating in this FREE research programme has the potential to have a positive impact on your wellbeing!**



There are no costs or travel required for participation as it can be completed from home.

**Self-Compassion Programme Overview**

**Week 1.** Listen to an 18 minute MP3 recording and complete daily 15min tasks.

**Week 2.** Listen to an 11-minute MP3 recording and complete daily 15min tasks.

**Interview:** An online interview will take place with the principal researcher to discuss your experience via Teams lasting approx. 60mins

For more information about this research programme or to volunteer please contact:

Researcher: Claire Atkinson  
[claire.atkinson@city.ac.uk](mailto:claire.atkinson@city.ac.uk)

Or

Research Supervisor: Dr Aylish O'Driscoll  
[aylish.odriscoll.2@city.ac.uk](mailto:aylish.odriscoll.2@city.ac.uk)

This study has been approved by City, University of London Research Ethics Committee. Ethics approval code ETH2223-0363. If you have any problems, concerns, or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure.

To complain about the study, you can phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is *How do PhD students experience and make sense of a brief self-compassion intervention*. You can also write to the Secretary at: Email: [Annah.whyton@city.ac.uk](mailto:Annah.whyton@city.ac.uk)

### 3.10 APPENDIX E: RECRUTMENT EMAIL

#### **PARTICIPANTS NEEDED FOR RESEARCH INTO HOW DOCTORAL STUDENTS UNDERSTAND THEIR EXPERIENCE OF A BRIEF SELF-COMPASSION INTERVENTION**

Research looking for PhD students to understand how they experience a brief self-compassion intervention.

As a participant in this study, you will be invited to take part in a 2-week self-compassion intervention. Participants will be required to listen to 2 audios during this period (each 60 minutes long) and to perform out of session tasks that will last approximately 15 minutes per day. You will then be invited to a telephone/video interview that will last 60-90 minutes to share your experiences of the intervention. A £15 amazon gift voucher will be given to participants after the interview in recognition of the time commitment.

To take part in this study, or for more information please contact:

Claire Atkinson

Email: [REDACTED]

### 3.11 APPENDIX F: PARTICIPANT INFORMATION SHEET

#### Participant Information Sheet



**Title of study:** *How do PhD students experience and make sense of a brief self-compassion intervention*

**Ethics approval code:** ETH2223-0363

**Name of principal researcher** Claire Atkinson

We would like to invite you to take part in a research study. Before you decide whether you would like to take part, it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and ask if anything is unclear or if you would like more information. You will be emailed a copy of this information sheet to keep.

#### **What is the purpose of the study?**

Doctoral students are subject to numerous internal and external pressures that can result in reduced wellbeing. Self-compassion courses are associated with increased wellbeing and have been suggested as a way to improve student mental health. The aim of this research is to explore *How do PhD students experience and make sense of a brief self-compassion intervention*. This study forms part of a thesis for the Professional Doctorate in Counselling Psychology at City University London and is intended to run until September 2024.

#### **Why have I been invited to take part?**

You have been invited to participate in this study as you have told the researcher you are a student currently studying at doctoral level at City, University of London. You are also over the age of 18. Please inform the researcher if any of these details are inaccurate.

#### **Do I have to take part?**

Participation in this study is voluntary and you can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalised or disadvantaged in any way. You will be able to avoid answering questions that you feel are too uncomfortable or intrusive without being penalised or disadvantaged in any way. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

#### **What will happen if I take part?**

If you wish to take part will be required to listen to 2 audio recordings during a two-week period (the first lasting 17minutes and the second 11 minutes) and to complete daily out of session tasks lasting approximately 15 minutes. These audios will teach concepts on self-compassion and the out of session tasks will allow you to practice these concepts.

Then you will be invited to attend a one-to-one interview (to take place on Microsoft Teams) expected to last 60-90 minutes to discuss your experience of the course and understanding of self-compassion. The interview will be semi-structured, so there will be six or seven open-ended questions which are expected to lead onto further topics. You will be encouraged to take the lead in sharing your experiences. The interview will be audio recorded, all recordings will be made on an encrypted recording device and transferred to a password protected computer and stored on the City, University of London one drive. After the interview recordings will be transcribed, replacing any identifying or personal information with pseudonyms and details to ensure that your identity remains anonymous. The data, including quotations will then be analysed using thematic analysis. This involves looking at your experiences and how you understand your experiences. The study is expected to last until September 2024 and recordings will be destroyed at the end of the study. De identified transcripts will be kept on the City, University of London for ten years.

### **What are the possible disadvantages and risks of taking part?**

Whilst the intervention or interview are unlikely to result in distress, if this was to occur, we would be able to take a break from the interview. Also please remember your participation is voluntary and you are able to withdraw at any stage.

If participating in this research raises any issues, please do not hesitate to contact the researcher on the contact details provided below. Additionally, please find a list of support lines and websites that might be helpful in cases of psychological distress:

- The Samaritans: Someone to talk to who won't judge. Call 116 123 (24/7)
- [www.mind.org.uk](http://www.mind.org.uk)

For participants not based in the UK, local support options will be provided.

### **What are the possible benefits of taking part?**

This is an opportunity to share your understanding and experiences of a brief self-compassion intervention. self-compassion interventions are associated with increased wellbeing and positive feelings towards yourself. You will also be contributing to research on an important topic that seeks to address a gap in current understanding which will contribute to knowledge on the topic and will benefit the field of counselling psychology and possibly benefit future students.

### **Will me taking part in the study be kept confidential?**



All information you disclose will be treated confidentially. There are materials that the researcher will send to you via Royal Mail special delivery (writing materials and a bracelet) at your home address. These details will be destroyed as soon as the materials are sent and no record will be kept. All recordings will be accessible only to the researcher and the research supervisor and will be stored securely on a password protected computer until they are destroyed at the end of the study. Confidentiality will only be broken if the researcher feels there is risk of serious harm either to yourself or others, or where the researcher is legally obliged to do so. All identifying or personal information will be replaced by pseudonyms in order to maintain anonymity. Your contact details will not be shared with any third parties and future use of personal contact information will be used only if you express interest in being informed of the results of the study once completed.

### **Data privacy statement**

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.

Your right to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/>).

City will use your name and contact details to contact you about the research study as necessary. If you wish to receive the results of the study, your contact details will also be kept for this purpose. The only people at City who will have access to your identifiable information will be the researcher, Claire Atkinson and research supervisor, Dr Aylish O'Driscoll. City will keep identifiable information about you from this study for 10 years after the study has finished.

You can find out more about how City handles data by visiting <https://www.city.ac.uk/about/governance/legal>. If you are concerned about how we have processed your personal data, you can contact the Information Commissioner's Office (IOC) <https://ico.org.uk/>.

### **What will happen to the results of the research study?**

The findings of this study will be written up as part of a thesis for a Professional Doctorate in Counselling Psychology. The findings may also be included in various future academic

## Who has reviewed the study?

## What if there is a problem?

You can also write to the Secretary at:

## Further information and contact details

Thank you for taking the time to read this information sheet.

### 3.12 APPENDIX G: PARTICIPANT CONSENT FORM

#### Participant Consent Form



**Title of study:** *How do PhD students experience and make sense of a brief self-compassion intervention*

**Ethics approval code:** ETH2223-0363

**Name of principal researcher:** Claire Atkinson

Please initial box

1.	I confirm that I have read and understood the participant information sheet for the above-named study. I have had had the opportunity to consider this information and to ask questions about what is involved. I have been given a copy of this consent form to keep for my records.	
2.	I understand that my participation is voluntary, that I can choose not to participate or to withdraw at any stage without being penalised or disadvantaged in any way.	
3.	<p>I agree to the interview being audio and video recorded. I understand that any information I provide is confidential and that no identifiable personal information will be published or shared with third parties. I understand that the original recordings will accessible only the researcher and research supervisor, will be stored securely and destroyed following the completion of the research project.</p> <p>I understand information I provide will be used as part of the researcher's doctoral thesis in counselling psychology and a pseudonym will be used when referring to this information, including direct quotations, as a way of maintaining anonymity.</p>	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on university complying with its duties and obligations under the General Data Protection Regulation (1998).	

5.	I agree to take part in the above study.	
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\_\_\_\_\_  
Name of Participant                      Signature                      Date

\_\_\_\_\_  
Name of Researcher                      Signature                      Date

Please tick this box if you would like to be provided with the results of the research.

	I would like to be informed of the results of this study once it has been completed and understand that my contact details will be retained for this purpose.	
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### 3.13 APPENDIX H: PARTICIPANT INSTRUCTIONS

#### Participant email Instructions

*Dear NAME*

Thank you for your interest in this brief self-compassion research programme. Please note that you are free to withdraw from this research at any time and without explanation. To protect your confidentiality all data generated from this research will be deidentified and pseudonyms will be used.

Please find attached to this email:

1. Participant Information form
2. Participant Consent Form (please complete and return)
3. Week 1 and 2 out of session homework tasks

This educational programme will require you to listen to two audio (MP3) recordings ideally with a one-week interval between each recording. For example, if you listen to the first recording on a Saturday you can listen to the second recording the following Saturday. A period of 7 days will be required between the first and second audio to allow you to complete the homework tasks.

Each recording will require you to actively reflect on the content so please have pen and paper available or access to an online writing platform (e.g. word) when listening. Ideally it is advisable that you listen to the recording in a quiet place where you can concentrate and are not disturbed.

Both recordings will be accompanied by daily tasks that are detailed in the recordings and attached to this email.

***Recording 1 – Introduction to self-compassion and building awareness of personal suffering.*** You will be required to have the bracelet that was sent to you accessible when listening to this recording.

*Listen time 21 mins*

*Homework commitment – approx. 15mins per day for 7 days*

***Recording 2 – Becoming more self-compassionate when faced with difficulties in daily life***

*Listen time 11 mins*

*Homework commitment – approx. 15mins per day for 7 days*

*Once both recordings have been listened to and homework completed for both recordings please respond to this email and a 1:1 interview will be arranged between yourself and the researcher.*

*Please not that you will not be required to share written out of session tasks or any written work with the researcher.*

***Interview – to discuss experience of self-compassion intervention***

*This interview will take place online via teams and last approximately 60mins. Please note that there will be an audio recording made of this video for transcription purposes, but all details will remain anonymised.*

Please inform the researcher [REDACTED] once you have received your “intervention bracelet” and the first recording will be sent to you.

Once this interview is complete your £15 amazon voucher will be emailed to you. Thank you in advance for your participation, If you have any questions regarding these instructions, please contact [REDACTED]

Warmest regards

Claire

### 3.14 APPENDIX I: PARTICIPANT DEBRIEF SHEET



#### **Participant Debrief Sheet**

**Title of study:** *How do PhD Students experience and make sense of a brief self-compassion intervention*

**Ethics approval code:** ETH2223-0363

**Name of principal researcher:** Claire Atkinson

Thank you for taking part in this research study. In contributing to this project, you have provided valuable information as to how doctoral students understand their experience of a brief self-compassion intervention.

If participating in this research has raised any issues, please do not hesitate to contact the researcher on the contact details provided below.

Alternatively, please contact the Student Health and Wellbeing Team that is accessible for all City, University of London students:

**Student Health and Wellbeing, +44 (0)20 7040 0426 email: [wellbeing@city.ac.uk](mailto:wellbeing@city.ac.uk)**

**<https://www.city.ac.uk/prospective-students/student-life/student-wellbeing/your-health-wellbeing>**

The service doesn't provide support or operate out of hours. If you are worried about your safety or the safety of others, or require immediate help please:

- Contact your GP to book an emergency appointment.
- Visit your nearest A&E or call an ambulance by dialling 999 or the emergency code for your country.
- Text 'shout' to 85258 for 24/7 text support.
- Call the Samaritans on 116 123.
- If you are outside of the UK, please contact your local doctor or specialist services

We hope you found the study interesting. If you have any other questions, please do not hesitate to contact us at the following:

Researcher: Claire Atkinson Email: [REDACTED]

### 3.15 APPENDIX J: EXCERPT INTERVIEW TRANSCRIPT WITH CODES & RESEARCHER NOTES

Interview	Code	Comment
<p><b>Claire</b> 5:35 OK, excellent. So I'm just gonna start with a few like logistical questions..</p> <p><b>Participant 4</b> 5:35 ok</p> <p><b>Claire</b> 5:43. So when you were given the course, how did you approach it? Was it all at once as instructed or was it spaced out over time?</p> <p><b>Participant 4</b> 5:44 Uh-huh. So I... <b>I really wanted to get the most out of this, and so my thought process was basically you need to give yourself the space and the time to do this properly and do it well.</b></p> <p><b>Claire</b> 6:05 Mm-hmm.</p> <p><b>Participant 4</b> 6:16 And so I think once we'd had our initial chat and you'd sent through the stuff, I, I read it through, I printed it off. I read it again, and then I looked at my schedule for the next week ahead, for the week one stuff, and thought right, when is the best time to start this? And so that I can really put it into my schedule, like, make time for it and make it something that I, I do mindfully rather than. Ohh my gosh, I've got to do that.</p> <p><b>Claire</b> 6:30 hmmn hmnn</p>	<p>Finding time to focus on intervention</p> <p>Wanting to get the most from the intervention</p> <p>Pressure of PHD programme</p>	<p>As the participant made a conscious effort to choose a time where they could fit the intervention into their daily life and said that they wanted to get the most from the course I interpret that to mean that there was an assumption that attentional focus would increase the impact of the programme.</p>



<p><b>Participant 4</b> 6:46</p> <p>... like afterthought thing. So I think I picked up my bracelet and then I had a couple of days where...It just wasn't a good time to start with work and things like that, so... I had a couple of days and then I started.... I think it was a.... Monday, like fresh Week, fresh start; and it was really nice because normally what I do is I start my working day. So I'm doing my PhD part time.</p> <p><b>Claire</b> 7:16</p> <p>Right. OK.</p> <p><b>Participant 4</b> 7:17</p> <p>I also, I'm, you know, meant to be working part time, but it's probably more full time and what I tend to do with my days when I'm working from home is like I start work at 7:00 and I do 7 till 9 on pH, D and other stuff, before I then start my proper job. So I started that Monday morning listening to the recording and making some notes and just giving myself that time and that space... which was which was just lovely to be honest because....So much of my PhD time, I just feel like I'm... Rushing or like, you know... swimming against the tide and this felt very different because it was....</p> <p><b>Claire</b> 7:52</p> <p>hmmn hmmn</p> <p><b>Participant 4</b> 8:00</p> <p>Something for me...</p>		
	Soothing	Participant likens her expectation of the programme to being soothing which I interpret to mean

<p><b>Claire</b> 8:01 Yeah.</p> <p><b>Participant 4</b> 8:01 You know, instead of like get the tasks done and keep powering through, this is something that will, You know, wrap you up in that nice comforting blanket and help you through, so that was the way I approached it. And then the first week, having listened to the recording I took to journaling...just literally an hour or so before bed, as a way to kind of get all my thoughts out...and and then that was quite nice because it felt like quite a....</p> <p><b>Participant 4</b> 8:39 I don't know, it was like offloading.</p> <p><b>Claire</b> 8:41 Yeah.</p> <p><b>Participant 4</b> 8:42 And usually I can fall asleep quite quickly anyway, but this was almost... OK you you just feel really chilled now. You just feel nice and you know not got the weight of the world on your shoulders that you're carrying around. That was the first week and I stuck to the to the journaling so that that worked really well for me.</p> <p><b>Claire</b> 8:50 hmmmn</p> <p><b>Participant 4</b> 9:05 Making it part of the routine and then...I had a couple of days in between starting the....1st and a second, like finishing the first week</p>	<p>Finding tasks carthartic</p> <p>Enjoying journaling</p> <p>Doing before bed to promote relaxation</p> <p>Incorporating into routine</p> <p>Task enegagement</p> <p>Task adherence</p>	<p>that understanding of self compassion is linked to comfort .</p> <p>The participant found ordering her thoughts through the journal helpful and releasing.</p>
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<p>and then starting the second week. Again, because I had a week off around the Easter break and stuff and I felt actually this isn't my usual routine, I want to go back to making sure that I've got the space and everything for it. So yeah, I came back to it on that first day. Listened to the recording and then.... I think the next day I started kind of writing my letter to myself. So it's kind of that that first day it was just....</p> <p><b>Claire</b> 9:24 OK.</p> <p><b>Participant 4</b> 9:44 kinda mulling it over and just...Just reflecting on, on what the week ahead might look like, to be honest and and then it was a similar thing. So the next I I sat and wrote my letter.</p> <p><b>Claire</b> 9:52 Mm-hmm.</p> <p><b>Participant 4</b> 9:58 And I think...each time I read it I added a bit more to it so it was almost;;;</p> <p><b>Claire</b> 10:00 OK.</p> <p><b>Participant 4</b> 10:04 Like I carried on the journaling.</p> <p><b>Claire</b> 10:06 Yeah.</p> <p><b>Participant 4</b> 10:08 But.... Yeah, it it's been. It's been really, really nice it's been....</p>		
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<p>I think quite cathartic to get those thoughts out.</p> <p><b>Claire</b> 10:18 Yeah.</p>		
<p><b>Participant 4</b> 10:20 And then reading it back, you kind of go...Oh, you know you, you may be were a little bit...Stressed. And then and that was quite irrational thinking.</p> <p><b>Claire</b> 10:31 Umm.</p> <p><b>Participant 4</b> 10:33 But that that was just the state you were in at that time and you needed to kind of feel like that so that you could go.It's OK. It's OK. OK. This will pass, you know, get it out and move on. Tomorrow's a new day.</p> <p><b>Claire</b> 10:40 Yeah. Yeah. And I I think that's so right. When when we have things jumbled up in our head, they can become this huge thing. And this huge pressure and anxiety and it will be a little bit muddled up and the process of writing it and getting it out gives you a little bit more clarity.</p> <p><b>Participant 4</b> 11:04 Yeah, definitely.</p> <p><b>Participant 4</b> 11:06 I think in initially my thoughts about doing a writing task was ohhh, my</p>	<p>Reprocessing experiences</p> <p>Mindfulness</p> <p>Change in awareness</p> <p>Tasks seen as personal investment</p> <p>Tasks manageable</p>	<p>The participant provides a definition of mindfulness and is detailing how the task of journalling enabled her to process her experiences in a different way. I wonder if Participants who view the programme as self-care are more likely to engage positively with the tasks?</p>

<p>gosh, that's more work for you today. It's more writing and. once I kind of. Reframed it that it wasn't work as such, it was, you know, an investment in me.</p> <p><b>Claire</b> 11:25 hmmn hmmn yeah</p> <p><b>Participant 4</b> 11:30 Then it it felt quite it. It wasn't like a laborious task at all. I think, you know, I I limited myself to kind of two pages.</p>		
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### 3.16 APPENDIX K: ANALAYTIC PROCESS

Initial Codes	Synonymous codes	Initial/candidate theme	Reviewed Themes
Acceptance of negative emotions	Acceptance of negative emotions	Impact of experiencing negative emotions	Learning to reflect on emotions
Audio recordings	Audio recordings	Impact of experiencing positive emotions	Know thy enemy
Avoidance	Avoidance of painful emotions	directing critical voice	Scared and alone
Avoidance of painful emotions	Avoidance of painful emotions	Increased awareness of inner critic	Everybody hurts
Avoidance of upsetting emotions	Avoidance of painful emotions	Strength of inner critic	Unlocking self-love
Aware of inner critic	Aware of inner critic	compassion for others	Fitting the programme in with my life
Awareness	Aware of inner critic	Isolation	
Awareness of inner critic avoidance of negative emotions	Aware of inner critic	reprocessing self compassionately	
Awareness of self-criticism	Aware of inner critic	skill development	
Chage process	Change process	Previous experience as a positive influence	
Change in awareness	awareness of inner critic	How I approached the research programme	

Choosing how to respond	Choosing how to respond		
Commitment to programme	Commitment to programme		
Common humanity V isolation	Common humanity V isolation		
Communication with others	Communication with others		
Compassion for others	Compassion for others		
Compassion for others	Compassion for others		
Conscious decision to be less critical	Conscious decision to be less critical		
Continuity of practice – feasibility and practicality	Continuity of practice – feasibility and practicality		
Demand of the course	Demands of the course		
Demands of PHD	Demands of the course		
Demands of PHd programme	Demands of the course		
Developing new skills	Developing new skills		
Developing skill	Developing new skills		
Doing before bed to promote relaxation	Doing before bed to promote relaxation		
Ease of application	Ease of application		
Educational	Educational		
Embodiment	Embodiment		
Embodiment of words	Embodiment of words		
Enjoying journaling	Enjoying journaling		
Finding tasks carthartic	Finding tasks carthartic		
Finding time to focus on intervention	Finding time to focus on intervention		
Flexibility	Flexibility		

Flexible approach to tasks	Flexible approach to tasks		
Forming new habits	Forming new habits		
Guidance minimising upset	Guidance minimising upset		
Helping with pressures	Helping with pressures		
Identity	Identity		
Impact on lighter V deep seated self criticism	Impact on lighter V deep seated self criticism		
Impact on studies	Impact on studies		
Incorporating into routine	Incorporating into routine		
Incorporating practices into daily life	Incorporating practices into daily life		
Insight	Insight		
Isolation	Isolation		
Journalling guidance	Journalling guidance		
Maintaining pursuits	Maintaining pursuits		
Manageability of tasks	Manageability of tasks		
Mindful Embodiment	Mindful Embodiment		
Mindfulness	Mindfulness		
Mindfulness	Mindfulness		
Mindfulness	Mindfulness		
Past experience	Past experience		
Past experience.	Past experience		
Perfectionism	Perfectionism		
Permission to have breaks	Permission to have breaks		
Permission to take a break	Permission to take a break		



Positive emotional impact	Positive emotional impact		
Positive Impact	Positive Impact		
Pressure of PHD programme	Demands of the course		
Pressures of PHD	Demands of the course		
Pressures of PHD	Demands of the course		
Process of writing.	Process of writing.		
Programme extension incorporated into the programme	Programme extension incorporated into the programme		
Programme structure	Programme structure		
Providing hope	Providing hope		
Reflection – accepting negative emotions	Reflection – accepting negative emotions		
Reflection – thinking style	Reflection – thinking style		
Reflection and insight	Reflection and insight		
Reflections	Reflections		
Reprocessing experiences	Reprocessing experiences		
Researcher involvement	Researcher involvement		
Responsibility of academic institutions	Responsibility of academic institutions		
Self acceptance	Self acceptance		
Self compassionate motivation	Self compassionate motivation		
Self Criticism	Self Criticism		
Self-critical motivation	Self-critical motivation		
Self-critical perfectionism	Self-critical perfectionism		
Self-kindness	Self-kindness		

Self-kindness	Self-kindness		
Skill development	Skill development		
Skill development	Skill development		
Soothing	Soothing		
Soothing	Soothing		
Struggles with well bring	Struggles with well bring		
Supporting wellbeing of doctoral students	Supporting wellbeing of doctoral students		
Task adherence	Task adherence		
Task enegagement	Task enegagement		
Task engagement	Task engagement		
Tasks manageable	Tasks manageable		
Tasks seen as personal investment	Tasks seen as personal investment		
Temporary emotions	Temporary emotions		
Time management	Time management		
Unrealistic expectations	Unrealistic expectations		
Wanting to get the most from the intervention	Wanting to get the most from the intervention		
Wider societal factors	Wider societal factors		
Writing as a therapeutic process	Writing as a therapeutic process		

#### **4 SECTION B – Combined Case study/Process Report**

Removed

#### **5 SECTION C: PUBLISHABLE ARTICLE**

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