Spring 2014

Compassion & self-compassion: Exploration of utility as potential components of the rehabilitation counseling profession

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Recommended Citation

Stuntzner, S. (2014). Compassion & self-compassion: Exploration of utility as potential components of the rehabilitation counseling profession. Journal of Applied Rehabilitation Counseling, 45(1), 37–44. https://doi.org/10.1891/0047-2220.45.1.37

Compassion & Self-compassion: Exploration of Utility as Potential Components of the Rehabilitation Counseling Profession

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Abstract -- Compassion and self-compassion are two constructs emerging within the research as useful agents in reducing negative thoughts, feelings, and outcomes while also promoting positive ones. To date, these constructs have not been studied or applied to the rehabilitation counseling profession or the needs of individuals with disabilities. In an effort to bridge this gap and to enhance rehabilitation counseling professionals' awareness of their potential value, an in-depth review of the literature and research on these two constructs was conducted. Throughout this article, compassion and self-compassion are more clearly conceptualized and barriers which may hinder their development are discussed. A review of empirical research is provided to help demonstrate their usefulness as potential healing agents in the lives of individuals with disabilities. Recommendations are proved to rehabilitation counseling professionals who work with persons with disabilities.

Introduction

Which descriptors best describe yourself, your interactions with others, and your professional approach when counseling individuals with disabilities - *compassionate, kind, concerned for the well-being for others, and self-compassionate* or *self-centered, paternalistic, autocratic, or a person who knows what is best for others* ? Many of us have a tendency to want to view ourselves in terms of positive descriptors rather than negative; however, we live within a society that values independence, personal autonomy, and competitiveness (Dali Lama, 2003) and conducts itself in ways that promote cultural superiority, social conservatism, and fewer opportunities to help others or people from other countries (Glaser, 2005). Oftentimes, prevalent societal values are "diametrically opposed" to those of compassion, concern for others, and self-compassion (Spandler & Stickley, 2011) and values such as compassion, care and consideration for others are not readily present (Stuntzner & Dalton, 2013).

Many rehabilitation counseling and allied helping professionals may think such concerns are not relevant to them or the work they do. Part of this reasoning may be due to the fact that rehabilitation counseling professionals enter the field because they are compassionate and caring individuals, strong advocates, and want to assist individuals with disabilities to have the best life possible. Others may claim they infuse compassion into the counseling relationship; therefore, it is present and valued. However, the issue of importance is not whether compassion is or is not valued and present. The area of relevance is for rehabilitation counseling professionals and the profession, itself, to remember we have a responsibility to consider, discuss, and explore all topics which may be of value to the people we serve. In this instance, that means both professionals and the profession have an ethical and professional duty to discuss and explore the potential utility of compassion and self-compassion.

In the last decade, some allied professions (i.e., psychology, nursing, education) have begun to study and explore the value of compassion and self-compassion within their field and the connection they have to: healing and improved functioning, provision of better services, and potential for increased professional relations with the individuals they serve. Yet, as these constructs relate to the rehabilitation counseling profession, they have not been openly discussed, explored conceptually, or studied empirically as they relate to the needs of individuals with disabilities or as a potential means to improve their lives. For example, it is only recently, at the 2013 Spring National Council of Educators' Conference, that compassion for others was initially recognized as a "new and emerging direc-

tion." Furthermore, the topic of self-compassion and its potential relevance to the lives of individuals with disabilities has not yet been discussed.

In an effort to better understand compassion and self-compassion and the potential value these constructs have in relation to the profession, rehabilitation counselors, and individuals with disabilities, an in depth review of the literature on compassion and self-compassion was conducted. The purpose of this article is to introduce these two constructs to the rehabilitation counseling profession by: (a) clarifying the meaning, (b) discussing potential barriers which may impede their development, (c) providing research and information which supports the value of compassion and self-compassion, (d) discussing reasons to consider these constructs, (e) exploring their applicability to the needs of individuals with disabilities, and (f) providing professional implications for rehabilitation counseling professionals.

Conceptualizing Compassion & Self-Compassion

Two topics of interest which have emerged within the professional literature are *compassion* and *self-compassion*. Reasons for this appear to be related to the professional awareness that some Eastern Buddhist philosophies and practices have much relevance to the practice and promotion of mental health and well-being within our own society and for people going through difficult times (Gilbert, 2009).

Scholars, who study and practice compassion, describe it as an "essential component needed for human survival, resilience, and well-being" (Halifax, 2011, p. 152). Because the study of compassion is still emerging, exact definitions have not been empirically defined in all instances. However, regardless of the scholar, compassion is a construct which appears to have many similar attributes which are used to conceptualize its meaning. For instance, the need for compassion is based on the understanding that at one time or another all people are prone to hurt, pain (i.e., emotional, physical, mental), discomfort, and difficult times throughout their life time (Stone, 2008). Due to this common experience, regardless of cause, people have an innate desire to want to be free of their hurt so they can live in a more peaceful manner (Halifax, 2011). Furthermore, compassion is associated with the concept of interdependence and that we all are connected, need one another, and share common experiences due to our humanity (Walsh-Frank, 2012) and when people learn to address their own hurt through feelings of kindness, generosity, patience, gentleness, love, and understanding (Briere, 2012; Feldman & Kuyken, 2012; Neff, 2012), they are then able to extend it to others. This practice of first extending positive feelings toward oneself is also known as self-compassion.

Self-compassion is a construct which has captured the attention of researchers within the psychology field due to the empirical research initially conducted by Neff and colleagues (2003a; 2003b; 2005; 2007a; 2007b). Neff (2012) conceptualizes self-compassion as having similar qualities as compassion except that the focus is turned inward rather than out toward others. For instance, self-compassion allows people to treat themselves with kindness, care, and concern when they don't meet their expectations, fail, or feel inadequate in the same manner they would extend it to anyone else having a difficult time (Neff, 2011). From this stance, self-compassion allows people to forgive themselves for their imperfections and to accept themselves despite their particular situation or the treatment they receive from others. From a research perspective, Neff (2003a) proposes that self-compassion is comprised of the ability to: (a) be kind to oneself and practice self-soothing behaviors rather than self-criticism when events don't go as planned or hope for, (b) recognize that all people share common experiences (i.e., hurt, pain, unfairness) as imperfect human beings rather than feeling separated or isolated from others, and (c) be able to face one's own painful experiences in an emotionally-balanced fashion rather than trying to suppress or ignore them.

Collectively, these definitions help us understand that compassion and self-compassion have many of the same qualities, and many Buddhists and professionals support the importance of self-compassion in relation to having the ability to feel, experience, and extend compassion toward others. From this perspective, it is proposed throughout the literature that people who are self-compassionate and accepting of themselves, their imperfections, and situations are more likely to experience patience, tolerance, and compassion toward others – many of whom are very different, not easily understood, or even perceived as likable (Germer & Neff, 2013).

Barriers in the Development of Compassion & Self-Compassion

Rehabilitation counseling professionals can enhance their understanding of compassion and self-compassion by being aware of common barriers that prevent or hinder its development. Many of the barriers discussed throughout the literature are applicable to both of these constructs since both are related to the development of the other. However, a few obstacles mentioned in this section are more applicable to self-compassion due to the focus on the hindrance of personal or individual growth and are listed separately as well.

The development of compassion and self-compassion is often hindered by peoples' thoughts and behaviors, many of which prevent them from engaging in pro-social or caring ways toward themselves or others. Well-known barriers cited throughout the literature include: (a) negative feelings such as anger (righteous or not), fear, pity, and anxiety (Dali Lama, 2011; Halifax, 2011); (b) inability to let go of the past, or something perceived as desired (Walsh-Frank, 2012); (c) perceptions that a person or group of people has committed an act thought to be morally wrong (Baston, Klein, Highberger, & Shaw, 1995); (d) beliefs that an individual or group of people must maintain their superiority above another (Neff, 2009c; Pratto, Sidanius,

Stallworth, & Malle, 1994); (e) self-critical thoughts (Gilbert, McEwan, Matos, & Rivis, 2011); (f) selfishness or thinking solely of one's concerns (Dali Lama & Stril-Rever, 2010; Makranski, 2012); and (g) poor emotional and thought regulation (Dwivedi, 2006; Halifax, 2011). Additional characteristics often more closely associated with the prevention of self-compassion include: (a) beliefs that if we extend compassion and warmth to ourselves then we will be perceived as weak or self-indulgent (Neff, 2012), (b) self-criticism, (Gilbert et al., 2011), and (c) self-pity (Neff, 2012).

Upon closer examination of these barriers, it is readily apparent that many of them create a sense of separation or isolation of oneself from others which in turn inhibits feelings of belonging, unity, or collectiveness. Some represent a need to hold onto an idea, a belief, or a way of being and it is this clinging behavior which creates additional pain and prevents people from feeling or extending compassion toward oneself or others (Dali Lama, 2011). Still others are associated with judgment, evaluation, and criticism which again, isolate people from one another along with creating a dynamic of 'us versus them' (Neff, 2011). Lastly, many of these barriers lead back to selfishness or self-absorption and thoughts focusing on what a person has or does not have but feels he should have to be a worthy person (Walsh-Frank, 2012). In addition, selfishness has the ability to prevent people from making connections or being kind because they are held captive by their negative thoughts and feelings.

Many of these barriers exist within most people to some degree, and the focus should not be on whether they are present, or on how apparent they are within us or the people we serve. Instead, as rehabilitation counseling professionals we should focus on initially acknowledging their possible existence within ourselves so that we can strive to reduce them and the impact they may have on the people we serve. Furthermore, the better we can improve our own understanding of compassion and the personal barriers we face, the more effective we can be in modeling and assisting individuals with disabilities through their own process.

Empirical Research Supporting the Value of Compassion & Self-Compassion

Over the past decade, increasing interest and attention has been given to the study and practice of compassion among researchers and practitioners. Throughout this period of time, researchers strived to (a) conceptualize and understand these constructs; (b) explore their application to the counseling, mental health, and allied-helping professions (i.e., education, nursing); (c) discover potential benefits of practicing compassion and self-compassion, and (d) develop interventions to help teach and cultivate compassion and self-compassion. Despite these monumental gains in other professions, compassion and self-compassion have not yet been discussed, explored, or applied as they might relate the needs of individuals with disabilities; nor have they been studied within the research. To help bridge the gap between other professions and our own and to increase professional understanding of the value held by studying and practicing compassion and self-compassion, a review of the literature and research involving these constructs is provided.

Compassion

Compassion can be understood as a feeling or understanding that at some point, all people experience hurt, pain, disappointment, and sorrow. It is this common experience that unifies people regardless of gender, socioeconomic status, culture, health, disability, and so forth. When people are compassionate, they understand this unified commonality and desire for themselves and others to be free of their pain and discomfort which prompts them to want to alleviate the discomfort they observe and experience.

Research has started to support the notion that compassion offers many benefits to the person extending it. Some of the these benefits include: (a) feeling aligned or socially connected to others rather than isolated (Halifax, 2012: Neff, Kirkpatrick, & Rude, 2007); (b) practicing acceptance toward self and others without judgment (Terry & Leary, 2011); (c) accepting imperfection as a part of being human (Neff, 2009c); (d) healing hurt feelings and emotional pain (Makranski, 2012; Stone, 2008), (e) decreasing negative feelings such as anger (Makranski, 2012), (f) promoting forgiveness (Stone, 2008), and (g) building personal character and inner strength (Dali Lama, 2011). People who practice compassion learn one cannot harbor negative thoughts or feelings and engage in feelings of warmth, concern, and care for others simultaneously. In the end, one or the other prevail. Furthermore, the benefits derived from compassion help people live a more peaceful and fulfilling life and definitely have applicability to the needs of individuals with disabilities, especially given the nature of experiences and social injustices many must learn to overcome.

Beyond the cited benefits of compassion are some of the studies starting to emerge which relate to compassion. Compassion has been studied within the context of utilizing *Loving-Kindness Meditation* (LKM; Frederickson, Cohn, Coffey, Pek, & Finkel, 2008; Hutcherson, Seppala, & Gross, 2008), *Compassion-Focused Therapy* (CFT; Gilbert & Proctor, 2006), and among different groups of people (i.e., spiritual versus religious, lower versus higher socioeconomic status, individuals who have been hospitalized). The practice of loving-kindness meditation was found to increase positive emotions (Frederickson et al., 2008), feelings of being connected (Hutcherson, Seppala, & Gross, 2008), reduce negative health symptoms (Frederickson et al., 2008). Research conducted by Gilbert and Proctor (2006) found that Compassion-Focused Therapy helped reduce negative feelings such as shame, critical thoughts, anxiety, and depression and increase participants' ability to practice behaviors such as self-soothing and self-reassurance tendencies.

Saslow and colleagues (2013a; 2013b) examined the expression, practice, and extension of compassion in a study among people who are spiritual versus people who are religious. These scholars found that spiritual individuals exhibited a stronger tendency to show compassion toward others than their religious counterparts. These findings are not to imply that religious people do not show compassion at all, but it did support the notion that many religious participants were more conservative and perhaps less inclusive of others' differences than their spiritual counterparts and the state and trait levels of compassion were higher for the latter group. Stellar, Manzo, Krause, & Keltner (2012) examined whether socioeconomic status among people from lower- and higher classes differed in their expression of and response to compassion. Results from this study found that individuals from the lower-economic status group experienced higher state and trait levels of compassion than their higher-economic status group. Precise reasons may not be known for these differences but it may be surmised that in both studies, the groups which expressed more compassion toward others may either have had some experiences which have taught them to be more open-minded and inclusive of others' differences or because their life orientation has exposed them to others' experiences some of which includes pain.

Self-Compassion

As indicated previously, self-compassion refers to one's ability to accept and treat oneself with warmth and kindness, despite his or her personal flaws and imperfections (Neff, 2012). According to Neff (2003a) people who are self-compassionate are kind to oneself rather than critical; acknowledge that all people are imperfect and experience hurt, pain, and difficulties regardless of their specific situation; and are able to face and address their hurt in an emotionally-balanced way.

Neff's research on self-compassion has helped it acquire attention and momentum among researchers and clinicians. Research findings on self-compassion show much promise for individuals with and without disabilities. Research has found self-compassion helpful in reducing negative emotions, increasing positive functioning, reporting better behavioral outcomes, and having negative associations with unhelpful behaviors. Self-compassion studies have demonstrated that higher levels of self-compassion is associated with lower levels of anxiety and depression (Leary et al., 2007; Neff, 2003a, Neff et al., 2005; 2007a), stress (Shapiro, Astin, Bishop, & Cordova, 2005), self-criticism (Neff, 2003a; Neff et al., 2007a), ruminating thoughts (Neff, 2003a; Neff et al., 2007a), defensiveness and self-blame (Terry & Leary, 2011), and emotional suppression (Neff et al., 2007a). Positive aspects and associations with self-compassion have also been studied. Research supporting the positive correlates of self-compassion include associations with life satisfaction and interpersonal connectedness (Neff, 2003a), happiness and optimistic outlook (Neff, Rude, & Kirkpatrick, 2007), personal compliance with medical suggestions (Terry & Leary, 2011), positive feelings (Neff et al., 2007b), less fear of failure or events not turning out as hoped (Neff et al., 2005), emotional intelligence (Neff. 2003a; Neff et al., 2007b), personal drive or motivation (Neff et al., 2007b), and forgiveness (Neff & Pommier, 2012)

Although, self-compassion was initially studied among non-clinical populations, researchers have gradually explored its applicability amongst other populations. More specifically, self-compassion has been studied in relation to body image among survivors of breast cancer (Przezdziecki et al., 2102). Results from this study demonstrated an inverse relationship between self-compassion and personal distress. Women who scored higher in self-compassion demonstrated lower levels of distress and are thought to perhaps cope better with changes in their body image than those with lower levels of self-compassion. Wren and colleagues (2012) studied self-compassion among persons with chronic musculoskeletal pain and were interested in learning about its relationship to participants' adjustment to pain. Results from this study, found that self-compassionate participants, or individuals with higher levels of self-compassion, reported fewer negative emotions, lower amounts of pain and disabling effects, and increased positive feelings and psychological functioning. In sum, these findings appear to provide preliminary support for the positive influence self-compassion has on adjustment concerns.

In addition to these studies, self-compassion has been studied in relation to peoples' reactions to unpleasant events (Leary, Tate, Adams, Allen, & Hancock, 2007). Leary and colleagues found that self-compassionate participants were able to be kinder toward self and accepting of the negative events they experienced. These participants were able to see that difficult events happen to people and they were not singled-out or alone because of their experiences. This study also demonstrated a high correlation between self-compassion and self-esteem and has previously been noted in the work by Neff (2003b). Another interesting finding from this study was the ability of high-scoring self-compassionate participants to acknowledge and accept their part in the negative events they experienced or remembered.

Reasons to Consider Compassion & Self-Compassion

Given what is known to-date about compassion and self-compassion, rehabilitation professionals and counselors have many reasons to consider these constructs as areas to research and implement within their professional practice. From a research standpoint, compassion and self-compassion have not yet been acknowledged, explored, or studied within the profession; therefore, there is much more information which can be acquired and developed to promote these two constructs. For example, compassion and self-compassion can be studied as possible healing agents in the lives of individuals with disabilities and can be applied to many areas (i.e., self-advocacy, adjustment to dis-

ability, body-image, societal attitudes, acceptance of unpleasant events, completing the rehabilitation process). Researchers, also, can (a) examine the effect of compassion and self-compassion on the counseling relationship with the people they serve, (b) explore strategies rehabilitation professionals can use to practice and model compassion or self-compassion as a part of their counseling relationship, (c) study the influence of working in a compassionate versus non-compassionate employment setting and how the environment affects and productivity, (d) explore salient factors which might encourage or promote the practice of compassion and self-compassion among individuals with disabilities; and (e) develop clinical interventions which are useful for both rehabilitation professionals and individuals with disabilities.

Beyond the obvious needs and reasons our profession could benefit from the consideration of these constructs are those reasons which can be derived from the literature and research. Presently, following a decade of research, professionals are offered an opportunity to conceptualize and understand the vitality of compassion and self-compassion in improving peoples' lives and their potential to assist individuals with disabilities. To date what can be surmised about these two constructs is they have the ability to help people (a) feel less isolated and more socially connected, (b) reduce negative thoughts and emotions (i.e., self-criticism, anger, anxiety, blame), (c) generate more positive feelings toward oneself or others, (d) treat themselves kinder when experiencing difficult times, (e) cope with hurt feelings, (f) take responsibility for their part of the hurtful situation, (g) find their inner self and develop the character to move forward, (h) cope better with stress and physical symptoms, and (i) improve their outlook on life, all of which can contribute to improved functioning and a better way of life. (Frederickson et al., 2008;. Gilbert, McEwan, Matos, & Rivis, 2011; Gilbert & Proctor, 2006; Halifax, 2011; Hutcherson et al., 2008; Leary et al., 2007; Neff, 2003a; Neff et al., 2005, 2007a, 2007b; Mackranski, 2012; Shapiro et al., 2005; Terry & Leary, 2011; Wren et al., 2012).

Application of Compassion & Self-Compassion to the Needs of Individuals with Disabilities

As mentioned earlier, compassion and self-compassion have much applicability to the concerns and needs of individuals with disabilities. For starters and perhaps the most obvious is the fact that many individuals' lives change in many unforeseen and unpredictable ways due the presence of a disability – most of which require the acquisition or use of adequate coping skills. Depending on the individuals' disability and its associated factors, individuals with disabilities may be faced with the prospect of adjusting to their disability, changes in personal functioning or self-image, circumstances which led to their disability, and alterations within their life such as the presence of negative societal barriers and attitudes. Related to these issues is reality that many individuals may experience additional unpleasant events, directly or indirectly related to their disability which requires time and effort in learning how to cope. For example, because of their disability, some individuals may encounter societal injustices and barriers pertaining to employment, adequate housing, equitable medical treatment, and access of necessary supports and services all of which they are trying to determine the best way to address (Stuntzner & Dalton, 2013).

With so many changes happening, it is possible for some individuals with disabilities to feel overwhelmed, frustrated, upset, or even hopeless. At some point, some individuals may believe that their efforts do not produce the desired results and may feel discouraged. It is at this time and through these types of situations that the application of compassion and/or self-compassion may be particularly useful.

Given the nature of changes and potentially unpleasant circumstances, individuals with disabilities sometimes encounter, the skill of self-compassion can be used to help individuals be kinder and more forgiving toward themselves for not having all the answers and for not being perfect when learning to cope with their disability and all of its associated changes. Self-compassion can be used to help them understand they are human and are doing the best they can at this time; therefore, they can apply it to their present circumstances in an effort to comfort themselves and to help aide in the reduction of negative thoughts or feelings. Over time and with practice, individuals may learn how to incorporate the skill of self-compassion and self-soothing to most any unpleasant situation they encounter and with more ease.

As they experience the benefits of self-compassion, some may discover their overall attitude and tolerance for frustration also improves. When this occurs, individuals with disabilities may notice they feel more compassionate toward others, including individuals who are initially perceived as unkind or unaccepting of them. Individuals with disabilities may decide to act compassionate toward people who have emotionally hurt them but not allow them to become too close or personally intertwined. More specifically, compassion can be perceived as something generously extended toward the offending person, such as a gift, similar to that discussed in the practice of forgiveness (Enright, 2001). In these specific situations, individuals with disabilities that extend compassion toward others may be the recipient of better attitudes and feelings, improved outlook on life, and enhanced ability to cope with difficult people and situations simply because they are not focusing on the unkind or unjust person or situation. Similarly, they are learning that no one is perfect, and they have a choice in how they want to spend their time and energy. Do they want to be filled with anger and resentment? Or, do they want to live in a more peaceful manner? Individuals who practice and extend compassion towards others are likely to discover increased chances of experiencing the latter (Dali Lama, 2003).

Implications for Rehabilitation Counseling Professionals

Rehabilitation counseling is a profession devoted to assisting individuals with disabilities in learning to cope with their disability, move past it, and develop independence and a better way of life. For some, this better way of life will involve employment opportunities while for some it may not. In either instance, the constructs of compassion and self-compassion have much value in regards to the coping process and the choices made throughout one's life following disability. More specifically, individuals with disabilities are oftentimes faced with situations that encourage or provide opportunities for personal growth and change. Some of these opportunities may materialize within their personal life while others may surface within their pursuit of independence, employment, and self-advocacy concerns. Regardless of the ways individuals' lives change, many may notice that the learning process is challenging and sometimes fraught with frustrations and emotional difficulties. Individuals with disabilities may discover that life following a disability is a bit more complex than initially anticipated; thus, techniques such as self-compassion and compassion can be infused as a part of their acceptance and coping with change process.

Rehabilitation counseling professionals interested in studying, practicing, and/or incorporating compassion and/or self-compassion into their professional lives and into their work with individuals with disabilities can begin by increasing their personal awareness of self-compassion as it applies to their own lives. Having a personal understanding of self-compassion is important because it can assist professionals in becoming aware of their own ability to practice and nurture self-soothing behavior during challenging times. Rehabilitation counseling professionals who value self-care and the ability to forgive themselves for not being perfect are more likely to experience, first-hand, the benefits of such choices.

Professionals wanting to know more about self-compassion and their present level of functioning are encouraged to assess their own ability to be self-compassionate because it is a trait which can be developed and further enhanced regardless of one's beginning point (Neff, 2011). Neff has developed a self-compassion rating-instrument which is available on her website, www.self-compassion.org, that may be useful for both professionals and individuals they serve in determining their current level of self-compassion. This instrument is available at no cost to professionals and all users. It is a 26-item instrument with all items scored on a 5-point Likert scale. Following the conclusion of the on-line assessment, users are provided with an overall average score which determines one's present ability to practice self-compassion. In addition to the self-compassion self-evaluation, Neff's (2009) website, offers many free resources, literature and information, research citations, and training opportunities pertaining to self-compassion – all of which can be useful to people interested in learning more about this relatively new construct.

Rehabilitation counseling professionals may also want to consider their own perspectives on compassion and self-compassion and the ways these beliefs are carried out in their counseling relationship with individuals with disabilities. Questions of interest may include: Do I think or act in self-compassionate ways when I experience difficult times? Am I more willing to grant compassion towards individuals with disabilities and others I know than myself? When I am challenged in my ability to feel and practice compassion or self-compassion, what barriers do I notice within my own life? If they are present, how might these barriers influence my counseling relationship with the people I serve? How might I enhance my own effectiveness in practicing compassion and self-compassion toward others? How can I incorporate the development and promotion of compassion and self-compassion when counseling individuals with disabilities?

Rehabilitation counseling professionals, due to the specific nature of their occupation, are afforded the opportunity to infuse compassion and self-compassion into their work with individuals with disabilities. More specifically, they can offer compassion, in a healthy manner, as a part of their professional relationship and within their work environment when counseling individuals with disability. Similarly, rehabilitation counseling professionals can learn to openly and honestly model self-compassion as a healthy way of living and in addressing challenging life events. Combined, both of these serve as a constructive means to model the practice of compassion and self-compassion as a means for healthier living.

Rehabilitation counseling professionals can also explore ways to infuse and teach individuals simple techniques pertaining to the development of compassion and self-compassion as a part of the rehabilitation process. Such techniques as discussed throughout the research might include (a) assessment of self-compassion functioning, (b) practice of Gestalt techniques that identify and separate a person's self-critical voice from her self-compassionate one, (c) use of a compassion journal, (d) identification of upsetting situations and application of self-soothing behavior to reduce negativity, (e) alteration of the relationship one has with self, (f) identification of the benefits experienced when practicing self-compassion, and (g) awareness of mindfulness and meditation, just to name a few (Germer, 2009; Gilbert, 2009; Neff, 2009b, 2011). As with many techniques, the focus is not so much on which ones to use as it is the professional's ability to assess an individual's present level of self-compassion, identify the ways compassion and self-compassion may be most useful for each person, and to apply techniques to the most concerning areas of an individual's life.

The constructs of compassion and self-compassion may also be infused into the profession's research and training of new counseling professionals. As indicated previously, neither of these topics have been researched much within the profession and researchers are afforded the op-

portunity to examine the utility of compassion and self-compassion to the needs of individuals with disabilities. Of great benefit is the fact that as more is learned and understood about these constructs and their potential role in emotional and personal healing among individuals with disabilities, the better rehabilitation counseling professionals are equipped with knowledge and skills that can be infused into the training of counselors and the professional practices of rehabilitation counseling professionals.

Conclusion

Compassion and self-compassion have emerged in the past decade as potential healing constructs for individuals dealing with challenging life events. Of particular interest is the growing interest in the study and potential utility of self-compassion. While both of these constructs have great value, self-compassion is an area which is beginning to surface within the research as a means to improve personal, mental, and emotional functioning and to reduce negative outcomes. Self-compassion has also been, initially, associated with a person's tendency to practice forgiveness when hurt and pain have occurred (Neff & Pommier, 2012). In addition, it has been suggested that some people may extend compassion toward others without granting it toward themselves (Neff, 2011). On the other hand, for some people, the extension of compassion toward others may be enhanced the more self-compassionate people are within their own lives.

The study of compassion and self-compassion among persons with disabilities is open to a plethora of possibilities and appears to have much applicability to the needs of individuals with disabilities. While many rehabilitation counseling professionals may value compassion for others, the profession does not yet understand how it might be conveyed more clearly to individuals with disabilities, or received from the people they serve. In addition, the rehabilitation counseling profession has not yet discussed or explored the value and utility of self-compassion among persons with disabilities. Preliminary findings from others studies and professions may be used to help rehabilitation counseling researchers, educators, and professionals further understand the value of these constructs and interventions in regards to the needs of individuals with disabilities. Rehabilitation counseling professionals can help promote their use and application within the field by learning more about these constructs, studying them within the research realm, and applying the information learned to their work with individuals with disabilities.

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