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The Value of Self-Compassion in Increasing Empathy and Life Satisfaction: A Brief Intervention for Psychologists

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Abstract

Psychologists face a multitude of difficulties in their daily practice with clinical populations. Surveys involving psychologists' practice, have shown high levels of emotional and physical exhaustion, burnout and compassion fatigue. One potential factor that could protect psychologists' prosperity and quality of life is self-compassion. A variety of surveys have proved the fundamental role of self-compassion in decreasing a variety of symptoms and increasing well-being, positive psychological health, positive emotions, satisfaction of life and empathy. The aim of this survey was to investigate the value of self-compassion for psychologists, while also examining differences in levels of empathy and quality of life, before and after the intervention. A total number of 29 individuals, psychotherapists active in practice participated in the current studies. Participants were divided in two groups, the experimental group (N=9, M=29.89) and control group (N=20, M=31.05). The division prior to the initiation of the intervention, based on their availability to participate in the intervention organized for the aim of this study. Results indicated a statistically significant difference for all six components of self-compassion for the experimental condition, showing that the level of total self-compassion was increased after the intervention, compared to the control group. Life satisfaction was also significantly increased in the experimental group. There was only one statistically significant difference for the component of fantasy (fantastic empathy) only in the intervention group. The difference between the intervention group and the control group, and the follow-measurement of self- compassion remained statistically significant.

Keywords: Self-Compassion, Life Satisfaction, Empathy, Intervention, Psychologists

Introduction

Today, more and more people need effective and scientifically based psychological interventions that can not only reduce psychopathology levels but also enhance positive aspects of the individual. The need for models and interventions with holistic and generalized results is obvious. Western psychology has been shifted to a psychosocial model of understanding, studying and explaining psychological phenomena which contains elements of Eastern thought [1, 2]. Based on the Buddhist philosophy several researchers have studied, have analyzed and have monitored concepts such as the nature of oneself, self-perception and self-care [3, 4]. Recently, in the field of Positive Psychology, there have been several research findings demonstrating the effectiveness of self-compassion interventions in restoring and maintaining various aspects of psychological well-being [5]. Prosperity and well- being are factors that influence positively autonomy, social skill, empathy, life satisfaction, personal development, positive relationships with others, sense of purpose and acceptance [6]. For this reason, specific groups of people who need to develop and maintain these skills -such as mental health professionals- could benefit greatly from the outcome of self-compassion interventions [7].

The Identification of Self-Compassion

Some researchers have tried to define the concept of compassion as a person's willingness to recognize the presence of pain but also to accept it as a common human experience [8]. It involves the deep understanding and experience of human suffering and the deep desire to relieve it. The Latin word "compati" means "suffer with" [9]. According to Goetz et al, compassion is the understanding that the life cycle of all individuals, by nature, involves negative feelings [8]. From the same point of view, Neff defines "self-compassion" as a form of care that focuses on oneself and includes the way that we all learn to relate to ourselves [10]. Self-compassion includes the aspects of recognition, acceptance and relief when the individual himself experience the feeling of pain. Requires a person's ability to take care of himself and be supportive, in the same caregiving, courteous and encouraging way that he would treat a friend, in a similar situation [11]. In moments of difficulty, confusion, feeling of personal incompetence and failure, people who treat themselves with compassion and kindness

recognize that imperfection is part of the common human experience. Additionally, an important dimension of self- compassion is self-observation, recognition, and normalization of dysphoric feelings [12]. Specifically, Neff and Vonk, suggested that a person's level of self-confusion begins to increase when individuals reach Erikson's integrity stage, when self-observation is possible [13].

The Components of Self-Compassion

Neff's conceptualization about self-compassion includes three essential components that complement each other and interact dynamically. Each of these three features has a negative and positive pole -Kindness versus Self-Criticism, Common Humanity versus Isolation, and Mindfulness versus Over-Identification [10].

Kindness Versus Self-Judgment: Kindness refers to a supportive and caregiving attitude towards oneself. Includes unconditional acceptance, care, searching for warmth and tranquility, seeking for relief and relaxation in moments of discomfort. Kindness emphasizes on the recognition of personal effort and self-reward in difficult moments and illusory life phases [5]. On the opposite pole, self-judgment creates the sense of criticism and worthlessness that sets the individual in the vicious circle of a malfunction.

Common Humanity Versus Isolation: This element includes the feeling that people share a common human nature. This common human experience includes the equal chance for every person to make mistakes and fail in areas of his life. Imperfection, personal weaknesses, fears, and difficulties are in this way an inevitable part of life. In this way, the individual can understand and acknowledge that he is not isolated in difficult times but experiences a common human destiny [10, 12].

Mindfulness Versus Over-Identification: Mindfulness is defined as the person's focus on his bodily senses. The instant focusing of his/her senses helps the individual to be absolutely present into his/her life at all times and not to be affected by the morbid worry about the future or by the rumination of the past. In this way, individuals can experience absolutely every moment without been "overidentified" about the negative sides, assuming a more balanced attitude [11, 14, 15].

The Distinction Between Self-Compassion and Other Conceptualizations

The concept of self-compassion is new to the research community and many researchers tried to distinguish it from other notions, such as self-pity. According to Goldstein and his colleagues, *Self- pity* creates a sense of self-detachment and disconnection from others [16]. When a person experiences *self-pity* seems to be disconnected from others and perceives discomfort as something bad and threatening that only happens to him [17]. Conversely, self-compassion allows the person to balance and organize himself in difficult situations. People with high levels of self- compassion accept the existence of pain and difficulties in life and tend to be adaptive to distress situations. They accept their dysphoric feelings and thoughts with kindness and tranquility as a normal aspect of human life [14, 15]. According to Neff and Vonk, *Self- esteem* is yet another concept that needs to be distinguished from self-compassion [13]. Is defined as the ability of a person to be capable in important areas of life by his one aspect but also by the aspect of his social system [18, 19]. Defining oneself in such a way, could lead to either self-criticism or the emergence of narcissism. On the other hand, self-compassion is based on the notion that failure is an inevitable element of human nature [20]. It also demonstrated that people with an unstable sense of self-esteem tend to react with hostility and anger [21]. Similarly, sometimes self-compassion is mistakenly perceived as *Self-indulgence.* A person with increased levels of self- compassion is aware of the positive aspects of life but also understands the existence of pain as a human and ecumenical feature [22].

Self-Compassion, Mental Health and Well- Being

According to Neff and colleagues, a variety of surveys have proved the fundamental role of self-compassion in decreasing a variety of symptoms and increasing well-being [23]. In particular, it seems that increased levels of self-compassion are linked with a variety of positive outcomes in multiple areas of life, such as positive psychological health, sleep quality, positive emotions, emotional intelligence, body image, and close interpersonal relationships, social interaction and balance in sympathetic nervous system. Compassion towards oneself is a core component in order for a person to feel secure, connected to the world and calm, particularly in difficult situations [24]. According to Muris, psychological health can be boosted by self-compassion's positive and soothing elements [25]. Also, Seligowski and his colleagues showed that there is a statistically significant positive correlation between self-compassion and overall psychological health [26]. When a person acts with self-compassion seems to be more balanced in times of personal struggle with less extreme attitudes [23]. Also, it seems to be a core skill in professions that require emotional intelligence in order for individuals to relate and understand others -such as nurses [27]. Other surveys show that it reduces negative thoughts and concerns for the body, protects against breaking a healthy daily diet and remits the likelihood of systematically eating foods high in calories [28]. From another point of view, individuals who may experience physical changes which affect body image - such as surgery for breast cancer- need to handle self-critical and punitive thoughts, representations, stereotypes and psychological discomfort. Having compassion towards oneself helps the individual to adapt to changes that may occur in his body and helps to experience these changes with sensitivity, courtesy and understanding [29].

Empathy

There are some research efforts that relate self-compassion to empathy. Empathy is defined as the ability of an individual to perceive and take into account the point of view, the feelings, the thoughts and the experience of another person. Empathy according to its definition, is a multidimensional phenomenon that includes personal characteristics (morality, personal trails) and the understanding of both emotional and cognitive processes [30, 31].

Cognitive processes relate to the way the other person understands and represents a stimulus while the emotional processes the type of emotion [32]. Surveys have shown that being self-critical may affect the possibility of generating an empathetic and compassionated relation with others [33, 34]. In agreement with these findings, Raab illustrates that the most important component in creating an interpersonal relationship is compassion [35]. But people who tend to be more critical of themselves are expected to be more critical than others. It seems that self- compassion is necessary for a person to be able to take the opinions of others into account and therefore being empathetic. Duarte and his collogues showed that self-compassion can increase levels of positive emotions and quality in workplace and protect individuals from compassion fatigue and the reduction of empathy [36].

Life Satisfaction

Several studies have shown that self-compassion is a variable that can affect general psychological state, perceived stress, the severity of distress symptoms and it can increase life satisfaction [13, 37]. Seligowski and his colleagues, have demonstrated the value of compassion in well-being, life satisfaction, and feelings of social connection in individuals who have survived traumatic conditions [26]. Yang and his colleagues also found a strong positive correlation between self-compassion and perceived hope and satisfaction of life [38]. Neff et colleagues have studied the contribution of self-compassion in reducing depression and increasing satisfaction for life in three different cultures (Thailand, US and Taiwan), and the results were common to all three [39]. Many other studies agree on these findings and link self-compassion with strong positive traits, such as gratitude, optimism, happiness, and life satisfaction [5, 10, 40].

Self-Compassion Experimental Methodologies and Interventions

Self-concentration seems to be associated with mental resilience, resistance to negative situations, and coping of negative life events [41, 42]. For this reason, in recent years some researchers have been trying to empirically evaluate the effects of interventions aimed at raising the levels compassion towards oneself. Neff and Germer developed an 8-week group intervention in which individuals participate for once a week for approximately 120 minutes [43]. This intervention consists of 8 exercises aimed at increasing levels of self-compassion [44]. These exercises seem to have a reduction effect on symptoms of depression, anxiety and stress, emotional avoidance, and rumination. It is also demonstrated that levels of compassion for oneself, compassion for others, well-being, social connectedness, confidence and optimism, increase significantly after experiencing the 8-week program [45, 46]. Recently, Mantelou and Karakasidou, showed that a brief 3-week self-compassion intervention can also increase positive affect levels, life satisfaction and happiness [47]. Additionally, these interventions have been studied in clinical and non- clinical populations, but also in specific population groups -such as athletes, cancer survivors, people diagnosed with eating disorders, adolescence- with encouraging results in reducing levels of self-criticism, morbid rumination, and self-criticisms over common human mistakes and insufficiencies [48-51].

The Value of Self-Compassion for Psychologists

Although the contribution of all research efforts is very important in understanding the link of self- compassion and positive psychological effects, very few generalize this relationship in populations with high rates of occupational risk. A sector that needs more deliberation about levels of self-compassion and self-care is the psychological sector. Most psychologists face a multitude of difficulties in their daily practice with clinical populations [52]. On the one hand, psychologists share compassion to the people who need it, and this process in many cases, generates the feeling of satisfaction and fullness [53]. Concurrently, continued contact with clients who experience personal difficulties and traumatic experiences can lead to compassion fatigue. Compassion fatigue occurs suddenly and creates tension, nervousness, and a sense of helplessness [54, 55]. Other changes observed in psychologists include lack of patience, secondary trauma anxiety and difficulty interacting with people in the social and family environment, lack of empathy, lack of life satisfaction, selective attention, memory disturbance and low decision making [56-59].

Surveys involving psychologists' practice, have shown high levels of emotional and physical exhaustion and burnout associated with variables, such as low rates of work-related assistance and supervision, professional framework -public or private-, the request of administrative tasks, payment, the number of clients, high caseload demands and lack of self-awareness and self-care [60, 61]. Exploring new interventions and experimenting with new approaches are imperative in protecting this occupation category. Additionally, several surveys demonstrated that there is a strong negative correlation between self-compassion and compassion fatigue [56, 62]. Even brief interventions can play a fundamental role in teaching the core components of self-compassion [63]. Clinicians who follow such interventions seem to enhance therapeutic relationship with their clients.

They maintain their wellbeing and they are protected by situations that may put this therapeutic relationship at risk, such as emotional exhaustion and fatigue negative affect and rumination, even in the long term [42, 64, 65]. Richardson and his colleagues illustrated the value of compassion for oneself and others in professional satisfaction in a sample of medical students [59]. In their survey, it is demonstrated that high levels of self- compassion reduce rates of work fatigue and burnout. A randomized control trial of 8- weeks intervention program which included the element of mindfulness, helped mental health professionals to reduce stress, to increase self-compassion rates, and to ameliorate their overall prosperity [37]. Another randomized controlled trial among psychologists shows that a training in self-compassion can teach participants the distinction between self-compassion and self-coldness, but also can reduce self-coldness [66]. Tree systematic literature reviews demonstrated that all forms of interventions which are based to mindfulness seem to reduce overall anxiety and promote self-care

and wellbeing and empathy in health care professionals. [35, 64, 67]. Specifically, female therapists seem to experience great benefits at the level of thinking, feeling and body through such interventions [68].

Research Question and Hypotheses

Considering of the evidence provided by international literature, continued contact with clients who experience personal difficulties and traumatic experiences can lead psychologists to compassion fatigue, secondary trauma and secondary anxiety, lack of empathy, lack of life satisfaction, burnout effects, selective attention, memory disturbance and low decision making [52, 54, 56, 57, 59]. The emerge of these symptoms affects primarily the patient and the whole therapeutic process. In Greece the need to find an effective and immediate intervention aimed at limiting the symptoms of compassion fatigue, burnout and self-judgment is more imperative than ever [67, 69]. Unfortunately, there are very poor research data on this generalized health problem and very few interventions have measured experimentally its elimination, so the aim of this research is to study the value of the self-compassion on this group. In particular, the aim was to investigate the possibility of training psychologists in self-compassion, while also examining differences in levels of empathy and quality of life, before and after the intervention. In conclusion, the main question of the research was the following: Can a brief self-compassion intervention increase levels of self-compassion among psychologists? Specifically, the aim was to investigate the following research hypotheses:

1. A 3-weeks self-compassion intervention may be effective on increasing rates of self-compassion on an experimental group of psychologists.
2. A 3-weeks self-compassion intervention may be effective on increasing levels of empathy on an experimental group of psychologists.
3. A 3-weeks self-compassion intervention may be effective on increasing levels of life satisfaction on an experimental group of psychologists.
4. The increased levels of self-compassion, empathy and life satisfaction on the experimental group may remain high, after 2-month follow-up.

Method

Design

To explore the research questions, the type of design which was required was quantitative and Quasi-Experimental. The design includes independent groups (Experimental group and Control group). The intervention lasted 3 weeks during which the experimental group was taught three self-compassion exercises. In the control condition there was no intervention. All participants were given pre and post tests and a follow up test after two months. The independent variable was the intervention of increasing self-compassion and the dependent variables were self-compassion, empathy, and quality of life.

Participants

A total number of 29 individuals, psychotherapists active in practice participated in the current studies. Participants were divided in two groups prior to the initiation of the intervention, based on their availability to participate in the intervention organized for the aim of this study. The experimental group consisted of 9 participants and the control group consisted of 20 participants.

In the experimental group (N=9), two of the participants were men (22.2%) and 21 of the participants were women (77.8%), with an age range of 25-37 years old (M=29.89, SD=4.16). Concerning their educational level, 44.4% hold a bachelor's degree and 55.6% have a Master's degree, and as far as it concerns their marital status, 66.7% are single and 33.3% are married. The therapeutic approaches identified in the experimental group are Cognitive Therapy (29.6%), Behavioral Therapy (33.3%), Psychodynamic (11.1%), Art Therapy (11.1%) and Other (14.8%), with clinical experience in Private Practice (66.7%), Public sector (11.1%) and Non-Governmental Organizations (22.2%) and a range of experience in psychotherapy of 3-12 years (M=5.40, SD=2.79).

In the control group (N=20), 6 of the participants were men (20%) and 14 were women (80%), age range of 24-41 years old (M=31.05, SD=5.05), with 35% being university graduates (Bachelor's degree) and 65% owning a master's degree. Seventy percent of the participants in the control group are single, 25% are married an 5% are divorced. The therapeutic approaches identified in the control group are Cognitive (35%), Psychodynamic (30%), Behavioral (10%), Systemic (10%), Drama Therapy (5%) and other 10%), with clinical experience in Private Practice (40%), Public Sector (26.7%), NGOs (23.3%), Nurseries (5%) and Education Support (5%) and a range of experience in psychotherapy of 2-10 years (M=4.90, SD=2.53).

Psychologists and were recruited from psychotherapy companies of different psychotherapeutic approaches and from other training centers. 32 participants responded positively and gave their consent to participate in the experiment. Of this total, 20 participants in the control group responded to all questionnaires, while 2 participants in the experimental condition did not show up at the first meeting because of technical difficulties or they stated that they did not have time. In addition, 1 participant who did not manage to participate in the last experimental group meeting due to illness, was excluded from the study.

Materials

All participants filled out a consent form which also informed them that their participation in the research was anonymous, voluntary, and that they could withdraw at any time. Then an information sheet about the procedure was sent to both groups. The anonymity and privacy were secured by using a code name. A demographic form and three self-reported questionnaires were sent to all participants electronically (google forms) one week before and one week after the intervention. At the end of the intervention, experimental group evaluated the procedure. All participants received all self-re-

ported questionnaires again 2 months after the completion of the program. The Questionnaires that were given, are all standardized in Greek population, and they all have high interval consistency.

Demographics

Participants were asked to fill out a demographic form that included gender, age, education, marital status, psychotherapeutic approach, years of work, type of work environment.

Empathy

Empathy was measured by Interpersonal Reactivity Index (IRI) scale which has been standardized in Greek population and it aims to study a person's general capacity for empathy [70, 71]. A previous form of the questionnaire had consisted of 50 questions, some of which also exist in other earlier questionnaires [72, 73]. The final form contains 28 questions and. which are categorized into 4 factors, two cognitive and two emotional. Specifically, these dimensions are: (1) levels of perspective taking (7 questions), (2) levels of fantasizing (7 questions), (3) levels of emphatic concern (7 questions), (4) levels of personal distress (7 questions). IRI use a five-point Likert scale ranging from 0 (not describing me well) to 4 (describing me very well. Research has shown that the Interpersonal Interaction Scale has good internal consistency of the 4 subscales ranged from .68 to .79. and also, good conceptual validity ranged from .71 to .77 [70, 74, 75]. Other studies have shown that sub-scales have good internal reliability with alpha coefficients ranging from .71 to .77) and reliability of repeat measurements (range from. .62 to .80) [70, 76-78].

Life Satisfaction

Life satisfaction was measured by the Greek version of Diener's Satisfaction with Life Scale which consists of five questions and it's rated on a 7-point Likert scale (1=Strongly Disagree-7=Strongly Agree) [79]. The questionnaire is a short, easily corrected measure that studies the degree to which people are satisfied with their lives. The initial form of the questionnaire was developed by Neugarten, Havighurst and Tobin [80]. Greek translation of the questionnaire showed correlation .95 with scores on the English version for a sample of 36 bilingual Greek university women [81]. Greek translation was also evaluated by a coefficient alpha of .78.

Self-Compassion

Self-compassion was measured by Self-compassion scale developed by Neff and standardized by Mantzios and his colleagues [17, 82]. SCS contains 26 items measuring six components of self-compassion. Three positive and three negative elements. It includes a 5-item subscale of Self-Kindness, a 5-item subscale of Self- Judgment, a 4-item subscale of Common Humanity, a 4-item subscale of Isolation, a 4- item subscale of Mindfulness and a 4-item subscale of Over-Identification. Items are rated on a five-point Likert scale response scale (1=almost never – 5= almost always). As Karskasidou and her colleagues showed Greek Version of the SCS is a reliable and valid psychometric tool with good internal consistency -the Cronbach alpha index was a=0.86-. Additionally, every inter-item correlation was significant, and the construct validity was evaluated as high.

Procedure

After permission was given by the ethic committee, a quick briefing of the experimental process was given to all participants and any psychologists who wished to participate were asked to write down their e-mail addresses. They were informed that their participation was voluntary and anonymous, that they could withdraw from the process at any time and were asked to send a consent e-mail to the researchers. They were informed that the aim of the research is to study the efficacy of a short self- compassion program for psychologists. They were also asked to inform the researchers of their time availability. Participants who gave their permission for their participation were divided in two group, the experimental group (N=12) and control group (N=20) The division was based on the participants' ability to respond to the experiment's time requirements. The two groups received detailed instructions about the experimental conditions via e-mail. One week before the first intervention meeting, all participants (from both groups) completed electronically -via google forms-, a demographic form and three questionnaires (*baseline*).

One week after the questionnaires were completed, the first meeting of the experimental group took place. Meetings were held once a week and lasted approximately 90 minutes. Each session was focused on a theme of self-compassion. The brief form of the intervention was based on Neff's former research which demonstrated its positive effects on overall mental health and well-being [43].

Session One: An Introduction to The Concept of Self-Compassion

Exercise 1: How Would You Treat A Friend?

In the initial meeting the participants were informed about the concept of self- compassion. Detailed information was given about the concept of self-compassion, its origins, its three key features, its components and the research that has underlined its positive effects on enhancing and maintaining mental health. Furthermore, the distinction of self-compassion from other concepts such as self-esteem, self-pity and self-pity was explained in detail. The members were also informed about theirs rights and obligations. Participants were then asked to recall a difficult and suffering moment and to wright down how they threat themselves at that particular moment, how they felt and what attitude they kept towards themselves. Afterwards, they were asked to imagine that a very good friend or a very loving person was in the same situation and to record how they would treat him/her in this situation, the words they would use, their posture, their voice and what they think he/she might need. At the end of the exercise the team discussed about the process and the feelings they had during the process and agreed to write a self-compassion diary once at the end of the day, for the following week. This exercise aimed to make self-kindness, common humanity, and mindfulness part of their daily life.

Session Two: Role- Playing

Exercise 2: The Criticizer, the Criticized and the Compassionate Observer

At the beginning of the second meeting the team completed a

short questionnaire about the weekly exercise they had been given. Then, the participants were divided into 3 subgroups - three individuals in each group -. A fantastic scenario was given to all participants, according to which a person was in a suffering and difficult situation. Each group was asked to assign a role to each of its members - one would take the role of the criticizer, the other person would take the role of the criticized, and the third would take the role of the compassionate observer. The three people in the group discussed about the scenario, each from his own point of view. At the end of the exercise all the groups discussed about the process, their reflection, their emotions, thoughts, and possible difficulties. Then they filled out a form about the process they had experienced and agreed to continue writing a self-compassionate diary for the following week.

Session Three: Self-Compassion Letter

Exercise 3: Exploring Self-Compassion Through Writing

At the beginning of the third meeting, the team completed a short questionnaire about the weekly exercise they had been given. This meeting was divided into two parts. In the first part participants were asked to think of an aspect of themselves that makes them feel ashamed, insecure, or insufficient- physical appearance, work, or relationship issues-. Then, they were asked to write down this aspect, their feelings, and thoughts about it. In the second part, they were asked to imagine a good friend or a loved one and to write a letter to themselves from the perspective of that beloved person. They were encouraged to show unconditional acceptance, kindness, love, and compassion to themselves through the letter. At the end of the exercise the group discussed about the process, their reflection, their emotions, thoughts, and possible difficulties. Then they evaluated the three sessions of the intervention.

Post-Test and Follow Up

One week after the end of the intervention and the three questionnaires were sent to both groups -the experimental group and control group-. The questionnaires were sent once more to all participants, two months after the intervention in order to evaluate the maintains of the potential benefits of the intervention. All participants responded to the follow up measurement. At the end of the process an email was sent to all individuals to thank them for their participation and to inform them about the exact purpose of the experiment in which they took part in.

Results

Normality Tests

Normal distribution of the data was tested with the Shapiro-Wilk normality test (N<200). The distributions were examined separately for the two groups (intervention and control group). In cases of non-normal distribution of the data ($p<.05$), data was adjusted with replacing extreme values with the median value.

Inferential Statistics

First, differences between the assessment of self-compassion before and after the intervention were examined for the intervention group. A statistically significant difference was identified for the intervention group ($t_{(8)}= -16.562$, $p<.001$, MD=-.89), showing that the level of total self-compassion was significantly increased after the intervention (M=3.91, SD=.45) (Table 1). On the other hand, the significant difference identified in the control group showed that the level of self-compassion was smaller in the second assessment ($p<.01$) (Table 1). Life satisfaction was statistically significantly increased at the second assessment only for the intervention group ($t_{(8)}= -4.069$, $p<.001$, MD=-2.77) (Table 1).

Table 1: Paired-Samples T-Tests Results for Self-Compassion and Life Satisfaction and Means and SDs for the Pre- and Meta- Assessments

		M	*SD*	*MD*	*t*	*df*	*p*
Intervention group	Self-compassion pre-assessment	3.02	.52	-.89	-16.562	8	.000
	Self-compassion meta-assessment	3.91	.45				
Control Group	Self-compassion pre-assessment	3.08	.58	.06	3.138	19	.005
	Self-compassion meta-assessment	3.02	.58				
Intervention group	Life satisfaction pre-assessment	23.44	3.67	-2.77	-4.069	8	.004
	Life satisfaction meta-assessment	26.22	2.33				
Control group	Life satisfaction pre-assessment	23.10	4.64	-.25	-.691	19	.498
	Life satisfaction meta-assessment	23.35	4.01				

Differences in the components of self-compassion were also examined. Table 2 shows the results of the paired samples t-tests conducted for the intervention group and the control group separately, indicating that statistically significant differences were identified for all six components of self-compassion in the intervention group ($p<.01$).

Table 2: Paired-Samples Tests Results for the Pre- and Meta-Assessment of the Components of Self-Compassion for the Intervention Group (N=9) and the Control Group (N=20)

			MD	*SD*	*t*	*df*	*p*
Inter-vention group	Pair 1	Self-kindness pre assessment Self-kindness meta assessment	-.93	.31	-8.854	8	.000
	Pair 2	Self-judgement pre assessment Self-judgement meta assessment	1.06	.34	9.238	8	.000
	Pair 3	Common humanity pre assessment Common humanity meta assessment	-.94	.46	-6.107	8	.000
	Pair 4	Isolation pre assessment Isolation meta assessment	.88	.30	8.630	8	.000
	Pair5	Mindfulness pre assessment Mindfulness meta assessment	-.66	.30	-6.532	8	.000
	Pair 6	Over-identified pre assessment Over-identified meta assessment	.80	.46	5.209	8	.001
Control Group	Pair 1	Self-kindness pre assessment Self-kindness meta assessment	.06	.20	1.301	19	.209
	Pair 2	Self-judgement pre assessment Self-judgement meta assessment	-.08	.15	-2.373	19	.028
	Pair 3	Common humanity pre assessment Common humanity meta assessment	.07	.21	1.552	19	.137
	Pair 4	Isolation pre assessment Isolation meta assessment	-.03	.18	-.900	19	.379
	Pair 5	Mindfulness pre assessment Mindfulness meta assessment	.05	.15	1.453	19	.163
	Pair 6	Over-identified pre assessment Over-identified meta assessment	-.06	.22	-1.228	19	.234

For the experimental group self-kindness was increased after the intervention (meta-assessment M=4.00, SD=.46), as well as common humanity (M=3.77, SD=.50) and mindfulness (M=4.05, SD=.49) (Table 3). On the other hand, self-judgement was significantly decreased (M=2.00, SD=.67) as well as isolation (M=1.97, SD=.64) and over-identification (M=2.38, SD=.73).

For the control group, although no significant differences were identified in self- kindness, common humanity and mindfulness, a small decrease can be seen in the means scores presented in Table 3. The significant difference identified in self- judgement ($t_{(19)}$= -2.373, p<.05, MD=-.08) resulted in an increase in self judgement in the second assessment mean scores (M=2.13, SD=.81), while isolation and over- identification mean scores were also increased in the second assessment, but this increase was not significant statistically (Table 3).

Table 3: Mean Scores and Standard Deviations for the Pre- and Meta-Assessments of the Components of Self-Compassion for the Intervention and the Control Group

			M	*SD*
Intervention group	Pair 1	Self-kindness pre assessment	3.06	.64
		Self-kindness meta assessment	4.00	.46
	Pair 2	Self-judgement pre assessment	3.06	.95
		Self-judgement meta assessment	2.00	.67
	Pair 3	Common humanity pre assessment	2.83	.73
		Common humanity meta assessment	3.77	.50
	Pair 4	Isolation pre assessment	2.86	.87
		Isolation meta assessment	1.97	.64
	Pair 5	Mindfulness pre assessment	3.38	.61
		Mindfulness meta assessment	4.05	.49

	Pair 6	Over-identified pre assessment	3.19	.95
		Over-identified meta assessment	2.38	.73
Control Group	Pair 1	Self-kindness pre assessment	3.07	.75
		Self-kindness meta assessment	3.01	.76
	Pair 2	Self-judgement pre assessment	3.05	.87
		Self-judgement meta assessment	3.13	.81
	Pair 3	Common humanity pre assessment	3.42	.79
		Common humanity meta assessment	3.35	.82
	Pair 4	Isolation pre assessment	3.02	.78
		Isolation meta assessment	3.06	.82
	Pair 5	Mindfulness pre assessment	3.28	.64
		Mindfulness meta assessment	3.23	.60
	Pair 6	Over-identified pre assessment	3.16	.85
		Over-identified meta assessment	3.22	.88

Differences in empathy were also examined between the two assessments, both for the intervention and the control groups. The results of the paired-samples t-tests showed that there was only one statistically significant difference for the component of fantasy (fantastic empathy) only in the intervention group ($t_{(8)}$= -2.400, p<.05, MD= - 2.00) and means scores were higher in the assessment after the intervention (M=23.77, SD=2.18) compared to the first, pre-interventional assessment (M=21.77, SD=2.58). No other significant differences were identified neither in the intervention nor in the control group (Table 4).

Table 4: Results of the Paired Samples T-Tests Between the Pre- and the Meta-Assessment of the Components of Empathy for the Intervention and the Control Group

			N	*M*	*SD*	*MD*	*t*	*df*	*p*
Intervetion group	Pair 1	Perspective taking pre-assessment	9	24.66	3.24	-.88	-1.455	8	.184
		Perspective taking meta-assessment	9	25.55	2.18				
	Pair 2	Fantasy pre-assessment	9	21.77	3.52	-2.00	-2.400	8	.043
		Fantasy meta-assessment	9	23.77	2.58				
	Pair 3	Empathic concern pre-assessment	9	21.77	1.39	.44	.736	8	.482
		Empathic concern meta-assessment	9	21.33	1.58				
	Pair 4	Personal distress pre-assessment	9	18.22	2.38	-.11	-.217	8	.834
		Personal distress pre-assessment	9	18.33	2.64				
Control Group	Pair 1	Perspective taking pre-assessment	20	24.35	2.70	.40	1.710	19	.104
		Perspective taking meta-assessment	20	23.95	2.70				
	Pair 2	Fantasy pre-assessment	20	21.75	3.02	-.40	-1.285	19	.214
		Fantasy meta-assessment	20	22.15	2.66				
	Pair 3	Empathic concern pre-assessment	20	21.55	1.63	.15	.900	19	.379
		Empathic concern meta-assessment	20	21.40	1.84				
	Pair 4	Personal distress pre-assessment	20	20.85	2.53	-.10	-.384	19	.705
			20	20.95	2.81				

Differences between the two groups were also examined, in order to establish whether self-compassion, life satisfaction and empathy were increased more in the intervention group compared to the control group. As far as in concerns the level of satisfaction with life, the independent samples t-test showed that there is a statistically significant difference in the assessment after the intervention ($t_{(24.911)}$=2.417, p<.05, MD=2.87), with the intervention group reposting a higher mean score (M=26.22, SD=2.33) compared to the control group (M=23.35, SD=4.01).

Self-compassion was also higher in the intervention group (M=3.91, SD=.45) than in the control group (M=3.02, SD=.58) and this difference was also statistically significant ($t_{(27)}$=4.046, p<.001, MD= .89). Among the components of self-compassion, statistical differences were identified in all components (p<.05) except for the component of common humanity (p>.05) (Table 5).

Among the components of empathy examined in this study, a statistical difference between the two groups was identified only in

the level of the participants' personal distress ($t_{(27)}$= -2.355, p<.05, MD= -2.61), with participants in the experimental group reporting a lower level of personal distress in the second assessment (M=18.33, SD=2.64) compared to the participants in the control group (M=20.95, SD=2.81). However, it should be noted that Personal Distress was the only variable that showed a statistically significant difference between the experimental and the control group since the pre-intervention assessment ($t_{(27)}$= -2.624, p<.05, MD= -2.62) and according to the MD and mean scores, there has been no significant change in this difference. No other significant differences were identified in the components of empathy measured with the IRI.

Table 5: Results of the Independent Samples T-Tests Between the Intervention Group and the Control Group for Satisfaction with Life, Self- Compassion, and Empathy Components for the Assessment After the Intervention

Variable (Meta-assessment)	Group	*N*	*M*	*SD*	*MD*	*t*	*df*	*p*
Satisfaction with Life	Intervention	9	26.22	2.33	2.87	1.987	24.911	.023
	Control	20	23.35	4.01				
Self -compassion	Intervention	9	3.91	.45	.89	4.046	27	.000
	Control	20	3.02	.58				
Self-kindness	Intervention	9	4.00	.46	.99	3.588	27	.001
	Control	20	3.01	.76				
Self-judgement	Intervention	9	2.00	.67	-1.13	-3.619	27	.001
	Control	20	3.13	.81				
Common humanity	Intervention	9	3.77	.50	.42	1.431	27	.164
	Control	20	3.35	.82				
Isolation	Intervention	9	1.97	.64	-1.09	-3.497	27	.002
	Control	20	3.06	.82				
Mindfulness	Intervention	9	4.05	.49	.81	3.549	27	.001
	Control	20	3.23	.60				
Over-identified	Intervention	9	2.38	.73	-.83	-2.483	27	.020
	Control	20	3.22	.88				
Perspective Taking	Intervention	9	25.55	2.18	1.60	1.562	27	.130
	Control	20	23.95	2.70				
Fantasy	Intervention	9	23.77	2.58	1.62	1.536	27	.136
	Control	20	22.15	2.66				
Empathic Concern	Intervention	9	21.33	1.58	-.06	-.094	27	.926
	Control	20	21.40	1.84				
Personal distress	Intervention	9	18.33	2.64	-2.61	-2.355	27	.026
	Control	20	20.95	2.81				

Follow-up assessments were also examined as part of this study. The independent samples t-test showed that the difference in participants' level of life satisfaction did not differ statistically in the follow-up ($t_{(25.172)}$= 1.884, p> .05, MD= - 2.15) between the intervention group and the control group. In particular, there was a small decrease in the mean scores of life-satisfaction in the experimental group, with scores being lower in the follow up assessment of the intervention group (M=25.25, SD=1.90) compared to the assessment immediately after the intervention (M=26.25, SD=2.49), but this inter-rating difference was not statistically significant ($t_{(7)}$= 1.595, p> .05, MD= 1.00).

Self-compassion levels remained the same for the intervention group at the follow-up assessment (M=3.94, SD=.46) as they were in the assessment immediately after the intervention (M=3.95, SD=41) ($t_{(7)}$= .306, p>.05, MD= .01). The difference between the intervention group (M=3.94, SD=.46) and the control group (M=3.03, SD=.65) in the follow-measurement of self-compassion remained statistically significant ($t_{(26)}$= 3.629, p<.01, MD= .90). No significant differences were identified in empathy components, neither between the two groups (Table 6) nor between the meta- assessment and the follow-up assessment for none of the two groups.

Table 6: Results of the independent samples t-tests between the Intervention group and the control group for Satisfaction with life, self-compassion and empathy components for the follow-up assessment

Variable (Follow-up assessment)	Group	*N*	*M*	*SD*	*MD*	*t*	*df*	*p*
Satisfaction with Life	Intervention	8	25.25	1.90	2.15	1.406	26	.171
	Control	20	23.10	4.11				
Self-compassion	Intervention	8	3.94	.41	.90	3.629	26	.001
	Control	20	3.03	.65				
Self-kindness	Intervention	8	3.87	.50	.78	2.420	26	.023
	Control	20	3.09	.85				
Self-judgement	Intervention	8	1.92	.66	-1.16	-3.405	26	.002
	Control	20	3.09	.86				
Common humanity	Intervention	8	3.78	.50	.49	1.483	26	.150
	Control	20	3.28	.87				
Isolation	Intervention	8	1.90	.65	-1.18	-3.654	26	.001
	Control	20	3.08	.81				
Mindfulness	Intervention	8	4.12	.48	.90	3.515	26	.002
	Control	20	3.22	.65				
Over-identified	Intervention	8	2.28	.66	-.89	-2.409	26	.023
	Control	20	3.17	.96				
Perspective Taking	Intervention	8	25.50	1.77	1.05	1.136	26	.266
	Control	20	24.45	2.35				
Fantasy	Intervention	8	23.50	3.16	1.55	1.289	26	.209
	Control	20	21.95	2.76				
Empathic Concern	Intervention	8	22.62	1.68	.77	1.095	26	.284
	Control	20	21.85	1.69				
Personal distress	Intervention	8	18.75	3.45	-2.35	-1.943	26	.063
	Control	20	21.10	2.65				

Discussion

The aim of this study was to investigate the effect of a three-week self- compassion focused intervention for psychologists on Self-compassion, Life Satisfaction and Empathy. The study examined whether the intervention would increase the levels of self-compassion, life satisfaction and empathy comparing before and after intervention ratings as well as compared to a control group. The maintenance of the effects was examined 2 months after the intervention.

As far as it concerns the first research hypothesis, a significant effect of the intervention was identified, as participants in the intervention group reported significantly higher levels of self-compassion after the intervention, and their ratings were also significantly higher compared to their counterparts in the control group. There is limited previous research on the effectiveness of short-term self-compassion interventions, but the results are consistently supporting that these interventions indeed have a significant positive effect on one's level of self-compassion. Smeets, Neff and Peters in a quasi-experimental study found that a brief self-compassion intervention significantly increased the level of self-compassion in a sample of female students [46]. As this study also showed, these brief self-compassion interventions have an impact on both positive and negative components of self-compassion, such as decreasing self-judgement, isolation and over-identification, and increasing self- kindness, mindfulness and common humanity.

Concerning life satisfaction, a significant effect of the intervention was identified, as participants in the intervention group reported significantly higher levels of life satisfaction after the intervention, and their ratings were also significantly higher compared to their counterparts in the control group. Previous studies have found that increasing self-compassion has an effect in increasing other positive life concepts, such as life satisfaction [23, 24, 38, 83]. Previous studies have also directly supported the existence of significant positive correlations between life satisfaction and self-compassion [83-85]. In further support of our findings, a study conducted by Neff and Germer reported a positive effect of a self-compassion intervention on participants levels of satisfaction with life [43]. Smeets and his colleagues in their study also found that the level of life satisfaction was increased after a brief self- compassion intervention in a sample of female students, while Recently, Mantelou & Karakasidou, in a recent study also showed that a brief 3-week self-compassion intervention can also increase positive affect lev-

els, life satisfaction and happiness [46, 47]. This relationship might be explained by research findings that have provided evidence of a positive effect of self-compassion of various concepts that are positively corelated with life satisfaction, such as well-being, development of adaptive coping strategies, rectification of maladaptive behaviors and thoughts, lower levels of negative emotions [12, 86, 87]. Another explanation that has been suggested is that self-compassion increases hope, which, as a mediating factor leads to increases in life satisfaction levels [38, 88].

On the other hand, no significant differences were found in empathy, for none of the components measured with the IRI. We found no differences between the two groups after the intervention and no significant differences were found between the two assessments of the intervention group. Although there have been some research findings that suggest the existence of a relationship between empathy and aspects of self-compassion, there is no previous support that a self-compassion intervention can lead to increased empathy, and neither was found in our research [33, 34, 36]. One possible explanation might be the fact that it was a brief intervention and the study managed to record early effects that involve self- compassion and life satisfaction. Such an intervention might produce early effects that are more focused of self-concepts rather than concepts that refer to attitudes towards and relationships with other individuals in the family, social or professional environment, as the individual tries to purposefully focus on him/herself more than he/she used to do before the intervention.

It should be added that one second explanation of the lack of effect on the levels of empathy might lie within the limitations of this study. The fact that the sample of this study consists of psychotherapists might be a limitation as far as it concerns measurements of empathy. Psychotherapists are professionally identified with the concept of empathy and the cognitive schema of "being empathetic" might be triggered when a therapist is asked to complete a self-reported measure of empathy. This could possibly explain while the ratings of empathy remained stable between assessments. Another limitation also related to the sample of psychotherapists includes the possibility that after intervention ratings might be enhanced due to personal or professional beliefs in the effectiveness of self-compassion interventions. These limitations are always presented in studies that focus on psychologists and psychotherapists within the field of psychology, as factors like self-induced prophecy, personal beliefs, increased awareness of the methods and practices of an intervention might have an effect of the results of a study. A combination of self-ratings and third-person ratings might help eliminate some of this limitations and biases. Self-reported measures are also a limitation, not only for the sample of this study, but are generally acknowledged are susceptible to bias. Moreover, the IRI measure that was chosen for measuring empathy is another possible limitation as it measured aspects of empathy based on an interpersonal relations model.

Implications of this study include the contribution to providing evidence and guidelines for self-compassion interventions for psychotherapists, psychologists and in generally clinicians who suffer from compassion fatigue due to professional reasons or professionals and employees of all fields with high burnout rates. Continued contact with clients who experience personal difficulties and traumatic experiences can lead to compassion fatigue, which leads to lower effectiveness and care quality. Self-compassion interventions like the one presented in this study can be beneficial for both the clinicians, their clients and the quality of care provided.

Further research can use this study as a basis to examine the effectiveness of brief self-compassion interventions on the levels of burnout and compassion fatigue in populations of clinicians who work with patients with severe mental or/and physical disorders. Moreover, the effectiveness of self-compassion interventions should also be further examined as a component of psychological treatment for patients' themselves [89-91].

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