



Doctorate in Clinical Psychology

Therapist's Experiences of Self-Compassion and Compassion Focused Therapy in Persistent Pain

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This thesis is submitted in part fulfilment of a Doctorate in Clinical
Psychology

8th May 2025

Total Word Count: 17,767

Overall Abstract

Compassion Focused Therapy (CFT) is a biopsychosocial approach to psychotherapy which aims to reduce experiences of self-criticism and shame by nurturing self-compassion. CFT is growing in popularity for use with people with persistent pain and complements the biopsychosocial nature of pain. Therapists are encouraged to develop their own personal practice of self-compassion so they can embody and model the skills and attributes of compassion to their patients in CFT.

A qualitative systematic literature review was conducted to understand therapists' experiences of personally practicing self-compassion techniques. Previous literature has highlighted the emotional challenges that come with being a mental health professional and the role of self-compassion in increasing wellbeing. The systematic review aimed to understand the experiences of therapists who practice techniques to develop self-compassion. A meta-thematic synthesis of 12 primary studies was conducted and 5 analytical themes were developed from the data. Therapists highlighted how developing self-compassion benefitted their personal and professional lives in deeply interconnected ways. While challenging to develop, over time therapists found self-compassion became a philosophy on life that helped them to develop a more compassionate approach to themselves and others. The findings suggested that therapists delivering any therapeutic modality would benefit from self-compassion as part of standard training.

While the literature review was concerned with therapist's personal practice of self-compassion techniques, the empirical project focused on therapists' experiences of delivering CFT, particularly in the context of persistent pain. Semi-structured interviews were conducted with 8 clinical psychologists and analysed with Interpretive Phenomenological Analysis. Therapists described being alongside their patients on a journey with self-compassion that was both rewarding and inspiring. CFT was a useful model for therapists formulating and helping people overcome their challenges with pain. Similarly to the results found in the literature review, therapists benefitted from their own personal practice of self-compassion. Additionally, they benefitted from delivering CFT and sharing in the compassion and connection they offered to patients.

The findings of both pieces of research support the notion that developing self-compassion is a valuable endeavour for therapists. Further research might explore how personal practice of self-compassion and deliver of CFT in persistent pain are best implemented.

Acknowledgement of Contributions

Dr Chris Penlington (School of Dental Sciences, Newcastle University) supervised and supported with this project.

A librarian was consulted when developing search terms to offer support and training for optimising searches across a range of databases.

Dr Chris Penlington screened 100% of titles and abstracts during the systematic review to increase reliability and shared her knowledge of meta thematic synthesis to support the researcher in developing the project and analysing the data. Dr Ellen Marshall (School of Psychology, Newcastle University) also provided support and guidance on carrying out qualitative synthesis.

Dr Chris Penlington supported with recruitment for this study by sharing the advert with her professional network of therapists interested in Compassion Focused Therapy for persistent pain. She shared her knowledge of Interpretative Phenomenological Analysis to support the candidate throughout this process. Dr Chris Penlington supported with the credibility of results by reading the transcripts and supporting the refinement of themes through supervision.

The study was funded by the Doctorate in Clinical Psychology (Newcastle University) to provide Amazon Vouchers as compensation for participation in the study.

Personal Acknowledgements

Thank you to Chris, who supervised this project and encouraged and inspired me throughout. You supported me through not only the academic challenges of this process, but also the emotional. You truly embody compassion, and I am grateful for your kindness and support on this journey. Thank you also to my placement supervisor, Rowan, who had been incredibly understanding and supportive in the final months of this project. I'm grateful to the participants who took time out of their busy schedules to take part in this research. I learned a lot through our conversations.

For Milly and Ruth, thank you so much for your unwavering friendship, for our weekend retreats and our gaming tournaments. These pockets of joy have carried me through this course. Thank you also to the friends I made on the doctorate, particularly Frankie, Tab, and Chelsea. We made it through the ups and downs together and I wouldn't have wanted to ride this rollercoaster with anyone else.

Last and certainly not least, thank you to my incredible partner, Grant, who has been a constant source of support and comfort. Thank you for all the laughter, the pep talks, and taking care of me, the dogs and our home. I couldn't have done it without you.

Contents

Overall Abstract.....	ii
Acknowledgement of Contributions	iv
Personal Acknowledgements.....	v
Systematic Review	1
Abstract	2
Introduction	4
Self-Compassion.....	4
Benefits of Self-Compassion for Therapists	5
Previous Reviews.....	7
Aims and Objectives	8
Methods.....	8
Scoping.....	8
Review Protocol.....	9
Eligibility Criteria	9
Selection Process.....	11
Search Strategy	11
Assessment of methodological quality.....	11
Data Extraction.....	12
Data Synthesis	12
Reflexivity Statement	13
Results.....	14
Screening of Eligible Studies.....	14

Quality Appraisal	22
Analytical Themes	23
Discussion	36
Clinical & Research Implications	39
Strengths and Limitations	39
Conclusions.....	41
References.....	42
Empirical Paper	1
Abstract	2
Introduction	4
Compassion Focused Therapy for Persistent Pain.....	4
Therapist Factors.....	5
Hypotheses and Aims	7
Methods.....	7
Epistemological position and approach	7
Participants.....	8
Procedure	9
Data Analysis and Reflexivity	11
Ethics	13
Results.....	13
Two Humans on Parallel Paths	15
“It just fits”	21
Helping People Grow Through Pain	29

A Feeling Carried Through Connections.....	32
Navigating the Challenging Landscape of Pain	34
“Joy, magic, rewarding, privileged, exciting”	38
Discussion	42
Main Findings	42
Strengths and Limitations	45
Implications for practice and future research	46
Reflection on Ethical Issues (108 words, not included in word count)	47
Conclusions.....	48
References.....	49
Appendix A: Search Strategy	1
Appendix B: Personal Experiential Themes.....	2
Appendix C: Ethical Approval.....	10
Appendix D: Information Sheet	11
Appendix E: Consent Form	14
Appendix F: Sign Off Sheet	16

Systematic Review

**Therapist's Experiences of Personal Practice of Self-Compassion
Techniques: A Qualitative Systematic Review**

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Word count: 7827

(Excluding abstract, references, appendices, Table 2 and 3 and Figure 1, as permitted)

Abstract

Background

Therapists stand to benefit from personal practice of techniques aimed at developing self-compassion. Such techniques may improve personal well-being, increase empathy and distress tolerance, and help therapists to model compassion to clients.

Objectives

This review aimed to synthesise the qualitative literature exploring therapists' experiences of personal practice of self-compassion techniques.

Methods

A systematic search was conducted across six databases for qualitative or mixed-method studies published between 2000 and 2025. Studies were assessed using the Critical Appraisal Skills Programme checklist (CASP, 2024) and analysed following a meta thematic synthesis.

Findings

12 studies with a total of 152 participants were included which ranged from none to moderate methodological concerns. Findings were grouped into 5 interconnected analytical themes: Professional Development Happens When You Embody Compassion; A Way of Seeing, a Way of Being; Compassion Expands Consciousness; Flourishing in a Compassionate Relationship with the Self; and An Investment You Make in Yourself.

Conclusions

These findings suggest that therapists may benefit from support to practice self-compassion as part of their training and ongoing development. Further research across

different cultures and spiritual backgrounds would further our understanding of how therapists experience personal practice of self-compassion. (190 words)

Introduction

Self-Compassion

Self-compassion is defined as the practice of treating yourself with care and kindness in the face of suffering (Neff, 2003). Neff (2003) states this consists of three components: treating yourself with self-kindness rather than self-criticism; recognising suffering exists as part of common human experience rather than feeling isolated by difficulties; and having a mindful awareness of inner experiences rather than over-identifying with them. Self-compassion has been demonstrated to be an adaptive way of self-to-self relating. For example, compassion was shown increase overall psychological wellbeing and buffer against anxiety when asked to reflect on weaknesses (Neff et al., 2007). These findings are supported by a meta-analysis which found that interventions aimed at increasing self-compassion significantly reduced symptoms of depression and anxiety whilst increasing compassion, mindfulness and overall psychological wellbeing (Kirby et al., 2017).

One such intervention is Compassion Focused Therapy (CFT) which was designed to increase compassion to reduce experiences of self-criticism and shame. (Gilbert, 2014). Gilbert (2009) defines compassion as the sensitivity to suffering and desire to alleviate it and suggests this can be directed from self to others, from others to self and from self to self. Central to CFT is Compassionate Mind Training (CMT) in which the skills and attributes of compassion are nurtured. Such attributes include sensitivity and tolerance to suffering, empathy, sympathy, non-judgement, and compassionate thinking and behaviour. A systematic review and meta-analysis found CFT to be an effective therapy across a range of mental health difficulties, reducing

mental health symptoms and self-criticism while increasing levels of self-compassion (Millard et al., 2023).

CMT employs a range of strategies to support the development of self-compassion. These include imagery exercises as well as contemplative techniques such as mindful awareness of thoughts, feelings and physical sensations. Crucially these are done with the aim of cultivating the qualities of compassion such as warmth, kindness, wisdom, strength and non-judgement (Gilbert, 2009).

Benefits of Self-Compassion for Therapists

Therapists stand to benefit both personally and professionally from practicing self-compassion. On a personal level, therapists face challenges to their emotional wellbeing. A meta-analysis reported levels of burnout and emotional exhaustion in mental health professionals to be as high as 40% (O'Connor et al., 2018). Self-compassion was negatively correlated with burnout among mental health practitioners (Lyon & Wright, 2024; Lyon & Galbraith, 2023) and shown to moderate the relationship between burnout and depressive symptoms (McCade et al., 2021). These were supported by a systematic review which found that self-compassion improved therapist wellbeing and prevented occupational stress, burnout and compassion fatigue (Crego et al., 2022). This suggests that personal practice of self-compassion might protect against burnout and resulting mental health difficulties for mental health professionals.

There may professional as well as personal benefits of self-compassion. A model of personal practice posits that when therapists personally practice any therapy it can bring personal benefits such as wellbeing, self-awareness, and interpersonal and

reflective skills (Bennett-Levy & Finlay-Jones, 2018). These skills are also professionally relevant as interpersonal and reflective skills are required in the process of delivering therapy (Bennett-Levy, 2019). Through personal practice, therapists are also able to deepen their understanding of the therapy, share the exercises from a place of personally grounded experience and have enhanced understanding of the patient experience which may increase empathy as well as authenticity and confidence when delivering techniques (Bennett-Levy & Finlay-Jones, 2018).

Self-compassion may offer further benefits to those seen from general personal practice. When we consider compassion to be the sensitivity to suffering and desire to alleviate it, it is apparent how practicing this would be beneficial for therapists whose primary domain is attempting to understand and reduce emotional suffering. Self-compassion has also been demonstrated to enhance distress tolerance and emotional regulation (Finlay-Jones et al., 2015; Shaw & Kelly, 2024) which is relevant to therapists who engage daily with distress. A review found compassion meditation increased affective empathy and empathetic accuracy (Bibeau et al., 2016) both of which are important for connecting with patient experiences. In CFT, emphasis is placed on the therapist modelling compassionate attributes and fostering a sense of social safety to help instil these qualities in the patient (Gilbert, 2009). Therefore, it is integral to the therapy that therapists practise and embody compassion to successfully model it. Taken together, these findings suggest that personal practice of self-compassion would be beneficial for enhancing therapeutic skills and personal wellbeing.

Previous Reviews

Previous reviews into personal practice of self-compassion have had limited scope, focusing on singular elements of techniques or outcomes. For example, focusing on the impact on empathy (Bibeau et al., 2016) or the impact of loving-kindness meditation on other-focused concern (Bellingshausen et al., 2014). Not only were these reviews more limited in scope, but the former did not employ systematic review methodology limiting its rigour. The latter was mixed methods and reported on only four qualitative studies which were summarised rather than synthesised.

A recent mixed methods review explored a broader scope of the benefits of self-compassion for therapists (Crego et al., 2022). In this review, the findings of three qualitative studies are reported on, however it is not stated how these studies were reviewed or synthesised. A summary is given highlighting the benefits of self-compassion on personal wellbeing, emotional regulation and the therapeutic relationship. A further 6 qualitative studies are reported on later in the review, however rather than a synthesis taking place, each primary source is individually summarised. Owing to the limited number of papers reviewed and the lack of methodological rigour and synthesis, it is difficult to ascertain the experiences of therapists who practice self-compassion from this review.

This review aims to build upon these findings by conducting a review which does not prioritise a particular type of experience and can complete a more in-depth synthesis of the qualitative literature to obtain findings that are “more than the sum of the parts.”

Aims and Objectives

This review aimed to systematically gather and synthesise qualitative studies on the experiences of therapists who have engaged in personal practice of techniques aimed at increasing self-compassion. In doing so, it hopes to offer new insights into the personal and professional experiences of personally practicing self-compassion, which may have implications for training and practice.

Methods

Scoping

This review set out to review therapist's experiences of personally practicing techniques to increase self-compassion. Initially, the personal practice of any mindfulness technique was to be included in the review. This was due to the inter-related nature of mindfulness and self-compassion where a mindful awareness of emotions is required in order to tend to them (Neff, 2003). However, this was later narrowed to only include mindfulness techniques that were explicitly focused on developing compassion, for example, compassion meditation. After full-text screening, the author noted that many of the mindfulness papers would not help adequately address the aims of the review as they did not discuss the experience of self-compassion specifically. While mindfulness and self-compassion are related constructs, they are not synonymous. Mindful awareness is just one aspect of self-compassion (Neff, 2003). Furthermore, the type of mindfulness involved in self-compassion has a narrower scope than general mindfulness as it focuses on awareness and reduction of suffering rather than the awareness and acceptance of any experience (Neff & Germer, 2013). Therefore, by narrowing the inclusion criteria to

require explicit aims of developing self-compassion, the author was better able to address the research question.

Additionally, including general mindfulness would have resulted in poorer quality synthesis. Meta-thematic synthesis requires in depth analysis of individual studies and any more than 10 to 12 studies might impede the quality of synthesis (Bondas & Hall, 2007).

With these considerations in mind, the decision was made to include mindfulness practices which explicitly focused on developing self-compassion.

Review Protocol

This review was registered on PROSPERO (reference: CRD42025628300). Registration was completed before initial screening and updated in accordance with changes made to the scope of the research.

Eligibility Criteria

Studies were eligible for inclusion if they included qualitative methods to understand the experiences of therapists or trainee therapists who personally practiced techniques to develop self-compassion. Studies that included mindfulness but did not explicitly specify that this was with the aim of developing self-compassion were excluded from the review. Studies which included multiple health care professionals were included if therapists made up the majority of the sample or therapist data could be separated for analysis. The search was limited to studies completed after the year 2000 as this is was the inception of CFT (Gilbert, 2014) and this review focused on self-compassion as defined in the literature by Gilbert (2009) and Neff (2003). Specific inclusion and exclusion criteria can be found in Table 1.

Table 1*Inclusion and Exclusion Criteria*

Factor	Inclusion Criteria	Exclusion Criteria
Population	Trainee or qualified therapists or counsellors working clinically.	Mixed samples where therapists were in the minority and therapist data could not be analysed separately.
Phenomenon of Interest	Experiences of therapists personally practicing techniques to develop self-compassion (e.g. compassionate imagery, compassion meditation). This could include experiences in the context of an intervention or general experiences of using them within their personal lives. Studies that included another aim or focus were included if data on therapists' personal experiences were reported separately.	Experiences of therapists personally practicing mindfulness where there was no explicit mention of doing this to develop self-compassion. Therapists' experiences of delivering self-compassion techniques.
Study Type & Design	Primary studies where qualitative data were obtained (e.g. interviews, journals, focus groups). Mixed methods studies could be included if they reported qualitative findings separately.	Quantitative studies, reviews, letters, reflections, conference presentations, books.
Date	Studies published between 2000 and 20 th February 2025.	Studies published prior to 2000.
Language	Published in English	Published in any other language.

Selection Process

The review followed the PRISMA guidelines (Page et al., 2021). Titles and abstracts of papers were independently screened by both researchers against the inclusion/exclusion criteria then compared for reliability. Due to constraints on time and resources, full texts of potentially relevant studies were then screened in detail by only the primary researcher. Any uncertainties around inclusion at this stage were discussed in supervision.

Search Strategy

Information Sources

Medline, Embase, CINAHL, APA PsycInfo, Scopus, Proquest were searched on 14th February 2025. Open Access Thesis and Dissertations and the first 500 results on Google Scholar (Haddaway et al., 2015) were searched on 20 February 2025.

A preliminary search was conducted on Scopus to identify relevant articles. The titles and abstracts of these studies were examined to develop a full strategy. The search followed the PICO (Population, Intervention, Comparison, Outcome) search tool to ensure a sensitive and comprehensive strategy (Methley et al., 2014). Search terms can be found in Appendix A. Search terms for self-compassion techniques were based on those from CMT and included mindfulness as the search was completed prior to the scope being narrowed. The researcher checked the known relevant articles were captured by the search to ensure search terms were comprehensive.

Assessment of methodological quality

The primary author used the Critical Appraisal Skills Programme checklist for qualitative studies (CASP, 2024) to assess the methodological quality of studies

included in the review. This was selected as it assesses quality regardless of qualitative methodology (Noyes et al., 2018). No studies were excluded due to quality, owing to the lack of standardised criteria with which to assess the quality of qualitative research and the ongoing debate about the appropriateness of this (Noyes et al, 2018). Instead, the CASP was used to inform the order in which studies were analysed, with 'higher quality' papers being coded first. This meant that papers that 'higher quality' studies contributed more to the development of the coding framework than those considered less rigorous.

Data Extraction

Data were independently extracted by the primary researcher using a bespoke data collection tool developed on Microsoft Excel. This included title, authors, year of publication, geographical location, aims, methodology (mixed-methods or qualitative), participants (number and profession), methods of data collection and analysis, techniques practiced and in what setting, and main themes and conclusions. Any elements of the abstract, findings and discussion pertaining to the review question were extracted for analysis.

Data Synthesis

Selected papers were analysed using meta thematic synthesis. This method was selected following the Review Question-Epistemology-Time/Timescale-Resources-Expertise-Audience and purpose-Type of data (RETREAT) framework (Booth et al., 2018). This review did not aim to generate a theory but to develop new perspectives on the topic through aggregating findings. This review took place in the context of a doctoral degree which limited time scales, resources and expertise. The primary

studies involved in the review varied in terms of epistemology, methodology and data-richness. Taken together, these factors meant meta thematic synthesis was considered the most appropriate method for analysis (Flemming & Noyes, 2021; Thomas & Harden, 2008).

The meta thematic synthesis followed the three-stage process outlined by Thomas and Harden (2008). Firstly, the primary researcher coded the data from primary studies line-by-line. This included any first or second-order data relevant to therapist's personal practice of self-compassion including participant quotes, themes and sub themes, as well as author interpretations and conclusions. The use of both first and second-order data allowed the researcher to 'go beyond' the findings of the individual studies, which aligns with the aims of a meta thematic synthesis (Barnett-Page & Thomas, 2009). An inductive approach to coding was taken rather than imposing themes to keep the synthesis grounded in the data. As codes were assigned, they were added to a bank of codes which was used to code subsequent data and added to as needed. In the second stage, similar concepts which occurred across studies were grouped to create descriptive themes which provide a structured summary of the findings. Finally, analytical themes were developed which attempted to go beyond the descriptive themes to reflect a more conceptual interpretation and generate new understandings.

Reflexivity Statement

The author is a trainee clinical psychologist who employs self-compassion and mindfulness both personally and professionally. These interests played a role in the question posed and may have unconsciously affected interpretations of findings. To

bring some of these processes into awareness, the researcher kept a reflective journal throughout the process of responses and reactions to the findings. This helped the researcher to acknowledge these biases and ensure that alternative ideas were considered.

Results

Screening of Eligible Studies

The results of the searches and screening are presented in a PRISMA diagram (Figure 1). The original search terms generated 2117 papers which reduced to 1507 papers after duplicates were removed. After screening titles and abstracts, 60 were selected for full-text screening. There was an agreement rate of 99% between reviewers with only 6 conflicts. These were resolved through discussion and comparison with the inclusion and exclusion criteria. After full text screening, 27 records were selected for inclusion. Following this, the criteria were narrowed from including any mindfulness practice to only including mindfulness techniques explicitly for developing self-compassion. This resulted in 10 studies meeting the inclusion criteria. Open Access Thesis and Dissertations was searched for relevant studies which yielded 88 dissertations, 2 of which met the inclusion criteria and were included in the review. No additional records were found from google scholar or reference lists of included studies at this stage. Therefore, at the end of this process, there were 12 primary studies included in the synthesis, which are summarised in Table 2.

Figure 1

PRISMA flow diagram

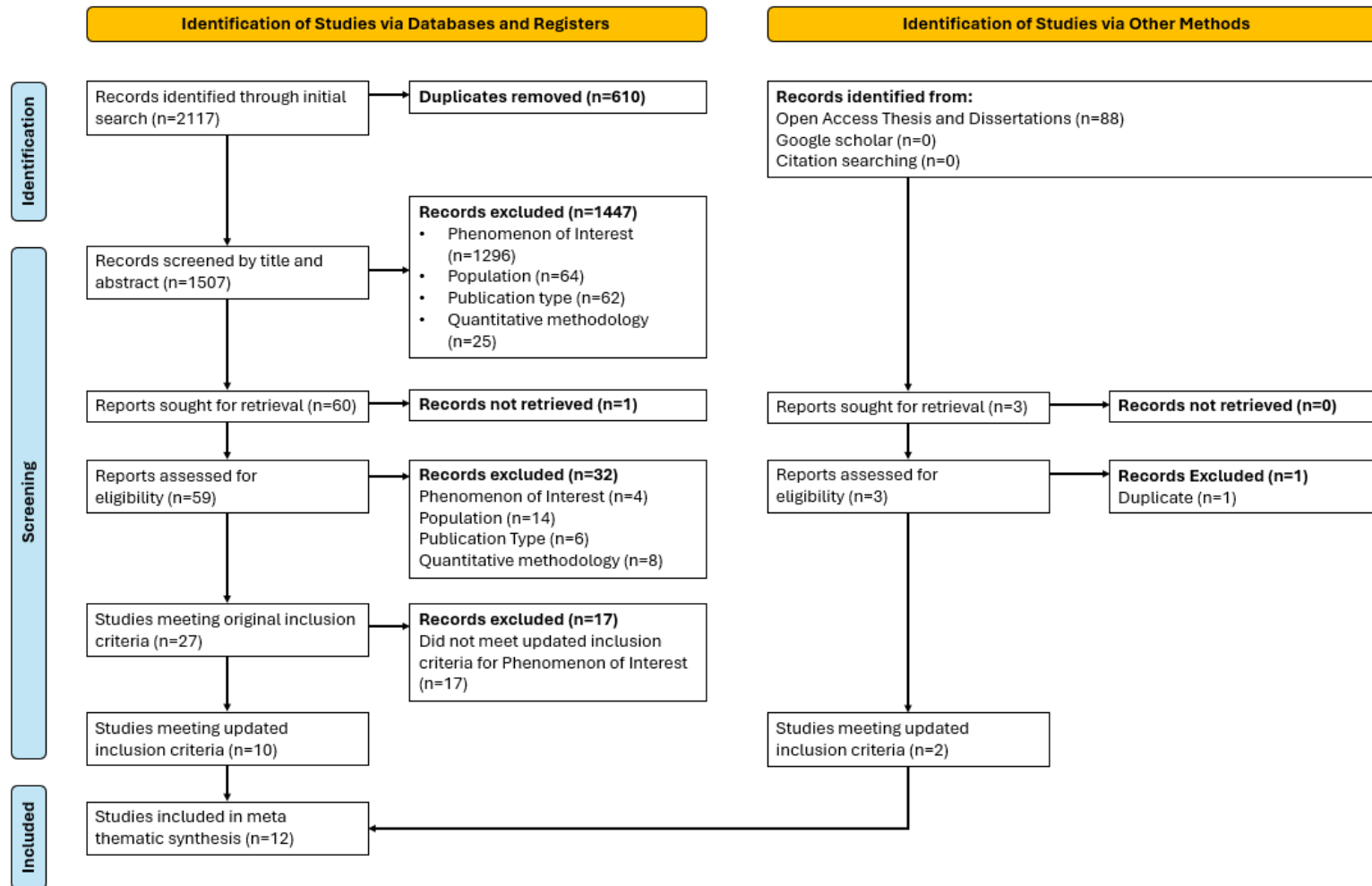


Table 2

Summary of Primary Studies Included in Analysis

Study Information	Aims	Participants	Methods	Compassion Techniques	Findings
<ul style="list-style-type: none"> • Authors (year) • 'Title' • Country 		<ul style="list-style-type: none"> • Profession • (Number of Participants) 	<ul style="list-style-type: none"> • Type of study • Data collection method(s) • Analysis 	<ul style="list-style-type: none"> • Technique • Setting 	<ul style="list-style-type: none"> • Themes • Conclusions
<p>1. Beaumont et al. (2021)</p> <ul style="list-style-type: none"> • 'The impact of compassionate mind training on qualified health professionals undertaking a compassion-focused therapy module' • UK 	<ul style="list-style-type: none"> • Assess the impact of Compassionate Mind Training on self-compassion, criticism and clinical practice for qualified mental health professionals. 	<ul style="list-style-type: none"> • Qualified counsellors/ psychotherapists (n=13) • Psychological wellbeing practitioner (n=1) • Mental health practitioner (n=1) 	<ul style="list-style-type: none"> • Mixed methods • Reflective diaries; focus group • Thematic Analysis 	<ul style="list-style-type: none"> • Compassionate Mind Training • 12-week Compassion Focused Therapy Module over four months 	<ul style="list-style-type: none"> • Diary themes: The benefits of compassion, when compassion arises, difficulties and opportunities • Focus group themes: Self-reflection and self-practice, finding balance, critical self and compassionate self • Incorporating compassion interventions into education programmes may help to cultivate a compassionate mindset, be kinder to selves and improve their practice.
<p>2. Bibeau et al. (2025)</p> <ul style="list-style-type: none"> • 'The Influence of Compassion Meditation on the Psychotherapist's Empathy and Clinical Practice: A Phenomenological Analysis' • Canada 	<ul style="list-style-type: none"> • Explore the impact of compassion meditation on psychotherapists' empathy and clinical practice. 	<ul style="list-style-type: none"> • Registered Psychologists (n=3) 	<ul style="list-style-type: none"> • Qualitative • Semi-structured interviews; meditation journals; email correspondence • Phenomenological Analysis 	<ul style="list-style-type: none"> • Compassion Meditation • Guided meditation 3-4 times a week for 4 weeks 	<ul style="list-style-type: none"> • The therapist's relation to self; Experiencing empathy; Living a therapeutic relationship; Integrating change. • Compassion meditation enhanced self-compassion, self-care and increased empathy through presence, acceptance and distress tolerance.

Study Information	Aims	Participants	Methods	Compassion Techniques	Findings
3. Gale et al. (2017) <ul style="list-style-type: none"> • 'Do You Practice What You Preach?' A Qualitative Exploration of Therapists' Personal Practice of Compassion Focused Therapy' • UK 	<ul style="list-style-type: none"> • Explore the impact of personal practice of CFT on therapist's personal and professional life. 	<ul style="list-style-type: none"> • Therapists trained in CFT (n=10) 	<ul style="list-style-type: none"> • Qualitative • Semi-structured interviews • Inductive Thematic Analysis 	<ul style="list-style-type: none"> • Compassion Mind Training • Personal practice during and post CFT training 	<ul style="list-style-type: none"> • Am I Doing It Right?; And then it became a habit; I'm more compassionate towards myself and others; It's like sitting alongside the client; I'm more aware of what I'm bringing to therapy • Personal practice is an important training strategy with personal and professional benefits.
4. Hunt et al. (2022) <ul style="list-style-type: none"> • 'A Mindfulness-Based Compassion Workshop and PreSession Preparation to Enhance Therapist Effectiveness in Psychotherapy: A Pilot Study' • USA 	<ul style="list-style-type: none"> • Investigate the impact of mindfulness-based compassion on therapist effectiveness. 	<ul style="list-style-type: none"> • Doctoral Student Therapists (n=6) 	<ul style="list-style-type: none"> • Mixed methods • Focus Group • Consensual Qualitative Research - Modified 	<ul style="list-style-type: none"> • Mindfulness-based compassion meditation • 1.5 hour workshop followed by pre-session preparation practices over a 1-month period 	<ul style="list-style-type: none"> • Benefits: Enhanced reflection, self-care and interest in mindfulness; Challenges: time, mindfulness self-efficacy and fatigue • Findings support the potential benefit of mindfulness-based compassion workshops on therapeutic practice, however practice format had limitations and needs to be further explored.

Study Information	Aims	Participants	Methods	Compassion Techniques	Findings
5. Janes et al. (2024) <ul style="list-style-type: none"> 'Experiences of a newly developed brief compassion-focused intervention for Trainee mental health professionals – A qualitative study' UK 	<ul style="list-style-type: none"> Explore experiences of a brief compassion-focused intervention for trainee mental health professionals. 	<ul style="list-style-type: none"> Trainee Clinical Psychologists and Psychological Wellbeing Practitioners (n=19) 	<ul style="list-style-type: none"> Qualitative Semi-structured Interviews Thematic Analysis 	<ul style="list-style-type: none"> Compassionate mind training 2 hour workshop, follow up audio exercises and booklet. 	<ul style="list-style-type: none"> Theme: The impact of the intervention; Subthemes: Changes in themselves; Changes in their approach to training Compassion-focused interventions resulted in improved wellbeing and more positive thinking and approach to both clinical and academic elements of training.
6. Pintado (2019) <ul style="list-style-type: none"> 'Changes in body awareness and self-compassion in clinical psychology trainees through a mindfulness program' Mexico 	<ul style="list-style-type: none"> Explore the impact of mindfulness programme on body awareness and self-compassion. 	<ul style="list-style-type: none"> Clinical Psychology Students (n=8) 	<ul style="list-style-type: none"> Qualitative Personal Journals Thematic Analysis 	<ul style="list-style-type: none"> Mindfulness including kindness and forgiveness meditation 8 weekly 2.5-3.5 hour sessions 	<ul style="list-style-type: none"> Initial themes: Physical sensations; Emotions and Cognition; Senses that become more acute; The senses unify Intermediate themes: Body awareness increase; Increases tolerance to unpleasant physical sensations; Increases consciousness to the senses and the body as a unit; Change of perception towards oneself Final themes: Synchronicity with others; Self-compassion; Deepening of body awareness through techniques; Change of habits or patterns Implementing mindfulness programmes for students can improve body awareness, self-compassion and compassion for patients.

Study Information	Aims	Participants	Methods	Compassion Techniques	Findings
7. Bell et al. (2017) <ul style="list-style-type: none"> 'Developing a Compassionate Internal Supervisor: Compassion-Focused Therapy for Trainee Therapists' UK 	<ul style="list-style-type: none"> Explore the 'internalization', 'integration' and accessibility of an image based compassionate supervisor and the impact this has on trainee therapist's experience of compassion, clinical practice and self-care. 	<ul style="list-style-type: none"> CBT trainees (n=7) 	<ul style="list-style-type: none"> Qualitative Semi-structured interviews Interpretive Phenomenological Analysis 	<ul style="list-style-type: none"> Soothing rhythm breathing and compassionate imagery 5 hour introductory workshop followed by daily at-home exercises for two weeks 	<ul style="list-style-type: none"> The Varied Nature of the Supervisor Image; Blocks and their Overcoming; Increased Compassion and Regulation of Emotion; Impact on Cognitive Processes; Internalization and Integration; Professional and personal Benefit; Wider Personal Benefit Imagery of a compassionate internal supervisor is a feasible and potentially beneficial practice for trainee therapists.
8. Pickard et al. (2024) <ul style="list-style-type: none"> 'A qualitative study of trainee school psychologists' experiences of an online mindfulness-based intervention' Australia 	<ul style="list-style-type: none"> Investigate the impact of mindfulness-based intervention on professional development. 	<ul style="list-style-type: none"> Trainee School Psychologists (n=40) 	<ul style="list-style-type: none"> Qualitative Reflective Journals Thematic Analysis 	<ul style="list-style-type: none"> Mindfulness including compassion meditation 6 weekly 1 hour online workshops and completion of reflective journals 	<ul style="list-style-type: none"> Changes in awareness and attention; Enhanced wellbeing; Commitment to ongoing personal practice; Cultivation and enhancement of professional development Mindfulness-based interventions helps trainee school psychologists to develop mindfulness skills, enhance wellbeing and become more resilient, compassionate and non-judgemental psychologists.

Study Information	Aims	Participants	Methods	Compassion Techniques	Findings
9. Sucich et al. (2022) <ul style="list-style-type: none"> 'Mindfulness training for community-based psychotherapists: a feasibility study' USA 	<ul style="list-style-type: none"> Examine the training's influence on both personal mindfulness practice and integration into patient care. 	<ul style="list-style-type: none"> Therapists (n=13), Administrators (n=2), medical director (n=1) 	<ul style="list-style-type: none"> Mixed-methods Semi-structured Interviews Grounded Theory 	<ul style="list-style-type: none"> Mindfulness including compassion and loving-kindness meditation 4 weekly 1.5 hour sessions at an outpatient mental health clinic 	<ul style="list-style-type: none"> Building therapists' personal practice; Integrating mindfulness into clinical practice; Elements of the skills-based training Mindfulness training is feasible, improved therapists' skills, and increased the implementation of mindfulness in therapy
10. Boellinghaus et al. (2013) <ul style="list-style-type: none"> 'Cultivating Self-Care and Compassion in Psychological Therapists in Training: The Experience of Practicing Loving-Kindness Meditation' UK 	<ul style="list-style-type: none"> Exploring the impact of loving kindness meditation on trainee therapists' relationships to self, others and clinical work. 	<ul style="list-style-type: none"> Trainee CBT therapists and trainee clinical psychologists (n=12) 	<ul style="list-style-type: none"> Qualitative Semi-structured interviews Interpretive Phenomenological Analysis 	<ul style="list-style-type: none"> Loving-Kindness meditation 6 one hour long sessions over eight weeks with therapist trainees familiar with mindfulness 	<ul style="list-style-type: none"> Engaging with the practice; Impact on self, Impact on relationships, Bringing compassion into the therapy room; Integrating LKM into life. Participants perceived LKM to have led to increased self-awareness, compassion for self and others, and therapeutic presence and skills.

Study Information	Aims	Participants	Methods	Compassion Techniques	Findings
11. Buttanshaw (2020) <ul style="list-style-type: none"> 'Developing a 'Compassionate Internal Supervisor': A Feasibility Study of a Compassion Focused Programme for Trainee Clinical Psychologists' UK 	<ul style="list-style-type: none"> Explore the experience of a training programme aimed at developing an internal compassionate supervisor 	<ul style="list-style-type: none"> Trainee Clinical Psychologists (n=6) 	<ul style="list-style-type: none"> Mixed-methods Open-ended questionnaire Thematic Analysis 	<ul style="list-style-type: none"> Soothing rhythm breathing, compassionate imagery 5 weekly sessions 	<ul style="list-style-type: none"> Perceived positive changes in ways of responding to challenges; CFP experiences perceived as helpful; CFP experiences perceived as difficult; CFP experiences that supported overcoming difficulties with practices Developing self-compassion through a compassionate internal supervisor is helpful and relevant for trainee psychologists.
12. Wood (2021) <ul style="list-style-type: none"> 'The Personal and Professional Experiences of Counsellors and Psychotherapists Who Employ the Principles and Practices of Compassion Focused Therapy: An Interpretative Phenomenological Analysis' UK 	<ul style="list-style-type: none"> Explore the experience of personal practice of CFT in therapists 	<ul style="list-style-type: none"> Qualified counsellors/ psychotherapists trained in CFT (n=10) 	<ul style="list-style-type: none"> Qualitative Diary; Interview Interpretive Phenomenological analysis; thematic analysis 	<ul style="list-style-type: none"> Principles and practices of CFT Written reflections for 5 days on how CFT has been influential in professional role and personal life. 	<ul style="list-style-type: none"> Using CFT to engage with disempowerment, injustice, and abuse; Blocks to compassion in clinical work; CBT CFT and other approaches; Experience of using the principles and practices of CFT in personal life; Personal blocks to compassion and the importance of time as a block or support to compassion. Psychotherapists experience and link CFT principles to their whole lives, both personal and professional, to understand and make sense of their clients' and their own experiences.

Quality Appraisal

The CASP Checklist (2024) was used by the primary researcher to systematically appraise methodological strengths and weaknesses of the included studies (Table 3).

The studies ranged from moderate to high methodological quality.

Table 3

CASP Checklist (2024) Ratings

Paper	CASP Checklist Question										Score	
	1	2	3	4	5	6	7	8	9	10		
1. Beaumont et al. (2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
2. Bibeau et al. (2025)	CT	Y	Y	CT	Y	CT	CT	Y	Y	Y	Y	6
3. Gale et al. (2017)	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	9
4. Hunt et al. (2022)	Y	Y	Y	Y	Y	CT	CT	CT	Y	Y	Y	7
5. Janes et al. (2024)	Y	Y	Y	CT	Y	CT	CT	Y	Y	Y	Y	7
6. Pintado (2019)	Y	Y	Y	CT	Y	CT	CT	CT	Y	Y	Y	6
7. Bell et al. (2017)	Y	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	9
8. Pickard et al. (2024)	Y	Y	CT	Y	Y	CT	Y	Y	Y	Y	Y	8
9. Sucich et al. (2022)	Y	Y	CT	Y	CT	CT	CT	Y	Y	Y	Y	6
10. Boellinghaus et al. (2013)	Y	Y	CT	Y	Y	CT	Y	Y	Y	Y	Y	8
11. Buttanshaw (2020)	Y	Y	CT	Y	CT	CT	Y	CT	Y	Y	Y	6
12. Wood (2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10

Note: Y=Yes, CT=Can't tell

All studies were considered appropriate for qualitative methodology, clearly presented their findings and findings were considered valuable. Most papers demonstrated appropriate approaches to design, data collection, recruitment and

analysis. Concerns were most frequently around limited reporting on ethical issues or the relationship between researcher and participants.

Analytical Themes

Findings were grouped into 22 descriptive themes (Table 3). These were further developed into five interconnecting analytical themes.

Theme 1: Professional Development Happens When You Embody Compassion

Therapists explained how self-compassion skills had considerable overlap with therapeutic skills. When therapists developed and embodied the skills and attributes of self-compassion, they were also developing the skills to become better therapists. This spoke to the deep interconnection between the personal and professional benefits.

This theme was comprised of 5 descriptive themes: *It Starts from Within, Developing Professional Skills Through Personal Practice; Changes in the Therapeutic Relationship; Connecting More Deeply with Self and Others; and Experiential Learning Goes Beyond a Theoretical Understanding.*

Therapists described how the skills they learned through self-compassionate practice had a profound impact on their therapeutic skills. Personal practice helped therapists to improve their knowledge of self-compassionate skills in a way that went beyond a theoretical understanding. This experience not only improved their confidence in delivering such interventions but also cultivated a deeper understanding for the experiences of clients. They also found that embodying the skills of compassion allowed them to bring those qualities to the therapy room and model them with patients, for example being compassionate with themselves helped them to be

compassionate to others and being able to sit with suffering allowed their clients to sit with suffering. Additionally, having greater self-awareness of their own internal experiences helped therapists be more aware of the experiences of others, allowing them to be more present, focused and attentive in the therapy room. Through this compassionate presence, therapists were able to be more reflexive, cultivate a deeper sense of connection and empathy, and foster a positive therapeutic relationship.

Theme 2: A Way of Seeing, a Way of Being

Therapists described a shift in their perspective and philosophy on life when they practiced self-compassion. This theme combined descriptive themes of: *Compassion Brings a Broader, Balanced Perspective; A New Approach to Daily Life; and Consciously Creating a Compassionate Mindset.*

Therapists described compassion allowing them to step back and see a broader picture which helped them to garner a new, balanced perspective on things. This helped them to be kinder to themselves and others as they were able to gather a holistic understanding and see people and situations in context. This compassionate mindset was described as a 'philosophy' or a 'way of life' and therapists found themselves incorporating compassion into their daily lives, routines, relationships and professional practice.

Theme 3: Compassion Expands Consciousness

Therapists described self-compassionate practice as helping them 'make space' within themselves to become aware of and tolerate the emotional experiences of themselves

and others. This amalgamates the descriptive themes of: *Accepting the Difficult Parts of the Self and Others; New Learning Through a Process of Self-awareness and Reflection; Greater Capacity to Hold and Connect with Suffering; and Mind and Body Connection.*

Therapists found that through self-compassionate practice they were able to connect more deeply to their internal experiences. Even though this brought attention and awareness to difficult emotions, therapists found that they were better able to sit with, contain and regulate them. This helped them to find greater acceptance for these parts of themselves. This expanded into the therapy room where therapists found they were able to be more deeply connected with the emotional experiences of clients yet feel less overwhelmed by them. This conveyed a sense of acceptance and emotional safety to clients which helped them to explore and sit with their own emotions. When therapists did have emotional reactions in therapy, they were better able to notice and regulate them, allowing them to be more reflexive and shift attention and awareness back to the client.

Theme 4: Flourishing in a Compassionate Relationship with the Self

Therapists described a number of personal benefits which were summarised in the descriptive themes: *Enhanced Wellbeing; Internalising a Compassionate Response to Self; and Connecting with Compassionate Values.*

Therapists described how personal practice gave them permission to be compassionate to themselves, care for themselves and respond to their struggles with warmth and kindness. Therapists described this realisation as “freeing” as they were able to let go of self-criticism, shame and blame and move towards a non-judgemental,

calming state of mind. This helped therapists to connect more with the values they hold as people and professionals.

Theme 5: An Investment You Make in Yourself

Therapists described developing self-compassion as a journey that was fraught with challenges as well one that was beneficial and inspiring. This theme was made up of:

Self-compassion Can Be Difficult to Practice; Therapists Benefit from Support to Practice Self-compassion; Compassion is an Important Commitment to Make to Oneself; Developing Self-compassion Through Regular Practice; Compassion Overcomes Challenges; and Unfamiliar and Surprisingly Powerful.

Therapists found connecting with compassion to be effortful and emotionally challenging, particularly at the beginning of their journeys when the concept of self-compassion felt strange and unfamiliar. Time and mental capacity to practice were particularly evident barriers among participants. This could lead to limited benefit and self-doubt in their skills or qualities as compassionate people. However, therapists found that such difficulties were in fact opportunities for compassion and with support and repeated practice, therapists came to benefit profoundly from self-compassion. This benefit motivated and inspired them to continue developing. Self-compassion was therefore seen as a challenging but worthwhile commitment to make to yourself. In this way, investing in self-compassion was seen as a compassionate thing to do in and of itself.

Table 3

Summary of Findings: Theme descriptions and Illustrative Quotes

Analytical Theme	Descriptive Theme	Description	Illustrative Quotes	Papers Present											
				1	2	3	4	5	6	7	8	9	10	11	12
Professional Development Happens When You Embody Compassion	It Starts from Within	Therapists described how when they were able to experience compassion for themselves, they were more able to offer it with others.	<p>“I do think it’s helped to have a deeper level of compassion towards other people and I think there’s no doubt about that really, I think it’s been there but I think it’s more so because I think the more you are compassionate with yourself the more you feel able to be that way with other people.” (Bell et al., 2017, p. 11)</p> <p>Through this meditation, I have come to see very clearly that it all starts with ourselves and that we are all interrelated; being more indulgent toward myself makes it easier to be so with others.” (Bibeau et al., 2025, p. 9)</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Developing Professional Skills Through Personal Practice	Therapists reported that the skills they were developing through self-compassion techniques were also therapeutic techniques.	<p>“I had always thought of mindfulness as a tool to use with clients, but I hadn’t realised practicing mindfulness myself is using it with clients. This has been a significant realisation. I realise that practicing mindfulness will allow me to be the best possible therapist I can be. To show up with a beginners mind, to hold space for someone, to be present and feel someone else’s emotions.” (Pickard et al., 2024, p. 26)</p> <p>“I think mindfulness makes a person a better clinician in that you’re more sensitive, more compassionate, with yourself and with another person, more aware of what is happening in the moment. Being a clinician is really hard, we all struggle in the moment with all kinds of difficulties, our own challenges when we’re engaging with a patient.” (Sucich et al., 2022, p. 6)</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Analytical Theme	Descriptive Theme	Description	Illustrative Quotes	Papers Present												
				1	2	3	4	5	6	7	8	9	10	11	12	
Professional Development Happens When You Embody Compassion (cont.)	Changes In the Therapeutic Relationship	Therapists experienced changes in the nature of the therapeutic relationship following personal practice.	<p>"If we are able to take a moment, to feel gratitude, to practice gratitude, we gain more clarity, we are more calm, we feel more compassion and we become more curious and more connected. These attributes are essential in the practice of building a strong therapeutic alliance and being fully present for clients, leading to better outcomes." (Pickard et al., 2024, p. 26)</p> <p>"I think it was really helpful, I think it kind of helped address the power dynamics and it was maybe less stigmatising as well that this isn't just something that people who are ill do but it is something that everyone could benefit from regardless of who they are and what they are doing." (Gale et al., 2017, p. 180)</p>	✓	✓	✓	✓				✓	✓	✓	✓		✓
	Connecting More Deeply With Self And Others	Compassion led people to feeling more connected.	<p>"She talked about a painful experience which others had reassured her over. It would have been easy to reassure her too but anchoring in my compassionate mind enabled me to lean in and bridge into how painful that was for her. She had felt desperately alone in her pain, and I felt I needed to connect with her in that whilst keeping myself steadied by my compassionate mind." (Wood, 2021, p. 180)</p> <p>"I think my relationships with the people, with clients and with friends, and family is closer because I think I'm less anxious maybe, less afraid of doing things wrong and more allowing and accepting yourself really." (Bell et al., 2017, p. 14)</p> <p>"When I was under the most stress I managed to be a friend to self...I had this friend by my side that felt very supportive." (Baumont et al., 2021, p. 916)</p>	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓

Analytical Theme	Descriptive Theme	Description	Illustrative Quotes	Papers Present												
				1	2	3	4	5	6	7	8	9	10	11	12	
Professional Development Happens When You Embody Compassion (cont.)	Experiential Learning Goes Beyond A Theoretical Understanding	Personal practice helped therapists to connect theory with practice and understand the client experience more deeply.	<p>“I think you really need to experience it...of course you can learn how to do it otherwise we wouldn’t be doing it, but it helps to kind of stimulate it, and cultivate it and experience it, rather than just have a theoretical understanding of it, on its own.” (Gale et al., 2017, p. 181)</p> <p>“I think it would help me when I might need to work with somebody in a sort of compassionate mind way in having a more thorough, more depth of understanding of maybe how to do that because of my own experiences.” (Bell et al., 2017, p. 13)</p> <p>“It’s like I had to experience it to believe it ... once I had, it left me thinking ‘there’s a lot I could take from that’, which enhanced how I saw the content as well ... they reinforced each other.” (Janes et al., 2024, p. 4)</p>	✓		✓		✓		✓	✓	✓	✓	✓	✓	✓
A Way Of Seeing, A Way Of Being	Compassion Brings A Broader, Balanced Perspective	Therapists described being able to step back into a new broader perspective where they were able to see things in context.	<p>“It’s kind of helped me to take a step back and really appreciate what’s going on around me instead of having tunnel vision” (Beaumont et al., 2021, p. 918)</p> <p>“I could see things from a wider perspective it wasn’t just focused or tinged with, this is something I’m struggling with and I’m always struggling with it, it’s a bit more like it is what it is and that’s okay, and there are things that I can do next time I don’t need to be critical of myself for it.” (Bell et al., 2017, p. 12)</p>	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓	✓

Analytical Theme	Descriptive Theme	Description	Illustrative Quotes	Papers Present											
				1	2	3	4	5	6	7	8	9	10	11	12
A Way Of Seeing, A Way Of Being (cont.)	A New Approach To Daily Life	Self-compassion was described as a philosophy or way of life that could be incorporated into daily life.	<p>“It’s almost like, I don’t know, it feels very different to other therapies in that it is not just something that you use at work but almost like a philosophy that you hold about life generally.” (Gale et al., 2017, p. 178)</p> <p>“I just actually made space for it at different times in the day, so rather than thinking I have to do it at a certain point, I felt like I’ll do it when I can, so that’s what I did.” (Bell et al., 2017, p. 9)</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Consciously Creating A Compassionate Mindset	This self-compassionate mindset was one that could be consciously cultivated when needed.	<p>“If we kind of see somebody's stressed or overwhelmed, I think it was just that kind of reflection of well how can I be more compassionate to them? But also, how can I accept that flow of compassion from them?” (Wood, 2021, p. 195)</p> <p>“In a difficult situation at work I began to criticize myself and became aware of this...I then put my hand over my heart and gave myself self-compassion” (Beaumont et al., 2021, p. 916)</p> <p>“I am more aware of the compassionate space within myself and I pay particular attention to it as I prepare myself for work, going through my day’s schedule. I take a moment to meditate on compassion before meeting a difficult client, both for the client’s well-being and for my own” (Bibeau et al., 2025, p. 13)</p>	✓	✓	✓	✓			✓	✓		✓	✓	✓

Analytical Theme	Descriptive Theme	Description	Illustrative Quotes	Papers Present											
				1	2	3	4	5	6	7	8	9	10	11	12
Compassion Expands Consciousness	Accepting The Difficult Parts Of The Self And Others	Therapists described an acceptance of suffering and human fallability for both themselves and others.	“As I welcome the client with compassion for his whole being, it becomes an invitation and even some kind of modelling for him to develop such compassion for the parts of himself that are rejected” (Bibeau et al., 2025, p. 10) "I can breathe a bit more and relax into my own wisdom that irritation is a normal human emotion and I am allowed to have it, and I'm not failing." (Wood, 2021, p. 186)	✓	✓			✓	✓	✓	✓		✓		✓
	New Learning Through A Process Of Self-Awareness And Reflection	Being able to step back, bring their internal experiences into conscious awareness and reflect on them helped therapists learn new ways of responding	“I think being aware of multiple selves allows you to follow the chicanery of emotions and motives without becoming too hooked into them- maybe catching it earlier, watching/experiencing it without being tumbled by it.” (Wood, 2021, p. 204) “[The intervention] made me understand more about myself and helped me notice triggers for self-criticism ... Knowing what kind of things are likely to affect me and how ... that’s allowed me to keep track of those and consider how I can be more compassionate to wards myself instead.” (Janes et al., 2024, p. 4)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Mind And Body Connection	Therapists found that they experienced a connection between their mind and body and compassion was an embodied experience.	"I could feel my anxiety rise and self-critic start circling, that I wasn't up to it, and she didn't feel I could help her. I consciously changed my position to ground my feet in contact with the floor, sit up and slow down my breath. I felt I needed to be steady" (Wood, 2021, p, 180) "I felt how my body and my mind were relaxed" (Pintado, 2019, p. 231)	✓	✓				✓	✓					✓

Analytical Theme	Descriptive Theme	Description	Illustrative Quotes	Papers Present											
				1	2	3	4	5	6	7	8	9	10	11	12
Compassion Expands Consciousness (cont.)	Greater Capacity To Hold And Connect With Suffering	Therapists felt that compassion opened up more space for emotions which allowed them to connect to them without getting overwhelmed.	<p>“Compassion meditation cultivates a kind intention toward the client and it allows me to welcome the client’s inner experience and to contain it within something much larger and kinder.” (Bibeau et al., 2025, p. 11)</p> <p>“I feel more able to manage anxious thoughts and feelings when they arise and feel as though I am experiencing less of them and less intensely now.” (Buttanshaw, 2020, p. 39)</p> <p>“It just makes me feel far less anxious about somethings and far more like this is something I can tolerate, and get through it really” (Bell et al., 2017, p. 11)</p>	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Flourishing In a Compassionate Relationship With The Self	Enhanced Wellbeing	Therapists described the exercises as 'soothing' and 'calming' and offering enhanced wellbeing	<p>“I really like the feeling I get from finishing each meditation session, like an inner peace that allows me to enjoy everything around me” (Pintado, 2019, p. 231)</p> <p>“I felt extremely relaxed after this exercise and I also felt a little bit like I had been re-set and was ready for the day” (Pickard et al., 2024, p. 26)</p> <p>“I really experienced it as very positive for my inner state of being.” (Hunt et al., 2022, p. 9)</p>	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
	Internalising A Compassionate Response To Self	Through practice therapists found that they were able to take ownership of compassion and internalise a compassionate response to their struggles.	<p>“Participants noted the practice had become an ‘embedded’ part of their daily thinking and responding. For three participants the supervisor’s voice began to be melded and ‘integrated’ with the participant’s own inner dialogue (like a ‘script in my head’, P2).” (Bell et al., 2017, p. 12)</p> <p>“It belongs to me as a process now, like a way of . . . dealing with situations that I could just give myself some time out and spend some time doing that . . . it’s taken on its own life separate from the practice.” (Boellinghaus et al., 2013, p. 274)</p>	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓

Analytical Theme	Descriptive Theme	Description	Illustrative Quotes	Papers Present											
				1	2	3	4	5	6	7	8	9	10	11	12
Flourishing In a Compassionate Relationship With The Self (cont.)	Connecting With Compassionate Values	Therapists found that compassionate self-practice allowed them to connect with their personal values.	<p>“Participants reported that the exercise allowed them to become more genuine and ‘true’ to themselves and their values (P5. ‘Like a little liberation’). They identified self ‘trust’ and ‘respect’ and an ability to be more ‘intuitive’.” (Bell et al., 2017, p. 13)</p> <p>“May can manage the earlier self-criticism by considering her motives, May's motives are linked to her values, which in turn are influenced by CFT. May's values involve being honest and working towards an open and honest therapeutic relationship, which in turn would enhance the client's insight and development.” (Wood, 2021, p. 216)</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
An Investment You Make in Yourself	Self-Compassion Can Be Difficult To Practice	Therapists came up against challenges with practicing compassion, finding it effortful and time consuming.	<p>“I could feel my mind jumping to other topics, and I grounded myself on three separate occasions, each going from the self-critic to the compassionate self. it was difficult to keep dragging it back just to the breath and accepting that it hurt and that I was upset.” (Wood, 2021, p. 201)</p> <p>“The busyness of the course ... how much there is in terms of demands ... you just think: ‘What’s the point? I don’t have time to do this for myself.’ There’s so much other stuff to do, it doesn’t become a priority.” (Janes et al., 2024, p. 5)</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Developing Self-Compassion Through Regular Practice	With time and practice, therapists developed their ability to be self-compassionate to the point it became an unconscious process.	<p>“In the first couple of weeks in my everyday life I would consciously try to become more mindful each day, however, in the past couple of weeks I have noticed that I have started doing it subconsciously.” (Pickard et al., 2024, p. 26)</p> <p>“At the start of the week I struggled, potentially, the daily persistence with the exercises helped, because during the second half of this week, I felt able to use the exercises again in a helpful way.” (Buttanshaw, 2020, p. 42)</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Analytical Theme	Descriptive Theme	Description	Illustrative Quotes	Papers Present											
				1	2	3	4	5	6	7	8	9	10	11	12
An Investment You Make in Yourself (cont.)	Therapists Benefit From Support To Practice Self-Compassion	Due to challenges, therapists found it helpful to have support and prompts to practice and reflect on personal practice.	<p>“I would have benefited from more sessions as it’s hard to keep the work going independently” (Buttanshaw, 2020, p. 41)</p> <p>“And I think having the time to reflect after the session is quite important so that you can really consolidate your learning in a reflective space before you get on with the rest of your life.” (Gale et al., 2017, p. 176)</p> <p>“Without the prompt of the project I wouldn’t have slowed down and done such I find the process of written reflection really helpful, but I have so little time for it. Reflection.” (Wood, 2021, p. 224)</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Compassion Is An Important Commitment To Make To Oneself	Practicing self-compassion was seen as an ongoing commitment to themselves that was challenging but worthwhile.	<p>“And also realising as well that it is for life, and that’s a hard moment too ‘cause it really is a kind of...if you stop going down the gym, your muscles will start getting wobblier and that, that is really hard, thinking have I got to do this forever? Yeah, that it’s a commitment and it’s realising how important it is for you to do this.” (Gale et al., 2017, p. 178)</p> <p>“I cried, grateful for allowing myself to be there, for allowing myself to accept the commitment of mindfulness, for having fulfilled it. I felt very proud of myself. I really think I have had a growth.” (Pintado, 2019, p. 232)</p>	✓		✓		✓	✓	✓	✓		✓	✓	✓
	Compassion Overcomes Challenges	Therapists found that the difficulties they faced could be overcome with self-compassion.	<p>“It just helped me realize and becom[e] aware and reflect on what’s, what this type of work is taking from me and how exhausting it is and, . . . in order for me to be kind to others, I also need to learn to be kind to myself.” (Boellinghaus et al., 2013, p. 272)</p> <p>“And thought well I can just sort of look at it the next day and see if I need to change it or whatever but I think rather than sitting there frozen thinking I just can’t do this, this is really difficult to its ok, just sort of try it and it doesn’t matter because you can have another look at it.” (Bell et al., 2017, p. 10)</p>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Analytical Theme	Descriptive Theme	Description	Illustrative Quotes	Papers Present												
				1	2	3	4	5	6	7	8	9	10	11	12	
An Investment You Make in Yourself (cont.)	Unfamiliar And Surprisingly Powerful	Initially, therapists found the exercises to be strange and unfamiliar, however when they engaged with them, they found them to be surprisingly powerful.	<p>“I remember having a really strong emotional reaction to...I think we did a kind of self-critic exercise...the power of the emotion that comes with it is really quite surprising.” (Gale et al., 2017, p. 176)</p> <p>“It was really powerful to be writing down kind things to myself about an issue that I have been bullying myself over.</p> <p>“Even though as reflective psychologists I think we are generally quite good at knowing we should be compassionate towards ourself, actually practicing this internally doesn't come naturally, at least not for me.” (Buttanshaw, 2020, p. 40)</p>	✓		✓				✓	✓			✓	✓	✓

Discussion

This review aimed to synthesise the qualitative literature on therapists' experiences of personal practice of self-compassion techniques to understand the impact on their personal and professional selves. 12 primary studies with a total of 152 participants were included in the review. These were collated into 5 analytical themes using meta-thematic synthesis.

The first theme, *Professional Development Happens When You Embody Compassion*, describes how therapists improved their therapeutic skills through self-compassion practices. When therapists were able to embody compassion and acceptance for themselves, they found it easier to foster this for others. Meeting clients with compassion and an unconditional positive regard has been shown to be an important part of the therapeutic process. A meta-analysis found that positive regard and empathy had some of the highest impact on therapeutic outcomes compared to other relational factors (Norcross & Lambert, 2018). Bennett-Levy & Finlay-Jones (2018) suggested that personal practice of therapeutic techniques increases self-awareness, interpersonal effectiveness and reflective skills which therapists could bring to the process elements of therapy. This model is certainly supported by the findings of this review. In fact, self-compassion techniques seemed to directly and intentionally cultivate these qualities which they could then model to patients and use to enhance the quality of the therapeutic relationship.

Compassion became influential across therapist's personal and professional lives as *A Way of Seeing, A Way of Being*. Therapists came to approach all areas of their

life with a broader, more compassionate mindset which they described as a 'philosophy' and a 'way of life'. This is unsurprising given that the Western psychological concept of self-compassion was born out of Buddhist philosophy (Neff, 2003) and many self-compassion techniques are rooted in Buddhist spiritual practices (Mascaro et al., 2017). This suggests that for therapists, self-compassion goes beyond a way of simply relating to oneself and steps towards a biopsychosocial-spiritual approach (Sulmasy, 2002) to life and psychotherapy.

This compassionate mindset was one that was felt to be spacious and large enough to hold many experiences and emotions in conscious awareness without becoming overwhelmed. This was relevant to therapists' personal lives but also supported their therapeutic practice by allowing them to become more aware of, accepting and containing of the emotions of the people they work with. It is important that therapists can do this, as it is through this containing relationship that clients are able to explore and regulate their emotional experiences (Greenberg, 2014). Emotions have been demonstrated to be co-regulated between therapist and patient with emotional arousal and regulation being synchronised throughout sessions (Soma et al., 2020). Through these repeated interactions, patients are able to increase their own emotional capacity, impacting therapeutic outcomes (Koole & Tschacher, 2016). Therapists practicing techniques that expand their own ability to connect with and contain emotions may therefore have positive impacts on therapeutic outcomes.

Additionally, therapists were able to become more aware of their own emotional responses in therapy through self-compassion. When these experiences remain

outside of awareness, they can negatively impact the therapeutic relationship where the therapist can become wither over or under responsive (Gait & Halewood, 2019). Therapists in this study described how compassion helped them to take a step back and become more mindful of their own internal experiences without being “swept up” by them and focus their attention on the client. Through this process therapists felt they were able to be more reflective and present with patients. This again demonstrates the benefits of self-compassion on the therapeutic relationship.

On a personal level, therapists described *Flourishing in a Compassionate Relationship with the Self*. This reflects the previous literature that self-compassion can be beneficial for therapist wellbeing (Crego et al., 2022). This wellbeing arose through a process of internalising the qualities and philosophies of compassion which helped them to let go of self-criticism and judgement and find a calm and relaxed state. This related to their own personal struggles as well as their attitudes to themselves as therapists, again bridging the personal and therapist selves with an over-arching compassionate philosophy.

As described above, self-practice had a number of personal and professional benefits, however they were hard earned. Therapists described the time and effort that went into self-practice which was challenging to sustain. It was therefore self-compassionate to make the commitment to this ongoing process of personal and professional growth. This suggests compassion is something which reinforces itself and overcomes its own challenges.

Clinical & Research Implications

This review supports the notion that self-practice self-reflection constitutes an important part of therapist training and ongoing development, benefitting the therapeutic relationship, therapist skills and reflexivity, emotional tolerance and therapist wellbeing. Self-compassion may be particularly relevant to practice as it seemed to directly target these processes, suggesting that self-compassion could be beneficial to incorporate into the standard training of therapists. Given the challenges associated with practicing compassion, therapists should be supported to practice these techniques both in terms of reflective space and the time to practice them. As therapists spoke of adopting compassion as a philosophy, it may be of benefit for therapists to be supported to explore a more spiritual aspect of their lives and psychotherapy in order to practice and share this in a meaningful way.

These studies were conducted primarily in Western, Educated, Industrialised, Rich and Developed (WEIRD) countries and cultures (Henrich et al., 2010). It would be relevant for future research to consider how these practices impact therapists from other cultures and backgrounds, especially given the Eastern roots of these philosophies and practices.

Strengths and Limitations

This review was approached systematically, and search terms were informed by relevant papers and PICO framework. This resulted in a comprehensive search strategy as no other papers were found on google scholar or in reference lists. A librarian also supported with the development of search strategies to ensure that searches were

appropriate and effective across a range of databases. A second reviewer screened all papers at the title and abstract stage which enhanced reliability at a stage with a high number of papers where mistakes and oversights were possible. Discussion of conflicts also led to clarification of the inclusion and exclusion criteria.

The use of researcher reflexivity was important for the credibility and dependability of the findings as well as the use of direct participant quotes and transparent approach when reporting methodology. The use of the CASP (2024) checklist was also valuable in assessing the credibility of findings. No papers included in this review were of low quality and all analytical themes were endorsed by every paper which offers good credibility in the findings.

Primary studies were not particularly geographically diverse with the vast number of studies, as well as this review itself, taking place in the UK. This limits the transferability of these findings to other cultures. This is particularly relevant given the philosophical nature of these approaches and the impact that culture and spirituality may therefore have on therapist experiences. This study did not include studies in other languages and lacked the resources to be able to do this. This again will have limited the findings and contributed to the culturally homogeneous sample of studies.

Primary studies explored an array of techniques and in different contexts. Some therapists practiced daily for many years, while others took part in a short module. This review is therefore limited in the conclusions it can draw in terms of how self-compassion might be best practiced to attain these benefits.

While a second reviewer screened papers, the analysis and quality appraisal were completed independently. This may have reduced dependability of these findings.

Conclusions

Therapists benefit personally and professionally from practicing self-compassion techniques in deeply interconnected way. For many, self-compassion became a philosophy on life which altered their approach to themselves and their clients. This is a challenging, ongoing process which therapists must commit to practicing regularly to feel the benefits. However, this compassionate investment in themselves and their work resulted in them becoming more present and empathetic therapists who had a greater capacity for suffering and formed better therapeutic relationships with their clients. Personally, they felt calmer, more connected and felt better able to cope with emotional challenges. Therapists may benefit from support to personally practice self-compassion as a part of their training and continuing professional development to help them become better therapists and manage the emotional demands of their roles.

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Empirical Paper

**A Joyful Journey: Therapists' Experiences of Delivering Compassion
Focused Therapy for Persistent Pain**

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Doctorate in Clinical Psychology

Word count: 9940

(Excluding abstract, references, appendices, and reflection on ethical issues, as permitted)

Abstract

Background

Compassion Focused Therapy (CFT) supports people with persistent pain to develop a 'soothing system' to find new, kinder ways of responding to themselves and their experiences of pain. Therapists play a key role in the development of this system by embodying and modelling the attributes of compassion to their clients in their interactions. The personal and interpersonal nature of this therapy means that therapists will have unique experiences of delivering it, which have not yet been explored in the literature.

Objectives

This study aimed to explore the experiences of therapists delivering CFT for persistent pain to offer considerations for therapists and services working in this field.

Methods

Semi-structured interviews were used to gather data on the experiences of 8 clinical psychologists who have experience using CFT in persistent pain. Data were analysed using Interpretive Phenomenological Analysis.

Results

6 interconnected themes were developed: 'Two Humans on Parallel Paths', 'It just fits', 'Helping People Grow Through Pain', 'A Feeling Carried Through Connections', 'Navigating the Challenging Landscape of Pain' and 'Joy, magic, rewarding, privileged, exciting.'

Conclusions

Therapists found CFT to be an applicable and valuable model for formulating and supporting people with persistent pain. For therapists, this was both a challenging and rewarding experience. They also benefitted from their own journey with compassion and sharing in the compassion they offered to others. These findings suggest CFT might be mutually beneficial for patients and therapists. Further research might aim to develop consistent guidelines for delivering CFT in this population.

(246 words)

Introduction

Compassion Focused Therapy for Persistent Pain

Compassion Focused Therapy (CFT) is a psychotherapeutic approach drawing on neurobiology, social, evolutionary and developmental psychological theories (Gilbert, 2009). This biopsychosocial model complements the biopsychosocial nature of the experience of pain (Melzack, 1999). A central focus of CFT is developing a “soothe system” which helps people to tolerate and reduce distress by cultivating a sense of interpersonal safety, care and calm for oneself. This is relevant to pain as distress is positively associated with pain intensity (Lumley et al., 2011). Furthermore, 38% of people with persistent pain report internalised stigma, negative self-perception, low self-esteem and low pain self-efficacy (Waugh et al., 2014). Developing a soothe system may combat these common difficulties by supporting people to replace self-criticism with self-kindness and develop safe relationships (Gilbert, 2009).

The “threat” and “drive” systems outlined in CFT are also implicated in the experience of pain. The “threat system” refers to our ability to detect and respond to perceived danger (Gilbert, 2009). “Drive” refers to our motivational system which encourages us to seek rewards and work towards goals. These systems can conceptualise the common “boom-bust” pattern where over-exertion (drive) is followed by flare-ups in pain (threat). This leads to reduced activity which is met with self-criticism (threat) leading to further over-exertion and further pain (Malpus et al., 2023). The soothe system may offer an exit to this vicious cycle, helping people to develop kinder responses to pain and adjust to a new level of functioning.

This is supported by qualitative studies into CFT groups for persistent pain which found that CFT techniques helped patients to be more accepting of themselves and their pain which helped them to respond to their experiences in new, kinder ways. The compassionate skills they learned in the group facilitated this change, supporting people to be less self-critical, increase their tolerance of pain and distress, and develop meaningful connections with others (Gooding et al., 2020; Malpus et al., 2023; Penlington, 2019). These findings are supported by quantitative findings that CFT group participants experience improvements in anxiety and depression symptoms, pain-related disability and pain self-efficacy (Malpus et al., 2023; Parry & Malpus, 2017; Penlington, 2019). A systematic review into CFT for pain found positive impacts on pain intensity and wellbeing. However, it was unable to draw strong conclusions due to the high heterogeneity of studies (Lanzaro et al., 2021). These findings, though in their infancy, offer promising results for CFT approaches to persistent pain.

Therapist Factors

As the soothe system is concerned with feelings of care and social safety, it is imperative that therapists convey this in their interactions. They can also model calmness and compassion in response to what is explored in therapy (Gilbert, 2009). To this end, therapists are encouraged to engage in personal practice of CFT. A systematic review into therapists' experiences of personal practice of self-compassion found these attributes develop internally and nurturing compassion for themselves helped them nurture it for others (Birtles & Penlington, 2025). Therapists also became more aware and tolerant of their emotions, which extended to the emotional experiences of

others. This resulted in more present, attuned and empathetic therapists. Importantly, they described that through personal practice, self-compassion became a philosophy or approach to life, demonstrating the deeply personal and almost spiritual experience of this practice. These findings speak to the importance of the therapist's personal and interpersonal experiences when delivering CFT and the impact this may have on the therapeutic relationship and therefore patient experiences.

There is limited published literature on therapists' experiences of delivering CFT. A Delphi study into therapist competencies in CFT highlighted the importance of creating interpersonal safety, noticing the clients' experiences and introducing techniques (Liddell, 2015). Another theme was understanding how the model relates to the therapist, highlighting the relevance of the therapist's own processes in therapy. Steindl et al. (2022) explored how therapists respond to fears, blocks and resistances during therapy. Therapists highlighted the importance of formulation, psychoeducation and a warm, welcoming environment to experience new ideas. This research speaks to the importance of therapist factors in how they navigate the relationships and process of therapy. However, they did not explore what this experience is like for the therapist themselves.

With regards to pain management, therapists face unique challenges when working in pain services. Despite the longstanding understanding of the psychological factors influencing pain, the general population may not have access to this understanding which can impact their management of and recovery from pain (Caneiro et al., 2021). Physical therapists find that the differences in beliefs between themselves

and their patients can cause tension in the relationship and challenges when working together (Jeffery & Foster, 2012). Psychological therapists may therefore be in a position where they are encouraging patients to adopt a new psychological understanding of pain which could cause tension in their work and relationship with patients. The therapeutic working alliance has been identified as one of the top three most influential process factors in psychological treatments for persistent pain (Day et al., 2025). Therefore, understanding the therapists' experiences of working in this field will offer valuable considerations for how to navigate these challenges.

Taken together, these findings indicate the importance of therapist factors in delivering CFT and psychological interventions for persistent pain. The present study hopes to add to the growing evidence base for CFT for persistent pain by understanding the therapists experiences of delivering this model with this client group and navigating the challenges posed when working with this patient group.

Aims

This study aims to explore therapists' personal experiences of delivering CFT in persistent pain. In doing so, it hopes to offer considerations to therapists and pain services offering and delivering this model of therapy. This may in turn influence patient experiences and outcomes.

Methods

Epistemological position and approach

This study will take a critical realist position within a realist ontology. Critical realism posits that an objective exists, but that our understanding of this reality is shaped by

our personal experiences (Bhaskar, 2020). This stance is compatible with Interpretative Phenomenological Analysis (IPA; Smith et al., 2021), the chosen methodology for this research. IPA is underpinned by phenomenology, hermeneutics and ideography. Phenomenology is concerned with how humans consciously experience the world. Hermeneutics refers to how meaning is interpreted by both the individual and researcher. Ideography is the focus on the unique experiences of individuals. This aligns with the critical realist view that how we experience reality will be shaped by our own unique lenses.

The assumption is therefore made that therapists will have unique experiences of delivering CFT for persistent pain and will construct their own meaning through their individual experiences. This aligns with the study aims of understanding the personal experiences of therapists.

Participants

Participants were recruited through a national interest group of psychological therapists who use CFT for persistent pain in the NHS and private practice. This decision was made in order to recruit clinicians with sufficient experience in delivering CFT for persistent pain to answer the research question. Given CFT is not in NICE guidelines for pain (2021) and therefore may not routinely practiced, recruiting from an interest group would provide access to such clinicians. However, the author acknowledges the biases to findings that may have occurred when recruiting individuals with an express interest in this model who then volunteer to conduct an interview about it.

Participants had to be qualified therapists who have experience delivering CFT for persistent pain. No limits were imposed on how long therapists had been practicing or if they had formal qualifications in CFT to reflect a range of expertise.

IPA aims to understand the individual experiences of a small, relatively homogenous group where each narrative is explored in depth (Smith et al., 2021). This means “data saturation” is less applicable for this approach so the researcher considered information power, as outlined by Malterud et al (2016). The sample specificity and richness of the interviews and analysis increase the information power. However, the aims are broad and do not apply a specific theory to clinician's experiences, which decreases information power. Smith et al. (2021) recommend sample sizes between 6 and 10 for professional doctorates. Given these factors, it was felt appropriate to stop recruiting after 8 participants had taken part.

The sample was relatively homogeneous with the sample consisting entirely of white, female clinical psychologists. Therapists ranged in age from 34-56 and had 7 months-13 years' experience using CFT for persistent pain.

Procedure

Data were collected via semi-structured interviews. This is recommended for IPA studies as they allow the interviewer to investigate the research question while providing the flexibility to follow participants to topics they deem important (Smith et al., 2021). To this end, the topic guide was left intentionally broad and contained only three questions:

- How did you come to start using Compassion Focused Therapy for persistent pain?
- How do you experience the sessions? (Prompt patient experiences and challenges)
- Since using this model for persistent pain, how do you respond to your own experiences of pain? (Prompt any other personal experiences)

The first question alluded to the aims of the research in understanding what drew them to using CFT and how they made sense of using it in this context. The second question was central to the aims of this study of understanding the therapists' experiences of delivering CFT. Prompts for patient experiences and challenges were added following the first two interviews. The former was added as therapists were keen to talk about this and seemed to make sense of their own experiences through how CFT was received by the patients. The latter was added as therapists were very complementary of the model and the researcher wanted to bring balance to the findings. The final question was included due to the findings that personal practice can impact therapists' experiences of therapy (Birtles & Penlington, 2025). It was intentionally left until later in the interview so sufficient rapport had been built for more personal questions to be asked.

The researcher attempted to develop a deeper understanding through follow-up questions to information shared by the participant, such as "can you tell me more about that?", "what was that like?" and "how did that make you feel?" The researcher noticed that therapists were often hesitant to talk about their own experiences and

feelings, often relating back to the client experience. As the researchers skills developed, more emphasis was placed on understanding the more personal experiences of therapists.

The mean interview length was 46 minutes. Interviews were concluded when participants felt they had had the opportunity to discuss everything that felt relevant to their experiences.

Data Analysis and Reflexivity

A central feature of IPA is double hermeneutics, whereby the researcher makes sense of the participants sense making (Smith et al., 2021). Consequently, a process of reflection and reflexivity is required to prevent pre-existing biases and expectations from unduly influencing interpretations. The researcher is a trainee clinical psychologist who uses CFT in their clinical work and the supervisor has a background in research and clinical practice of CFT for pain. Both researchers have positive experiences using this model. To mitigate the influence of these biases, the researcher kept a reflective journal and took particularly salient reflections to supervision.

Analysis followed steps outlined in Smith et al. (2021). The researcher first verified the automatic transcription for accuracy then read and re-read the transcripts. This allowed for familiarisation of the data as written, but also the tone with which it was expressed. The researcher reflected on personal responses to the interview and any 'stand out' observations of the transcript. This helped slow down the sense making process and bring awareness to the possible impact of these initial thoughts on subsequent interpretations.

After familiarisation was achieved, the researcher engaged line by line with the data and made exploratory notes, moving between seeing words and phrases in isolation and understanding them in the context of the whole text. Some exploratory notes were descriptive in nature, summarising and extracting key phrases at face value. Other notes focused on linguistic elements of *how* something was said. Some comments attempted to interpret and understand meanings on a more abstract level. Again, the journal was used to reflect and make notes of any connections between passages as they arose.

Following this, Experiential Statements were constructed from the notes. Connections between these statements were explored and then compiled into Personal Experiential Themes (PETS) and sub-themes (Appendix B). This process was repeated for each participant. PETS were reflected upon and refined through supervision. The supervisor read the transcripts to ensure the findings were grounded in the data. The supervisor did not attempt to analyse the data, preventing their interpretations from interfering with the double hermeneutic process.

Once PETS had been established, the narratives were aggregated to form Group Experiential Themes (GETS). These were developed from the PETS as well as the notes and transcripts underpinning them. This ensured GETS remained grounded in the data and researcher's analysis. Some GETS were created by combining PETS endorsed by multiple individuals. Others were created by bringing together understandings which were less evident in individual cases but became salient across the group.

Ethics

This study gained ethical approval from Newcastle University Ethics Committee and was deemed low risk (Appendix C). Participants were provided with study information and informed of their right to withdraw until data analysis commenced (Appendix D). Consent was obtained via an online questionnaire (Appendix E) and verbal consent was taken before recording. Interviews took place online, improving access to the study. Recordings and transcripts were stored on Newcastle University's One Drive to comply with GDPR and prevent accidental loss of data. Each participant was given a pseudonym to protect their anonymity, and identifiable information was redacted from the transcript. Participants were compensated for their time with a £10 Amazon Voucher. The researcher also hoped participants would benefit from an opportunity to reflect on their work.

Results

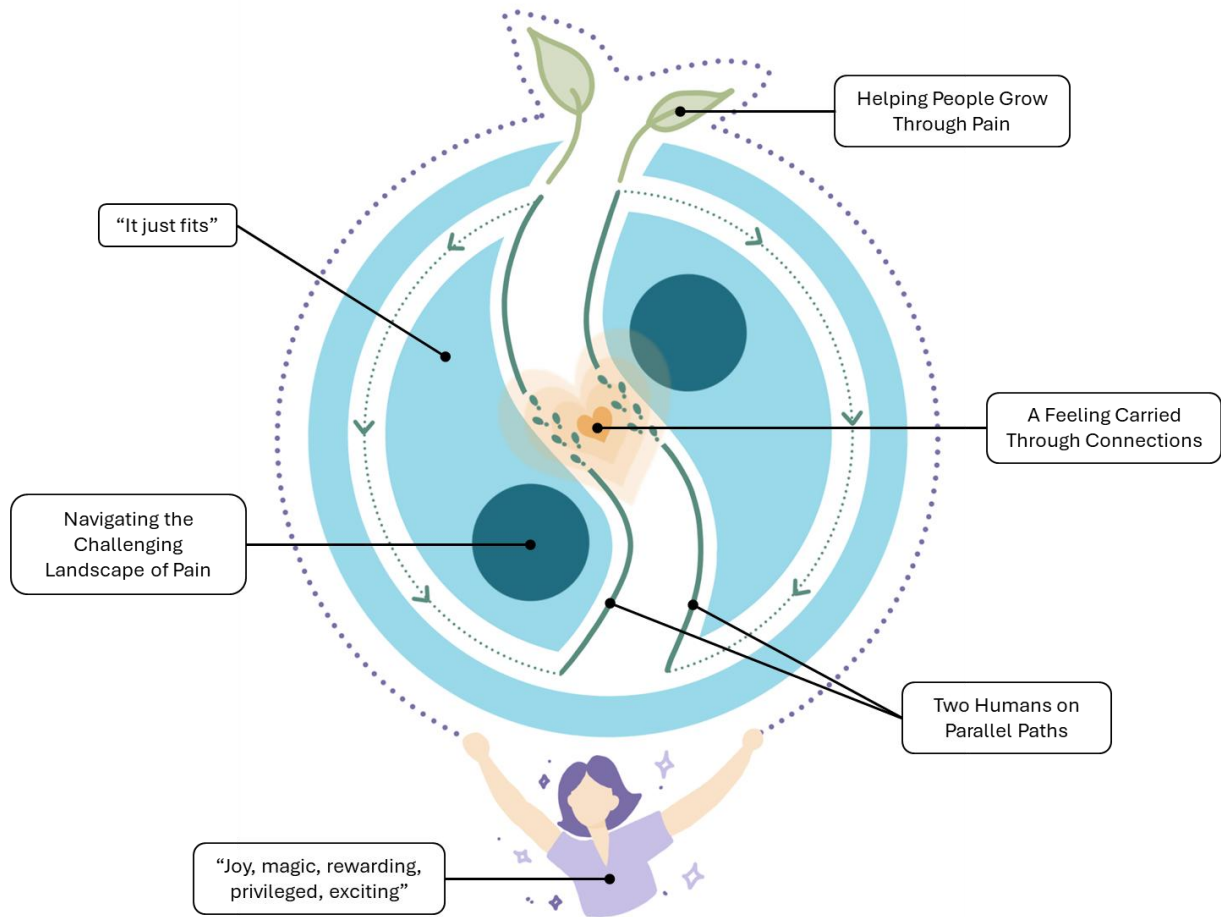
Six GETS containing 17 sub-themes were compiled from analysis (Table 1) and represented diagrammatically in Figure 1.

Table 1*Summary of Themes and Subthemes*

Theme	Subtheme
Two Humans on Parallel Paths	<ul style="list-style-type: none"> • Inviting People on a Journey Together • Taking it One Step at a Time • A Life-long Process of Self-Awareness, Reflection and Discovery
“It just fits”	<ul style="list-style-type: none"> • Intuitive Resonance Supports New and Difficult Ideas about Pain • Helping ‘Strivers’ to Slow Down • Healing the Wounds of Self-Criticism and Blame • Disconnected & Misunderstood to Connected & Validated • Restoring Hope and Agency
Helping People Grow Through Pain	<ul style="list-style-type: none"> • Helping People Make Beautiful, Valued Choices • Easing Pain Through a Compassionate Approach
A Feeling Carried Through Connections	<ul style="list-style-type: none"> • Cultivating and Embodied Sense of Compassion • Starting a Ripple of Compassion
Navigating the Challenging Landscape of Pain	<ul style="list-style-type: none"> • Bound by Limits, Fuelled by Compassion • The Pain of Sitting with Pain
“Joy, Magic, Rewarding, Privileged, Exciting”	<ul style="list-style-type: none"> • A Snowball of success and inspiration • Personal and Professional Harmony • You Get What You Give

Figure 1

Diagrammatic Representation of Group Experiential Themes



Two Humans on Parallel Paths

Throughout the accounts, therapists shared how the process of therapy was the start of a new journey for their patients. At the same time, therapists were going on their own journey to self-compassion in a way that mirrored the experience of the people they worked with. This was evident across the themes but explored explicitly here.

Inviting People on a Journey Together

Many therapists described the process of therapy and beyond as a journey with CFT offering the necessary skill development to do this. Ruth describes this process in therapy:

“When I explained more and more and more and and gave her the exercises I said, ‘well, if you don't like them, it's fine. Maybe try it this week, it's only week. So tell me what you think.’ And then she's like, ‘I did like them’ (...) that's very exciting when it happens. And I had kind of more sessions with her, so you can see more of a change (...) we discussed a couple of times you know ‘you didn't really like what I said, but you took it on board and actually you ran with it later’ and she was like ‘actually, yeah I did.’ So and yeah, that was nice.”

Ruth shares the joy she gets when people are able to move from a place of scepticism to acceptance. She describes being alongside her patient for this change, allowing the person to be where they are and letting these ideas develop over the course of therapy. Ruth presents self-compassion as an offer or idea for her patients to experiment with. She does not force people along a path but rather guides people down it. Frankie describes how this journey continues after therapy:

“it feels good to be helping people and it almost feels a bit like a like a lifelong skill, whereas I think some of the other models are a bit more, ‘you do this’ and ‘do that,’ and it's a bit more kind of structured and directive and and limited in some ways, whereas this [CFT] is about human beings, it's about challenges you get to face and there's going to be other challenges and it feels like you're, yeah,

kind of setting them up to carry on the journey, really. Whatever else might crop up.”

Like Ruth, Frankie describes the positive emotions associated with supporting people to develop new skills and ideas to prepare for a life-long journey. She describes other models as ‘structured’ and ‘limited’ perhaps implying that CFT can be ‘free’ and ‘unlimited’. This connects with her understanding that CFT can help people cope with any of life’s inevitable challenges. These ideas perhaps align with Frankie’s personal values of being non-directive and non-pathologising, which may contribute to the positive view she holds of CFT compared to other models.

Therapists who were ‘further along’ their own journey with self-compassion, felt more confident in supporting people on their journey and the opposite was true. For example, Tabitha shared her challenges with personally using the model impacting her professional confidence:

“I was very much somebody who probably thought self-compassion was a bit naff really and a bit self-indulgent. I think when (...) exploring people's resistance to that, that, that was me and it is me to extent. I have to watch myself a little bit.” [later] “it's just something I feel like, I feel on a personally professional level, it's - somewhat uncomfortable about. Not knowing as much as I would like to, but needing to practice”

Tabitha expressed some self-consciousness as she talked about her resistances to compassion and her motivation to continue practicing. She describes while there has been some shift, she still holds some of these resistances now, suggesting that she

is still on this journey. She notices how when she explores other people's resistances to compassion, she has to be aware of her own.

Taking it One Step at a Time

Therapists described this journey as challenging at times so needed to be taken slowly.

As Ruth says: *"you can see it's just so tough, so it's very important to have very, very small steps."* Chelsea explains:

*"It may take a while to, I don't know, to to consider it as a as a possibility (...)
When they've spent their whole life thinking being harsh with themselves is the way to get results (...) to have the opposite, you know, that encouragement can do the same thing in the same way, but perhaps be less painful, it's quite a change, isn't it? So I don't expect it's going to have instant acceptance"*

Chelsea recognises that this way of thinking can be vastly different from how people have lived their lives to date. Her compassionate understanding of this helps Chelsea to be patient and allow the process to take time. Chelsea reframes these challenges with using CFT as the patient experiencing 'quite a change'. Rather than viewing these challenges as difficulties with the model, she sees them as part of the journey to compassion.

An important step was the one from understanding to action. Milly explains:

"I think it's rewarding when people say, 'ah, that explains it now' (...) I think when you ask someone to change something when they don't understand why they need to change it, you often get people digging their heels and then and not wanting to change. So I see my role very much as sharing that information (...)

you're kind of that stepping stone, aren't you? You're giving the information to help them onto the next step of their journey.”

Milly understands how change can be difficult for people, particularly when they don't have all the information, so she finds it rewarding to share her knowledge with patients. Milly is particularly interested in neurobiology and enjoys to share her knowledge, which perhaps contributes to the joy she feels when using this model compared to others. The image of a stepping stone suggests that Milly sees herself as part of people's journey, helping them to navigate difficult obstacles.

Therapists talked about their ongoing journeys with compassion and their own struggles moving from understanding to action. Frankie shared her experience when delivering a CFT group for pain:

“I was standing up the whole time and thinking I should be taking a rest and not pushing through because this is what I'm telling other people that that is not helpful to do (...) It makes me more more aware of how how I could manage it, but it's not always as easy as that is it to to kind of put put things into practice (...) I do practice some of the compassion practices and for myself, which is really helpful. Yeah. So yeah, I mean it is, yeah, it does help.”

Frankie describes how the model has helped her understand her experiences. However, like with patients, this new compassionate approach is not always easily adopted. Frankie occasionally uses the practices and finds them helpful but struggles to use them consistently. This perhaps speaks to the universal challenges humans face when navigating life's challenges. In this way, Frankie is like her patients, taking her

journey one step at a time. However, this also speaks to the limits of CFT and the challenging nature of applying these principles in day-to-day life. Frankie is a proponent of CFT and struggling to apply these techniques. Patients will therefore also struggle to bring these ideas into their lives at times. This emphasises the difficulty of this life-long journey patients and therapists face.

A Life-long Process of Self-Awareness, Reflection and Discovery

Therapists described the journey with self-compassion as more of an ongoing process than a finite path. This process entailed self-awareness, the ability to reflect on internal experiences, and learning new things about yourself and others. Therapists and patients developed the skills to walk this repeated journey and could consciously return to it as needed. Ruth describes what this process is like for her:

“If I feel frustration myself (...) then I'm thinking, ‘why? Why? Why is it happening? Well, what's happening here?’ Because my intention is to feel compassionate (...) you know so much about the patient that you think, ‘oh, this is why they responded so and so’ (...) So then it's, yeah, being a bit of a detective, ‘why do I feel that - all this stress and how can I create this compassion again?’ Because once I think we understand better (...) then you can create that compassion again”

Ruth describes compassion as something that can be created through understanding. She consciously stops to reflect on her emotions and where they might come from, like a detective searching for clues. For Ruth, compassion for her patients arises through understanding their story, so she deduces this is what's needed to

create compassion for herself and others. Through creating compassion, Ruth is able to regulate the difficult emotions she experiences. This is a repetitive process for Ruth where she creates and re-creates it when needed. Grace describes how she supports her patients to do this:

“I tend to do (...) quite a lot of just thinking with people about why we have emotions, why they can be tricky, trying to help people, I guess, be able to step back a little bit and look in on themselves. I find that that's incredibly helpful (...) you're modelling what is hopefully a kind of open, curious, regulating curiosity about their emotional experience and if you can do some of that, then they can potentially do some of that.”

Grace engages in this curious, reflective process alongside her patient, highlighting the shared journey that they take together. Like Ruth, she describes how this reflective stance helps to regulate difficult emotions when they arise. Grace hopes that they will learn this skill so they can continue to do it themselves. She is tentative about these experiences (‘trying to help’, ‘potentially’) demonstrating how challenging this can be and the need for ongoing practice.

“It just fits”

The experience of formulating problems and overcoming common difficulties was often a positive one with this approach, contrasting for some with their previous experiences of using different approaches.

Intuitive Resonance Supports New and Difficult Ideas about Pain

Therapists described how the content and approach of CFT were intuitively understood and resonated with people's lived experiences of pain. This helped them to adopt the model and consider new ways of responding to struggles. For Katharine, the process of explaining the psychological influence of pain was challenging, but made easier by the simplicity of the three systems model:

"it's so difficult because if people are kind of feeling - it's a very physical thing and you're trying get to to what the psychological implications are. That that can can be quite difficult. But if you're coming in from a compassionate point of view, I think it's it's then very difficult for people not to see some of these things as a threat, you know, just pain itself being a threat to kind of what they do. So straight away the three circles is really quite nice. You know, it just - you can see how it would resonate sort of for people"

Katharine's repetition of "difficult" demonstrates how hard it can be for her to change people's thinking about pain. She describes how people *feel* that pain is physical, so psychological ideas are counterintuitive. However, the link between threat and pain is quickly and easily made by patients which helps Katharine overcome this common challenge in her work.

As well as the psycho-educational element, therapists spoke to the tone of CFT helping them to support people to adopt new ideas. As Tabitha describes, it's a "*much softer, gentler way of encouraging somebody longer term to do things a bit differently*". She goes on to say:

“I think it would be totally justifiable for a person to be like ‘you’re not listening to me, but it’s the pain that is ruining everything and you’re saying it’s all in my head and there’s nothing else, but you’ve got to accept it.’ I feel like technically, all those things I’ve just listed it - it’s sort of true (...) but actually, if you can use a CFT perspective and and think much more about how - why this pain is persisting and ways to kind of dampen down that threat response, it’s - you’re hopefully getting people to to come away with the take home messages of this isn’t my fault, but I there is something I can do about it.”

Tabitha emphasises the importance of not just *what* is said, but *how*. She is deeply compassionate and can understand and validate why people might resist a psychological understanding of pain. By embodying this compassion and the “softer, gentler” attributes, Tabitha helps people come away with a non-blaming understanding and hope for the future. However, her use of the word “hopefully” suggests that these “take home messages” are not certain to be adopted and this remains a challenge in her work.

Many therapists described how the ‘humanity’ of the model facilitated understanding, with Frankie stating: *“it’s just always the model that just makes sense. Like ‘cause, it’s about human beings.”* Grace expanded on this saying:

“Rather than feeling like a psychotherapy kind of tool as such it just feels like a human tool (...) I think it speaks to, yeah, something human that I don’t think you need to be a psychologist to understand or work with and that is quite natural in

us (...) there's something about getting back to (...) this soothing system within us."

For Grace and Frankie, the 'human' and 'natural' approach of CFT means it resonates with people regardless of their background. For Grace, this helps both her and her patients approach their experiences differently by re-connecting them with something that already exists within them rather than creating something new. As a therapist, compassion perhaps feels natural for her and aligns with her values, perhaps drawing her to this model over others.

Therapists also found the model helped them adopt new ideas about pain. Ruth shared:

"I had a injury because of running (...) with running it's sometimes like 'no pain, no gain. Come on, get going.' But then it became more about, 'OK, how can I do the soothing bit more and maybe have a bath or take a day of rest or something?' rather than keep it going. And so yeah, I think it [CFT] has helped me to (...) know when I'm in my drive system and I know when I need my soothing. So it helps sort of - to create that understanding."

Ruth explains how runners can often respond to pain quite a harsh way. By understanding CFT, Ruth was able to adopt a 'softer' response to her pain experiences and re-evaluate the cultural approach to pain she previously held as a runner.

Helping 'Strivers' to Slow Down

Therapists appreciated the concept of 'drive' in understanding the pain experience, which they felt was absent from other models. This was particularly relevant for 'strivers' who tend to over-exert themselves despite pain. CFT offered people the skills to slow down. Grace says:

"I feel like that drive system is so important (...) because of their experience of, of kind of being on the go (...) I think it has a way of kind of helping people think about why that might have been OK for a period of time, but then perhaps when a threat strikes, when pain strikes, or perhaps the kind of unsustainable nature of just being in that drive system so much helps people to, yeah, to to think about that, I think it adds something significant."

The importance and significance of this system draws Grace to use this model over others. Grace's knowledge of drive allows her to understand why people might respond to pain in unhelpful ways. By sharing this knowledge, Grace helps her patients to adopt this understanding of themselves. Therapists also shared their own experiences of striving, for example Milly when she walks her dog:

"When you want things to hurry, you want to get there fast, I can kind of smile at myself and think, 'oh, that's that side of me again' (...) I can find myself walking along with my head up in my head, kind of planning things and worrying about things and just having to stop myself and come back and say, 'wow, look at that sunrise.'"

Since working with CFT, Milly can notice when she is in a rush or thinking about things she has to do. When she notices this, she can come to compassion by smiling at herself, stopping and then slowing down. This helps her to find joy and amazement in her morning walk instead of stress and worry. When using these ideas creates these feelings within her, this motivates her to share these feelings with others.

Healing the wounds of self-criticism and blame

Participants reported high levels of self-criticism and self-blame in people living with persistent pain. Therapists found self-compassion to be a sort of antidote to these common challenges. Ruth spoke about feedback she's received from patients following a CFT group for persistent pain:

"It was lovely to hear that they found it really compassionate (...) I think it's such an emotional sort of - it could potentially be an emotional healing tool as well, I think because you know, with all the criticism, I think you can do quite a bit of inner damage."

Ruth described the felt experience of compassion as emotionally healing. It was rewarding for her to hear that patients experienced her group in this way as this is what she hopes to convey to people. Chelsea found this shift to be incredibly emotional:

"Sometimes I feel tearful or touched or I don't know, privileged to, to sit with them while they realise that actually (...) we're human. We often do things that are not helpful or useful or wise. That's just how we are. And I just think it's (...) revelatory for some people 'cause they're so hard on themselves (...) it's a bit of a breakthrough sometimes."

Chelsea found that recognising humans as fallible was a profound and powerful realisation for patients. Seeing them understand themselves in this compassionate way and reduce their self-critical thinking was emotional for her and her patients and she felt privileged to bear witness to this.

Disconnected & Misunderstood to Connected & Validated

Another common experience therapists saw in their work was patients feeling disconnected and misunderstood, both in their personal relationships and wider society. Therapists emphasised the importance of using CFT to build safe connections inside and outside of therapy. Katharine says:

“Patients within their lives, they don't often feel understood sort of within their family or there's so much in the press about you know, “these people claiming benefits” and whatever. You know, I hate all of that. So again, at least you - you feel you can redress the balance (...) that they come into the pain team where they know they're going to feel understood. And and I think that that again makes it feel (...) you're sort of doing something to to help with that no matter how small it might be.”

Katharine feels a lot of sadness and anger at how people experiencing pain can be treated and misunderstood by others. She therefore finds it rewarding to be able to provide a space where people can feel understood and connected. However, Katharine also acknowledges that this connection might only be a “small” thing. This perhaps speaks to the challenges of working within these wider systemic issues and that CFT is limited to what can be achieved. However, the focus of CFT on connection and

understanding helps Katharine to bring more “balance” to these challenges. Milly also highlighted the importance of connection when working with pain:

“When you listen to your patients, you make them feel heard, you're stimulating their endogenous opioid system, but you're stimulating our own as well, aren't we? We have a better day when we make those connections, and we feel like we're making a difference.”

Milly also finds it rewarding to make a difference through building connections and helping people feel understood. She describes the reciprocal nature of compassionate connection and spoke with joy and enthusiasm as she shares her personal experience of this relationship. There is a sense that this breaks down the power dynamic and they relate together as two humans rather than expert and patient. When it can be difficult working in pain, Milly is drawn to a model where both therapist and patient can feel positive and connected.

Restoring Hope and Agency

Therapists described patients often came to psychology feeling hopeless and powerless because of their pain and their experiences of services. CFT was thought to help overcome these feelings by helping people to recognise that there were choices they could make to reduce their experiences of pain and improve their quality of life.

Danielle explained the tricky context that people came to their service in:

“People were getting told that they needed to come off the pain medication. So people were getting triaged through to us because there's no other choice (...) I don't think it's nice for people to be forced into that position (...) But I think having

that idea of like, 'we appreciate this is not your fault (...) but we can do something,' I thought helped people feel a bit more hopeful. Because I think for persistent pain, what I noticed in people is, hope goes quite quick. Particularly when they've had lots of investigations and they keep getting told, 'there's nothing, there's nothing, there's nothing.'"

Danielle expressed a lot of sadness and compassion for people who had lost their sense of hope and agency, both through having pain they didn't ask for which could not be cured and being 'forced' into a service they did not choose. Danielle found the approach of CFT to be helpful as it was non-blaming yet held people to account. It allowed her to validate this tricky situation for people and find hope and empowerment in the idea that they can change their experiences of pain.

Helping People Grow Through Pain

In the context of persistent pain without cure, therapists found it important to help patients to live a fulfilling life *with* pain and in some cases reduce experiences of pain through compassion. This was a rewarding and inspiring process for therapists.

Helping people make beautiful, valued choices

Participants described helping people reconnect with their values. Milly recalled one patient in particular:

"When we were doing the multiple selves formulations, she realised that she'd been wasting lots of her life doing a meaningless job (...) she jacked it in and she set up a jewellery making business (...) it just made her so happy to make this beautiful jewellery that other people would enjoy and she knew she's making a

difference to other people (...) I was delighted for her (...) It feels like you're making a difference (...) It kind of felt like we were helping people make beautiful choices about how they wanted to live the rest of their life.”

Milly seems inspired by the choice this patient made and shares in her joy. For Milly, CFT is seen as something life-changing for her patients and will have long-term benefits for them after therapy ends. Her enthusiasm speaks to how revolutionary CFT has been in her own life when she realised the way she was able to help people live beautiful lives. Milly finds it important to not only work with the pain, but the life around it. Danielle recalled a similar experience:

“I can think of a few clients that I worked with, where like work was absolutely the thing that gave them their confidence and self-esteem. So, when that got taken away from them like they just felt absolutely lost. So it was like have to re-find themselves in a different way and they did (...) the drive switched from being focused on like work goals to actually becoming like family goals (...) for me, it it felt like a privilege (...) I do think it just helps you kind of reevaluate what you want and then you can think about what you willing to experience in relation to that.”

Danielle spoke with pride as she shared how CFT gave her the tool she needed to help people to reconnect with themselves and their values. Danielle feels privileged to help her clients to see that life might be different with pain but can still be valued.

Easing pain through a compassionate approach

Therapists found the CFT model helpful for supporting people to approach their pain with warmth and kindness, which helped patients to feel less frightened and more empowered with their pain experiences. Chelsea shares how she has found a compassionate approach to her own experiences of pain:

“I get headaches (...) when I do get them, I'm I kind of just think through “What do I need to try and soothe the system?” Whether it's just quietness, staring at a wall, an early night, so I guess I do, I'll bring it in just in terms of what do I need, what do I want rather than “oh no it's come, again, this headache I hate”, you know, rather than tugging with it (...) I'll just accept it and just figure out what do I need now.”

Chelsea describes how in the past she used to “tug with her pain,” however since using CFT for persistent pain she has adopted an acceptance of pain. This new acceptance has freed her up to think about what she needs to soothe and care for herself while she experiences pain. In this way, engaging with and accepting her pain helps her to manage and ease her pain. Danielle shares her experience with this in therapy:

“People would just avoid because it's understandable. Why do you want to experience that? And when it turns up the volume pain, ‘no thanks, definitely not’ (...) Whereas I think having that different understanding of like how it all links together, (...) recognising that breakdown in relationships, anxiety, depression just turns up the volume of pain. So having an understanding of how we can turn

it down, which is through approaching rather than avoid and can be really helpful.”

Danielle recognises how challenging it can be for people to do things which might increase their experiences of pain. She finds that having a compassionate understanding for why they avoid and the additional understanding of how pain persists helps people to find a compassionate way to approach their pain. This helps people to reduce their experiences of pain over time.

A Feeling Carried Through Connections

Therapists described how they intended to create and convey a felt sense of compassion in their sessions. They hoped that this feeling would follow them outside of therapy and influence their interactions with others.

Cultivating an Embodied Sense of Compassion

Therapists emphasised the importance of a felt sense of compassion that went beyond a cognitive understanding. This was seen as integral to the therapy. Danielle explained:

“CFT is quite a nice approach because (...) CFT focuses so much on kind of the feelings and the experience and that that embodiment of it, whereas potentially other models might be more kind of cognitive. And I think people kind of cognitively knew things, but it didn't change the way that they necessarily felt. So we're working much more at that emotional level (...) I enjoyed it because I felt that it was more impactful”

Danielle found that working with an emotional, felt sense of compassion was powerful for her patients and helped them to bridge the gap between what they knew and how they felt. The impact of working in this way helps Danielle to find greater joy in her work.

Many therapists described this embodied feeling as “warm”, “soft” and “gentle.” Milly talks about her experience of a CFT group for pain:

“You're in that kind of warm welcoming state. I just can find myself smiling at other people in the room. And it was reciprocal. It was - I think everybody was in that kind of warm, yeah, attachment zone”

Milly describes a shared warm feeling between everyone in the room. For Milly, feelings of connection and compassion are interrelated and can spread from one person to the next.

Starting a Ripple of Compassion

Therapists described how developing compassion for themselves helped them to develop it for others. When they were able to convey this compassion in the room, it was felt by their patients. Patients were then able to internalise this for themselves and share it with others in their life. Grace talked about how bringing herself back to a compassionate stance was helpful for her patients:

“I guess just being able to - sometimes - let it go and do less. And the reminder to do that for my patients (...) when my mind kind of wants to go “No, just work harder and harder and harder [Grace],” it's that reminder that what's going to

show up for me in the room (...) it's better for my patients as well, if I can come more into that soothe state where I can co-regulate”

Grace shared how her mental state influences the people she works with. By cultivating a soothe state for herself, Grace can convey this feeling to the patient. Ruth described how the feelings conveyed in therapy can have further impact:

“it’s kind of that kind of practicing what you preach, that you’re kind of kind to them, and then hopefully they will be kind to you as well (...) then so hopefully it’s a domino effect. If they feel that in the therapy then hopefully they can do that out to – out of therapy as well”

Ruth hopes that the compassion she shows for others starts a ‘domino effect’ so tries to convey compassion within her sessions. Chelsea also observes this in her work:

“I often hope that by helping people to be self-compassionate or develop the tools that they’ll be kinder in the world, and it will have a ripple effect, and often it does (...) I can hear and see the difference it makes in their own systems. So, I can only hope that it will have a domino effect and slowly change the world. Bit by bit by bit.”

Chelsea’s hope for therapy is that people will develop kindness for themselves and begin to approach others in this way. She finds it rewarding to hear these changes in her patients’ lives and see the impact her compassion has on the patient, but also the world around them.

Navigating the Challenging Landscape of Pain

Therapists found pain services to be tricky contexts to work in. Patients could be resistant to psychological ways of thinking about pain and focused on finding a cure. Some services imposed limits on the number of sessions they were able to offer. They also found the losses experienced by people with persistent pain to be emotionally challenging. They used their compassionate skills and attributes to manage these challenges.

Bound by Limits, Fueled by Compassion

Therapists described limits on sessions imposed by their services. This was challenging for therapists who felt they weren't able to do enough for their patients. Due to the "intuitive resonance" of the model, CFT was felt to be an appropriate approach, with Tabitha describing CFT as "a very quick win." Therapists also felt limited due to the incurable nature of the pain. CFT provided the skills to help therapists and patients to sit with this challenging context and offer validation. Katharine explains:

"I think I kind of just have offering compassion to that person (...) you are having to to to recognise the suffering (...) I probably did a lot more of that after the more I thought about CFT (...) Because it gets hard in in chronic pain, you can then start to to get a bit too tick boxy and and maybe have that urge to throw strategies because you're just kind of like "oh, this is so blooming difficult. What can I do to help this person?" (...) I do think it's it's difficult because as I say, you're sort of limited to the number of sessions and I think you could offer an awful lot, lot more and it is such a big issue really."

Katharine seems deflated and hopeless knowing how difficult the person's situation is and wondering what can be done within a limited offering. She notices the urge she has to try and fix the situation and offer strategies in a way that perhaps is not meaningful or helpful. Through CFT, Katharine was able to become aware of this and learn that sitting with suffering and offering compassion to people in pain was valuable, even if the pain wouldn't go away. Still, Katharine felt there was more that could be offered and expressed sadness and frustration at the limits imposed on her and her patients.

Some therapists described self-doubt in their skills as a therapist when they weren't able to cure people's pain and people disengaged. Danielle shared:

“the kind of dropout rate was, I would say maybe 40% (...) I thought that was something about me as a therapist originally. But then when I spoke to other members of the team, it wasn't. It is to do with that, actually, they're looking for a cure (...) it was something about pain and how difficult that is for people to manage and people wanted something to understandably fix the severe pain that they were in.”

Danielle experienced a lot of self-doubt as a therapist when people disengaged from therapy. She later came to understand the misalignment of goals between the patient who wanted a cure for pain and Danielle who hoped to help people manage it. This made Danielle feel limited in what she was able to offer her patients. However, she was able to overcome her feelings of self-doubt through a compassionate understanding of the patient's context.

The Pain of Sitting with Pain

Therapists described the emotional challenges of working with this patient group and deeply connected with the pain and losses they experienced. Grace shared:

“I did some training (...) in CFT for persistent pain with the compassionate mind foundation and they were focusing on the anxious self and the angry self and things and didn't talk that much about sadness and loss and grief (...) I think I steer away from any of the psychoeducational bits in relation to to sadness, because I'm not sure how to explain it in terms of those models [later] It is very easy to connect and understand and really - to feel what it's like to - what it must be like to not be able to go and pick your daughter up from school if being a mother is something you'd always wanted to do. So I think, and it can, I can hear it in my voice as it comes. And I think there's so much that we that that gets lost if we don't sit with that. So I think sadness is so yeah, it's such an important part of being with people in pain”

Like Katharine, Grace emphasises the importance of sitting with pain and offering people compassion and validation for their experiences. In this passage, Grace not only understands this on a cognitive level, but feels it personally. This sadness comes even as she talks about it and she struggles to get her words out. However, Grace also struggles to know how to use CFT to formulate and make sense of sadness which feels like an important part of her work. Instead, she uses her compassionate approach to be alongside her patient, connect with the emotion and also regulate her

own emotions. Grace finds she is able to use CFT techniques to manage feelings as they come up for her:

“it is something that I find genuinely useful to shift into if I'm caught up in struggle or difficult emotion (...) there's something about shifting into that [compassionate] stance that - I can feel the regulation that happens when when we do that”

For Grace, this compassionate stance helps her to sit with and regulate challenging emotions, which is important for her as she feels the sadness that comes with being with her patients. Again, this points to the personal use of CFT for therapists, rather than the utility of CFT in helping people reduce their experiences of sadness.

“Joy, magic, rewarding, privileged, exciting”

Therapists' joy and passion for their work was evident across all accounts and encapsulated all other themes. Going on this compassionate journey with their patients, helping them make sense of their pain, and seeing the impact it had on their lives was inspiring and rewarding. Therapists also reaped the personal benefits of connecting with their values and sharing in the compassion they offer their patients.

A Snowball of Success and Inspiration

Using the CFT approach resulted in positive outcomes for patients which brought therapists a sense of joy and reward in their work. This feeling encouraged therapists to use this approach more. Milly describes this experience:

“I started introducing elements of it into my usual CBT based work (...) Dabbling with it and having some really lovely successful successes (...) Having those

really encouraging, one to one kind of therapeutic experiences made me want to dabble with it in a group setting (...) I trialled our first compassion focused therapy for pain management group and the feedback we got from the group was really encouraging. Their outcomes improved but I guess on a personal level I really enjoy doing the group as well. It's my favourite day of the week (...) I really enjoyed the work and the patients benefitted from it. So it made me feel confident to keep going”

Milly describes her interest in CFT for pain developing over time as she saw the impact it had for her patients, starting with “dabbling” to developing full groups. Her faith in CFT also grows as she goes from feeling encouraged to feeling confident. This mirrors the experiences of patients who experiment with compassionate ideas and come to adopt them. Frankie describes a similar experience of growing inspiration:

“When you do the CFT stuff, it just like it, it motivates me to kind of want to do more (...) it's quite motivating as a psychologist to see how helpful it can be.”

She goes on to talk about her experience of group supervision for CFT for pain:

“People come up with the same challenges and same difficulties, but also the same successes. So, it's a place where you can share that passion. I guess it's nice that other people find that model really fits for people- is really helpful for people as well. So again, it kind of keeps that motivation (...) every time I go I've got like this renewed interest to like do some more.”

Frankie feels inspired by the outcomes from her own therapy, but also the success and passion of others. She feels encouraged that she can overcome the

common challenges with this approach and make a difference in people's lives. The approach almost snowballs where individuals are encouraged by their successes and go on to encourage and inspire others.

Personal and Professional Harmony

Participants described how CFT resonated both personally and professionally and allowed them to practice in a way that aligned these parts of themselves. Milly shared:

"[CFT has] that evolutionary psychology. So all that stuff that I was taught about brains and understanding how brains work and how they've evolved over millions of years, but also with those kind of Buddhist philosophies that, I think I've been on a number of (...) more mindfulness based retreats. So, for me, it grew on two very different areas of my life and kind of married them up in a way that felt like, 'yeah, this is - I feel at home here. This really fits with everything that I'm interested in, and I care about and I want to do more of.'"

Milly describes her passion for both neurobiology and Buddhist philosophies which she is excited and motivated to bring to her clinical work. Being able to combine these personal and professional interests was profound for Milly. She describes 'feeling at home' suggesting a sense of peace, comfort and connection that she feels privileged to have found. Tabitha felt the passion and personal connection she had with the model helped her to share it with others:

"I feel much more comfortable as a practitioner practicing what I preach (...) I find it very, very hard to encourage somebody else to do something that I wouldn't feel particularly comfortable or confident doing. (...) I'm probably then

more able to speak about it with, with passion and conviction, which I think has probably more of a beneficial impact than, than I give it credit for.”

For Tabitha, having a personal connection to the model helps her to feel more comfortable sharing ideas with her patients. This speaks to a sense of equality between her and her patients as she would not want to ask something of them that she wouldn't ask herself. She is able to be more honest with herself and her patients, creating harmony in between her personal and professional self. She wonders if it improves the therapy she offers when she can convey this authentic passion.

You Get What You Give

Therapists described benefiting from the compassion and connection they offered. Ruth describes compassion as “*a two-way street,*” which speaks to its reciprocal nature. Chelsea expands on this to say:

“it feels, feels a privilege to have that those moments of connection with people. It feels you know, it feels really lucky to have a job where you you are feeling that you're connecting with people's highs and lows and it helps you to feel - my ultimate hope, I suppose, is a bit positive.”

Chelsea is grateful to be able to share in the sense of connection with people and feels the personal benefit of doing work where she be alongside others. Grace also finds it rewarding to work in this way:

“I think it encourages a stance yeah, that is warm and regarding and validating and you feel those things when you're in that position (...) it's a much more rewarding experience as a therapist to, yeah, to take that position with people”

When Grace uses CFT, she takes a compassionate stance towards her patients and in adopting this position, feels those things for herself. This mutual benefit experienced in the therapy room seems to be something particularly rewarding in CFT compared with other therapies.

Discussion

Main Findings

This study aimed to understand the experiences of therapists using Compassion Focused Therapy (CFT) for persistent pain. Therapists spoke with enthusiasm for their work, citing the benefits for both them and their patients. CFT was seen as very applicable to experiences of pain and the simplicity and intuitive resonance of the model helped patients to adopt a new understanding and approach to their pain. Their personal experiences of using compassion in their own lives were often mirrored in the therapy room, giving the sense that therapists were alongside their patients as fallible human beings who benefit from compassion.

Therapists found the model lent itself well to the common challenges seen in persistent pain, in particular, disconnection, ‘striving’, self-criticism and hopelessness. These findings are perhaps unsurprising given that reducing self-criticism and forming safe connections are central tenants of CFT and self-compassion (Gilbert, 2009; Neff, 2003). Similar findings have also been demonstrated in studies into CFT groups for pain

where participants described that the warmth and connection experienced in therapy helped reduce their experiences of isolation and loneliness (Gooding et al., 2020).

Another study found that participants were able to develop more self-compassion and self-care in the context of pain, which helped them escape the vicious cycle of striving, pain and self-criticism (Armitage & Malpus, 2019) . The present study builds on these ideas by highlighting the joy and reward it brings therapists to work in this way and how the therapist's own personal journey with compassion supports the feelings of connection and reducing striving. This study also highlights how CFT's simplicity and intuitive resonance supports the quick adoption of this new way of thinking and responding.

This study also highlights the role of CFT in increasing hope in patients by providing them with a sense of agency and the tools to navigate their pain. This aligns neatly with Hope Theory which understands hope as a dynamic process between the motivation and the perceived ability to meet goals (Snyder, 2002). More recently, this theory was developed to understand the systemic influences whereby external agents support the development of motivation and pathways to meet goals (Colla et al., 2022). This is very similar to the process outlined by therapists where they support patients on a journey to gain a new understanding of pain and the skills to both live well with pain and reduce it. This also connects with the adapted 3-systems model of pain (Penlington, 2017) where evaluating pain as challenging but manageable allows people to more effectively meet their needs and increase their soothe state.

This soothing and compassionate state was integral, and therapists spoke about the importance of *Cultivating an Embodied Sense of Compassion*. Therapists intentionally conveyed and modelled this softer, warmer stance to patients which was supported by their personal practice. This compassion seemed to “ripple” out from the therapist to the patient who was then able to take this to their experiences outside of the therapy room. This finding connects with the systematic review into therapists’ personal practice of self-compassion which found that when therapists were more self-compassionate, they were more able to be compassionate to others (Birtles & Penlington, 2025). Further research has found that self-compassion increases the tendency to care for others, initiate social interaction and reduces sensitivity to criticism and rejection (Gerber et al., 2015; Leary et al., 2007; Neff & Beretvas, 2013; Neff & Pommier, 2013). These findings emphasise the benefit of therapists developing self-compassion and the wide-spread systemic impact this can have.

As well as the benefit of personal practice of CFT techniques, every therapist experienced a benefit when delivering the therapy, with many describing it as a “passion” and a “privilege.” Working with people in this way aligned with therapists’ personal and professional values, which perhaps made it easier for them to connect with, internalise and share the model. Therapists also benefitted from experiencing the compassion and connection they offered within the therapy and personally practicing compassion-focused techniques. This is particularly relevant given the emotional challenges that therapists described when working with pain. Mental health professionals experience high rates of emotional exhaustion and burnout (O’Connor et

al., 2018) so providing a therapy which is mutually beneficial for patients and therapists could mitigate some of these challenges. At the same time, therapists must reflect on their reasons for delivering a particular model and the personal biases they may be bringing into their work. However, for the therapists involved in this study, patient outcomes were the primary motivator and they spoke to the reward and inspiration they felt when they saw the impact the model made on people's lives.

These findings also suggest that there are times where CFT may not be able to support patients, tackle wider systemic issues or overcome the initial resistance patients may have to psychology. In these instances, CFT seemed to be more applicable to the therapists themselves and how they make sense of and respond to these challenges or regulate their own emotions. This perhaps speaks less to the utility of CFT for pain, but the use of CFT for mental health professionals more broadly. Bell et al. (2017) found that developing a compassionate internal supervisor helped trainees to regulate their emotions, internalise the qualities of compassion and be less self-critical. Taken with the present study, these findings suggest that therapists working in difficult environments, such as pain, might benefit from adopting a compassionate approach to themselves and their work.

Strengths and Limitations

Participants were recruited via an interest group in CFT for pain and choose to deliver this model of therapy despite its absence within NICE guidelines (2021). It is perhaps unsurprising that the participants in this study spoke favourably of CFT and its impact on patients and themselves. This sampling approach was taken to access participants

with sufficient knowledge and experience to answer the research question, however this self-selection bias may have skewed the findings. The therapists in this study had positive experiences using it within in their practice, but also personally. This study may not fully capture critical or dissenting views, which would be essential for the balanced evaluation of CFT.

This sample achieved IPA aims of understanding the experiences of a relatively small, homogenous group (Smith et al., 2021). The variety of expertise and geographical locations in this sample offer some transferability to the experiences of CFT therapists working in pain clinics in the UK. However, all participants were white, female clinical psychologists which means these findings may not generalise to other demographics.

The confirmability of this research was supported by the use of a reflective journal and supervision to reflect on biases. Supervision also supported with the peer review of findings, improving the credibility of this research. Transparency in reporting the methods and provision of PETS supports the dependability of these findings.

Implications for practice and future research

Therapists spoke highly of CFT's efficacy in supporting people with persistent pain overcome the common challenges they face, often comparing it favourably to other models. This suggests further research may be necessary to support the use of it in pain clinics. The present study aimed to capture therapists' experiences of using it, but did not extend to specifics of its implementation. Future research might explore the application of CFT with the aim of developing a specific model for use in persistent pain settings. This would offer consistency in therapy delivery which would allow for more

heterogenous research into CFT outcomes in persistent pain which previously has not been possible (Lanzaro et al., 2021). This would also help services to select an appropriate number of available sessions, which is particularly important given therapists' experiences of feeling limited by service constraints.

Therapists described personal and professional benefits from both personal practice of self-compassion and delivering CFT. This offers considerations for therapists and services who may wish to think about supporting the wellbeing of therapists in the emotionally challenging context of pain services. For example, encouraging self-compassion practices among therapists. Therapists also seemed drawn to a model which aligned their professional selves with their personal values, so therapists should be supported to reflect on their values and consider how to create professional and personal harmony.

Reflection on Ethical Issues (108 words, not included in word count)

During interviews, the researcher became aware that some participants perceived the interview to be a “test” of their knowledge and skills in CFT and became self-conscious or uncomfortable when talking about their work if they did not perceive themselves to be knowledgeable or delivering “best practice.” It was important to acknowledge the burden and discomfort for therapists when it was perceived as a test of their practice. When the researcher became aware of these challenges, extra time was taken at the beginning of the interview to build rapport and emphasise the interest in their personal experiences rather than their knowledge. The researcher also offered reassurance when needed during the interview and debrief.

Conclusions

Therapists in this study experienced CFT to be a highly applicable and beneficial model for formulating the experiences of persistent pain and helping people to overcome the challenges they face. Therapists found this work rewarding and joyful. Therapists also benefitted personally from this work through going on their own journeys with compassion and sharing in the compassion they offer to patients, demonstrating the mutual benefits of CFT for both patients and therapists. Future research should aim to develop more consistent guidelines for using CFT with this population which would support future research as well as helping services and therapists effectively deliver CFT to people with persistent pain.

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Appendix A: Search Strategy

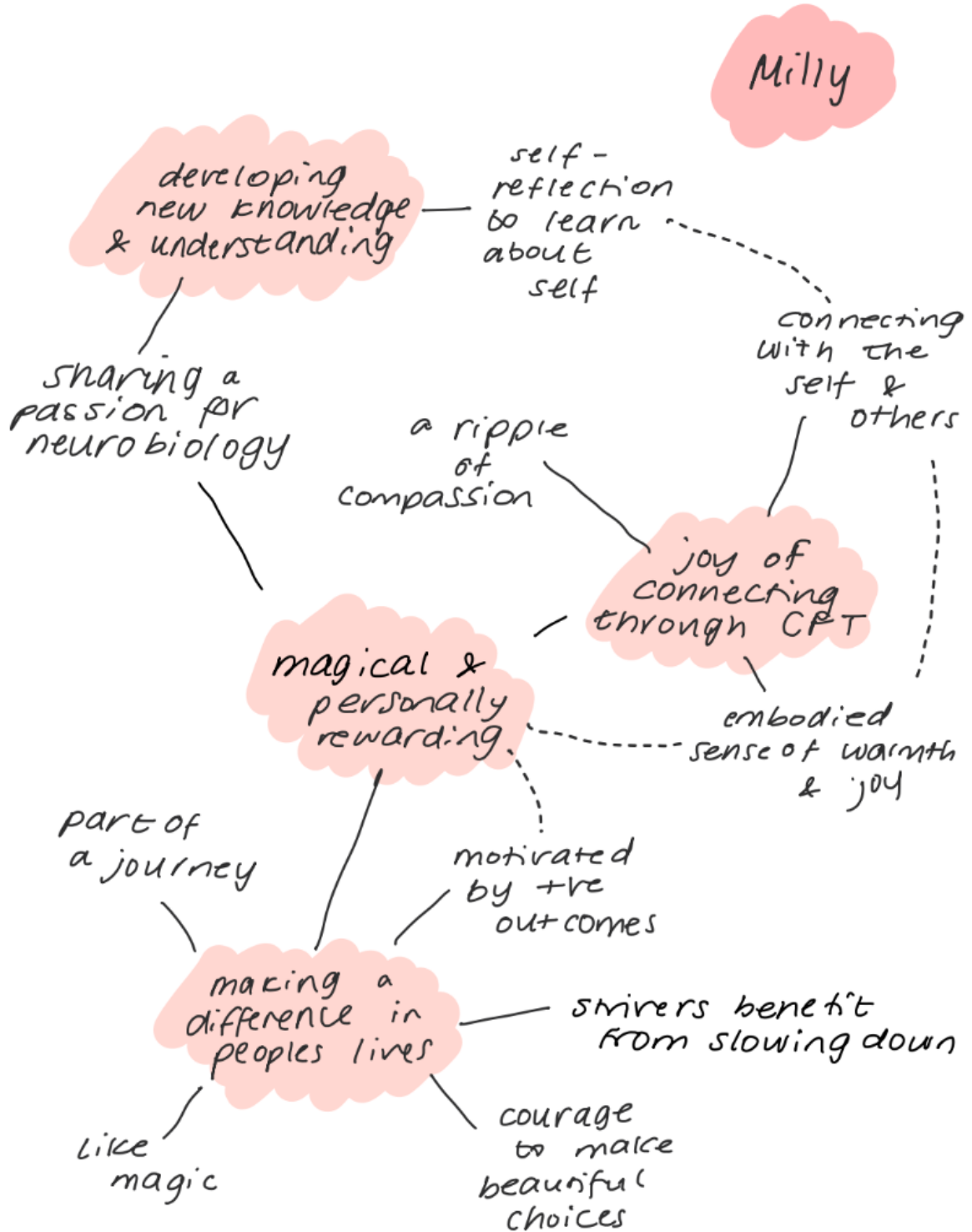
Search Terms Following PICO strategy

Population	Intervention 1	Intervention 2	Comparison	Outcome
Therapist	Compassion*	Practice	NA	Experience
Psychologist	Compassionate mind	Self-practice		Perspective
Mental Health Professional	Compassionate other	Personal Practice		
Trainee	Compassionate image			
Counsellor	Compassion focused			
Student	Mindful*			

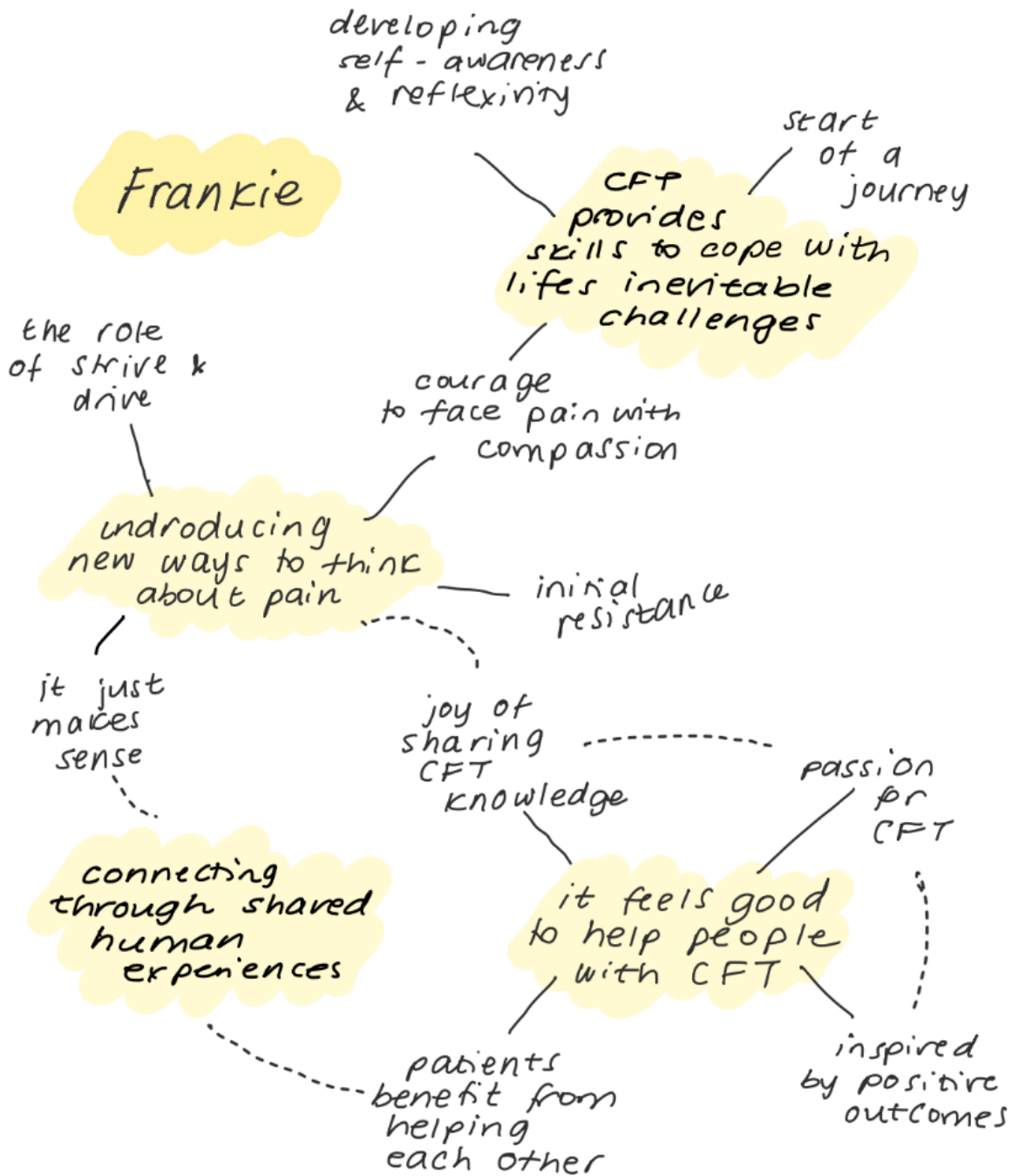
Note: Terms within each column were combined with “OR”. Whole columns were combined with “AND”.

Appendix B: Personal Experiential Themes

Original Mind-maps of Personal Experiential Themes







Tabitha

personal resonance
means
sharing ideas
with passion &
conviction

it's valuable
(and difficult)
to practice what
you preach

personal resistance
means struggling to
share ideas with
passion & conviction

self-conscious
about knowledge
& skills as
a therapist

Limited time
to develop
desired
knowledge

prioritising
'quick wins'
and 'key
messages'

feeling limited
by service
constraints

a balance of
kindness &
accountability
tackles blame &
shame

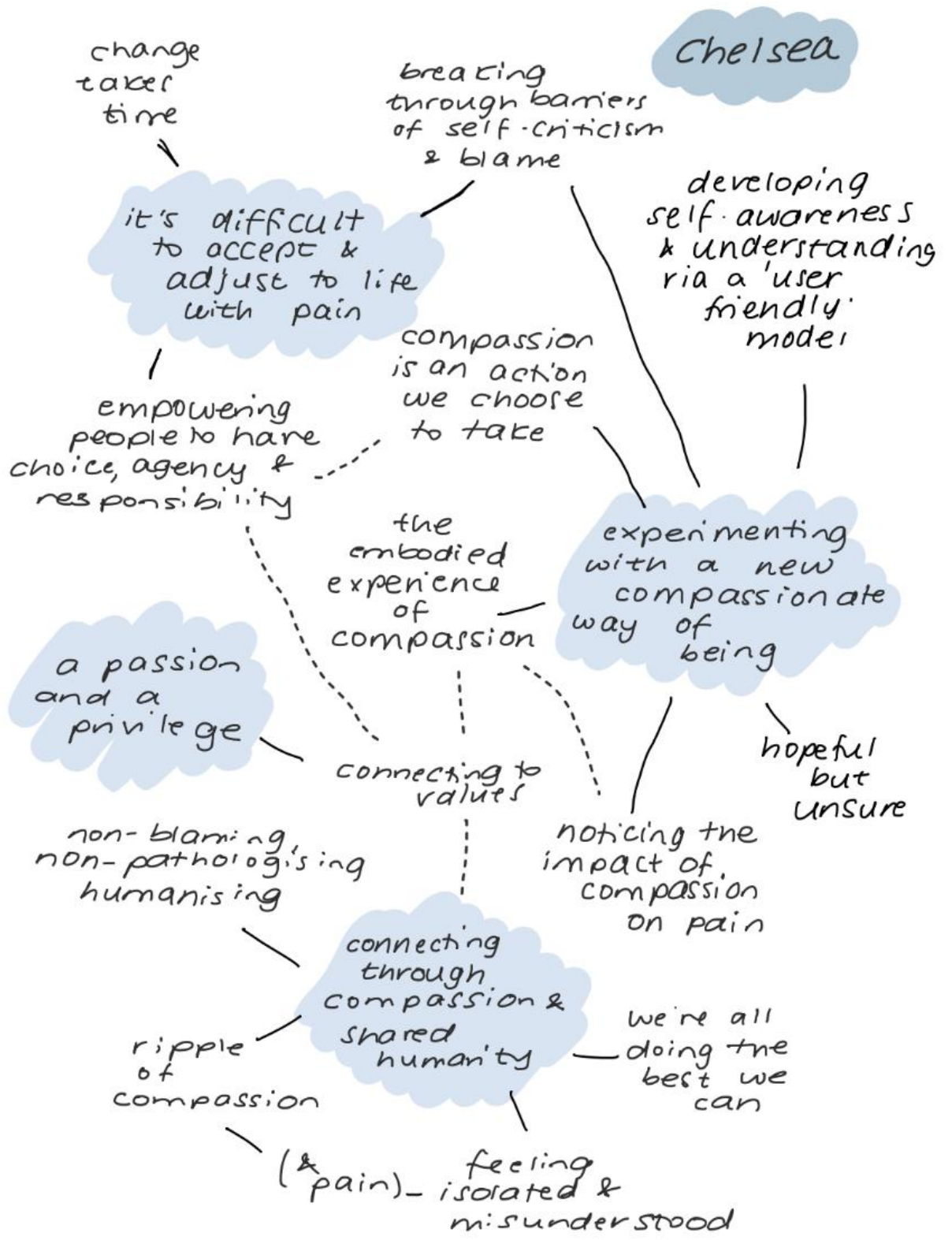
a simple way
to present new &
counter-intuitive
ideas about
pain

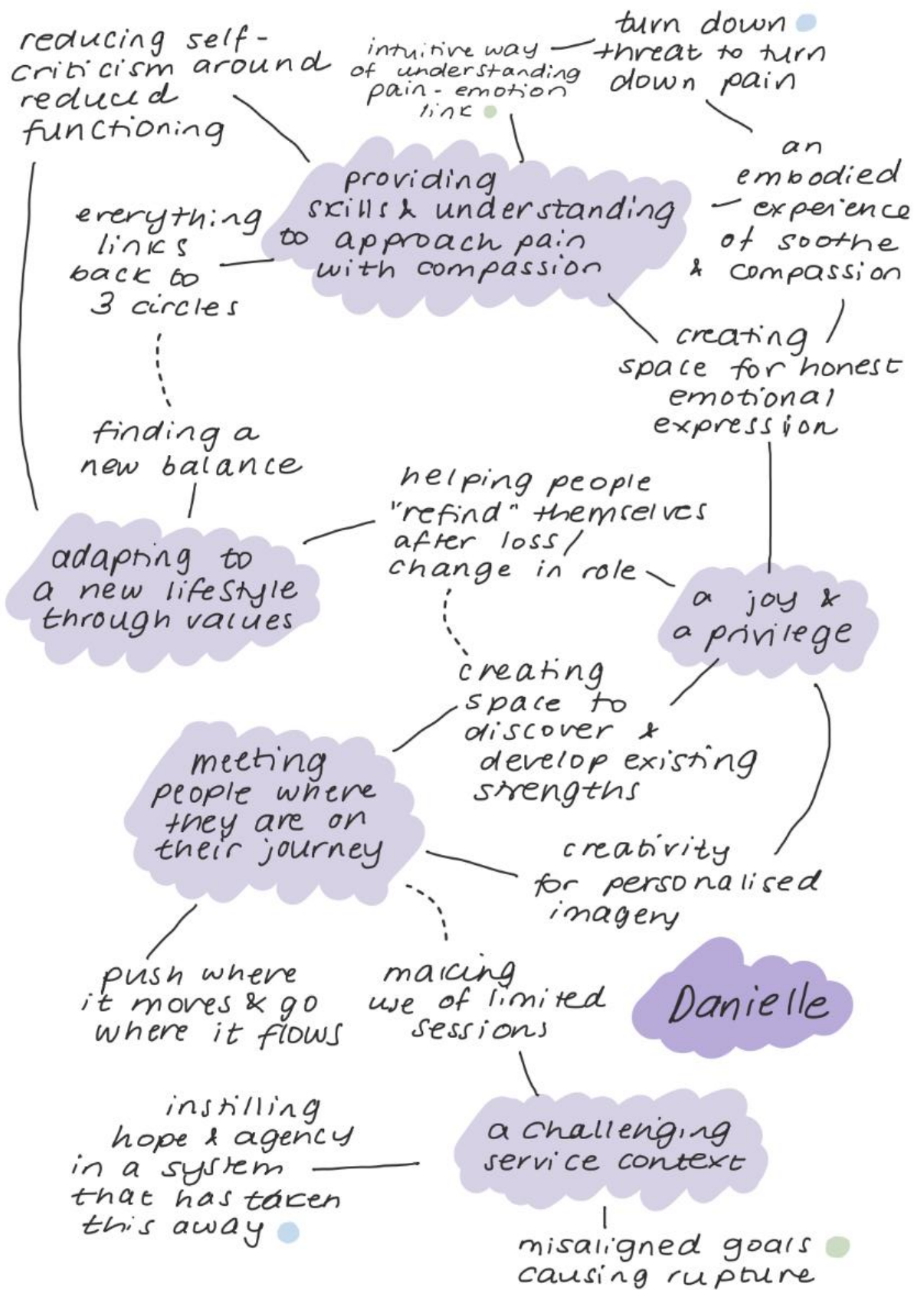
putting
understanding
into action
and making
time
for
soothing

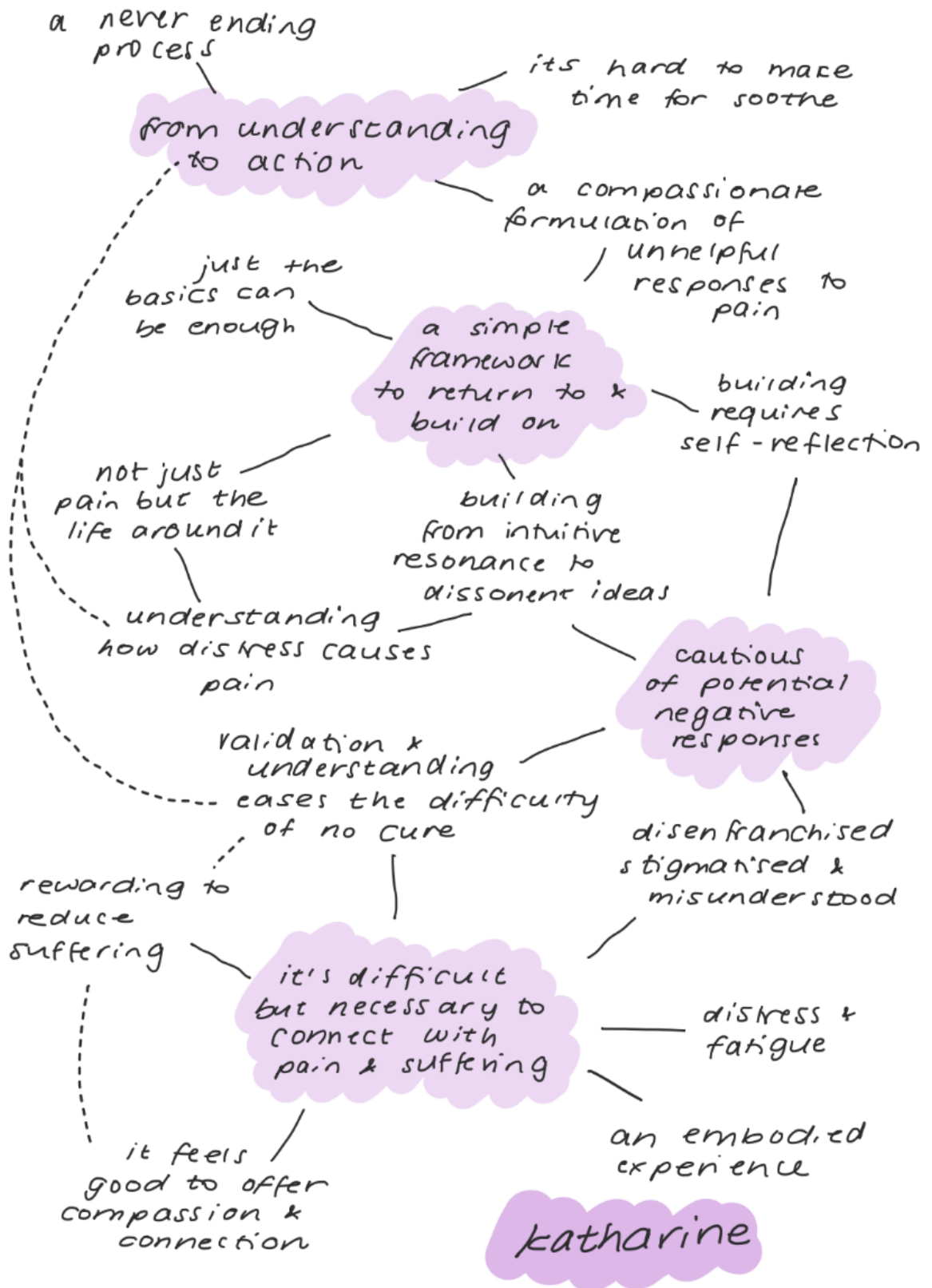
CFT provides
the understanding
and skills
needed to live
a fulfilling life
with pain

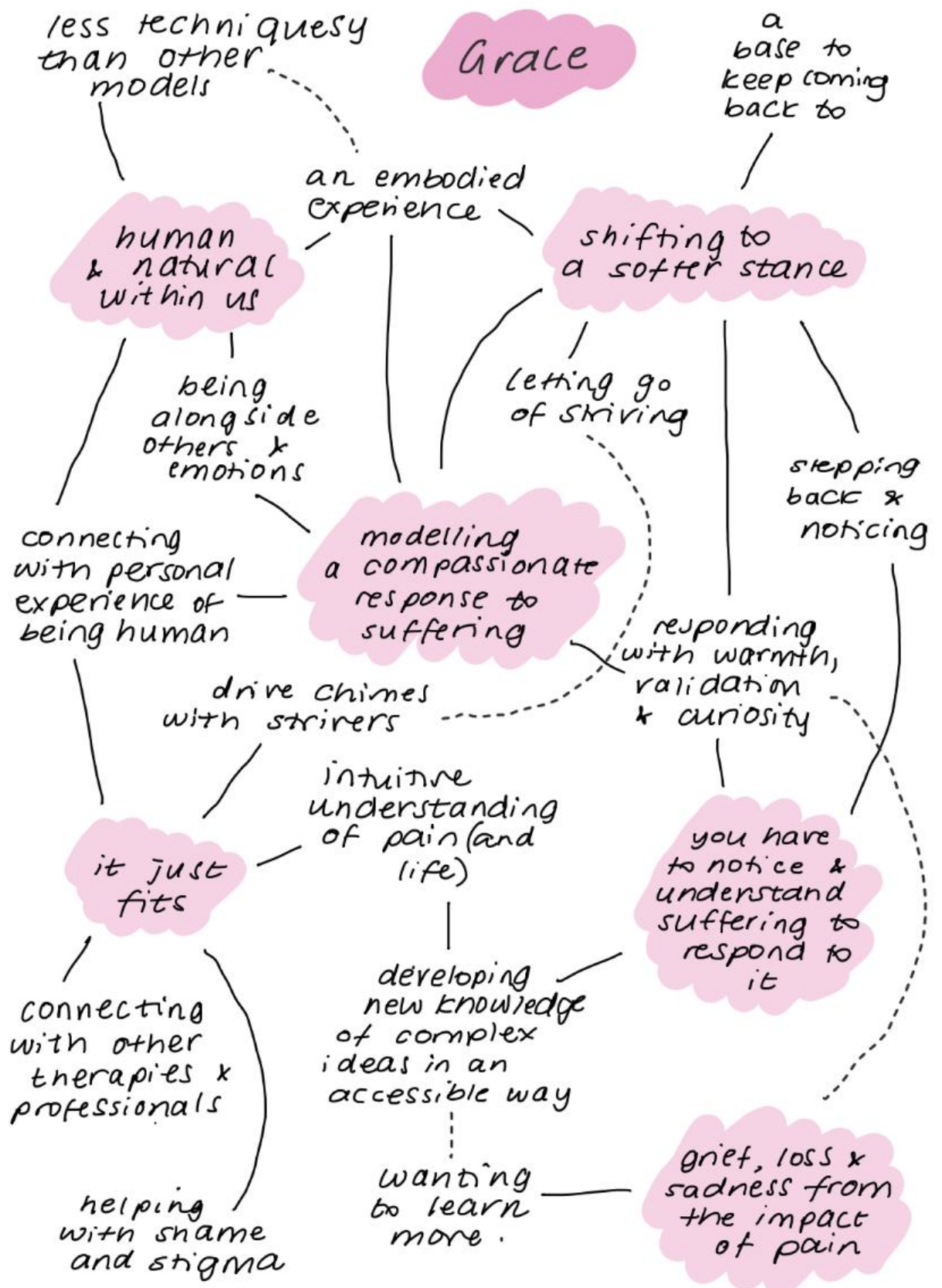
overcoming
initial fears
& resistances
to psychology

a warmer &
gentler
approach
(bananarama)









Appendix C: Ethical Approval

Email confirming ethical approval

Ref: 36651/2023

Thank you for submitting the ethical approval form for the project 'How do clinicians experience delivering Compassion Focused Therapy (CFT) for those with persistent pain?' (Lead Investigator: Heather Birtles). Expected to run from 01/01/2024 to 01/01/2025.

Based on your answers, the University Ethics Committee grants its approval for you to start working on your project. Please be aware that if you make any significant changes to your proposal then you should complete this form again, as further review may be required. This confirmation may be used within a research portfolio as evidence of ethical approval. Please note: this confirmation will be the only correspondence you should expect to receive as evidence of ethical approval. There will be no other confirmation provided. You may now proceed with research. If you have any queries, please review the internal and external ethics FAQ pages before contacting res.policy@ncl.ac.uk.

Best wishes

Research Policy Intelligence and Ethics Team,

Research Strategy & Development
res.policy@ncl.ac.uk

Appendix D: Information Sheet

Information Sheet Given to Participants (Presented Online)

Information Sheet (20/10/2023; ver 2.1)

How do clinicians experience delivering Compassion Focused Therapy (CFT) for those with persistent pain?

Qualitative interviews on experiences of clinicians delivering CFT for persistent pain.
Researcher – Heather Birtles

I would like to invite you to take part in our research study. The information below will help you understand the research topic, why the research is being done and how you would be involved.

Please ask if there is anything that is not clear or if you would like more information.

Part 1 tells you the purpose of this study and what will happen if you take part.

Part 2 gives you more detailed information about the conduct of the study.

Part 1

What is the purpose of the study?

There is an emerging evidence base for the use of CFT with persistent pain. Little is known about how why clinicians might choose to deliver this therapy over other evidence based treatments or how clinicians personally experience the therapy. Research is needed to understand clinicians half of the therapeutic relationship may offer some helpful perspectives on treatments as well as decision making and service considerations.

Why have I been invited?

You have been invited because you have expressed an interest in working with CFT and persistent pain.

Do I have to take part?

Your participation is entirely voluntary and it is up to you to decide. You are free to withdraw at any time, without giving a reason.

What type of study is this?

This study uses interviews which will be conducted over Microsoft Teams. It will last up to 60 minutes and will be audio recorded and transcribed. A number of questions are asked and topics discussed regarding your experiences of delivering CFT in persistent pain. The questions asked and topics discussed are detailed by a topic guide which you can request to see prior to or during the interview if you wish.

What are the benefits of taking part?

Apart from the knowing that you have been part of the research there would be no other direct benefit to yourself. However, your views are important. As a thank you for your contribution, you will be given a £10 Amazon voucher on completion of the interview.

What are the risks of taking part?

There are very few risks of taking part. There is a small chance that by discussing the work you do you may become upset. Any participant will retain the option to end the interview at any point or to arrange to complete it at a different time by simply asking to do so.

Will my participation in the study be kept confidential?

Yes. The answers that you give about your experiences will be kept confidential and will not be shared with anybody else. **There are specific circumstances in which it is not possible to promise confidentiality. We would be obliged to share any information that led us to believe that you might intend to end your life, to seriously harm others or that you knew of a plan to commit a serious crime. In these circumstances we would need to share this information with your GP, police or other relevant agencies. We would let you know that we were going to do this but would not need your consent. In all other circumstances what you say is confidential and no information would be shared without your consent.**

Part 2

What will happen if I don't want to carry on with the study?

At any point just tell the researcher and your involvement will end immediately. If you request it, we will delete your interview transcript prior to the 10 year point at which all transcripts are deleted: however after data analysis has taken place (approx. 1 month after the interviews) it may not be possible to remove anonymized data from the analysis itself.

How will my data be used?

All data will be used in accordance with the Data Protection Act and GDPR guidelines. This means that only data that is of direct relevance to the research will be collected and kept. More information is available here <https://www.hra.nhs.uk/planning-and->

[improvingresearch/policies-standards-legislation/data-protection-and-informationgovernance/gdpr-guidance/templates/template-wording-for-generic-informationdocument/](https://www.newcastle.ac.uk/research/improvingresearch/policies-standards-legislation/data-protection-and-informationgovernance/gdpr-guidance/templates/template-wording-for-generic-informationdocument/). The researcher will be aware of your personal details, but will assign a code number to the audio recording so that your name is not visible to other people who will have access to the data. Recordings will be transcribed by Microsoft Teams. Once the researcher has checked the accuracy of this transcript and removed all personally identifiable information the audio recordings will be securely deleted. Transcripts will be kept on Newcastle University One Drive computer servers for 10 years. After this period they will be securely deleted.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak with the researcher (Heather Birtles) who will do their best to answer your questions.

Complaints

If you have a complaint please contact Heather Birtles (h.birtles@newcastle.ac.uk).

Who is organising and funding the research?

This study has been organised and funded by the Doctorate of Clinical Psychology, Newcastle University.

Who has reviewed the study?

This project has been approved by Newcastle University Ethics Committee.

Further information and contact details

If you would like further information before signing the consent form, if the information provided is unclear or if you have any other queries, please contact Heather Birtles who will be happy to discuss this further with you.

Contact Details

If you require any further information please contact:

Heather Birtles, School of Psychology, Newcastle University, Newcastle upon Tyne, NE2 4BW

Email: h.birtles@newcastle.ac.uk

Appendix E: Consent Form

Consent Form (Presented Online)

1. I confirm that I have read and understand the information sheet (v2.1, 20/10/2023) for this study and I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

- Yes
- No

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving reason, without my legal rights being affected.

- Yes
- No

3. I understand that the researcher will only share what I say with other people if they are concerned that I may be, or somebody else may be at risk of serious harm and that they will not share any information without telling me.

- Yes
- No

4. I understand that if I wish to withdraw from the study, the data collected up to this point will be included in the analysis of the research project unless I withdraw within 1 month of the interview.

- Yes
- No

5. I agree to the interview being audio recorded, and that anonymous, verbatim (direct) quotations may be used in written documents, oral presentations or published scientific papers. I understand that I will not be identified by name in these documents to maintain my anonymity.

- Yes
- No

6. I understand that the data will be transcribed on Microsoft Teams and securely stored by the researcher and that my involvement will remain confidential.

- Yes
- No

7. I agree to participate in the research study.

- Yes

- No

Appendix F: Sign off Sheet

NEWCASTLE UNIVERSITY

DOCTORATE IN CLINICAL PSYCHOLOGY

Research Course: Sign off Sheet for Completion of Research Projects

June 2021

This version supersedes any previous version

Produced by M. H. Freeston on behalf of research tutor team

Completing the research process is an essential part of professional conduct in research in line with HCPC, BPS and University guidelines. It fulfils the ethical, scientific, research and financial governance obligations of the researcher and maintains the reputation of science and research and of the organizations who finance, sponsor, approve or host the research. This includes archiving and data storage, ensuring any specific undertakings that have been given to participants or other people who have collaborated have been met, informing the various bodies that have approved, sponsored or indemnified the study, completing all financial arrangements, returning all equipment and materials used in the study, transferring a copy of all materials and data to the supervisor.

With their resubmission to the internal examiner (usually at the time of amendments except for those who have received a straight pass at Viva), trainees must submit the following checklist as an appendix where they indicate the steps taken to close down the study in line with good practice. The student is required to sign this checklist. Documentary evidence may also be included (e.g. end of study debrief, letters to bodies, etc.). The checklist and the documentary evidence will be the final appendix in the thesis.

The internal examiner will verify that the checklist has been completed and signed before allowing final submission of bound copies. It is only when bound copies have been submitted that the trainee will appear on the pass list.

If there are reasons for delay (e.g. further data collection):

1. Discuss with your supervisor which steps can be completed and which will be deferred.
2. Indicate on the checklist which actions will be deferred and who will hold responsibility for completion.
3. Include a separate plan showing these actions, who will be responsible, and likely dates of completion.

4. Inform any relevant body (e.g. ethics, sponsors, etc.) if the responsibility has been transferred to a different person.
5. Indicate who has been informed of the transfer.
6. Ensure that the person/people who will be responsible for any actions sign the plan.
7. Include the plan with your checklist at submission to internal examiner.

Note it is the signature of the trainee that confirms these steps have been completed and is **considered a professional act**. It is possible that the completion of some/all of these actions may be audited at some stage. Please do not sign the checklist in anticipation of steps that have not yet been completed.

NEWCASTLE UNIVERSITY
DOCTORATE IN CLINICAL PSYCHOLOGY

Research Course: Sign off sheet for Research Projects

	Please tick if it does not apply	Please tick if completed. If not ticked, please provide an explanation	Trainee name:	Heather Birtles
			Project title: Therapist's Experiences of Self-Compassion and Compassion Focused Therapy in Persistent Pain	
			<i>Please add date for each action Please provide brief comment as necessary.</i>	
In line with participant consent, raw and electronic data where consent has been subsequently withdrawn has been dealt with appropriately (e.g. removed) and communicated in writing to the supervisor with responsibility for data keeping.	<input type="checkbox"/>	✓	Date completed: 01/09/2025	
In line with participant consent, where permission to use data in future studies has been asked for and not been granted, this has been appropriately identified in data bases (e.g. properly labelled) and communicated in writing/document to the supervisor with responsibility for data keeping.	✓	<input type="checkbox"/>	Date completed:	
In line with your approved data management plan/ethical approval, the	✓	<input type="checkbox"/>	Date completed: 01/09/2025	

<p>informed consent forms and contact details are</p> <p>a) securely stored in a separate place from any other data, or</p> <p>b) securely destroyed, as the case may be.</p>	<input type="checkbox"/>	✓	
<p>In line with your approved data management plan/ethical approval, IDs or codes linking personal data to other data have been securely destroyed.</p>	<input type="checkbox"/>	✓	Date completed: 01/09/2025
<p>In line with your approved data management plan/ethical approval, recruitment logs and other documents containing personally identifiable information have been securely destroyed.</p>	<input type="checkbox"/>	✓	Date completed: 01/09/2025
<p>In line with your approved data management plan/ethical/HRA/sponsors approval, the raw data (e.g. questionnaires, test sheets, data collection logs) have been</p> <p>a) pseudonymized,</p> <p>b) properly labelled and</p> <p>c) appropriate arrangements for their storage have been made;</p> <p>d) indications for date of destruction are clearly indicated</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	✓ ✓ ✓ ✓ ✓	Date completed: 01/09/2025

	Please tick if it does not apply	Please tick if completed. If not ticked, please provide an explanation	Please add date for each action Please provide brief comment as necessary. :
Any concerns about participants, adverse effects, follow-up with participants due to distress, concerns raised by participants, disagreements/ incidents that could lead to participant complaint, etc., have been discussed with supervisors, suitably recorded in an appropriate manner, addressed (if required), and signalled (if necessary) to the appropriate ethics and governance	✓	<input type="checkbox"/>	Date completed:

frameworks, including the Course and the sponsors. Any correspondence about these matters has either been archived (and pseudon/anonymized if necessary) or destroyed as appropriate Please seek guidance about what is appropriate.	✓ ✓	<input type="checkbox"/> <input type="checkbox"/>	
Participants have been debriefed as laid out in Ethics approval.	<input type="checkbox"/>	✓	Date completed: 15/11/2024
Participants have received a lay summary of the results of the study if requested or originally announced.	<input type="checkbox"/>	✓	Date completed: 09/09/2025
Gatekeepers and others facilitating access to participants have been thanked and, wherever relevant, sent a copy of the lay summary.	✓	<input type="checkbox"/>	Date completed:
Participants and/or institutions, groups, organizations that have facilitated access have received the announced vouchers/course credits/reimbursements and/or the prize draw has been completed.	✓	<input type="checkbox"/>	Date completed:
Contact details for gatekeepers have been provided to supervisors.	✓	<input type="checkbox"/>	Date completed:
All study advertisements have been removed from websites or other postings.	✓	<input type="checkbox"/>	Date completed:

	does not apply Please tick if it	Please tick if completed. If not ticked, please provide an explanation	<p><i>Please add date for each action</i></p> <p><i>Please provide brief comment as necessary.</i></p>
<p>Note: At least one final report should be completed for each project.</p> <p><i>As a minimum a final report should indicate a) title, b) number, c) statements to the effect that study has been completed, no/some adverse incidents were noted, all obligations toward participants and gatekeepers have been completed, and all data and study materials have been securely destroyed/archived according to the data management plan, d) contact person (normally supervisor) for any further correspondence about the study.</i></p> <p><i>Some organizations have specific reporting requirements – see their websites/information.</i></p> <p><i>If no final report has been submitted, please indicate clearly why not.</i></p>			
NHS Ethics Committee has received, as required, progress and final reports about the study.	✓	<input type="checkbox"/>	Date completed: Name of person contacted:
University Ethics Committee has received, as required, a final report about the study.	<input type="checkbox"/>	✓	Date completed: 01/09/2025 Name of person contacted: res.policy@ncl.ac.uk
Other approving body or Ethics Committee (e.g. charitable organization) has received a final report about the study.	✓	<input type="checkbox"/>	Date completed: Name of person contacted:
Relevant R & D Departments or other sponsoring organizations have received a final report about the study.	✓	<input type="checkbox"/>	Date completed: Name of person contacted:
HRA site file has been completed and archived according to sponsoring organizations wishes.	✓	<input type="checkbox"/>	Date completed: Name of person contacted:

	Please tick if it does not apply	Please tick if completed. If not ticked, please provide an explanation	<p><i>Please add date for each action</i></p> <p><i>Please provide brief comment as necessary.</i></p>
All project related costs have been appropriately been dealt with and outstanding financial issues with the Course, supervisors, or funders have been resolved (e.g. copy costs, travel expenses, vouchers, materials, etc.).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Date completed: 15/11/2024
<p>Doctorate Director informed that all project related expenses have been claimed</p> <p>Employer's representative that all project related expenses have been claimed</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Date completed: 15/11/2024
Funding bodies have received any required progress and final reports about the study.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date completed:
Any test materials (including unused recording sheets if purchased), manuals, programs, software belonging to the Course, supervisors, University or other sources or purchased for the study have been returned to the appropriate organization/person.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date completed:
<p>Any equipment (including recording devices, storage media, mobile phones, sim cards, credit, software, books, manuals, etc.) that belongs to the Course, supervisors, University or other sources or purchased for the study have been returned to the appropriate organization/person.</p> <p><i>(add additional items as needed)</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Item:</p> <p>Returned to:</p> <p>Date returned:</p> <p>Item:</p> <p>Returned to:</p> <p>Date returned:</p>

Final copies of the electronically saved raw data, transformed data, and syntax files been handed over to the supervisors in either/both hard media and/or as an electronically transferred zip file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date completed: 10/09/2025
Final electronic copies of thesis as well as the project presentation power point have been sent to supervisors.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Date completed: 10/09/2025
If appropriate, data has been archived (along with all meta-data) in NU's Data Repository.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date completed:
Other: Please specify	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date completed:



10/09/2025

Signature

Date

Updated By M. H. Freeston, June 2021.