
Young Men's Experiences of Receiving Compassion from Others: A Narrative Exploration

Comment les jeunes hommes accueillent la compassion d'autrui :

Une exploration à travers la narration

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ABSTRACT

The ability to receive compassion is essential for well-being and foundational to successful psychotherapy. Therapists must understand and attend to the unique ways in which men receive compassion when counselling males. However, research on this important topic has been limited. This qualitative study explored the meaning and experience of receiving compassion from the perspectives of young adult males. Utilizing narrative research methods, 10 themes were derived from 44 participants' written compassion narratives. Suggestions for how counsellors may strengthen their compassionate exchanges with male clients and help them access compassion in their personal lives are discussed.

RÉSUMÉ

La capacité à accueillir les marques de compassion est essentielle au bien-être et au succès de la psychothérapie. C'est pourquoi les thérapeutes doivent comprendre les manières particulières dont les hommes « reçoivent » la compassion et y prêter attention dans les séances de counseling. Malgré l'importance de ce sujet de recherche, peu d'études ont été menées jusqu'à présent. Cette étude qualitative explore la façon dont les jeunes adultes de sexe masculin accueillent la compassion d'autrui ainsi que la signification rattachée à leur expérience. À l'aide de méthodes de recherche narrative, 10 thèmes ont été ressortis des récits écrits sur la compassion de 44 participants. De plus, on examine dans l'étude des suggestions visant à permettre aux conseillers de renforcer la compassion dans leurs échanges avec leurs clients et, également, d'aider ceux-ci à faire une place à la compassion dans leur vie personnelle.

Long a mainstay of counselling practice, compassion has recently garnered much attention in psychological theory and research. Defined as kindness combined with an awareness of suffering and the desire to alleviate it, compassion is composed of a multi-directional “flow” consisting of giving compassion to others, directing compassion toward oneself (self-compassion), and receiving compassion from others (Gilbert, 2009). Although there is now extensive evidence showing that compassion promotes mental health and well-being, the existing literature has focused primarily on self-compassion and compassion toward other people.

Relatively little empirical research has been published on the experience of receiving compassion from others, despite theory on the critical role that this form of compassion has on human development and functioning (Cozolino, 2014; Mikulincer & Shaver, 2007).

Based on Bowlby's (1969, 1988) attachment theory, Mikulincer and Shaver (2007) explain how receiving compassion from others during the early developmental years promotes adaptive emotion regulation later in life. Consistent caring, comforting, and empathy shown by attachment figures in times of distress are internalized as mental representations of caregiving. Individuals can then invoke these representations to comfort themselves when feeling threatened. Mental representations of compassion further serve as a template for compassionately relating to others (Mikulincer & Shaver, 2007). Cozolino (2014) similarly suggests that warmth and caring from early caregivers helps to de-activate threat responses and increase feelings of safeness. A sense of safeness, in turn, enables people to explore their environment and take on new challenges. Of course, the need for compassion does not end in childhood but continues throughout life.

Despite the vital importance of compassion, there is considerable variability in people's openness to receiving it. As Gilbert, McEwan, Matos, and Ravis (2011) have indicated compassion may elicit fear and avoidance in some individuals. Although several factors may explain this fear, one potential factor is the belief that accepting compassion is a sign of weakness and over-dependence (Gilbert, 2009; Gilbert et al., 2011). Some people may also be afraid that opening themselves to compassion from others might increase their vulnerability to attack or rejection (Gilbert, 2009).

Fears of compassion may be particularly salient among men. Traditional gender role socialization encourages men to be stoic, self-reliant, aggressive, and self-confident in the face of difficulties (Johnson, Oliffe, Kelly, Galdas, & Ogrodniczuk, 2012; Levant, 2005). Gender norms also discourage the disclosure and expression of feelings (Burn & Ward, 2005; Johnson et al., 2012; Richards & Bedi, 2015). To varying degrees, men may eschew behaviours traditionally associated with femininity as these may be perceived as calling men's masculinity into question (Levant, 2005). Rejection of the feminine may further manifest itself as fear of gentleness, nurturing, kindness, and affection (Burn & Ward, 2005; Lamke, Sollie, Durbin, & Fitzpatrick, 1994; O'Neil, 2013) – all qualities regarded as essential components of compassion (Gilbert, 2009). Thus, masculine gender role socialization may manifest into difficulty receiving compassion from others. Indeed, some studies indicate that men are less likely than women to disclose personal concerns or to seek help in times of emotional distress (Addis & Mahalik, 2003; Pederson & Vogel, 2007; Yousaf, Popat, & Hunter, 2015). Men may also be less comfortable with feelings of intimacy and vulnerability (Levant, 2005; O'Neil, 2013).

Given these challenges, and combined with the potential role of compassion in emotion regulation and well-being (Cozolino, 2014; Mikulincer & Shaver, 2007), counsellors may have good reason to promote their male clients' access to compassion in their everyday lives. An understanding of how men experience and

interpret compassion is essential to do so. Such an understanding may not only affirm the strengths and resources that men already have, but it may also help in addressing difficulties that males may experience in help-seeking, openness, and intimacy. Furthermore, understanding what compassion means to men may provide clues into how counsellors themselves may express compassion to their male clients in ways that are well-received. However, men's experience of receiving compassion is currently understudied and poorly understood. Most studies center on men's experiences of empathy toward others (e.g., Eisenberg & Lennon, 1983; Rueckert & Naybar, 2008) or compassion toward self (e.g., Baker & McNulty, 2011; Reilly, Rochlen, & Awad, 2014; Jennings & Tan, 2014).

Existing research on the experience of compassion from others focuses mainly on men's fears of compassion (Gilbert et al., 2011; Gilbert, McEwan, Gibbons, Chotai, & Matos, 2012) or on men's defenses against help-seeking and psychotherapy (Englar-Carlson & Shepard, 2005; Richards & Bedi, 2015). Strengths-based research exploring men's positive experiences of compassion (i.e., on how men *do* respond favourably to compassion from others within specific contexts) appears to be lacking in the literature. Additionally, most research on men and compassion is quantitative and focuses primarily on gender differences. Relying solely on quantitative gender difference research without also understanding the context and diversity of experiences, risks overstating the apparent differences and inadvertently reinforcing restrictive gender stereotypes (Addis & Mahalik, 2003; Wong & Rochlen, 2005). Thus, there have been several calls for more research that attends to the context and complexity of men's experiences (Levant, 2005; Mahalik, Good, Tager, Levant, & Mackowiak, 2012; Shepard & Rabinowitz, 2013).

Greater attention to men's experiences is particularly important in the field of counselling as published research on topics related solely to females greatly outweighs those focusing exclusively on males (Bedi, Young, Davari, Springer, & Kane, 2016). For example, in a recent content analysis of research articles published in the *Canadian Journal of Counselling and Psychotherapy* (CJCP) between 2000 and 2013, the ratio of female-specific to male-specific articles (excluding a special issue on males and boys) was reported at approximately 15:1 (Bedi et al., 2016). As journals can only publish articles that are submitted to them this unbalanced ratio of female-specific to male-specific counselling articles is likely an artifact of the lack of submission of male-specific research to CJCP, or it perhaps reveals that male-specific research occurs in Canada to a lesser extent than female-specific research. Regardless of the cause, this imbalance may adversely impact the ability of counsellors to effectively support their male clients (Bedi et al., 2016; Owen, Wong, & Rodolfa, 2009). Researchers have therefore highlighted the need for more exploratory studies focusing on males' experiences and perspectives, which can help inform gender-sensitive counselling practice (Bedi et al., 2016; Levant, 2005; Liu, 2005; Mahalik et al., 2012).

With the above considerations in mind, the main purpose of this narrative study was to develop a nuanced and contextualized understanding of men's experiences of receiving compassion from others as articulated through their narrative accounts.

Analysis of people's personal narratives can provide a window into the narrator's subjective world in ways that attend to the meaning and context of various actions (Polkinghorne, 1995).

The main research question in the current study was: *What is the experience and meaning of receiving compassion, based on men's narrative accounts?* The following sub-questions guided our inquiry: what aspects of receiving compassion are most salient from the perspectives of men? What does receiving compassion mean to men, both regarding how others' actions are experienced and interpreted as compassion, and also concerning how compassion impacts men's lives? What types of situations do men associate with receiving compassion and whom do they identify as being sources of compassion? Concerning the latter question, we were particularly interested in the relationship of the compassion source (also identified as the *giver* in this article) to the recipient, as well as the giver's gender.

As researchers trained and acculturated in the field of counselling we approached this study from a strengths-based perspective. Rather than focusing on pathology and deficits, we intended to view men's experiences primarily through the lens of strengths and capacities. We assumed that what might appear to be men's difficulty experiencing compassion may in part reflect gaps in the field's understanding of men's perspectives. Our research team felt troubled by Westwood and Black's (2012) assertion that an insufficient understanding of men's perceptions and needs has meant that many males "have not been well served" by the counselling profession (p. 286). Through this study we aimed to equip counsellors and other helping professionals with knowledge that could help them better serve their male clients. Although we focused our attention on "males" and "men," gender is a complex construct. There are many ways of conceptualizing, experiencing, and expressing what it means to be a "male" or "man." Thus, we intended to build knowledge that could help inform counsellors while recognizing the limitations of gender-focused research.

METHOD

Narrative Methodology

We utilized a narrative methodology to understand the meaning and experience of compassion from men's perspectives. Based on the philosophy of Bruner (1986) and other narrative thinkers (Clandinin & Connelly, 2000; Kohler-Riessman, 1993; Polkinghorne, 1995), we worked under the assumption that humans construct stories as a way of making sense of lived experience and conveying meaning to others. Thus, for narrative researchers, stories are forms of data that serve as powerful vehicles for understanding subjective realities. In the process of data collection and analysis the narrative researcher creates a framework for understanding and representing people's stories. We regard such a framework—the researcher's interpretation of people's stories (which are also interpretive in nature)—as being a social construction rather than representing an absolute truth. Such a construction is shaped by the researcher's culture, experiences, and other aspects of the

researcher's background. In the present study, for example, our interpretations were influenced by the mix of genders on our team, the fact that all team members were university-educated, and that all came from Euro-Canadian cultural backgrounds. We also recognized that the participants' stories themselves are socially-situated constructions that do not represent the lived experience of all people who self-identify as being males or men.

Polkinghorne (1995) described how the development of narrative frameworks involves (a) re-storying individual narratives in ways that emphasize the uniqueness and particularities of each story, or (b) developing themes that capture patterns and commonalities across people's stories. For the current study, our main emphasis was on the latter. However, we also attended to the context and diversity of participants' experiences in ways that illuminated nuances within themes.

In developing narrative themes, many aspects of stories may become the focus of research. Most commonly, narrative researchers attend to the settings and context of people's stories, plotlines (what happened, along with the timing, antecedents, and consequences of events), actors/characters in the story, actors' behaviours (as well as interactions and relationships between actors), internal states of the actors (e.g., the narrator's emotions, motivations, and reactions), the narrator's explanations and interpretations of events, and key epiphanies or insights of the narrator (see Clandinin & Connelly, 2000; Labov, 2013; Polkinghorne, 1995). We were particularly interested in understanding the context and situational aspects of the compassion experience (e.g., the nature of the distressing situation), relationship of the actors (i.e., how the giver/source of compassion was related to the narrator), how the giver's compassion was expressed to the narrator and how the narrator interpreted and responded to it, and the meaning and significance that the compassion experience had for the narrator.

Participants

Participants were undergraduates recruited through a psychology participant pool at a large Canadian university. Inclusion criteria were (a) self-identification as males when asked to identify their gender as either male, female, or transgender/gender-variant; (b) a minimum age of 18; and (c) fluency in written English. All participants provided informed consent to participate in the study, were free to withdraw at any time without penalty, and received course credit for their participation. The sample consisted of 44 males aged 18 to 34 (mean age 23) who identified themselves as being from the following ethnic backgrounds: 68.1% European, 9.1% Asian, 6.8% Middle Eastern, 2.3% African, 2.3% Metis/First Nations, 2.3% Caribbean, and 9.1% other/mixed ethnicity. Before recruitment, we obtained approval for the study from the university's Research Ethics Board.

Data Collection

The main source of data was participants' written narratives of their experiences of receiving compassion. Data collection began with participants each being seated in a private space in a research lab. After completing a brief demographic

information form, participants were each given a unique link to a secure website where they were asked to recall a situation or event in which someone showed compassion toward them when they were in distress. A brief definition of compassion as “warmth, kindness, caring, and understanding toward others” preceded these instructions. No further elaboration on the meaning of compassion was provided because we were interested in understanding what compassion meant from participants’ perspectives. To help minimize potential risks of participation in the study, participants were instructed to choose a distressing event that was personally meaningful “but not anything too distressing or traumatic for you” (although we nonetheless took the precaution of providing information on counselling services available on campus). Participants were next asked to write for 15 minutes about the compassion experience, in as much detail as possible. Data were collected as part of a larger study examining the experiences and effects of writing about compassion on emotion regulation in young adults. In the current study our focus was specifically on an analysis of the written compassion narratives themselves, as reflecting the experiences and perspectives of men.

Data Analysis

Development of themes. Nygren and Blom (2001) suggested that in analyzing brief written narratives, it is important to gain a “naïve” understanding of each narrative before deconstructing the narrative into inductive codes that are subsequently integrated into themes. We read through each narrative in its entirety several times to gain a holistic understanding of the narrative and its context before coding the data. We then coded words, phrases, sentences, paragraphs, and other segments of data relevant to the research questions, with codes being created inductively (rather than being created *a priori*) at a low level of abstraction. Based on our research purposes we coded data segments that pertained to (a) the nature of the distressing situation, (b) the context of the compassion event, (c) the source of compassion (i.e., giver), (d) how compassion was expressed, (e) how the participant subjectively experienced compassion (e.g., emotions, thoughts, impulses), (f) consequences of receiving compassion, and (g) participants’ reflections on the meaning and experience of compassion. Atlas.ti (Version 7.0; Atlas.ti Scientific Software Development, 2013) was used to help organize the data and codes.

A peer review was conducted by the senior member of the research team to help ensure that the codes fit the data, and codes were then further refined. Codes were subsequently grouped into more abstract themes based on similarities and differences of meaning, while carefully considering context. The entire research team reviewed the themes until we agreed that they fit the data and provided a clear and comprehensive understanding of the narratives, similar to methods used in consensual approaches to qualitative research (Hill et al., 2005),

Although there is no universal agreement for determining the number of themes to present in findings (Smith, Flowers, & Larkin, 2009), in this manuscript we included narrative themes that appeared in at least one-third of the total number of narratives. We chose this cut-off point based on our aim to present themes

that were both rich and common, while at the same time capturing a range of participants' experiences. To further maximize rigour throughout the process, we kept detailed audit trails and extensive memos of insights, interpretations, questions, analytic decisions, and assumptions. The mixed gender composition of our research team provided a particularly rich environment in which we discussed and questioned one another's assumptions and biases, to arrive at fuller and more nuanced interpretations of the data.

Analysis of situation types and compassion sources. During the coding process we also utilized basic content analysis (Elliott, 2005) to code the situation types and compassion sources. Elliott (2005) describes how content analysis, in which data can be ordered into categories or typologies that can be counted, is an approach that can complement more holistic forms of narrative analysis. In the present study, codes were attached to each narrative to describe the type of distressing event in which compassion was received. These situation codes were not based on an *a priori* coding scheme but instead were based on our reading and interpretation of the narratives. The situation codes were then grouped into higher-level categories. To identify the relationship of the giver to the recipient of compassion, an *a priori* coding scheme was used, with new relationship types being added to the scheme when they appeared in the data. Basic descriptive statistics of the situation types and sources were calculated based on the content analysis.

RESULTS

Situation Types and Compassion Sources

The types of compassion situations that participants wrote about are listed in Table 1. Situations involving death or loss constituted 25% of the narratives, 22.7% of the situations were related to academic pressures or adjustment to university life, 15.9% involved illness or accident, and the remaining 36.4% of situations ranged across 10 different types.

Table 1
Types of Situations Where Compassion Was Expressed to Participant

Situation	# Participants
Illness or accident	7
Relationship breakup	6
Academic pressures or failure	5
Transition to university	5
Death of family member	3
Death of pet	2
Interpersonal conflict	2
Social stigma or embarrassment	2
Financial/physical hardship	2
Bad behaviour or attitude	2
Being bullied in childhood	2
General emotional distress	2
Severe mental health issue	1
Job pressures	1
Distress about another person's suffering	1
No specific stressor/general reflections	1

For the sources of compassion, half of the narratives identified either a family member (29.5%) or close friend (20.5%) as the giver. The remaining sources included a romantic partner (9.1%), mentor/authority figure (6.8%), stranger (6.8%), or acquaintance (2.3%). In 25% of narratives, participants identified the compassion source as multiple individuals or a group of people (family and friends, friends only, acquaintances, co-workers, teammates, and a religious congregation). Concerning gender, the sources were 40.9% female, 29.6% male, 13.6% multiple genders, and 15.9% unspecified gender. Figure 1 shows each type of compassion source, with frequencies broken down by gender. Notably, most family members expressing compassion toward the recipient (76.9%) were likely to be female, and were either mothers (46.2% of family members, 13.6% of total narratives) or sisters (23.1% of family members, 6.8% of total narratives). The three familial male givers of compassion in the narratives (23.1% of family members, 6.8% of total narratives) were split between a brother, father, and male cousin. All three compassion sources who were mentors or authority figures (6.8% of total narratives) were male, and were identified as being a coach, professor, and youth group leader.

Themes

Ten themes representing the meaning and experience of receiving compassion, from participants' perspectives, are described below. Table 2 shows the percentage of narratives associated with each theme. Note that within most narratives (90.9%) at least three themes were apparent.

Connection and belonging. This theme encompasses participants' common experience of a bond or connection with others. For example, one participant

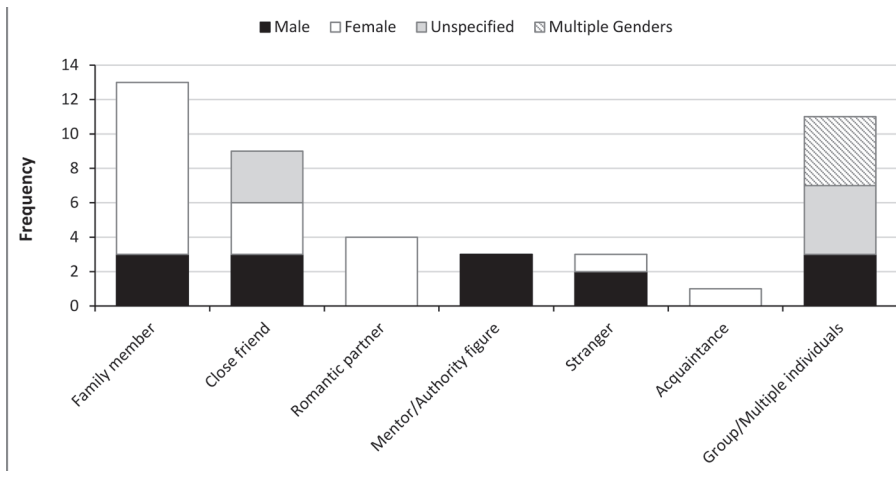


Figure 1. Relationship of the compassion source to the recipient. Frequencies are represented in terms of gender. All relationships except for Group/Multiple individuals represent an individual person identified by the participant.

wrote about compassion he received from many people after his grandmother's death: "What I noticed mostly was that there was a connection, a real, actual, deep connection with these people, even if it was momentary." In several narratives, the compassion giver's normalization of the participant's experience helped unite the participant with other people by helping him understand his struggles as part of what it means to be human. This can be seen in the narrative of a participant who, after having to euthanize his sick dog, received compassion from a friend who was a veterinarian:

He told me about dogs that he had to put down as a vet and how it really isn't easy.... [In] the words he used to describe how he had put down other animals, let them go, and in his voice, you could hear his emotion pouring through as these are not easy stories to tell. I'm provoking this because I'm asking him questions to figure out how death is something so natural yet so unexpected and so hard to deal with – how is it that such strange emotions came out from something that we all understand so well yet is so traumatic and unable to cope with.

Awareness and understanding. For most participants, it was important to know that others were aware of their distress. Recalling his experience of receiving compassion from friends and family after a serious cycling accident, one participant wrote, "It meant a lot for someone just to acknowledge that they noticed that I was in some sort of state." Givers were described as capable of putting themselves into the participant's shoes and expressing understanding without judgment. For instance, one participant described how he had feared rejection by a potential romantic partner when he disclosed details of his divorce. Instead, "She looked me right in the eyes and told me two amazing words: 'I understand.'" In another narrative, compassion came from a professor in response to the participant's concerns about missing his midterm exam to attend his grandmother's funeral:

He understood the situation and told me that he would not penalize me in any way for not writing the exam and that we would move the weighting from the exam to the other midterm I had written earlier in this semester.

Table 2
Main Themes and Number/Percentage of Narratives in Which Theme Was Present

Theme	# Narratives	%
Connection and belonging	28	63.6
Awareness and understanding	25	56.8
Mattering to others	24	54.6
Comfort	22	50.0
Validation	21	47.7
Selfless giving	21	47.7
Being there	20	44.5
Resilience and growth	19	43.2
Sincerity	17	38.6
Reaching out	16	36.4

The participant further wrote, “He proved to me that university professors can be kind and generous, something I had never experienced before.”

Mattering to others. Participants expressed how compassion meant feeling “valued,” “important,” “special,” “loved,” or “wanted” by the giver. At times, this feeling came from seemingly small acts of compassion. This was the case for a participant who was receiving help during the stressful process of moving away from home and registering for university classes three weeks late due to delayed admission:

A secretary at the office, who had been answering all of my questions via e-mail prior [to my arrival on campus] greeted me with recognition and was able to answer all of my questions in a patient and thorough fashion. Having transferred from an institution where such situations were treated with haste and often annoyance, her kindness and compassion was a welcome introduction to the university, quelled a lot of my anxiety, and made me feel immediately at home.

In other cases, the sense of mattering to others was communicated during a life crisis. This was the experience of one participant who, during a major episode of depression, received compassion from a close friend:

People often speak of services or professionals for individuals in my situation, but realistically, the vast majority of people like me just need to know that someone, somewhere, really cares. To know that someone is thinking of you, there is almost no better feeling in the world.

Comfort. An important aspect of compassion was its ability to “comfort,” “soothe,” or “calm down” the recipient and put him “at ease.” A sense of comfort often alleviated overwhelming feelings of anxiety. Recalling how his mother helped allay his fear of failing his first year of university, a participant wrote, “Mostly she just comforted me, which actually turned out to be exactly what I needed. I was 18 and terrified and still just needed to feel that someone was going to take care of me.” Some participants noted how people showing compassion stayed calm themselves and did not “overreact” to the situation or “get caught up in all the emotion that [the participant] had.”

For several of the men, comfort was received during an illness or injury, where compassion came in the form of nurturance and physical gestures. Describing a time when his mother helped when he was bed-bound with a serious case of the flu, a participant wrote:

During this time, my mom would sometimes check on me and make meals for me, bring me a hot tea or some other thing. I really felt that was really nice and compassionate of her, and would feel better whenever she did something like that.

Validation. This theme represents how compassion conveyed the message that the giver believed in the participant’s strengths and potential, and viewed

him in a positive light. Such validation helped participants feel greater self-confidence. For instance, a participant who was struggling with a sense of academic failure wrote about how his friend's compassion helped him regain a sense of personal mastery: "I went from being extremely distressed regarding my current academic plans, and overall dissatisfaction with myself, to being confident in my ability to do what I really wanted to do, and thus increasing my self-esteem and self-worth." Similarly, another participant noted how his mother helped him persevere in his studies in the face of discouragement: "She made me believe in myself when I had given up,... and once this event was over, I felt an inner strength and more confident in my actions both in and out of school."

Selfless giving. Participants perceived compassion as involving personal sacrifice on the part of the giver, who put the participant's needs above their own and went "out of the way" to provide support. Compassion was "generous," "patient," and "altruistic." Recalling how a friend drove from out of town to provide support after a difficult breakup, one participant wrote:

The fact that she went out of her way late at night to listen to me was really appreciated. It's also a little awkward because this friend of mine used to have feelings for me, so I'm sure it wasn't easy for her to listen to me talk about other girls and my involvement with them. But she did very patiently, and that was appreciated.

Some participants noted how compassion was given freely, rather than out of a sense of obligation. Although selfless giving came without an expectation of receiving something in return, approximately one-quarter of the participants felt motivated to reciprocate. In the words of one participant, receiving compassion "made me a much more compassionate person,... [who] would much rather go out of my way for friends, family, and even the occasional stranger."

Being there. For many participants, compassion was experienced as the giver's willingness to be present and provide support in whatever form was needed during a low point in the participant's life. This theme was evident in the narrative of a participant who, after a painful relationship breakup, turned to a close friend for support:

We talked, for how long I don't remember, but we talked for as long as I needed to, and he listened. He hardly left my side the whole night. There were people over, there was some partying, but he didn't go flutter around, he stuck with me.

For some participants, the giver was "there when no one else was." Other participants discovered that they had many people they could depend upon in times of need. In some cases, the experience of others "being there" for them came as a surprise. Writing about his time in the hospital after a serious childhood injury, a participant wrote, "It was more than a shock to learn that my auntie and uncle stayed through the night awake the entire time, both of them kissing me on the forehead when they left."

Resilience and growth. Receiving compassion helped participants “get through,” “bounce back,” and “move on” from the distressing event. For some participants, this meant recovering from illness, accident, or another form of adversity that threatened their sense of power and independence. In other cases, compassion encouraged participants to persevere when faced with anxiety and self-doubt in major life domains, such as academics and work/career. Often, participants regarded compassion as being instrumental in their achieving a sense of mastery and success. For example, one participant described how his sister’s compassion helped him overcome extreme anxiety over an upcoming exam:

She told me it would be good just to take an hour break or so, and not focus on the midterm at all. I did so reluctantly, and in the end, it did help clear my head.... After a while, she offered to help me study through some terms with flashcards and other study mechanisms. This offer really made me feel that I was valued, and it gave me hope that I could, in fact, do this.

Additionally, some participants reflected on how their experience of compassion helped them become stronger and grow as human beings. Recalling a time when his dog died, a participant wrote about his experience of receiving compassion from a close friend: “Talking to him put something back into me, brought something back into my heart, into my will to want to be and move on and really push through a time of challenge.”

Sincerity. More than a third of participants emphasized the importance of compassion as being “sincere,” “real,” “genuine,” “honest,” or “true.” This was evident, for example, in the narrative of a participant who recalled his brother’s reaction to hearing the participant talk about a conflict with a friend:

I never forgot that incident because I was amazed that he had such a level of compassion and caring to cause him to have such an emotional reaction to my problems. I don’t think anything could have consoled me faster than seeing his reaction to my story.... His feelings were so genuine and his reaction so visceral that I was taken aback.

Participants contrasted compassion that came from a place of authenticity with expressions that were “fake” or “superficial.” One participant noted how a friend listened to him talk about a painful relationship breakup “without trying to feed me a lot of clichés.”

Reaching out. In times of distress, some recipients actively elicited support while others did not. Hesitation to reach out was often due to the participants’ belief that they had to bear the burden alone, or to their desire to avoid upsetting other people. For example, one participant wrote about his reluctance to accept compassion after his father’s death: “I always felt that there were people to lean on but... I believe that I should be the person who supports others and not that they should be supporting me.” When participants were concerned about “burdening” other people it was especially appreciated when others actively reached

out instead. This can be seen in the case of a participant who, recalling a time of general discouragement, described compassion expressed by his friend:

It's not that I had no one. It is that I felt as though I didn't want to burden anyone with my issues or my troubles. I just thought that I had to do it alone, but all I really needed was for someone to ask me what was wrong. [My friend] would not let me simply shrug it off, but instead stuck with me and really asked what was wrong.

The friend's persistence in reaching out helped alleviate the participant's sense of isolation and encouraged him to share his emotional pain. For several participants, such sharing was experienced as "freeing," as it facilitated "lightness," "emotional release," and "relief."

DISCUSSION

This study aimed to develop an in-depth and contextualized understanding of the experience of receiving compassion from others, based on the perspective of young adult males. In the sections below, we discuss the findings as they relate to the current literature. Particular emphasis is on how the findings contribute to an understanding of compassion, and on implications for the gender-sensitive practice of working with men in counselling and psychotherapy.

For the first theme, *connection and belonging*, participants described how their experience helped them realize that they were not alone in their struggles, and that other people experienced similar difficulties. The men's sense of commonality with others may have helped them feel more open to receiving and eliciting compassion from other people. This is consistent with the theoretical model developed by Addis and Mahalik (2003) to explain the psychosocial processes that influence help seeking in men. One of the processes described in the model is the degree to which men perceive their problem as normative. Addis and Mahalik (2003) cited several studies suggesting that men may feel less inclined to seek help if they perceive their problem as non-normative, and recent empirical research provides support for this theory (Sierra Hernandez, Han, Oliffe, & Ogrodniczuk, 2014).

In the current study, participants indicated that the experience of compassion not only helped them feel connected to the giver of compassion but also enhanced their sense of shared humanity more generally. These findings echo Neff's (2003) model of self-compassion, in which viewing one's experience as part of the shared human condition is a major element. Similarly, Gilbert's (2009) compassion-focused therapy approach for strengthening self-compassion emphasizes the importance of helping clients recognize their experiences as normal and common. Thus, it appears that for the participants in this study receiving compassion from others may promote some aspects of self-compassion.

Extending our findings to clinical settings we suggest that normalizing client's experiences may be especially important when working with men. Because gender role socialization may deter men from sharing their problems and vulnerabilities

with others, many male clients may mistakenly believe themselves to be somehow inadequate or inferior compared to other men. Learning how other men share similar struggles may be new information that could help reduce a sense of shame. Therapeutic conversations about common struggles that men experience may also increase a sense of affinity with other men. Additionally, group therapy or support groups for men may be considered as a means of normalizing men's experiences and reducing isolation. For example, Kivari, Oliffe, Borgen, and Westwood (2018) showed how a group counselling program for male military veterans helped the participants recognize the commonalities of their experiences.

Two of the themes, *being there* and *mattering to others*, evoked in participants feelings of being valued and worthy of receiving care and compassion. The belief that others will provide support when needed is ideally internalized at a young age through interactions with primary caregivers (Bowlby, 1969, 1988). However, it is possible that parenting practices based on traditional gender roles may leave boys to question both the availability of support and their worthiness of receiving it. Boys are typically socialized from a young age to be self-reliant and to decrease their dependency on others (Levant, 1996), unlike the case with most girls.

When speaking with their young children, parents may be less likely to engage in feeling-related discussions with sons than with daughters (Aznar & Tenenbaum, 2015; Fivush, Brotman, Buckner, & Goodman, 2000). Parents may also be less likely to encourage and acknowledge feelings of sadness in their sons than in their daughters, promoting the expression of gender-specific emotions as children age (Cassano, Perry-Parrish, & Zeman, 2007; Chaplin, Cole, & Zahn-Waxler, 2005).

Accordingly, when working with men it is important to recognize that a reluctance to disclose personal concerns may be due to low expectations of receiving support rather than resistance to treatment. In addition to discussing the benefits of disclosure in a therapeutic relationship where the client is prized (see Rogers, 1980), it may thus be important to explore male clients' previous expectations and experiences of support from others. As Gilbert (2009) stated in the context of compassion-focused therapy, for clients who experienced an absence of support in their early years conversations about past experiences of caring (or lack thereof) may uncover intense feelings of sadness and anger which can then be processed in therapy.

The theme of *awareness and understanding* was another aspect of compassion discussed by the men in our study. Participants perceived the compassion giver as recognizing and understanding their suffering, and as demonstrating empathic awareness while withholding judgment. There is extensive support in the literature for the crucial role of empathy and acceptance in bolstering outcomes in counselling and psychotherapy (Elliott, Bohart, Watson, & Greenberg, 2011). The literature further suggests that men may be particularly receptive to receiving care if they perceive that their counsellor understands their struggle and if they feel known on a deep and genuine level (Johnson et al., 2012). To be sure, genuine empathy is important in counselling with all people. Counselling with men, however, additionally requires deep sensitivity to how masculinity and gen-

der issues may influence men, alongside the counsellor's communication of this understanding to their male clients. Indeed, authors have commented that such sensitivity and understanding are essential components in working with men and boys (Mahalik et al., 2012).

For nearly half of the participants, compassion included *validation* of their strengths and capabilities. This theme is congruent with current theory concerning men in counselling. Westwood and Black (2012) suggested that affirming men as experts in their own lives and fostering a sense of agency may encourage men to feel more competent early in the counselling relationship. Such validation may set the foundation for more sensitive therapeutic work. In their model on how to decrease shame in men with depression, Shepard and Rabinowitz (2013) identified relational validation as a key therapeutic process. Relational validation involves fostering an equal relationship by reducing the power differential between counsellor and client (Shepard & Rabinowitz, 2013). By reducing the degree to which the counsellor is perceived as the all-knowing expert and validating the client's strength and bravery, the counsellor may help the client feel empowered and safe while reducing the tendency for shame (Shepard & Rabinowitz, 2013). Furthermore, it might be important to consider whether pressures to succeed, along with gender norms that expect men to be consistently confident and competent in achievement-oriented domains, might be contributing to a male client's distress (O'Neil, 2013). Empathically attuning to these potential struggles while validating strengths may provide men with a comfortable space in which to be vulnerable in therapy.

Sincerity, *selfless giving*, and *reaching out* were three additional themes in the participants' narratives. These themes pertained to the attitudes, ways of being, and actions of the persons extending compassion. The concept of sincerity, similar to the notion of authenticity in humanistic psychology (Rogers, 1980), aligns with previous research on counselling and psychotherapy with men. Westwood and Black (2012) asserted that to engage men in counselling it is essential that counsellors be "real people" (p. 290). Counsellor authenticity might include being open and willing to self-disclose while maintaining appropriate ethical boundaries in order to encourage male clients to disclose their own painful experiences (Westwood & Black, 2012).

For approximately half of the men in this study, compassion included selfless acts and personal sacrifices on the part of the giver. It appeared that the altruistic nature of the giver's act often made compassion easier to accept. These findings are interesting given that some participants expressed how receiving compassion instilled in them a stronger desire to show compassion to others. This apparent phenomenon is consistent with research suggesting that men may be more comfortable in helping situations in which they can reciprocate (Addis & Mahalik, 2003; Sierra Hernandez et al., 2014). The findings from our work are especially intriguing because it seems that for some of the participants the selflessness of the giver may have both relieved some of the pressure to reciprocate to the giver specifically, but also activated a desire to selflessly reciprocate in other situations or

“pay compassion forward” in the future. Given that the prospect of reciprocation may make it easier for men to share, counsellors should reinforce the fact that the services provided are a fair exchange – not only because the client has paid for the services but also because the counsellor sincerely appreciates helping others. The counsellor might also encourage male clients to reciprocate compassion to others in their personal lives to help fulfill their desired contribution in the social exchange.

Some men in this study also reported hesitancy to receive compassion due to their perceived need to bear the burden of their pain alone. Nonetheless, the same participants appreciated when the compassion giver reached out to them. Gender role conflict (GRC) theory suggests that males, who are typically socialized to avoid sharing their pain (Johnson et al., 2012; Richards & Bedi, 2015), may have difficulty understanding their emotions and articulating emotional pain to others (O’Neil, 2013, 2015; Wong & Rochlen, 2005). Therefore, clinicians may need to be persistent when reaching out to men in therapy. If a male client discloses his pain, it would be important for the counsellor to engage in a meaning-making process with him and to frame sharing as a brave act that enlists allies. In addition, for men to feel comfortable disclosing distress they may need to perceive the confidant as someone who is capable of coping with the powerful emotions the man is experiencing.

Conclusions may also be drawn from some of the overall trends within men’s compassion narratives. Most participants received compassion within contexts that could be considered normative regarding help seeking, such as struggling in their studies or work, processing death or loss, and experiencing an illness or accident. Participants less frequently reported situations such as mental health problems, social stigma, and general emotional distress. This could perhaps be explained by social norms that discourage males’ expression of emotional vulnerability except in situations where self-reliance is not expected (e.g., severe illness) or where the expression of pain is considered normal (e.g., death/loss). Fears of being judged or shamed for expressing emotional pain (Johnson et al., 2012; Richards & Bedi, 2015) may also account for why sources of compassion within participants’ narratives were most often family members or close friends. Having access to these types of long-term, deep relationships may provide crucial outlets for the expression of feelings.

Within this study women were more likely to be identified as the source of compassion than men. Due to parenting approaches based on traditional gender roles, some participants may have learned that male caregiving figures were less likely to meet their emotional needs (see Cassano & Zeman, 2010; Cassano, Zeman, & Sanders, 2014). Mothers are also more likely than fathers to discuss emotional experiences during conversations with children (Fivush et al., 2000; Zaman & Fivush, 2013). Accordingly, men may turn to women for compassion based on early childhood experiences, as well as societal expectations that women are more empathetic than men (Eisenberg & Lennon, 1983). It is also possible that turning to women for support may be perceived as a psychologically safer option, as men can avoid breaking from traditional gender norms in front of another male.

Limitations and Future Directions

In interpreting the study's findings, it is important to recognize that participants were young, university-educated males, with the majority being from a Western cultural background. These characteristics represent limitations of the sampling method that we used (i.e., recruitment from a university participant pool). Future research should include males of different ages, educational and socioeconomic backgrounds, cultures, and sexual orientations, as the extent to which the present findings may apply to different subgroups and intersectionalities are unclear.

Furthermore, although the written narratives were rich in content, communication was mainly one-way with minimal input from the researchers. In-depth interviews, observations, and other data collection methods would be helpful in the future as they could facilitate a deeper exploration of men's compassion stories and allow for clarification of participants' meaning.

People also express themselves differently in writing than orally and thus the collection of oral narratives could be fruitful. Importantly, participants were given general instructions to write about a compassion event, without being asked to write specifically about receiving compassion in counselling settings.

Although the study's findings have important implications for counselling, research on men's experiences of compassion in the context of psychotherapy is needed. On a related note, due to ethical considerations, participants were asked to write about compassion during a time that was distressing but not "too distressing or traumatic." It is possible that the types of distressing situations revealed in counselling might vary from those represented in participants' narratives.

Finally, findings from this study are not intended to be generalized to males in the larger community in a statistical sense. Although counsellors may find it helpful to keep our findings in mind when working with men, the diverse contexts that shaped the compassion experiences of participants in the current study may not apply to all men. For example, gender roles and norms in specific cultures may influence how men experience compassion. The findings may also not apply to those who were not raised and socialized as a male, such as some transgender or genderqueer individuals.

CONCLUSION

Through the qualitative exploration of young men's narrative recollections, this study contributes to a nuanced understanding of the meaning and experience of compassion from the viewpoint of men. Our findings may help sensitize counselling practitioners and researchers to the diverse ways in which males receive and respond to compassion from others. With the insights gleaned from this study, combined with a knowledge and understanding of gender theory and gender role socialization, counsellors may be better positioned to identify and amplify aspects of compassion in their work with male clients. Furthermore, the findings offer possibilities for helping men access compassion in their daily lives in ways that honour men's strengths, values, and perspectives.

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