Understanding the Link Between Motivational Interviewing and Self-Compassion
Comprendre le lien entre la technique d'entrevue motivationnelle et l'autocompassion

Olivia Pastore
University of Ottawa
Michelle Fortier
University of Ottawa

ABSTRACT

In this article, the authors posit that the accepting and compassionate spirit of motivational interviewing (MI), along with specific content-based techniques (i.e., reframing), can help to cultivate a self-compassionate mindset within clients receiving MI. The authors explore this link further while discussing potential moderators that may influence this process as well as practical implications for counselling practice and future research recommendations. This article is innovative in that it could provide a new theoretical foundation for conducting research that supports the effectiveness of MI in enhancing self-compassion, which has been associated with a myriad of improved psychological outcomes. The concepts of this paper and the exploration between specific MI techniques would be valuable to many clinicians with the desire to increase self-compassion in their clients.

RÉSUMÉ

Dans cet article, les auteures postulent que l'approche bienveillante et compatissante de l'entrevue motivationnelle (EM), conjuguée à des techniques particulières fondées sur le contenu (c.-à-d. le recadrage), peut contribuer à entretenir un état d'esprit d'autocompassion chez les clients soumis à l'EM. Les auteures explorent ce lien davantage tout en discutant de possibles facteurs de modération capables d'influencer la démarche, ainsi que les implications pour la pratique du counseling et les recommandations pour de futures recherches. L'article est novateur, car il pourrait offrir un nouveau fondement théorique sur la façon de mener une recherche favorisant l'efficacité de l'EM en suscitant l'autocompassion, qui est souvent associée à l'amélioration d'une foule de résultats psychologiques. Les notions mises de l'avant dans l'article et l'exploration du lien entre les techniques d'EM pourraient s'avérer fort utiles pour de nombreux cliniciens désireux d'accroître l'autocompassion chez leurs clients.

Motivational interviewing (MI) is a collaborative counselling style that is widely implemented and supported in various counselling domains such as education (Ratanavivan & Ricard, 2018), health care (Lundahl et al., 2013), and career counselling (Rochat & Rossier, 2016). Given that MI is a complex intervention, multiple techniques aim to evoke motivation and promote change. To elucidate these techniques and to help researchers understand the mechanisms underpinning the effects of MI, 38 techniques have been identified (Hardcastle et al., 2017). Of these 38 techniques, 22 are content-based and aim to promote change by focusing on the content of the intervention (e.g., exploring the pros and cons). In contrast, the other 16 are relational techniques (collectively known as the "spirit") and promote change by informing the interpersonal style through which the content-based techniques are delivered (e.g., affirmations). This underlying spirit is central to MI and involves an accepting and compassionate partnership that draws on and evokes the client's inner strengths (Miller & Rollnick, 2013).

Previous research has indicated that the spirit was the most consistent element of MI in promoting client outcomes and had a direct link with change relative to other elements such as content-based techniques. These elements (i.e., content-based techniques) were still present but not as associated consistently with these outcomes (Copeland et al., 2015). As Miller and Rollnick (2013) suggested, the way practitioners are with their clients is more important than what they say; however, in combination, both aspects of MI are essential for creating an environment in which the client is supported in changing and growing.

Indeed, there is increasing evidence for the effectiveness of MI in counselling contexts for improving a client's commitment to change toward their desired goal (Lundahl et al., 2013; O'Halloran et al., 2014; Smedslund et al., 2011). For example, a systematic review found that MI was effective for improving student outcomes such as academic achievement, academic behaviour, and school-based motivation (Snape & Atkinson, 2016). In other contexts, a meta-analysis has reported medium-to-large effects on treatment adherence and small-to-medium effects on treatment outcomes, such as psychological well-being (Lundahl et al., 2010).

In some cases, researchers have also linked MI to other theoretical frameworks such as self-determination theory (SDT; Miller & Rollnick, 2012) and the transtheoretical model (TTM; Prochaska & DiClemente, 1982; Dray & Wade, 2012). Indeed, some studies have highlighted the link between MI and SDT, such that MI provides an autonomy-supportive environment for clients that supports the three psychological needs of SDT (autonomy, competence, and relatedness), promotes self-determination, and enhances client outcomes (Miller & Rollnick, 2012; Resnicow & McMaster, 2012).

As new theoretical constructs arise, new associations with MI should be explored. This would help to understand better the underlying mechanisms involved in MI and to optimize interventions using MI. One such relatively new

construct is *self-compassion*, which is defined as a healthy and kind stance toward the self (Neff, 2003a). Those who are self-compassionate are connected and open to their suffering, generating the desire to alleviate it, heal it with kindness, and understand that their suffering is part of the larger human experience (Neff & Germer, 2017). Self-compassion has become increasingly prevalent in research and is used in a variety of interventions due to its significant association with many positive outcomes such as increased psychological health and well-being (Neff et al., 2018) and enhanced coping with stress (Chishima et al., 2018).

It appears that self-compassion may be cultivated through a compassionate therapeutic relationship (Desmond, 2015; Germer, 2012). Thus, it is reasonable to assume that there exists an important link between MI and self-compassion. As MI has an accepting and compassionate nature, this would likely be transferable to MI clients, subsequently leading to increases in self-compassion. In addition, specific content-based MI techniques (e.g., normalizing) may work more directly to enhance this process as they align with a self-compassionate mindset.

In this article, we explore the convergence between MI and self-compassion while discussing practical counselling implications and future research. Having a counselling style that can help to change a client's behaviour and help them have a healthier stance toward themselves could offer many benefits. We also provide a case study to illustrate a practical example of the various ways in which a counsellor using MI could foster a self-compassionate mindset within their client.

A Brief Overview of Motivational Interviewing and Self-Compassion

Motivational Interviewing

Motivational interviewing (MI) is an empirically validated, collaborative counselling approach that helps strengthen a client's motivation and commitment to change (Miller & Rollnick, 2013). The effectiveness of MI relies heavily on its underlying spirit, which creates a supportive and non-judgmental environment rather than a manipulative or coercive one. This underlying spirit has four components:

1. *Partnership*. An active, positive collaboration with the client.
2. *Acceptance*. Acceptance includes (a) absolute worth, which is prizing the inherent worth of the client with unconditional positive regard; (b) affirmation, which is to seek and acknowledge the client's strengths and efforts; (c) accurate empathy, which is an active interest in and attempt to understand the client's internal perspective; and (d) autonomy support, which is honouring and respecting the client's autonomy.
3. *Compassion*. Actively promoting the client's welfare and giving priority to their needs.
4. *Evocation*. Eliciting inner resources within the client and strengthening them (Miller & Rollnick, 2013).

All the above-mentioned components are essential to the effectiveness of MI. For this paper, however, more emphasis will be placed on acceptance and compassion, as we believe these likely have a more direct influence on cultivating a client's self-compassion.

The spirit of MI encompasses a range of individual techniques, known as the relational techniques of MI. There are also content-based techniques, which differ in overall function. A common example of a relational technique that informs the spirit of MI is a *double-sided reflection*, which is when the counsellor aims to capture client ambivalence by strategically communicating to the client that they heard their reasons for and against change (Hardcastle et al., 2017).

An example of a content-based technique that aims to evoke change talk is the *importance ruler*, whereby the counsellor seeks to explore readiness to change by asking how significant change is to the client and why their importance number is not lower (Miller & Rollnick, 2013). In this article, we suggest that particular content-based techniques of MI (which we discuss later on), as well as the accepting and compassionate way they are employed (relational techniques or spirit), provide a wholesome environment for change and for the cultivation of self-compassion.

Self-Compassion

As mentioned previously, self-compassion is a healthy conceptualization and attitude toward the self (Neff, 2003a). Self-compassion is composed of three facets and their counterparts:

1. *Self-kindness* (vs. self-judgment), which is the ability to treat oneself with gentleness instead of being judgmental.
2. *Mindfulness* (vs. overidentification), which is the ability to have a balanced and non-reactive awareness of one's thoughts, emotions, and feelings rather than overidentifying with them.
3. *Common humanity* (vs. isolation), which is the understanding that pain and suffering are parts of the broader human experience rather than believing that a person is isolated in painful experiences.

Though these components are all necessary for having a self-compassionate mindset, there is a particular order in which they should occur when a person is faced with a struggle (Neff & Germer, 2018). Specifically, mindfulness lies central to self-compassion in that an individual must notice that they are suffering before they can give themselves compassion (Neff & Germer, 2017). Once an individual experiences mindfulness in a moment of struggle, they can say to themselves that what they are experiencing is common (common humanity) and then treat this suffering with self-kindness. For example, after experiencing a setback the individual might say, "I am in a moment of pain" (mindfulness), followed by "This is a setback that many people experience" (common humanity), and lastly "May I be gentle with myself during this struggle" (self-kindness).

In terms of evidence on the outcomes of self-compassion (as measured by the Self-Compassion Scale; Neff, 2003b), this trait has been found to lead to increased psychological health (Neff et al., 2018) such as high levels of well-being (see Zessin et al., 2015) and improved student communication behaviours (Long & Neff, 2018). Self-compassion is a malleable construct that can be enhanced (Leary et al., 2007; Neff & Germer, 2013). Indeed, various types of interventions exist, such as mindful self-compassion, that aim to increase self-compassion (Neff & Germer, 2013) and they have been found to increase optimism, happiness, and self-efficacy and to decrease rumination, depression, and anxiety (Albertson et al., 2015; Neff & Germer, 2013; Smeets et al., 2014). Increasing self-compassion has many positive outcomes. If a widely used counselling style such as MI can enhance it, this may provide many practical benefits that will be explored further throughout this paper.

Research Linking Motivational Interviewing to Self-Compassion

To our knowledge, there have been no studies that have examined the impacts of MI on self-compassion. Moreover, there have been two studies that have investigated MI and self-compassion together. For example, Benzo (2013) used and compared two different interventions for promoting self-management in patients with chronic obstructive pulmonary disease, one based on MI counselling and one based on mindfulness (a facet of self-compassion). The interventions were chosen because they both "deeply touch the core of people values to create the condition for creation/innovation/change in daily lives from observation [and] reflection" (Benzo, 2013, p. 176). Both the MI and mindfulness intervention groups reported a common theme of increased levels of awareness of the self and their goals. Though no conclusions can be made about the effects of MI on self-compassion from this study, it is important to note that this increase in awareness (mindfulness) is a central component of self-compassion and provides initial insight into the potential effects of MI on increased client awareness. Even though the two interventions used in this study differ in their mechanisms (e.g., MI was used to increase motivational components toward certain health behaviours, whereas the mindfulness intervention was used to increase one's non-judgmental attention to the present moment), their outcomes were similar.

In another recent study, Steindl et al. (2018) examined the use of MI as a precursor to enhance outcomes of compassion-based interventions (such as mindful self-compassion), and they found that MI was a promising prelude and had the potential to improve motivation, commitment, and compassionate action toward oneself. Even though this study used MI in a more direct way to increase self-compassionate behaviour (such as discussing being self-compassionate with the client directly), it does demonstrate the malleability of motivation to be self-compassionate. It provides support for enhancing self-compassionate motivation

in a counselling context. The above-mentioned studies have been influential in recognizing the link between MI and self-compassion, but this paper is the first to explore the rationale and the implications for doing so. To understand this rationale further, it is important to delineate the techniques in which MI could lead to increases in self-compassion.

Variables Identified Within MI

As the popularity of MI has grown, there have been variables that have been proposed to explain the effects of MI on various outcomes such as health behaviour change. One such important factor is self-determination (i.e., engaging in an activity out of enjoyment or because it aligns with personal values; Ryan & Deci, 2017; Fortier et al., 2007). As mentioned previously, MI has been proposed as an ideal context to promote SDT's three psychological needs, which, in turn, leads to increased self-determination and improved behaviour change (e.g., Patrick et al., 2014). Indeed, in the physical activity context, research has shown that many MI-based interventions have been shown to lead to increased self-determination and physical activity behaviour (Fortier et al., 2011; Teixeira et al., 2012).

Recent research studies have also shown an association between self-compassion and self-determination (Guertin et al., 2018; Magnus et al., 2010; Mosewich et al., 2011). Though self-determination is an important mediator of MI, the exploration of other potential mediators is warranted to understand fully and to optimize counselling interventions. As highlighted in this paper, self-compassion may be a key mediator in the process of MI. Thus, the next section of this paper will further explore this sequence (MI → self-compassion) through the two different types of MI techniques.

Fostering a Self-Compassionate Mindset Through MI

Using the Spirit of MI (Relational Techniques) to Enhance Self-Compassion

As the spirit is the most consistent MI element that promotes desirable client outcomes (Copeland et al., 2015), we posit that it would likely be the most important for enhancing self-compassion. This is primarily because the spirit of MI changes the conversation from being coercive and manipulative to supportive and non-judgmental. To understand further how the spirit of MI could cultivate self-compassion, it is essential to realize that MI is a collaborative conversation that enables the client to self-explore and to find reasons to change. This process naturally allows the counsellor to elicit further change talk that supports the client's personal goals. What is especially important is that during this process, the MI counsellor provides a safe environment for the client by being accepting and compassionate (as expressed through the relational techniques).

Through MI, it is reasonable to assume that clients would internalize this accepting and compassionate stance toward themselves. Some core examples in which the counsellor informs the MI spirit through the relational techniques are (a) *affirmations*, which include a counsellor providing a statement that acknowledges the client's difficulties, efforts, and self-worth; (b) *emphasizing autonomy*, which involves the counsellor providing a statement that directly expresses motivational support for the client's own choice and self-determination; and (c) *reflections*, which allow the counsellor to repeat back in strategic ways important things that the client says to evoke change talk (Hardcastle et al., 2017). We believe strongly that the MI spirit alone may cultivate self-compassion. However, for further support, the content-based techniques will also be discussed.

## Using the MI Content-Based Techniques to Enhance Self-Compassion

Content-based techniques function to increase self-compassion in a slightly different and more direct way than the spirit of MI. For example, the MI spirit deals with *how* the counsellor delivers the intervention, whereas the content-based techniques are *what* the conversation entails. Of the 22 content-based techniques identified in MI (Hardcastle et al., 2017), we predict that four may be particularly relevant to fostering self-compassion. These include (a) *identifying past successes* (the counsellor prompts the client to think about previous successes to build confidence for change), (b) *identifying strengths* (the counsellor prompts the client to elicit their strengths), (c) *reframing* (the counsellor offers a reflective statement that invites the client to consider a more positive and motivational interpretation of what has been said), and (d) *normalizing* (the counsellor communicates to the client that having difficulties while changing is not uncommon; Hardcastle et al., 2017).

Identifying past successes and strengths would target the self-kindness component of self-compassion as it enables the client to voice positive attributes, thus promoting a kind stance rather than a judgmental one. We suspect that reframing would target the mindfulness component of self-compassion as it elicits the client to think more positively, thus preventing them from feeling over-identified with negative thoughts or feelings. Finally, normalizing likely targets the common humanity component of self-compassion as it helps the client to understand that their struggles are part of the broader human experience. For a summary of what components of self-compassion these specific content-based techniques would address, see Figure 1. As we have outlined the necessary components that could be involved in the cultivation of self-compassion, it is also important to understand factors that might moderate this process.

Moderating Factors

Though this paper has explored the potential mechanisms through which MI can cultivate self-compassion, there may be moderating factors that potentially can

Figure 1
*Summary Model of the Effects of MI Techniques (Relational and Content-Based)
on Self-Compassion and Client Outcomes*
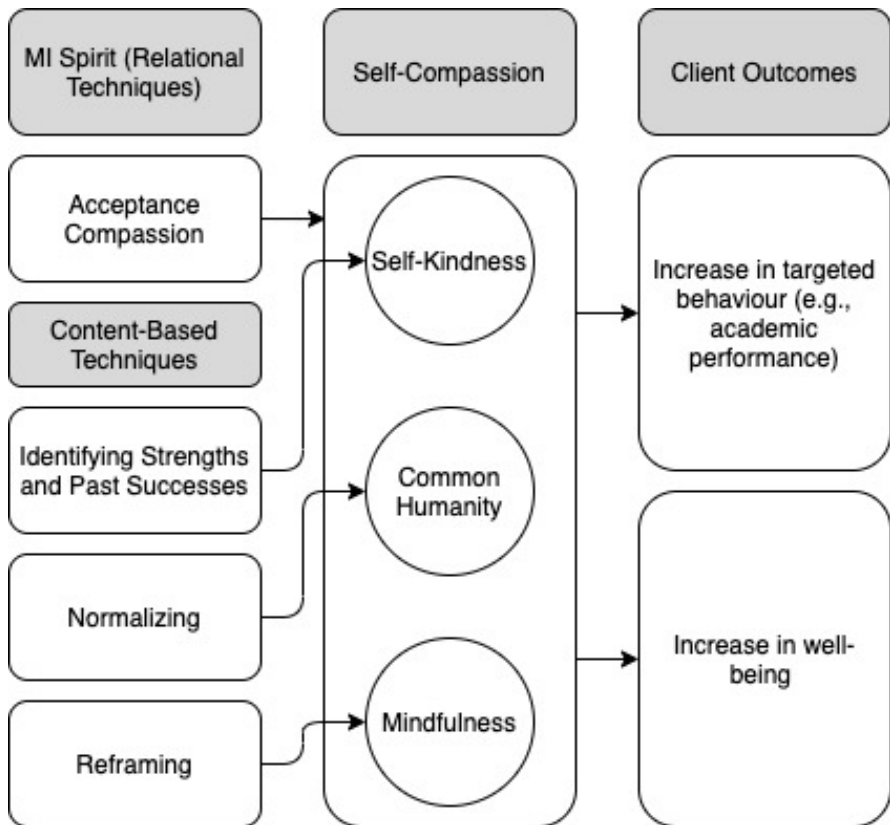
influence this process. One example of a potential moderating factor is the possible discord between the client and their counsellor. Signs of discord include when the client becomes defensive (e.g., blaming, minimizing, justifying), squares off (e.g., taking an oppositional stance toward their counsellor), interrupts/discounts their counsellor, or seems disengaged from the conversation (Miller & Rollnick, 2013, pp. 228–239). It can also occur if the counsellor's techniques or approach become less consistent with MI (e.g., they seem tired, stressed, or distracted; Miller & Rollnick, 2013, p. 240).

Discord is concerning as it may indicate that there is dissonance in the client–counsellor relationship and is likely inversely related to subsequent change (Miller et al., 1993; Patterson & Chamberlain, 1994; Safran et al., as cited in

Miller & Rollnick, 2013). If discord is high between the client and their counsellor, the client is less likely to be engaged in the conversation. This would reduce the chance of the client internalizing a self-compassionate mindset. By contrast, if there is less discord in the relationship, the client is likely to be more engaged in the counselling sessions. This would allow them to be more likely to change and to internalize a self-compassionate mindset.

Other potential moderating factors that are likely to compromise the effectiveness of MI in cultivating self-compassion are related to the experience of trauma. For example, greater exposure to trauma is expected to influence one's ability to internalize self-compassion. Research has shown that individuals who have experienced moderate to severe exposure to trauma (e.g., abuse, assault) were less self-compassionate (Barlow et al., 2017; Bistricky et al., 2017) and had increased fear and active resistance to receiving compassion from others (Gilbert, 2010; Matos et al., 2017) and to being self-compassionate (Boykin et al., 2018).

McLean et al. (2018) illustrated the above findings further in their qualitative study that explored the most common barriers for being self-compassionate among sexual abuse survivors. They found that the largest obstacles were having poor relational templates for compassion, negative self-perceptions, fears, resistance, low coping self-efficacy, and misperceptions regarding compassion. Together, these factors made it more difficult for clients to cultivate compassion (McLean et al., 2018).

Therefore, we suggest that it would be increasingly difficult to develop self-compassion in clients who have had greater exposure to trauma. For clients who have had less exposure to trauma, it is likely easier to cultivate self-compassion through MI. It is also important to note that a counsellor's ability to acknowledge and to react compassionately to trauma and suffering is critical (McLean et al., 2018). However, as previously mentioned, acceptance and compassion are at the core of MI. Thus, it is expected that MI-trained counsellors are well equipped to respond authentically to client suffering.

We have explored the association between MI and self-compassion in more detail and have outlined potential moderators that may play an important role. We will now provide a case example to demonstrate more clearly how this process might occur in a real-life context.

Case Example

Case Overview

Erin has been struggling to quit smoking for many years. She has tried multiple times and successfully stopped for three years but now has started again. She tends to be very self-critical, judgmental of her flaws, and overwhelmed by her emotions. She also believes that she is alone in her experiences (essentially low in self-compassion). Erin begins to seek an MI-based counselling service that will

help her quit smoking. Below is a conversation from Erin's third counselling session, after a trusting relationship has been established already with her counsellor.

Counsellor	Thanks for showing up to our session today, and you even came early! You're awesome and on top of your game (affirmation*).
Erin	No problem.
Counsellor	How has the past week been?
Erin	Not the best. I only stuck to my plan for two out of seven days. I don't understand why I can't get this right when everyone else can. I'm a failure (isolation† and over-identification†).
Counsellor	I see that you're upset that you didn't stick to your plan, and you think that you failed at this attempt (complex reflection*). What's amazing, though, is the fact that the last time we met, you were smoking every day of the week (reframing*). I know that you're discouraged, and that's not an uncommon emotion when trying to quit smoking (normalizing*). I know you will get through this. You're persistent (affirmation*)!
Erin	I guess you're right. I shouldn't be so hard on myself (self-kindness†), and two days is better than none (mindfulness†). I'll also admit that my other friends that are trying to quit have been going through the same thing too (common humanity†).
Counsellor	That's great that you see that (affirmation*). I want to direct our conversation elsewhere now if that's okay.
Erin	That's fine.
Counsellor	What are certain strengths that you see in yourself and that have helped you to succeed in the past, specifically the last time you quit (identifying strengths* and past successes*)?
Erin	I'm not really sure. I think a strength of mine is that I was very persistent (self-kindness†). Even when I would smoke one day, I would just want to keep trying and trying.
Counsellor	I'm glad you see that in yourself because I see the exact same thing (affirmation*). That must have really helped you through a tough time (simple reflection*).
Erin	Yes, it did.

[*MI technique
†Subcomponent of self-compassion]

Case Discussion

As we can see in Erin's counselling session, she begins to voice what the counsellor is telling her, and her thoughts begin to align with the three components of self-compassion (i.e., self-kindness, common humanity, and mindfulness). With growing self-efficacy, it is reasonable to believe that Erin will internalize these thoughts and feelings throughout her counselling. Essentially, this example highlights a snapshot of the optimal environment that MI provides so that this internalization to occur (from a compassionate MI counsellor to a self-compassionate client).

Summary, Implications, and Conclusion

The purpose of this article was to highlight the link between MI and self-compassion as well as the assumption that MI provides a supportive environment for the cultivation of self-compassion to occur. To our knowledge, no previous paper has explained the association between MI and self-compassion. This environment is a result of the combination of the spirit of MI and the content-based techniques used within MI. We are currently conducting a study to examine the empirical influence of MI over time onto self-compassion and its six subcomponents. Specifically, we are investigating whether an MI-based intervention increases levels of client self-compassion from baseline to end point and whether this increase is maintained at the 1-month follow-up.

Future research should examine a three-armed randomized controlled trial to compare the effects of the two different MI techniques onto self-compassion. The first arm could include MI relational techniques, whereas the second could include content-based techniques and the third could include both relational and content-based techniques. Following this, another randomized controlled trial could be conducted comparing the effects of an MI intervention and an MI intervention augmented by self-compassion techniques (e.g., writing a self-compassionate letter to oneself) onto self-compassion, self-determination, and behaviour change. Conducting qualitative interviews during and after the intervention is also recommended.

This paper, as well as the studies mentioned above, would support further this potentially important link between MI and self-compassion. This would be a significant contribution because, as stated previously, self-compassion has been causally linked to many positive outcomes. Once an empirical relationship is established between the two, this could help practitioners, clinicians, and researchers when choosing between different counselling approaches. Having a counselling approach that will enhance motivation, as well as positive constructs related to the self, such as self-compassion, allows for the optimization of interventions to occur. This would increase the likelihood of enhancing well-being

among clients as well as other outcomes such as persistence to maintain those behaviours over time.

A last important note is that this paper does not propose that MI should replace interventions based in self-compassion; in fact, it is recommended that they be used if self-compassion is the sole outcome. Instead, this paper highlights the potential link between MI and self-compassion and suggests that MI may provide additional important positive outcomes, such as self-compassion.

References

Albertson, E. R., Neff, K. D., & Dill-Shackleford, K. E. (2015). Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention. *Mindfulness*, *6*(3), 444–454. https://doi.org/10.1007/s12671-014-0277-3

Barlow, M. R., Goldsmith Turow, R. E., & Gerhart, J. (2017). Trauma appraisals, emotion regulation difficulties, and self-compassion predict posttraumatic stress symptoms following childhood abuse. *Child Abuse and Neglect*, *65*, 37–47. https://doi.org/10.1016/j.chiabu.2017.01.006

Benzo, R. P. (2013). Mindfulness and motivational interviewing: Two candidate methods for promoting self-management. *Chronic Respiratory Disease*, *10*(3), 175–182. https://doi.org/10.1177/1479972313497372

Bistricky, S. L., Gallagher, M. W., Roberts, C. M., Ferris, L., Gonzalez, A. J., & Wetterneck, C. T. (2017). Frequency of interpersonal trauma types, avoidant attachment, self-compassion, and interpersonal competence: A model of persisting posttraumatic symptoms. *Journal of Aggression, Maltreatment and Trauma*, *26*(6), 608–625. https://doi.org/10.1080/10926771.2017.1322657

Boykin, D. M., Himmerich, S. J., Pinciotti, C. M., Miller, L. M., Miron, L. R., & Orcutt, H. K. (2018). Barriers to self-compassion for female survivors of childhood maltreatment: The roles of fear of self-compassion and psychological inflexibility. *Child Abuse and Neglect*, *76*, 216–224. https://doi.org/10.1016/j.chiabu.2017.11.003

Chishima, Y., Mizuno, M., Sugawara, D., & Miyagawa, Y. (2018). The influence of self-compassion on cognitive appraisals and coping with stressful events. *Mindfulness*, *9*(6), 1907–1915. https://doi.org/10.1007/s12671-018-0933-0

Copeland, L., McNamara, R., Kelson, M., & Simpson, S. (2015). Mechanisms of change within motivational interviewing in relation to health behaviours outcomes: A systematic review. *Patient Education and Counseling*, *98*(4), 401–411. https://doi.org/10.1016/j.pec.2014.11.022

Desmond, T. (2015). *Self-compassion in psychotherapy: Mindfulness-based practices for healing and transformation*. W.W. Norton and Company.

Dray, J., & Wade, T. D. (2012). Is the transtheoretical model and motivational interviewing approach applicable to the treatment of eating disorders? A review. *Clinical Psychology Review*, *32*(6), 558–565. https://doi.org/10.1016/j.cpr.2012.06.005

Fortier, M. S., Hogg, W., O'Sullivan, T. L., Blanchard, C., Reid, R. D., Sigal, R. J., Boulay, P., Doucet, É., Sweet, S., Bisson, É., & Beaulac, J. (2007). The physical activity counselling (PAC) randomized controlled trial: Rationale, methods, and interventions. *Applied Physiology, Nutrition, and Metabolism*, *32*(6), 1170–1185. https://doi.org/10.1139/H07-075

Fortier, M. S., Hogg, W., O'Sullivan, T. L., Blanchard, C., Sigal, R. J., Reid, R. D., Boulay, P., Doucet, É., Bisson, É., Beaulac, J., & Culver, D. (2011). Impact of integrating a physical activity counsellor into the primary health care team: Physical activity and health outcomes

of the Physical Activity Counselling randomized controlled trial. *Applied Physiology, Nutrition, and Metabolism*, *36*(4), 503–514. https://doi.org/10.1139/h11-040

Germer, C. K. (2012). Cultivating compassion in psychotherapy. In C. K. Germer & R. D. Siegel (Eds.), *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice* (pp. 93–110). Guilford Press.

Gilbert, P. (2010). *Compassion focused therapy: Distinctive features.* Routledge.

Guertin, C., Barbeau, K., & Pelletier, L. (2018). Examining fat talk and self-compassion as distinct motivational processes in women's eating regulation: A self-determination theory perspective. *Journal of Health Psychology*, *25*(12), 1965–1977. https://doi.org/10.1177/1359105318781943

Hardcastle, S. J., Fortier, M., Blake, N., & Hagger, M. S. (2017). Identifying content-based and relational techniques to change behaviour in motivational interviewing. *Health Psychology Review*, *11*(1), 1–16. https://doi.org/10.1080/17437199.2016.1190659

Leary, M. R., Tate, E. B., Adams, C. E., Batts Allen, A., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, *92*(5), 887–904. https://doi.org/10.1037/0022-3514.92.5.887

Long, P., & Neff, K. D. (2018). Self-compassion is associated with reduced self-presentation concerns and increased student communication behavior. *Learning and Individual Differences*, *67*, 223–231. https://doi.org/10.1016/j.lindif.2018.09.003

Lundahl, B. W., Kunz, C., Brownell, C., Tollefson, D., & Burke, B. L. (2010). A meta-analysis of motivational interviewing: Twenty-five years of empirical studies. *Research on Social Work Practice*, *20*(2), 137–160. https://doi.org/10.1177/1049731509347850

Lundahl, B., Moleni, T., Burke, B. L., Butters, R., Tollefson, D., Butler, C., & Rollnick, S. (2013). Motivational interviewing in medical care settings: A systematic review and meta-analysis of randomized controlled trials. *Patient Education and Counseling*, *93*(2), 157–168. https://doi.org/10.1016/j.pec.2013.07.012

Magnus, C. M. R., Kowalski, K. C., & McHugh, T.-L. F. (2010). The role of self-compassion in women's self-determined motives to exercise and exercise-related outcomes. *Self and Identity*, *9*(4), 363–382. https://doi.org/10.1080/15298860903135073

Matos, M., Duarte, J., & Pinto-Gouveia, J. (2017). The origins of fears of compassion: Shame and lack of safeness memories, fears of compassion and psychopathology. *Journal of Psychology*, *151*(8), 804–819. https://doi.org/10.1080/00223980.2017.1393380

McLean, L., Bambling, M., & Steindl, S. R. (2018). Perspectives on self-compassion from adult female survivors of sexual abuse and the counselors who work with them. *Journal of Interpersonal Violence*. Advance online publication. https://doi.org/10.1177/0886260518793975

Miller, W. R., Benefield, R. G., & Tonigan, J. S. (1993). Enhancing motivation for change in problem drinking: A controlled comparison of two therapist styles. *Journal of Consulting and Clinical Psychology*, *61*(3), 455–461. https://doi.org/10.1037/0022-006X.61.3.455

Miller, W. R., & Rollnick, S. (2012). Meeting in the middle: Motivational interviewing and self-determination theory. *International Journal of Behavioral Nutrition and Physical Activity*, *9*, Article 25. https://doi.org/10.1186/1479-5868-9-25

Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press.

Mosewich, A. D., Kowalski, K. C., Sabiston, C. M., Sedgwick, W. A., & Tracy, J. L. (2011). Self-compassion: A potential resource for young women athletes. *Journal of Sport and Exercise Psychology*, *33*(1), 103–123. https://doi.org/10.1123/jsep.33.1.103

Neff, K. D. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, *2*(2), 85–101. https://doi.org/10.1080/15298860309032

Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, *2*(3), 223–250. https://doi.org/10.1080/15298860309027

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, *69*(1), 28–44. https://doi.org/10.1002/jclp.21923

Neff, K., & Germer, C. (2017). Self-compassion and psychological well-being. In E. M. Seppälä, E. Simon-Thomas, S. L. Brown, M. C. Worline, C. D. Cameron, & J. R. Doty (Eds.), *The Oxford handbook of compassion science* (pp. 371–385). Oxford University Press.

Neff, K., & Germer, C. (2018). *The mindful self-compassion workbook: A proven way to accept yourself, build inner strength, and thrive*. Guilford Press.

Neff, K. D., Long, P., Knox, M. C., Davidson, O., Kuchar, A., Costigan, A., Williamson, Z., Rohleder, N., Tóth-Király, I., & Breines, J. G. (2018). The forest and the trees: Examining the association of self-compassion and its positive and negative components with psychological functioning. *Self and Identity*, *17*(6), 627–645. https://doi.org/10.1080/1529886 8.2018.1436587

O'Halloran, P. D., Blackstock, F., Shields, N., Holland, A., Iles, R., Kingsley, M., Bernhardt, J., Lannin, N., Morris, M. E., & Taylor, N. F. (2014). Motivational interviewing to increase physical activity in people with chronic health conditions: A systematic review and meta-analysis. *Clinical Rehabilitation*, *28*(12), 1159–1171. https://doi.org/10.1177/0269215514536210

Patrick, H., Resnicow, K., Teixeira, P. J., & Williams, G. C. (2014). Communication skills to elicit physical activity behavior change: How to talk to the client. In C. R. Nigg (Ed.), *ACSM's behavioral aspects of physical activity and exercise* (pp. 129–151). Wolters Kluwer Health/Lippincott Williams and Wilkins.

Patterson, G. R., & Chamberlain, P. (1994). A functional analysis of resistance during patient training therapy. *Clinical Psychology: Science and Practice*, *1*(1), 53–70. https://doi.org/10.1111/j.1468-2850.1994.tb00006.x

Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, *19*(3), 276–288. https://doi.org/10.1037/h0088437

Ratanavivan, W., & Ricard, R. J. (2018). Effects of a motivational interviewing-based counseling program on classroom behavior of children in a disciplinary alternative education program. *Journal of Counseling and Development*, *96*(4), 410–423. https://doi.org/10.1002/jcad.12223

Resnicow, K., & McMaster, F. (2012). Motivational interviewing: Moving from why to how with autonomy support. *International Journal of Behavioral Nutrition and Physical Activity*, *9*, Article 19. https://doi.org/10.1186/1479-5868-9-19

Rochat, S., & Rossier, J. (2016). Integrating motivational interviewing in career counseling: A case study. *Journal of Vocational Behavior*, *93*, 150–162. https://doi.org/10.1016/j.jvb.2016.02.003

Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. Guilford Press.

Smedslund, G., Berg, R. C., Hammerstrøm, K. T., Stero, A., Leiknes, K. A., Dahl, H. M., & Karlsen, K. (2011). Motivational interviewing for substance abuse. *Cochrane Database of Systematic Reviews*, *5*. https://doi.org/10.1002/14651858.CD008063.pub2

Smeets, E., Neff, K., Alberts, H., & Peters, M. (2014). Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of Clinical Psychology*, *70*(9), 794–807. https://doi.org/10.1002/jclp.22076

Snape, L., & Atkinson, C. (2016). The evidence for student-focused motivational interviewing in educational settings: A review of the literature. *Advances in School Mental Health Promotion*, *9*(2), 119–139. https://doi.org/10.1080/1754730X.2016.1157027

Steindl, S. R., Kirby, J. N., & Tellegan, C. (2018). Motivational interviewing in compassion-based interventions: Theory and practical applications. *Clinical Psychologist*, *22*(3), 265–279. https://doi.org/10.1111/cp.12146

Teixeira, P. J., Palmeira, A. L., & Vansteenkiste, M. (2012). The role of self-determination theory and motivational interviewing in behavioral nutrition, physical activity, and health: An introduction to the IJBNPA special series. *International Journal of Behavioral Nutrition and Physical Activity*, *9*, Article 17. https://doi.org/10.1186/1479-5868-9-17

Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being*, *7*(3), 340–364. https://doi.org/10.1111/aphw.12051

About the Authors

Olivia Pastore is a master's candidate in the School of Human Kinetics at the University of Ottawa. She applies motivational interviewing in her research to promote physical activity behaviour change. https://orcid.org/0000-0003-0785-7181

Michelle Fortier is a professor in the School of Human Kinetics at the University of Ottawa. Her research aims to understand and promote physical activity behaviour change with an emphasis on motivation/enjoyment.

Correspondence concerning this article should be addressed to Olivia Pastore, School of Human Kinetics, Room MNT 409, University of Ottawa, 125 University Private, Ottawa, Ontario, K1N 1A2. Email: opast061@uottawa.ca