



Self-Compassion and Psychological Well-Being Among Malaysian Counselors: The Mediating Role of Resilience

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Abstract This study investigated the associations between self-compassion, resilience, and psychological well-being among 408 counselors in Malaysia. Data were collected by using a web-based survey. PLS-SEM analyses revealed that self-compassion was positively related to counselors' resilience and psychological well-being, whereas resilience was positively related to counselors' psychological well-being. Results also showed that resilience significantly mediated the associations between self-compassion and psychological well-being among counselors. The hypothesized model explained the substantial influences of self-compassion and resilience on counselors' psychological well-being. This study highlighted the two important human factors, i.e., self-compassion and resilience, with implications for integrating these two influential constructs

in the development of counselors' psychological well-being.

Keywords Self-compassion · Psychological well-being · Resilience · Counselors

Introduction

Counseling is one of the great inventions of the last half of the twentieth century. As a profession, counselors have helped people to transform their lives. However, it has been recognized that counseling can be both challenging and rewarding (Skovholt, 2016). While counseling allows counselors to take-part in their clients' remarkable process of human growth and healing, it may also threaten their well-being as they become exposed to their clients' trauma and its painful consequences (Meyer & Ponton, 2006). Counselors are expected to promote change and to encourage growth in their clients. However, are counselors also enhancing their own state of psychological well-being while attempting to improve the psychological well-being of others? This is a question that counselors need to consider. It is crucial for those who provide therapy to others to be well-adjusted in their professional and personal lives (Harris, 2010).

The counselor's well-being is an important aspect for the counseling service. It influences the effectiveness of the therapeutic relationship (Wheeler, 2007), it accelerates the therapeutic process (Harris, 2010), it directly impacts treatment effectiveness and client well-being (Merryman, 2012) and it certainly promotes and enhances professional competency (Bike et al., 2009; Cashwell et al., 2007; Coster & Schwebel, 1997; Lambie et al., 2009; Yager & Tovar-Blank, 2007). Past studies (Lambie, 2006; Lawson,

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2007; Young & Lambie, 2007) also note that it adds to the clients' improvements. Thus, it seems obvious that cultivating the psychological well-being of counselors is essential. The well-being of the therapist has raised recent interest among researchers (Grant & Kinman, 2012) and a variety of past research (Bernardino & Smith, 2015; Clifford, 2014; Craig & Sprang, 2010; Di Benedetto & Swadling, 2013; Diaconescu, 2015; Killian, 2008; Skovholt et al., 2001; Thomas, 2013; Volpe et al., 2014) have focused on addressing the negative issues such as burnout, compassion fatigue and secondary trauma. Others examined the ill-being such as stress but little work has been done on the positive side of the psychological perspective to understand the factors that promotes well-being (Bernard et al., 2014).

In the context of a rapidly changing and an ever-challenging mental health service industry, the unflinching discussion of the well-being of professional counselors is warranted and timely. Carl Rogers, the father of the client-centered therapy in counseling, emphasized that the counselor's personal wellness is of significant importance to the therapeutic process of helping others. As one of the founders of the humanistic approach to psychology, Rogers (1961) believed that individuals have the basic tendency and strive to self-actualize, that is, to become a fully functioning person. Thus, a counselor should also experience the process of achieving his/her own optimal functioning of the personal and therapeutic self. However, this essential idea has often been overlooked. To become a fully functioning individual is not something that can be easily taught; it involves a process in which the counselor him/herself needs to go through in order to achieve it. The concept of a fully functioning individual is the fundamental aspect of this research study: the psychological well-being of counselors.

Psychological Well-Being of Counselors

The current study adopts Ryff's (1989) psychological well-being as the framework which was developed for the purpose of investigating individuals' eudaimonic well-being. It is also one of the most widely used models for examining the well-being concept. Ryff (1995) described well-being as the attaining of pleasure as well as the striving for accomplishment so as to realize one's true potential. Ryff's model (1989) is a multifaceted approach which measures the construct of psychological well-being with six distinct dimensions: autonomy, personal growth, self-acceptance, purpose in life, environmental mastery and positive relations with others. All these dimensions manifest what it means to be psychologically flourishing at one's maximum potential. From the perspective of the specific components, Ryff's framework appears to be

different from other hedonic well-being indicators because Ryff (1989) had integrated personal development and self-actualization as the fundamental elements for defining well-being (Sun et al., 2016). Subsequently, Ryff and Singer (2008) verified that these six dimensions define psychological well-being both theoretically and operationally. In that regard, Ryff's framework was found to be suitable for examining counselors' positive functioning since one of the important themes for counselors is to experience becoming his/her optimum functioning personal and therapeutic self.

In reviewing the research which focused on psychological well-being, it appears that this area of research looked at a wide range of themes across multiple scientific disciplines, encompassing development and aging, personality correlates, family experiences, work and other life engagements, health and biological research, followed by clinical and intervention studies (Ryff, 2014). It appears that the human capacity to experience and sustain their own well-being, despite the challenges that life presents to them, was not given much priority. Given the myriads of health research investigating why people become mentally or physically ill, human resilience has emerged to be an important theme for future direction (Ryff, 2014). For that reason, the current study hopes to contribute to literature by investigating psychological well-being among counselors along with human resilience.

Some research on well-being (Ryan & Deci, 2001; Ryff & Singer, 2008) has shown that the biological, psychosocial and socio-demographic dimension of the human being correlates with the person's psychological well-being. This shows that well-being is associated to a variety of potential antecedents such as personality traits, emotions, physical health, social class, and social support (Ryan & Deci, 2001; Ryff & Singer, 2008). The search for possible determinants of well-being and the meta-analyses of relationship between personality and well-being demonstrate that a relatively new personality construct, self-compassion, is of growing interest (Zessin et al., 2015). The concept of self-compassion has emerged as an important construct in the studies of mental health and psychological therapy but it has not been extensively studied among the population of therapists (Grant & Kinman, 2012; MacBeth & Gumley, 2012).

In a recent review of the literature on counselors with regards to the ability in maintaining personal and professional well-being, McCann et al. (2013) pointed out that self-compassion may play a role in enhancing counselors' well-being. Hardiman and Simmonds (2013) conducted a study on 89 Australian counselors and psychotherapists in terms of spiritual well-being, burnout, and trauma. It was found that there was a strong link between existential well-being and burnout, of which buffered the effect of trauma

on emotional exhaustion. In Harris et al. study (2013) of 99 graduate counseling students in Pennsylvania, overall psychological well-being was found to be strongly related to perceived wellness. Some other studies on counselors' well-being have involved individual strengths such as self-efficacy (Curry, 2007) and resilience (Machuca, 2010; Sadler-Gerhardt & Stevenson, 2012).

Previously published studies emphasized that maintaining well-being is essential for the counseling profession, and this is in line with other research which has demonstrated the importance of integrating wellness into counselor education programme in order to promote counselors' well-being, just as they learn to implement their knowledge of counseling theories and techniques (Roach & Young, 2007; Wolf et al., 2012). However, most of these studies on counseling profession are limited to counseling students (Curry, 2007; Harris et al., 2013; Machuca, 2010) and there is still very little focus on the professional counselors, in particular term of their psychological well-being. This subsequently highlights the need for the current study to investigate psychological well-being among professional counselors from an alternate perspective by exploring the influence of a healthy attitude towards oneself—self-compassion.

Self-Compassion of Counselors

The concept of self-compassion, when viewed from a Buddhist perspective, refers to a positive self-attitude. It involves being open to one's own suffering, generating the feeling to ease one's suffering and to heal oneself with kindness, taking an understanding, having a non-judgmental attitude towards one's failures and inadequacies and viewing one's own experience as part of the larger human experience (Neff, 2003a, 2003b). Accordingly, Kristin Neff (2003a) conceptualized self-compassion as a healthy attitude directed towards oneself. It has three core interrelated components: self-kindness versus self-judgment, common humanity versus isolation and mindfulness versus over-identification, when relating to painful experiences. These components combine and mutually interact to create a self-compassionate frame of mind (Neff & Costigan, 2014). Self-compassion does not avoid pain but instead embraces it with kindness and goodwill, thus self-compassion creates a sense of well-being that is embedded in the experience of being fully human (Neff & Costigan, 2014).

Self-compassion has received an increased research attention since its first emergence in the year 2003 (Germer & Neff, 2013). A recent meta-analysis conducted by MacBeth and Gumley (2012) clearly showed that greater self-compassion is related to less psychopathology. In reviewing empirical work that involved the correlates of self-compassion, Barnard and Curry (2011) state that self-

compassion has consistently been found to be robustly related to well-being. Hence, self-compassion appears to be a meaningful variable with regards to well-being (Zessin et al., 2015). Given that the above research shows evidence which support the practice of self-compassion in addressing psychological issues, it would be interesting to understand the potential influence of self-compassion in promoting counselors' psychological well-being. It is believed that self-compassion, as an adaptive form of self-relation, may represent an important source that is beneficial to counselors in responding to the challenges of the profession, thereby enhancing their own psychological well-being.

The extensive research on the deleterious aspects of the counseling profession has resulted in a plethora of literature on therapists' self-care (Patsiopoulos & Buchanan, 2011). Self-compassion has then appeared to be the emerging construct in the literature of therapist self-care. Nonetheless, little is known about how therapists utilization of self-compassion in their practice (Patsiopoulos & Buchanan, 2011). The existing literature on self-compassion demonstrated the potential benefits of the use of self-compassion, namely a buffer against self-critical attitudes or a preventive method to mental health issues (MacBeth & Gumley, 2012; Patsiopoulos & Buchanan, 2011). Self-compassion cultivates the idea that caring for themselves is important (Neff, 2003a, 2003b; Patsiopoulos & Buchanan, 2011). As such, it may have implications for therapists seeing that it may influence the likelihood of engaging in self-care (Glaitli, 2015).

In addition, Boellinghause et al. (2013) described that therapy might become less technical but more humanistic when therapists practice self-compassion as well as encourage their clients to practice the same. Self-compassion, therefore, not only improves the well-being of therapists but also brings a positive impact on counseling. It is believed that self-compassion is not an all or nothing concept but exists on a broad spectrum, whereby it can be enhanced or diminished by counselors throughout their professional life (Patsiopoulos & Buchanan, 2011). Thus, understanding the application of self-compassion in practice is of importance to the body of knowledge on therapist well-being and beneficial to the profession.

In a review of the literature on resilience in health care professions, namely doctors, nurses, psychologists, counselors and social workers, McCann et al. (2013) identified the individual and contextual resilience-enhancing qualities for each profession. Based on the review, self-compassion had been identified as the characteristic associated with resilience in counselors. The researchers suggested that self-compassion plays a role in enhancing well-being among counselors. As a result of this, it would be interesting to investigate how self-compassion and resilience

may influence the psychological well-being of counselors. This perspective is assumed to be a sign of moving towards the positive psychology state armed with the goal of identifying factors that emphasized human flourishing and fulfillment rather than the existence of stressors and hurts (Seligman, 2003).

Although little is known about how resilience functions among counselor, literature has shown links between self-compassion and resilience as well as between resilience and psychological well-being. Therefore, it is not far-fetched to assume that more resilient counselors would exhibit more self-care as they would find ways to overcome difficulties and develop better coping mechanisms. With this in mind, this study explores whether resilience can help to better understand and explain its impact between self-compassion and psychological well-being among counselors.

Resilience as Mediator

Resilience has been regarded as a “buffer” which protects individuals from adverse environmental influences (Jackson et al., 2007). Mental health scientists (Davydov et al., 2010) have only recently accepted and extended the term “resilience” as a theoretical construct of mental health protection, promotion and recovery processes. Although the term ‘resilience’ does not have a universal definition, it is generally considered as the individual’s ability to overcome hardship which would otherwise be anticipated to have negative consequences. Edward (2005, p.143) pertinently described resilience as “the ability to bounce back from adversity, preserved through difficult times and returned to a state of internal equilibrium”.

In recent years, the professional quality of life for the human service professionals has been gaining research attention (Stamm, 2010). In a study of psychological distress, resilience emerged to be a protective factor that buffers the relationship between risk factors and burnout among nurses and doctors (Garcia & Calvo, 2012; Mealer et al., 2012). Additionally, the mediating effect of resilience on life events and the learning burnout of students as well as the moderating effect of resilience on stress and job burnout of teachers have been proven (Wang & Zhang, 2011; Xu et al., 2013; Zhang, 2013). Other studies (Foureur et al., 2013; Kemper et al., 2015) noted that self-compassion was significantly and strongly correlated with health professionals’ resilience.

These fundamental elements were believed to be relevant and useful to the counseling professionals who are consistently confronted with psychological distress, emotional pain and traumatic recollections extended by the clients whom they worked with. Practitioner-focused research (David, 2012) has also recognized the importance

of building resilience in promoting psychological well-being. Individuals who possess a higher level of resilience tend to show faster physiological and emotional recovery from stressful life events (Ong et al., 2006). Hence, much research has been directed towards looking at the effective factors in maintaining well-being, one of which is resilience.

Although there appears to be a relationship between self-compassion and psychological well-being, literature pertaining to the impact of resilience on self-compassion and psychological well-being is sparse. It seems obvious that not everyone with high self-compassion is resilient. Among counselors, their resilience not only affects their own health and well-being but also work efficiency and social stability. Therefore, this aspect should also be given attention. Self-compassion has been found to be positively associated with clinician resilience (Foureur et al., 2013). However, gaps remain in understanding the interaction between self-compassion, resilience and psychological well-being among the helping professionals like counselors. The effect of resilience on the counselor’s self-compassion and psychological well-being has not been previously explored. Hence, the gap in understanding the complex relationship existing between factors influencing psychological well-being (resilience) and trainable qualities (self-compassion) justifies an investigation.

Most research focusing on self-compassion and psychological well-being had been conducted in the West where the nature and the needs of the group are unlike those of the East (or Asians), what remains unknown is the understanding of self-compassion and psychological well-being in the Eastern countries. Consequently, this culture-specific study targeted at other existing knowledge of self-compassion, resilience and psychological wellbeing from a non-Western perspective. The dearth of local research focusing on self-compassion and psychological well-being among counselors thus calls for current research so as to embrace what constitutes as cultural differences and the highest goods in life of counselors in the context of Malaysia.

This research is believed to be significant as the findings generated by the current study should be able to encourage the Malaysian Ministry of Education as well as the local and private universities of Malaysia to improve the current quality of the counseling programmes offered. In line with the Continuous Professional Development programme implemented by the government’s policy for training needs among professionals, it cannot be refuted that the results would prove to be useful to the Malaysian Board of Counselors for enhancing counselors’ professional training and development. In this regard, professional counselors should take pride in their quality of well-being because they are responsible for their personal and professional growth and development in order to serve their clients well.

Present Study

The present study was designed with the intention of bringing together self-compassion, resilience and psychological well-being, as a way to understand the positive functioning of counselors in Malaysia. Figure 1 illustrates the a-priori model for the current research. This study sought to answer two research questions: (1) What is the relationship between self-compassion, resilience and psychological well-being among counselors in Malaysia?, and (2) Is resilience a significant mediator between self-compassion and psychological well-being among counselors in Malaysia? Based on the literature review, the following hypotheses were formulated: (H1) There would be a positive significant relationship between self-compassion and psychological well-being among counselors, (H2) There would be a positive significant relationship between self-compassion and resilience among counselors in Malaysia, (H3) There would be a positive significant relationship between resilience and psychological well-being among counselors in Malaysia and (H4) Resilience would be a significant mediator between self-compassion and psychological well-being among counselors in Malaysia.

Method

Participants and Procedures

For this study, participants were recruited through a web-based survey. To assist in the dissemination of questionnaires, a listing of the registered counselors throughout

Malaysia was obtained from the Malaysian Board of Counselors. All registered counselors on the list as provided by the Malaysian Board of Counselors were approached. They were sent an electronic email containing (a) a cover letter explaining the study and (b) a link to the questionnaires to be accessed via Google Docs. The participation was on a voluntary basis. An enclosed disclaimer states that participants who have agreed to answer the survey constituted informed consent for their participation in the study. Follow up email was sent in between. Upon receiving the completed questionnaires, participants were thanked for their participation.

A total of 408 respondents were involved, with 26.7% (109) males and 73.3% (299) females. This highlights the fact that more female counselors were involved than male counselors. The age range for the samples was 24–70 years old, with the mean age of 35.48 (SD = 8.77). The ethnicity compositions were made up of 72.3% (295/408) Malays, 15.7% (64/408) Chinese, 13.9% (6/408) Indians and 8.1% (33/408) other ethnic groups. Respondents were from different work settings, including schools ($n = 156$, 38.2%), institutions, colleges and universities ($n = 123$, 30.1%), government agencies and organizations ($n = 54$, 13.2%), hospitals, clinics and rehab centers ($n = 31$, 7.6%), churches, communities and NGOs ($n = 23$, 5.6%), corporate and industrial organizations ($n = 14$, 3.4%) as well as private practice setting ($n = 7$, 1.7%). The respondents' experience in counseling ranged from 1 to 40 years, with the mean year of 7.73 (SD = 5.91). Respondents were from all the states and the federal territories in the country. As such, it is suggested that the samples were representative of the population of registered counselors in Malaysia.

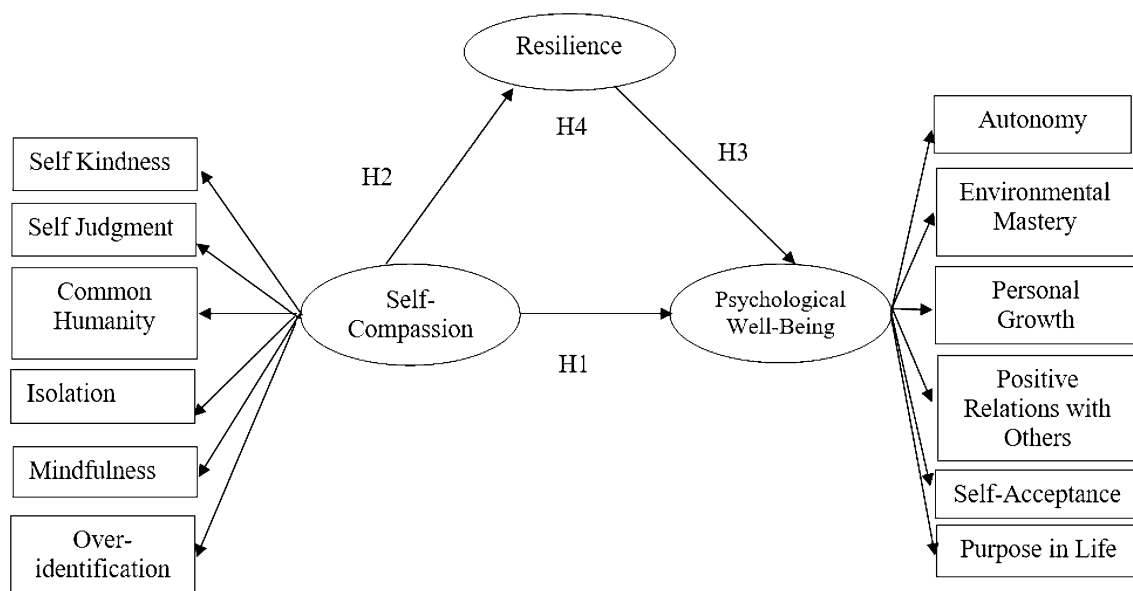


Fig. 1 The A-priori model

Measures

Self-Compassion Scale (SCS)

The Self-Compassion Scale (Neff, 2003a, 2003b) consists of 26 items with six sub-components: Self-Kindness (5 items), Self-Judgment (5 items), Common Humanity (4 items), Isolation (4 items), Mindfulness (4 items), and Over-Identification (4 items). Items are scored using a Likert scale, ranging from 1 which signifies ‘almost never’ to 5 which indicates ‘almost always’. Sample items consist of ‘I’m disapproving and judgmental about my own flaws and inadequacies’ and ‘I try to be loving towards myself when I feel emotional pain’. To calculate a total self-compassion score, negative subscale items were reverse-scored before calculating subscale means for self-judgment, isolation, and over-identification (i.e., 1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1), then a grand mean of all six subscale means was computed. A higher overall self-compassion score indicated a higher overall level of self-compassion. The SCS showed strong psychometric properties with internal consistency reliability reported at 0.78 for Self-Kindness and 0.77 for Self-Judgment; 0.80 for Common Humanity and 0.79 for Isolation; 0.75 for Mindfulness and 0.81 for Over-identification subscales. The internal reliability for overall scale was reported at 0.92 and test-retest reliability was found to be 0.93 (Neff, 2003a). Moreover, the SCS demonstrated evidence of good convergent and discriminant validity with regards to other measures. It has shown statistically significant positive correlations with self-esteem: 0.55 (Neff, 2003a, 2003b) and 0.59 (Neff, 2003b), social connectedness (0.41), life satisfaction (0.45), as well as significant negative correlations with depression (− 0.51), anxiety (− 0.65), self-criticism (− 0.65), and neurotic perfectionism (− 0.57) (Neff, 2003b). The Cronbach’s Alpha for this study was 0.873.

Scale of Psychological Well-Being

The Scale of Psychological Well-Being (SPWB) is a structured, self-reported, and theoretically grounded instrument that specifically focuses on measuring the multi-dimensions of psychological well-being, of which comprise of ‘Autonomy’, ‘Environmental mastery’, ‘Personal growth’, ‘Positive relations with others’, ‘Purpose in life’, and ‘Self-acceptance’, with each dimension including equally split items and both positively and negatively phrased items. The response scale is a 6-point continuum, ranging from 1 (completely disagree) to 6 (completely agree). The SPWB was originally developed by Ryff in (1989). There are different versions of the SPWB, namely the 120-item (original parent version), 84-item (long version), 54-item or 42-item (medium version), and 18-item

(short version). For the current study, the 42-item version of SPWB (Ryff, 2010) was used. The examples of the items are ‘I have confidence in my opinions, even if they are contrary to the general consensus’ (Autonomy), ‘In general, I feel I am in charge of the situation in which I live’ (Environmental mastery), ‘I think it is important to have new experiences that challenge how you think about yourself and the world’ (Personal growth), ‘People would describe me as a giving person, willing to share my time with others’ (Positive relations with others), ‘Some people wander aimlessly through life, but I am not one of them’ (Purpose in Life), and ‘I like most aspects of my personality’ (Self-acceptance). The scale is computed by calculating the sum of each set of items. Reverse items are reverse-coded for computing. A higher overall score indicates a higher overall level of psychological well-being (Ryff, 1989). The most important aspect of choosing SPWB 42-item version is the good psychometric properties it portrays (Ryff, 2014). The internal consistency of the 42-item version was reported as follows: autonomy, 0.71; environmental mastery, 0.78; personal growth, 0.75; positive relations with others, 0.78; purpose in life, 0.70; and self-acceptance, 0.84 (Ryff, 2010). The Cronbach’s Alpha for this study was 0.918.

Connor-Davidson Resilience 10-Item (CD-RISC 10)

The Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) is a self-reported measure which addresses the personality aspects of resilience. Respondents rate the scale based on how they felt over the past month by using a 5-point Likert scale (0 = not true at all, 4 = true nearly all of the time). There are three versions of CD-RISC: the full 25-item CD-RISC (or CD-RISC 25), the 10-item (CD-RISC 10), and 2-item (CD-RISC 2) scales. Campbell-Stills & Stein (2007) suggested that the CD-RISC 10 is best seen as reflecting one latent factor of resilience. For the current study, the 10-item version (CD-RISC 10) was utilized. The 10-item version comprises items 1, 4, 6, 7, 8, 11, 14, 16, 17, and 19 from the original scale. The examples of items are ‘I am able to adapt when changes occur’, ‘I tend to bounce back after illness, injury or other hardships’, and ‘I am able to handle unpleasant or painful feelings like sadness, fear, and anger’. Scoring of the scale is based on the total sum of all items, each of which is scored from 0 to 4; the full range is, therefore, from 0 to 40 with higher scores reflecting higher resilience. The CD-RISC 10 has been widely used in different nations and populations which demonstrated strong internal consistency with a Cronbach’s alpha above 0.80. The Cronbach’s Alpha for this study was reported at 0.901.

Results

To test the hypothesized model, Partial Least Square-Structural Equation Modeling (PLS-SEM) was applied. The present study analyzed the data by following the two-stage analytical approach of PLS using Smart PLS 3.0 software, which includes firstly, the assessment of the measurement model, and secondly, the assessment of the structural model (see Fig. 2).

The first stage (assessment of the measurement model) aims to examine the underlying measures. This involved the assessment of unidimensionality, followed by the

assessment of reliability and validity of the underlying constructs. The Confirmatory Factor Analysis (CFA) was conducted to ensure the reliability and validity of SCS, CD-RISC, and SPWB. The hypothesized model was then tested in the second stage (assessment of the structural model).

Evaluation of Measurement Model

In order to assess the reflective measurement model, three main assessment criteria are referred—internal consistency reliability, convergent reliability and discriminant validity.

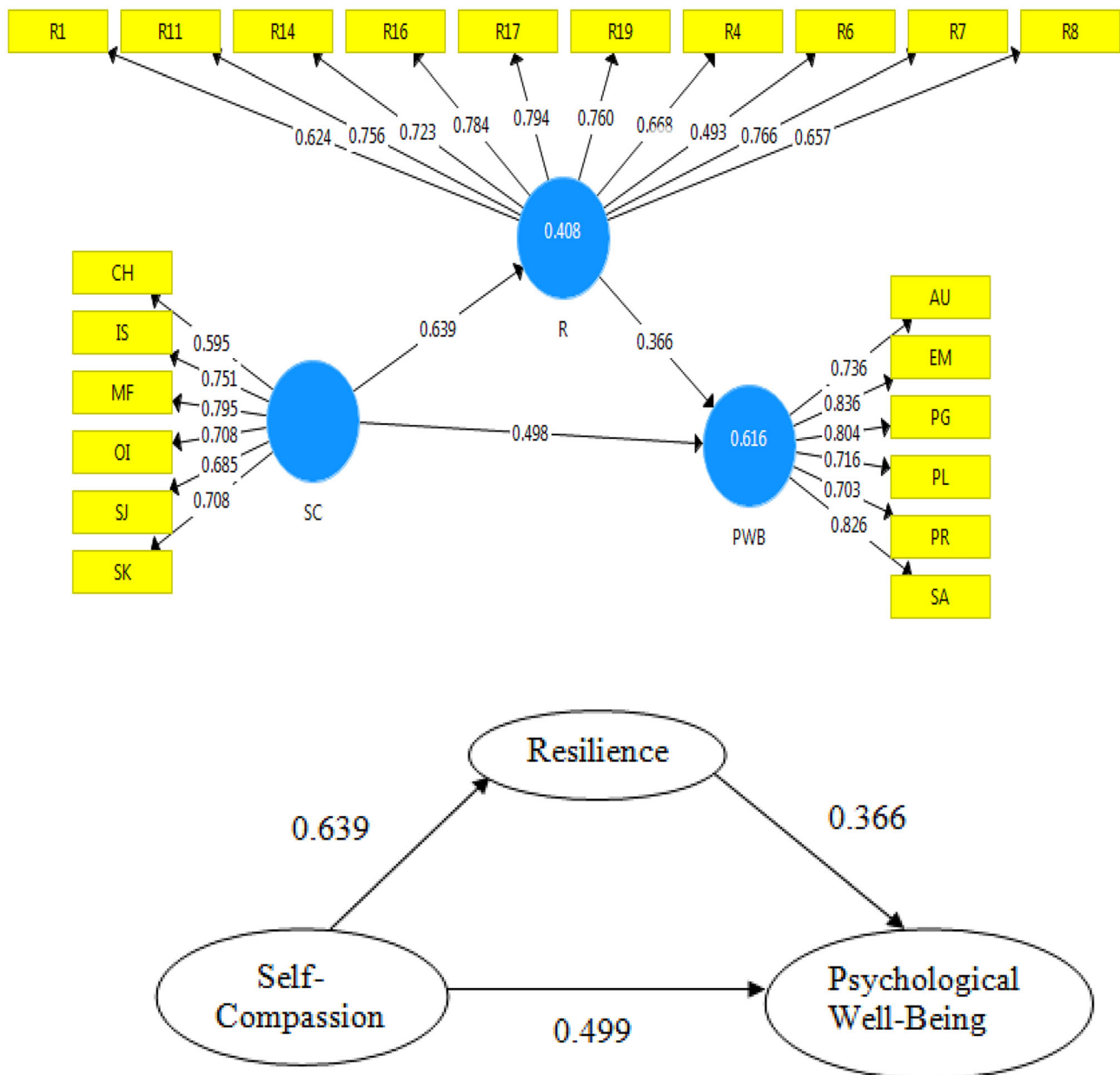


Fig. 2 Hypothesized and final model

Specifically, composite reliability (CR) is used to examine internal consistency reliability; whereas indicator reliability/outer loadings and average variance extracted (AVE) are used to evaluate the convergent reliability, while the HTMT 0.90 criterion is used to evaluate the discriminant validity.

Table 1 shows that all the three constructs used in the current study, namely, Self-Compassion, Resilience, and Psychological Well-Being, have achieved the satisfactory level of the CR with > 0.8 . Here, the CR value for each construct ranges from 0.858 to 0.908, which is above the recommended threshold value of 0.7 (Ramayah et al., 2018). These results indicated that all the constructs have achieved satisfactory internal consistency reliability.

In addition, Table 1 shows that all the constructs Self-Compassion, Resilience, and Psychological Well-Being have met the satisfactory level of AVE result of ≥ 0.5 , with the value of 0.504, 0.501, and 0.596, respectively. For the current study, there are two indicators of Self-Compassion construct and four indicators of Resilience construct with loadings lower than 0.708. However, as said by Ramayah et al. (2018), indicators with loadings lower than

0.708 can be kept when the minimum of AVE result of 0.5 is achieved. Thus, no indicator is removed as the minimum of AVE result of 0.5 for their respective constructs is achieved. This implies that an adequate convergent validity was achieved for all the three constructs in the current study.

As shown in Table 2, all values fulfilled the HTMT 0.90 criterion and the confidence interval did not show a value of 1 on any of the constructs (Henseler et al., 2015). The results thus confirmed that discriminant validity has been ascertained for all the constructs: Self-Compassion, Resilience and Psychological Well-Being. Overall, the results of the reliability and validity tests conducted on the measurement models were satisfactory. All reliability and validity were assumed and they also confirmed that all the measurement models were valid.

Evaluation of Structural Model

A structural model is tested as the second and main stage of analysis once all constructs in the measurement model (stage one) are validated and the satisfactory fit is achieved

Table 1 Measurement model

Construct	Item	Loadings	Composite reliability	AVE
Self-compassion			0.858	0.504
	Self-kindness	0.708		
	Self-judgment	0.685		
	Common humanity	0.595		
	Isolation	0.751		
	Mindfulness	0.795		
	Over-identification	0.708		
Resilience			0.908	0.501
	R1	0.624		
	R4	0.668		
	R6	0.493		
	R7	0.766		
	R8	0.657		
	R11	0.756		
	R14	0.723		
	R16	0.784		
	R17	0.794		
R19	0.760			
Psychological well-being			0.898	0.596
	Autonomy	0.736		
	Environmental mastery	0.836		
	Personal growth	0.804		
	Positive relation with others	0.703		
	Purpose in life	0.716		
	Self-acceptance	0.826		

Table 2 Discriminant validity using the HTMT criterion

Constructs	Self-compassion	Resilience	Psychological well-being
Self-compassion		0.743 CI (0.692, 0.793)	0.876 CI (0.835, 0.913)
Resilience			0.772 CI (0.726, 0.819)
Psychological well-being			

(Hair et al., 1995; Kline, 2005). The purpose of the structural model of the current study is to investigate the underlying hypotheses with the intention of answering the research question(s). This stage calculates the final estimates of the outer loadings and path coefficients.

In order to answer the first research question, the path coefficients between the constructs were assessed. As shown in Table 1, all the Inner VIF values are less than five, indicating that lateral multicollinearity is not a concern in this study. Based on the analysis, the results show that all three relationships reported t value 12.907, 23.017, and 9.150, respectively, thus found to be significant at 0.05 level of significance. Self-Compassion ($\beta = 0.499$, $p < 0.01$) and Resilience ($\beta = 0.366$, $p < 0.01$) are positively related to Psychological Well-Being, which explains 61.6% of variance in Psychological Well-Being. The R^2 value of 0.616 reflects a substantial model as it is above the 0.26 value as suggested by Cohen (1988). Moreover, the results as demonstrated in Table 1 reveal that Self-Compassion ($\beta = 0.639$, $p < 0.01$) is also positively related to Resilience, explaining 40.8% of variance in Resilience. The R^2 value of 0.408 is above the 0.26 value as recommended by Cohen (1988) which indicates a substantial model. Thus, all H1, H2 and H3 are supported. Subsequently, the effect sizes are assessed. As shown in Table 3, it can be observed that Self-Compassion (0.383) has a large effect, while Resilience (0.207) has a medium effect in contributing to the R^2 of Psychological Well-Being. Furthermore, the results show that Self-Compassion (0.69) has equally large effect in producing R^2 of Resilience.

Moreover, the results demonstrated that the two Q^2 values for Psychological Well-Being ($Q^2 = 0.341$) and Resilience ($Q^2 = 0.187$) are more than 0, suggesting that the model has sufficient predictive relevance.

In order to answer the second research question, the mediation method called “bootstrapping the indirect effect” was conducted. As presented in Table 4, the bootstrapping analysis showed that the indirect effects, $\beta = 0.234$ is significant with t value of 8.375, $p < 0.01$. The indirect effects 95% Boot CI Bias Corrected, LL = 0.180, UL = 0.288, do not straddle a zero in between indicating that there is a mediation. Thus, it can be concluded that the mediation effect is statistically significant. The H4, i.e., Resilience is a significant mediator between self-compassion and psychological well-being is supported. Based on the findings presented in Table 3, both direct effects between Self-Compassion and Resilience as well as Resilience and Psychological Well-Being are significant. Therefore, it can be concluded that Resilience shows complementary partial mediation between Self-Compassion and Psychological Well-Being. This means that a portion of the effect of self-compassion on the counselors’ psychological well-being was mediated by resilience, while self-compassion also explained a portion of psychological well-being among the counselors, in the absence of resilience. Figure 1 illustrates the relationships between self-compassion, resilience, and psychological well-being.

Table 3 Hypothesis testing

Hypothesized path	Std Beta	Std Error	t value	p value	Confidence intervals (BC)		VIF	R^2	f^2	Q^2	Decision
					LL	UL					
H1 Self-compassion→Psychological well-being	0.499	0.039	12.907	0.000	0.435	0.560	1.690	0.616	0.383	0.341	Supported
H2 Self-compassion→Resilience	0.639	0.028	23.017	0.000	0.586	0.680	1.000	0.408	0.690	0.187	Supported
H3 Resilience→Psychological well-being	0.366	0.040	9.150	0.000	0.292	0.424	1.690		0.207		Supported

BC Bias Corrected, UL Upper Level, LL Lower Level

Table 4 Hypothesis testing on mediation

Hypothesized path	Std Beta	Std Error	<i>t</i> value	<i>p</i> value	Confidence intervals (BC)		Decision
					LL	UL	
H4 Self-compassion→Resilience→Psychological well-being	0.234	0.028	8.375	0.000*	0.180	0.288	Supported

BC Bias Corrected, UL Upper Level, LL Lower Level

* $p < 0.05$

Discussion

The findings generated by the current study provide evidence to show that counselors' self-compassion was positively associated with their psychological well-being. The outcome of this study was found to be consistent with Zessin et al. (2015) who examined the association between self-compassion and mental health and found that the connection between self-compassion and psychological well-being was strongest. Likewise, MacBeth and Gumley (2012) who focused on the relationship between self-compassion and psychopathology found that there were strong and negative connections between self-compassion and psychopathology variables such as stress, anxiety and depression. The results of the current study support the notion that counselors who are self-compassionate demonstrate greater psychological well-being.

While previous studies focusing on counselors' well-being had identified positive traits that support their personal and professional wellbeing such as self-efficacy (Curry, 2007), resilience (Machuca, 2010; Sadler-Gerhardt & Stevenson, 2012), MacCann et al. (2013) pointed out that self-compassion may also play a role in contributing to the counselors' well-being. This observation is confirmed by the current findings which showed that self-compassion directly influenced the counselors' psychological well-being. Apart from this, the variable of self-compassion which was described as an emotional positive self-attitude can also act as a protective factor against difficulties. This in turn, improves the counselors' psychological well-being. From their study looking at Australian counselors and psychotherapists, Hardiman and Simmonds (2013) found that spiritual well-being buffered the effect of trauma on emotional exhaustion and burnout. Additionally, Harris et al. (2013) provided evidence which showed that graduate counseling students' overall psychological well-being was strongly connected to their perceived wellness. The finding of the current study was also similar. Self-compassion was shown to be incredibly powerful in providing emotional resilience to the counselors. This prevalence can subsequently enhance the counselors' psychological well-being.

The current study showed that there was a meaningful relationship between self-compassion and psychological

well-being among the counselors in the Malaysian setting. Based on this, it can be deduced that counselors from a non-Western context appear to appreciate the concept of self-compassion which helped them in enhancing their psychological well-being. To be psychologically well (psychological well-being) does not mean being merely free from mental issues. Instead, it means to possess a sense of purpose in life, a feeling of continued development and growth, positive relationship with others, positive self-acceptance and autonomy and environmental mastery. In this regard, self-compassion will facilitate the process of the goal achievements by alleviating the negative emotional influence contributed by failures and setbacks.

In finding that resilience is a significant mediator between self-compassion and psychological well-being, this study thus supports the theoretical prediction of the positive association between self-compassion, resilience and psychological well-being. More importantly, this study had shown the association where self-compassion was both directly and indirectly related to psychological well-being with high resilience mediating and helping to explain the interaction between self-compassion and psychological well-being.

Based on this, it is deduced that resilience has a mediating effect on the counselors' self-compassion and psychological well-being, consistent with the works of Wang and Zhang (2011), Xu et al. (2013) and Zhang (2013). The direct and indirect effects of the relationship between self-compassion, resilience and psychological well-being were noted to be significant in the model used in this study, indicating that partial mediation exists. Since both the direct and indirect effects pointed in the same direction, resilience can be considered as having complimentary partial mediation. In deduction, it can be concluded that self-compassion is directly and indirectly related to the counselors' psychological well-being in a positive way due to their resilience.

The current study had also shown that counselors with higher levels of self-compassion tend to be more resilient and they tend to develop a higher psychological well-being. This assertion is supported by previous study (Foureur et al., 2013; Kemper et al., 2015) which found that self-compassion predicts one's resilience. Other scholars

(Garcia & Calvo, 2012; Mealer et al., 2012) had revealed that resilience predicts one's well-being. Having said that, self-compassion showed a greater and direct effect on the counselors' psychological well-being than the indirect effect of resilience.

In other words, counselors who were more self-compassionate were more likely to exhibit resilience, thereby enhancing their psychological well-being when compared to those lacking in self-compassion. Self-compassion has been noted to be a learned skill and can be easily taught and passed on to other therapists (Baer, 2003; Kabat-Zinn, 1994; Kabat-Zinn & Chapman-Waldrop, 1988; Kabat-Zinn et al., 1992; Shapiro et al., 2005). Being compassionate to oneself enables one to build resilience. Life's experiences can put people in multiple crises or deep misfortunes. Such crises can make some people withstand multiple crises while making others collapse in the face of the slightest misfortune. Some people emerge to be stronger than others who suffered the same ordeal. It is resilience that accounts for the marked differences; it supports some of those individuals to adjust to the changing and challenging environment, hence their psychological well-being. In the context of the counselors, resilience will serve as a very important factor to sustain their psychological well-being.

Resilience is ordinary and all human beings have the capacity to become resilient. Resilience is the foundation of one's positive mental health (Persaud, 2001) and the heart of resilience lies in one's attitude. Based on these claims, it is essential that counselors take a personal responsibility in developing resilience. This is a wake-up call for counselors to make themselves more resilient in order to lead a better professional and personal life.

Limitations and Future Direction

There are several limitations in this study. Firstly, the use of self-reported measures as data collection may be affected by the respondents' social desirable response or inflated perception of the measured constructs, namely, self-compassion, resilience, and psychological well-being. Hence, future research needs to address this issue, ideally by combining quantitative and qualitative instruments to extract and analyze data.

Secondly, previous findings focusing on well-being and self-compassion were from the positivist's point of view, which were more inclined towards using quantitative research approaches such as the survey, as also adopted for the current study. This had limited the direct contact between researcher and respondents. Thus, future research may consider a methodological shift, using either the qualitative research approach to gather and analyze data or the mixed-method as an alternative. Doing so offers a

richer set of information which can offer more insightful input.

Thirdly, as a cross-sectional study, the current findings were based on data collected at a single point of time. The individual respondent's perception regarding self-compassion, resilience and psychological well-being may change over time. Therefore, future research to adopt a longitudinal research design to study the changes would be remarkable.

Implications

The results of this study highlight several noteworthy implications for the counseling profession, especially for counselor development. The findings are valuable inputs that can inform the prospective interventions designed for professional counselor training and development to promote psychological well-being among counselors, just as how they learn to implement their knowledge of counseling theories, techniques and skills. By incorporating the concept of well-being into the formal education system, counselors can experientially learn evidence-based approaches as well as practical techniques in cultivating the concept of well-being. Doing so can enable them to manage their personal and professional life more effectively and efficiently. It is recommended that the education policy makers endorse the implementation of counseling graduate training programmes and syllabuses that emphasized on counselors' well-being. Also, counseling programmes may develop a stand-alone well-being course which may be helpful to counselors in preparation. For instance, Harvard University, one of the most prestigious universities in the world, offers the most popular and successful course which teaches their students how to be happy. Likewise, it would be beneficial for universities in Malaysia to develop and offer an elective course on well-being.

Encouraging counselor trainees to take individual initiatives to promote their well-being, faculty and institutional support is important for promoting wellness in counselor preparation. Faculty members, especially counselor educators, play an essential role in mentoring and supervising counselors' personal and professional development. They are also in the position to serve as a role model for personal well-being. In the highly challenging and demanding academic environment, it is essential for counselor educators to make self-care a practice. As faculty members actively engage themselves in self-care practices, they practice what they preach and set a standard of well-being for their students to follow. Additionally, initiating a conversation about wellness in the classroom will help students to adopt the idea of well-being in their professional journey. This practice promotes a healthy attitude

and behavior during their early career development. Practicing self-care helps counselors to manage stress, burnout and compassion fatigue more effectively. Consequently, occupational-related risks are averted and career longevity is prolonged.

Returning to the findings of this study, it cannot be denied that this study had confirmed the link between self-compassion, resilience and psychological well-being. It underlines the importance of finding ways to elevate well-being among counselors through intervention that focuses on self-compassion and resilience. Self-compassion is an inner strength that enables counselors to be more capable of accepting themselves for who they really are, to embrace their shortcomings, to learn from these experiences and to make the necessary changes with an attitude of self-respect. Self-compassion facilitates counselors in practicing self-appreciation and to manage fatigue, while resilience acts as a “buffer effect” of self-compassion. It shields counselors against the effects of high emotional exhaustion. The attitude, skills and knowledge derived from self-compassion and resilience should be embedded into the professional training and development of counselors within the traditional context of counseling education. There are significant potentials for incorporating the principles and practices of self-compassion and resilience into current educational programmes and training for both novice and experienced counselors as a matter of cultivating their well-being. The Malaysian Board of Counselors and other Continuous Professional Development (CPD) providers are, thus recommended to take a serious view of the fact that self-compassion, resilience and psychological well-being can be improved considerably with well-designed intervention programmes such as talks, forums, seminars, workshops and conferences.

Conclusion

The current study revealed the strong influence of self-compassion in developing counselors’ psychological well-being. It also disclosed that self-compassion has a positive and direct effect on psychological well-being among counselors. The concept of resilience, however, appeared to play a significant role in mediating the relationship between self-compassion and psychological well-being among counselors. More focus, thus, needs to be given to cultivate self-compassion and resilience among counselors in order to develop their psychological well-being, which in turn, nurturing their personal and professional life.

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