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How does a 7-day compassion-focused mirror-gazing intervention impact participants' self-compassion?

By

Howard Winfield

Portfolio submitted in fulfilment of the requirements for the:

Professional Doctorate in Counselling Psychology (DPsych)

Department of Psychology

City St. George's, University of London

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Declaration

I, Howard Winfield, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Preface

This portfolio combines the three components of the professional doctorate in Counselling Psychology. These are a thesis, article for publication, and client case study. At City, candidates must link these components in some way. It can be a theme, a theory, a clinical issue, or some other common link. The purpose of this Preface is to identify this theme and how it links the three components of my portfolio. The theme which I believe embodies my work is pragmatism.

In my Methodology, I have quoted Richard Rorty (1982, xxix), an American pragmatist. His statement regarding pragmatic knowledge suits the pluralistic values of counselling psychology: “there is no pragmatic difference, no difference which makes a difference, between ‘it works because it’s true’ and ‘it’s true because it works’”. In this statement, however, is also my overall philosophy as a researcher-practitioner. Our work as Counselling Psychologists is in supporting people to improve their mental health and overall wellbeing. As such, we should be interested in what helps, and why. A pragmatic approach enables us to ask appropriate questions to ensure that we actually practice in ways that help, and not just because we say they do, but because we have a multitude of different forms of data which suggest that they do or, at the very least, *can* help. As Norcross and Alexander (2019, p. 9) ask: “what works for whom?”

Pragmatism as a research framework seeks to ask the best questions and explore the best methods to address complex, *human* problems (Weaver, 2011; Fishman, 1999). Our therapeutic work similarly addresses human problems using frameworks and models which appear to be the best for that particular human. I argue that Counselling Psychologists are, by training, pragmatic – the maxim that what we do with people is, ultimately, helpful is in much of what we have been taught. In the words of William James,

founding psychologist and pragmatist, any idea of use to us, “is true instrumentally” (James, 1907, p. 28), that is, by its use as an instrument for our purposes.

However, from my brief experiences so far, I have found that being pragmatic is as much an attitude as it is a framework. It is not something which one chooses as if philosophical frameworks are a menu from which to pick how we fancy doing research. I believe, in order for pragmatism to genuinely respond to its view of knowledge as being *practical*, it has required of me an attitude consisting of four layers. Somewhat serendipitously, these relate eerily to aspects of my identity as a Zen Buddhist. In any case, being pragmatic – as I have understood it – has felt natural to me. These four layers are not exhaustive and do not represent anyone else’s vision of pragmatism (therein is one of its issues). However, I believe *my* pragmatic attitude is present across all three components of this portfolio and, I hope, will continue to form the bases of my research and practice in future.

Firstly, being pragmatic requires openness to differing perspectives without adhering to any as essentially true – including pragmatism. Martela (2015, p. 191), informed by Peirce, writes that we are “in no position to step outside experiencing [or] be in contact with any eternal truths”. Having this sense of openness can cause friction with one’s deep-seated conditioning about people, things, the world – the universe. Yet this is how we are taught to be as Counselling Psychologists: open to different perspectives knowing that we cannot step outside our experiences or offer absolute truths about our work. Being pragmatic is therefore an ethical and anti-discriminatory attitude simply through its inherent openness.

Pragmatism, therefore, secondly, requires a form of scepticism which is neither stubborn nor tokenistic. Perhaps it is better conceived of as humility. For example, approaching both research and practice with scepticism that there are no objective truths, but rather created and experienced realities, is a humble position to take – not humility for humility’s sake. It is more akin to one of the attitudes of mindfulness, itself based on the attitude of the Zen Buddhist – namely, the “beginner’s mind” (e.g. Suzuki, 2020). This is the call in

Zen practice to cultivate a mind which is open, fresh, and alert and which attempts to approach experience without relying on previously-held knowledge – that is, with a ‘beginner’s mind’, as if experiencing for the first time. This demands that knowledge be conceived as fundamentally uncertain since we must reject *a priori* truths – as in rationalism and positivism – in favour of “unstiffen[ing] all our theories” (James, 1907, p. 26) and letting go of anything held as “permanent, true, and complete” (Dewey, 1908, p. 85).

To be pragmatic, therefore is, thirdly, to be curious, always inquiring, never settling for one method or approach over another, never being satisfied that an answer is *the* answer. This is somewhat unnerving and yet freeing since it loosens the ties that one might be too tightly bound with to certain forms of knowledge (or research or practice) over others. This does not mean that nothing is ever useful or, indeed, that no answer is ever found. Rather, it means that we remain curious even when we may want to ‘settle into’ what we think or feel we know is best – even if this is uncomfortable. Curiosity is ever-moving, never static and, I argue, is what carries us along with this changing world and “stream of experiences” (James, 1907, p. 66). To borrow from my Buddhist tradition, being pragmatic similarly involves viewing the world as ‘empty’ of objective, stable form, or, to quote a beloved teacher of mine, humans and the world “inter-are” (Nhat Hanh, 2020, p. 32). Put more philosophically, being pragmatic involves understanding that being human is “the intercourse of a living being with its physical and social environment” (Dewey, 1917, p. 47).

Being pragmatic, then, I argue, is finally a compassionate attitude in the sense of recognising and wanting to do something about, one’s own and others’ suffering (cf. Gilbert, 2013). It requires that one does not strictly adhere to one methodology or form of data over another in pursuit of knowledge and instead employs the wisdom that it is in the questions asked that an answer is already assumed. The more variety of questions we then might ask, the more light we might illuminate – there is not a right or a wrong kind of light, only light. Addressing “real world” problems as Counselling Psychologists then,

being pragmatic is compassion in action; we are less interested in the right kind of knowledge or approach, and more interested in what James (1907, p. 27) called the “fruits [and] consequences” of inquiry. By seeking as much data in all of their competing matrices of philosophical frameworks, we place ourselves as compassionate researchers who are willing to exist in friction between worlds for the benefit of humans who are suffering. If we do not, I argue, then it is like treating someone as an already-answered question: without interest or concern.

These attitudes of pragmatism I have tried to embody across my research and practice to date. In my thesis, I argued that a mixed methods approach to an at-mirror self-compassion intervention was the most useful for this particular project, drawing upon both empirical mirror research and self-help works. No such project on this phenomenon – to my best knowledge – has been attempted before, so it was incumbent on me to produce as much knowledge as I could, neither relying entirely on experiential data nor on statistics. Both and more were needed to explore whether a mirror – in a mantra meditation context – had any useful impact on this particular group of humans. Of course, under different conditions, the findings would have been different. However, it was not intended that the results of this study be generalisable to wider populations. Instead, it intended to produce a range of knowledge which might serve as useful ideas for those in the Counselling Psychology and related professions when using mirrors, since there are both quantitative data demonstrating its impacts alongside expressive qualitative data in narrative form, written by real people having real experiences. Certainly, there were limitations to this approach (which are discussed). Only time and further review by other researchers will tell whether the knowledge produced is useful. holds its benefits.

In my publishable article, written for submission to the *Journal of Mixed Methods Research*, I have chosen to explore the methodology of this research in detail as it offered new perspectives on mirror meditations which have not been produced anywhere else – a direct result of the choice of methodology. Since the approach I took in the research project was pragmatic, my article is similarly pragmatic, seeking to disseminate a study

which utilised a novel mixed methods narrative research model – an integration of Linguistic Inquiry and Word Count (LIWC-22; Francis & Pennebaker, 1992) and Narrative Inquiry (Riessman, 2008). These approaches involve epistemological and ontological tensions which some may argue are irreconcilable (e.g., Bochner & Riggs, 2014). However, as previously argued, being pragmatic means making an effort towards sustaining a ‘beginner’s mind’ in conjunction with being compassionate, curious and open. Why avoid tensions when what they produce could be used in the reduction of human suffering? It is in this vein that I have tried to write my publishable article.

It is not generally common to align pragmatism as a philosophical framework with psychoanalytic practice, and yet I viewed myself as being pragmatic in my relational psychoanalytic work with Lucy¹. Relational psychoanalysis has its roots in traditional psychoanalysis, where the unconscious or “prereflective” experience of the patient² (Stolorow et al., 1995, p. 4) remains crucial in formulating their current difficulties. In overly general terms, where analysis previously viewed pathology as located *within* the patient’s mind, this has been replaced with “subjective emotional experience” (Stolorow, 2013, p. 385) within the frame of relationships, emotional attunement, and containment, (e.g., Benjamin, 2017; Bollas, 2005; Ogden, 2004, 1995; Stolorow, 2013).

In relational analysis, the therapist and patient are subjects with mutual influence. Therapy becomes “an intersubjective process involving a dialogue between two personal universes” (Stolorow et al., 1999, p. 6). The role of the analyst is then one of continuous attunement, recognition, authenticity and honesty, drawing upon multiple layers of experiential data. I have found that this involves strikingly similar attitudes when one is being pragmatic: openness to the patient’s and analyst’s conscious and unconscious experiences in therapy and supervision, coupled with an openness to being potentially both “right” and “wrong” at any given moment. This is especially relevant when working

¹ This is a pseudonym.

² I am conscious of the tensions in using ‘patient’ over ‘client’. This is a concession to psychoanalytic tradition.

with the shifting sands of someone who has experienced significant early developmental trauma, as was the case for Lucy. Moreover, attempting to bring a beginner's mind each session ensured that I did not hold too tightly to interpretations, bringing with it a flexibility and playfulness, as in Winnicott's conception of play (cf. 1968). An ongoing curiosity about my impact on Lucy, and vice versa, also enabled me to question and probe Lucy's defensive manoeuvres for her benefit.

Despite misunderstandings and misconceptions in the popular media and even among my colleagues, relational psychoanalysis is a genuinely compassionate process; there is a constant, sustained effort to attune to what is currently true for the patient alongside what is true for the analyst. For the "two personal universes" to come together, there naturally arise frictions since we are, essentially, mixing ontologies while doing our best to allow the patient to come as they are, within the context of our perceptions of them and the shared analytic space. We are saying: analysis works in spite of the frictions between these two universes since, in order for there to be friction in the first place, there needs to be a respect that that patient's universe exists at all. Whether there is anything genuinely *knowable* about it in the rationalist sense remains, for the pragmatist, an unanswerable, but not un-poseable question.

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Part One: Doctoral Thesis

How does a 7-day compassion-focused mirror-gazing intervention impact participants' self-compassion?

Word count: 44,978

Abstract

The therapeutic use of mirrors has been well-researched in clinical populations, but their wider use as tools for wellbeing remains under-researched. This mixed methodology research adopted a pragmatic approach to exploring the effects of a mirror on self-compassion. Two groups of experienced mindfulness practitioners total $n = 12$ were recruited to complete either a week-long Self-Compassion intervention in front of a mirror or the same conditions except keeping eyes closed. Participants were offered the choice of completing written or typed journals after each exercise. Self-Compassion Scale (SCS) scores were measured pre- and post-intervention; Linguistic Inquiry and Word Count (LIWC-22), statistics, and Narrative Inquiry (NI) were used to analyse and interpret participant diaries both quantitatively and qualitatively. There was no statistically significant difference between the average SCS scores between groups ($p > 0.05$); there were statistically significant differences in LIWC-22 data, including the use of Compassion-, Mindfulness-, and Autonomy- or Controlling-associated words, with the Control group generally showing higher scores than the Mirror Group in all but Controlling-associated word use. Integrating NI findings suggests that a mirror was distracting, but not completely without benefit, and that self-compassion, when verbalised toward themselves, could have numerous powerful effects on participants' relationships with themselves. The findings suggest that mirrors are generally challenging and may require specific training for their use as wellbeing tools, and that self-compassionate language use alone appears to be more impactful in increasing self-compassion in this sample than doing so in front of a mirror.

1 Introduction and Literature Review

This research is the coming together of two worlds: my personal life and that of my professional identities as a researcher-practitioner.

I was a “troubled” child who became a depressed teenager who then developed into a severely depressed, disenchanted and disillusioned young adult. By the time I was 18, I had dropped out of private school months before sitting my A-Level exams, only returning to finish an A-Level in Art, with no plans to go to university, find work, or, in my view at the time, ‘join society’. I call the proceeding phase of my life the “wilderness years”; I was isolated, living with my parents, and writing expansively in my journal about self-help or Buddhist gurus I was reading, and ideas for novels and music, all of which still feature in my life.

At the same time, I was exploring alternative forms of healing such as shamanism, hypnotherapy, meditation, led on by an always-present curiosity about indigenous cultures. I was convinced at this stage that it was society – especially my school and early upbringing as a military child – which had made me ‘sick’. I hated any attempt to define my depression in terms of an illness specific to me, and yet, over time, when it did not improve, I began to absorb this message into my identity. It was during this time that I therefore encountered the first of many therapists.

After two years, having cobbled together some sense of self-confidence, I went to university to study Anthropology, still drawn to other cultures’ worldviews and understanding of illness, compared to what I felt was the Global West’s overly medical view of mental health. I drifted in and out of different therapies during this time and, unfortunately, experienced more harm than good from a therapist whom I now know was unqualified but wildly charismatic, taking me under his wings using a number of self-help

methods which I eventually came to reject, and with it, came his rejection of our relationship in a deeply shaming way.

Various events at university, further isolation and identity confusion, meant that I still felt horribly depressed, anxious, burnt out and something of a failure in comparison to my peers. I continued to go to different therapists, but it was not until I met a Counselling Psychologist at the end of 2019, after the falling-apart of my then career as an archaeologist and professional singer (a combination which did not, funnily enough, work very well) that I began to feel that therapy might actually be helpful. I saw this Counselling Psychologist for five years. Through the process, I learned about myself, and I later learned about Counselling Psychology as a potential profession. Curiously, it was from this therapist that I also learned about a woman called Louise Hay and *Mirror Work*

Louise Hay is famous among the self-help community as the founder of Hay House Publishing. She passed on in August 2017, leaving behind a wealth of positive thinking works such as *You Can Heal your Life* (2008), *The Power Is Within You* (1991) and *Mirror Work* (2016). Her latter book offers 21 days of meditation and positive affirmation exercises to be performed in front of a mirror, with the intention of helping the person to engage with themselves in a new, compassionate and loving way. Her thesis in this book – and most of her life work – was that it is our relationship with ourselves which is fundamental to our happiness. Generally, this is known as *self-love* (Henschke & Sedlmeier, 2021), and I found *Mirror Work* powerful in forming new ways for me to look at myself without the usual self-judgment and self-criticism.

Around the same time as being introduced to this, I was completing an MSc in Applied Psychology at Robert Gordon University, Aberdeen, during COVID, having decided to re-train as a Counselling Psychologist. I was completing a qualitative study into the experiences of long-term meditators (in publication) and wondered whether anyone had explored Louise Hay's *Mirror Work*, or at least, the effect of using a mirror on a person's self-esteem. In my application to the Doctorate in Counselling Psychology at City, I wrote that I wanted to research Louise Hay's *Mirror Work* because it had had such an impact on my relationship with myself. Fortunately, I was given a place to study. Three years

later, I have completed a mixed methods research project exploring the impact of a mirror on participant self-compassion, bringing together my personal narrative of healing, and my professional identities as an ethical researcher-practitioner. This research is founded on a belief that despite being viewed with scepticism (e.g., Woodstock, 2006; Cherry, 2007) self-help practices, such as those offered by Louise Hay, are worthy of rigorous scientific exploration for the benefit of Counselling Psychology. My own experiences of both poor and excellent therapy continue to guide my belief that our profession can lead the way in exploring what helps people's mental health, and why.

1.1 Overview

In this chapter, I will introduce the main themes of this research through a literature review which will explore the history and current use of mirrors in psychotherapeutic contexts. I will then expand the review to include the concepts of compassion and self-compassion, meditation and mindfulness, and self-help. I will offer a critical discussion of self-help, popular psychology and Counselling Psychology before discussing the process of developing my research aims from the gaps identified in the literature review. Given that my Introduction to this thesis included my personal experiences, and that much of the initial impetus for this research grew out of my own positive use of a mirror, I will begin my literature review by offering a reflexive statement.

1.2 Reflexive Statement

Being a reflexive researcher is fundamental to the ethos of Counselling Psychology. It relates both to the discipline's humanistic philosophical foundations as a science of counselling, and to the understanding and ongoing practice of being a Counselling Psychologist; that we are "self-reflective practitioner[s] with a commitment to personal

development work...not only [in] technical expertise but also... ethical, social, political and cultural context of [our] work” (Woolfe, 2016, p. 12). As such, being reflexive means knowing ourselves and our place in the creation of our research (Lazard & McAvoy, 2020).

As I described in the Introduction, I have a close personal connection with this research topic. Since experiencing positive changes using a mirror to look at and talk to myself in more compassionate ways, I have wanted to explore what might be happening when I do it. Why does it help me? Could it help others? Here, it is possible to see some of the attitudes I hold towards the use of a mirror: it is beneficial, positive, helpful. When conducting this research, I was conscious of ensuring that these views did not disrupt the research process at any stage. It is also known that when researchers have a vested interest in a topic but do not fully acknowledge this, it can lead to a lack of trust in research by the general public (Altenmüller et al., 2021). I did this by completing a research diary, writing about whatever I had found in the literature which stimulated my thinking; I spoke about my experiences with a mirror in university research supervision groups so that I was being responsible with my potential biases. Indeed, I even found that I stopped doing exercises in front of a mirror as regularly as usual while completing this research. I was conscious of not wanting this research to be about my experiences, rather that it was about responding appropriately and ethically to research questions which had merit for Counselling Psychology.

Above all, I have tried to maintain my mindfulness practice throughout the course of this research, adhering to philosophical principles which generally guide my life outside research – of curiosity, openness, non-judgment and honesty. As a Counselling Psychologist, I also maintain that knowledge is contextual and constructed, something which informs my practice, where I view my clients’ realities as realities. I apply this equally to myself: my experiences with a mirror do not and should not equate to others’.

1.3 Literature Review

In this section, I will introduce the history and use of mirrors in popular culture, wellbeing and clinical psychology studies. I will then explore the links between mirrors, compassion and meditation, before offering a critical discussion of self-help and its uses within Counselling Psychology. I will finally draw together ideas to support my research aims based on gaps in our understanding and in the literature.

1.3.1 Mirrors in popular culture

Mirrors are objects which have fascinated and disturbed humans for millennia, beginning perhaps with natural mirrors such as bodies of water or reflective stones. In Neolithic era Turkey, pieces of polished obsidian glass have been argued as being the earliest human-made mirrors (Enoch, 2006), with metal mirrors being used across a number of cultures by the Bronze Age, and glass mirrors becoming more prevalent in the Roman empire in the 1st century CE (Melchior-Bonnet et al., 2001). By the Middle Ages in Europe, mirrors were being depicted with great symbolism; Jan van Eyck's *Arnolfini Portrait, Bruges, 1434 AD* showing a central mirror in detail, said to possibly reflect the husband's piety or the wife's recent death (Hicks, 2011). Indeed, in Greek mythology, most famously Narcissus succumbs to his own mirror image while he gazes into a body of water – his story later becoming the context for the English word *narcissistic*, to mean one who is said to excessively admire themselves (Oxford English Dictionary).

Later, Western European gothic literature's obsession with mirrors as horrifying objects may be related to what Freud called *unheimlich* or uncanny (Freud 1917/1955), reflecting to us our unconscious desires or fears. In gothic literature, Dracula's reflection does not appear in a mirror (Stoker, 1897); in Dorian Gray, an ancient portrait becomes a

mysterious mirror which reflects the real age of the protagonist (Wilde, 1890). Perhaps no more topical is the fairy tale, *Snow White* (Grimm and Grimm, 2014/1812), where the evil queen consults a magical mirror by asking, “Mirror, mirror, on the wall... Who is the fairest of them all?”

In contemporary film, mirrors have remained objects which haunt us and remind us of aspects of ourselves or others, and which we would rather remain hidden (Piatti-Farnell, 2017). And yet, they can play a more positive role in contemporary film and television; the ‘Mirror Monologue’ trope tends to involve a main character talking to themselves in order to give themselves a pep talk or rehearse a challenging conversation they may be dreading. In our modern life in the Global West, mirrors are now all-pervasive in private and public bathrooms, hotel rooms, in pockets in the form of the phone camera ‘selfie’. It is now almost impossible to not see one’s mirror image in daily life.

1.3.2 Mirrors in Psychology

With the industrial revolution came the mass production of glass mirrors, and perhaps this partly explains why they become objects of interest not just in literature and popular culture, but in psychology. In its early history, mirrors served as important tools of observation in infant studies; Freud (1900, 1920) observed the behaviours of young infants who, when left alone with a mirror, acted towards it as if it were their mother. Lacan (1949, 1953) then argued that infants who recognised and play with themselves in a mirror had developed a healthy sense of separation from their mother. This developed into the “mirror mark” test (e.g., Gallup, 1970) which involves identifying a mark on one’s face (which was not known about by the person) in the mirror. Passing the ‘test’ involves noticing that the mark is on *your* face, which has been argued to be evidence for self-awareness and being in possession of a self-concept (Rochat & Zahavi, 2011). This has since been questioned (Heyes, 1994; Suddendorf and Butler, 2013), and variability among cultural groups suggests that how we respond to ourselves in a mirror relates to

our cultural practices with them (Broesch et al., 2011). In the Global West, we are generally socialised to using a mirror to identify ourselves, and it has been suggested that the same neurological systems used in responding to others are active when looking at ourselves (Tramacere, 2022). This may relate to ‘mirroring’, the term for the attunement between mother and infant, developed out of a vast body of research examining the developmental importance of mirroring between mother and infant, and therapist/client (Kernberg et al., 2016; Sima, 2014), which is thought to be connected to mirror neurons or some form of neurological mechanism of mirroring, possibly involving mentalisation, and may be partly responsible for emotional empathy (e.g., Ferrari & Coudé, 2018; Iacoboni, 2009).

In experimental psychology, mirrors have been used to explore the effects of *mirror gazing* (staring at self) on various traits, such as self-compassion (Petrocchi et al., 2017), self-awareness (Mahoney, 1991), and self-reflection (Williams et al., 2002). Mirror gazing refers to the act of looking at oneself in a mirror and grew out of Davis and Brock’s (1975) study into the use of first-person pronouns after mirror gazing, and Carver and Scheier’s (1978) investigations into self-awareness by using a mirror to manipulate self-focus. Later, Mahoney (1991) created ‘mirror-time’, a technique to encourage clients to develop insight through self-reflection at a mirror in therapy sessions. It was then observed that sitting opposite a mirror seemed to reduce self-criticism after writing positive statements about oneself in a study by Hofmann and Heinrichs, 2002. This inspired research by Petrocchi and colleagues (2017) as to whether using a mirror would enhance the effects of compassionate self-talk compared with using no mirror. They found that a brief compassionate self-talk exercise whilst facing a mirror increased self-compassion and heart-rate variability (HRV) in healthy participants. They asked participants to write four compassionate statements they would say to a friend, and then say them out loud in front of a mirror in one short exercise, rather than as a longer-term practice, and under controlled settings. They theorised that the mirror activated participant mirror neurons in an act of self-mirroring, using ideas around the soothe-system put forward by Gilbert (2009) in Compassion-focused Therapy to support this.

In the context of psychopathology, mirror gazing can involve significantly adverse reactions to certain body parts or one's whole body, often becoming active in only short periods of time and resulting in potential suicidality (Veale et al., 2016). There is a well-researched connection between mirror gazing and body dysmorphic disorder (BDD), muscle dysmorphic disorder (MDD), and eating disorders (EDs) among women, men, and transgender people (e.g., Veale & Riley, 2001; Veale et al., 2016; Vocks et al., 2007; Walker et al., 2012; Windheim et al., 2011; Möllmann et al., 2020; Chuah & Suendermann, 2024; Amodeo et al., 2020; Demartini et al., 2020; Silver & Farrants, 2016).

It is thought that at about 80% of people with BDD mirror gaze, often for hours at a time (Veale & Riley, 2001), though a more recent number is not known, and may have risen given the proliferation of selfie culture and social media use in young people (Mills et al., 2018; Grogan et al., 2018). A focus on one's own image may have significant impacts on mental health, but the exact reasons are unknown, since not everyone who looks at themselves in a mirror has or will develop BDD or another related issue. However, for those who do have difficulty, Mirror Exposure Therapy (MET) has been shown to improve symptoms of BDD and EDs using the, "systematic, repetitive viewing of oneself in a mirror with specific guidance" (Griffen et al., 2018, p. 163). Using this method alongside Cognitive Behavioural Therapy (CBT) has seen some success in reducing symptoms of the disorders (Hilbert et al., 2002; Díaz-Ferrer et al., 2015; Trentowska et al., 2017) and has thus been incorporated into some professional US-based CBT programmes for BDD and ED (see Griffen et al., 2018).

MET is said to enhance extinction learning (Craske et al., 2008; Foa & McLean, 2016) and recondition individuals to their bodies through habituation within the safety of the therapeutic relationship (Delinsky & Wilson, 2006). Developers of this method caution the use of a mirror, however, unless clinicians are specifically trained because mirrors are thought to impact both recovery *from* and development *of* EDs and BDD (Butler & Heimberg, 2020), making them dangerous objects in the wrong hands. Unfortunately,

MET has so far been studied predominantly with Caucasian women, meaning generalisability is poor (Butler & Heimberg, 2020), and evidence for its efficacy is overwhelmingly generated from very small sample sizes, yet results are promising.

Mirrors are also starting to be used therapeutically in other ways, though with little clinical studies backing these specific interventions. Two recent books written by practitioner psychologists use mirrors as therapeutic tools; Carmelita and Cirio (2021) have developed Mindful Interbeing Mirror Therapy a therapeutic intervention involving mindful self-reflection at a mirror alongside a trained therapist, and which is claimed to be a “revolutionary method of helping people face life’s challenges”, without – as yet – any clinical studies or research confirming its safety (Carmelita, 2023). Similarly, Well (2022) offered *Mirror Meditation*, a book containing exercises to improve one’s self-relationship, again using a mirror as therapeutic tool alongside using affirmations and mindfulness exercises. Both³ are (at time of writing) without published data or peer review, which poses challenges to their safe and ethical use considering the power that mirrors can have on a person.

The use of a mirror for wellbeing is not new, however; in the Japanese Soto Zen tradition, mirrors are thought to have been used by a specific group of Buddhist nuns since at least the 13th Century to deepen meditation practice (Caplow & Moon, 2013), and mirror meditations have been used as self-help exercises since the 1990s thanks to Louise Hay who introduced using a mirror alongside affirmations before formalising this in her 2016 book, *Mirror Work*, a 21-day set of guided compassionate self-talk exercises to practise while looking in a mirror. Hay’s workbook involves mindfulness exercises, repeating self-loving and self-compassionate mantras, and journaling. Hay developed 21 exercises – to be completed in the order she presented – over the course of 21 days. The exercises generally involve sitting in front of a mirror and becoming acclimatised to looking at yourself with loving intentions, speaking to yourself in ways that are said to be ‘healing’

³ I have tried, without success, to contact Dr Well regarding the research upon which her book is founded as this research is not – at time of writing – publicly available.

and loving, and then writing down thoughts, feelings and reflections about this process in a journal.

You are given the option to listen to her CD where she repeats the statements for you, or you can read from the book and repeat for yourself. Hay suggests following the 21 exercises in the order presented as they build on each other and become increasingly more challenging as you get used to the process and can take on more emotionally intense exercises. Hay also encourages readers to practise the mantras throughout the week, including when looking at yourself at a mirror while cleaning your teeth or washing your face. In her own words, Mirror Work is said to support a healthier relationship with oneself:

“It’s so important to love yourself. Mirror work can help you build the most important relationship in your life: your relationship with yourself.” (Hay, 2016, p. 7)

As an example, her first day’s exercise is as follows (from Hay, 2016, p. 9):

1. Stand or sit in front of your bathroom mirror.
2. Look into your eyes.
3. Take a deep breath and say this affirmation: *I want to like you. I want to really learn to love you. Let’s go for it and really have some fun.*
4. Take another deep breath and say, *I’m learning to really like you. I’m learning to really love you.*
5. This is the first exercise, and I know it can be a little challenging, but please stay with it. Keep taking deep breaths. Look into your eyes. Use your own name as you say, *I’m willing to learn to love you, [Name]. I’m willing to learn to love you.*
6. Through the day, each time you pass a mirror or see your reflection, please repeat these affirmations, even if you have to do it silently.

This exercise becomes the blueprint for the next exercises, and seems to follow a pattern of mindfulness, self-awareness, compassion-related language and behaviour, and personal reflection using journaling. After this first exercise, she then suggests that you complete a journaling exercise, as follows (ibid., p. 10):

1. After you finish your morning mirror work, write down your feelings and observations. Did you feel angry or upset or silly?
2. Six hours after finishing your morning mirror work, again write down your feelings and observations. As you continued to practice your mirror work formally and informally, did you start to believe what you were saying to yourself?
3. Keep track of any changes in your behaviour or your beliefs over the course of the day. Did the exercise get easier, or did you continue to find it difficult after doing it awhile?
4. At the end of the day, before you go to bed, write down what you learned from doing your mirror work.

These processes repeat each day, interspersed with Hay's own thoughts and reflections and other guided meditations on top of these exercises.

This work has not yet been studied empirically, but speaking informally with colleagues in the profession, I have found that it is not uncommon for therapists to recommend certain clients to use a mirror as part of their recovery. Further studies in this area are therefore needed to confirm the utility of a mirror, as well as the mechanisms by which the mirror may offer benefits or disadvantages.

1.3.3 Compassion and Self-Compassion

Contemporary uses of a mirror for wellbeing appear to focus on its relationship and role alongside such domains as compassion, self-compassion, self-acceptance, and self-

esteem (e.g., Hay, 2016; Well, 2022; Carmelita & Cirio, 2022; Petrocchi et al., 2017). This is arguable on the basis that compassion and self-compassion are well-known to be related to positive wellbeing outcomes (Gilbert, 2009; Neff, 2003; Gilbert & Procter, 2006; Neff et al., 2005; Leary et al., 2007; Lutz et al., 2008; Beaumont et al., 2012).

Self-acceptance tends to also be associated with compassion and self-compassion and can be developed as practices in tandem with each other since a compassionate understanding of oneself and others will tend to elicit acceptance of oneself (Dryden, 2013). Self-esteem is connected to other concepts in that higher self- and other-compassion tends to be possible only if the person has a higher sense of self-esteem – though this is not a straightforward association (Neff, 2011). However, the use of compassion and self-compassion-oriented exercises alongside a mirror has received little clinical attention. It seems that the authors offering mirrors as objects of therapeutic value (Petrocchi et al., 2017 aside, whose study was experimental rather than clinical in nature), are relying on users to view themselves in a mirror alongside self-compassionate or self-accepting statements. This seems to be related to acclimatising or ‘habituating’ them to their own reflections (and, therefore, to their ‘self’). Equally, they may be relying on activating mirror neurons in the way that a caregiver might while speaking compassionately to their child. Without the relevant research, it is not possible to know.

What is arguable, however, is that there is a well-informed connection between the potential use of a mirror as a therapeutic object, compassion and self-compassion, which these authors rely on, and which may be an important connection for those in the therapeutic professions. Compassion-Focused Therapy (CFT) was created by Paul Gilbert which integrates ideas from Cognitive Behavioural Therapy (CBT) with ideas from evolutionary psychology, developmental psychology, Buddhist philosophies, and contemporary neuroscience. It encourages the need for ‘compassionate mind training’, that is the teaching and practice of compassionate skills, behaviours and attitudes in responding to problematic issues such as anxiety, shame, self-criticism and depression. In CFT, compassion is partly modelled and partly taught to clients through the use of

various exercises, including meditations and visualisations, which is similar to third-wave CBTs (i.e., those which incorporate mindfulness, e.g., Williams & Kabat-Zinn, 2011).

However, where CFT differs is in its formulation of the human nervous system to incorporate three separate emotional regulation systems, 1) the Threat system – which acts as a protective system which allows us to identify threats in the world, with emotions like anger and fear which function as signals to us to respond to the situation; 2) the Drive system – which acts as a motivation to move towards resources and activities which are pleasurable. It enables us to be sociable with others and seek out ways to activate a feeling of accomplishment and reward. Finally, 3) the Soothe system, which enables a down-regulation from over-stimulated states of threat or drive, including any negative states such as self-criticism, towards feelings of safety, contentment and calmness – associated with rest, giving and receiving care, and sharing safety with ourselves and others (Gilbert, 2010).

CFT has been shown across numerous studies to be somewhat effective in helping reduce symptoms of anxiety, depression and self-criticism (Gilbert, 2000, 2010, 2015, 2017; Hofmann et al., 2011; Kirby & Gilbert, 2017; Leaviss & Uttley, 2015). More recently, a systematic review of fifteen CFT studies between 2013-2022 showed that CFT improved clinical symptomatology from baseline to post-intervention and was shown to be effective across outcomes, with CFT groups showing significantly improved self-compassion and self-reassurance compared with controls (Millard et al., 2023). These results support the view that CFT is a trans-diagnostic intervention, even though it has been shown to be specifically helpful in those who are high in self-criticism or shame. Being able to recognise one's own suffering and then alleviating that may arguably be aided by, literally, talking to oneself in a mirror in order to promote self-acknowledgement and soothing of suffering through compassionate self-talk – a key component of Compassion-focused Therapy (Gilbert, 2009).

Mindful Self-Compassion (MCS) is a mindfulness-based self-compassion training program (Germer & Neff, 2019) which is similarly related to evolutionary psychology, Buddhist philosophies, third-wave CBT and contemporary neuroscience in that it

combines mindfulness training with specifically self-compassion exercises. MSC is described as a “resource-building” program and a “mix of personal development training and psychotherapy” (Germer & Neff, 2019, p. 357). It argues that mindfulness, i.e., the practice of non-judgmental awareness of the present moment (Williams & Kabat-Zinn, 2011), is already implicitly related to self-compassion insofar as being non-judgmental of one’s present moment experiences requires a sense of kindness and understanding, especially during moments of suffering or painful emotions. MSC training more explicitly teaches *self-compassion* exercises to help people make best use of mindfulness as a practice and self-compassion as a therapeutic companion. More specifically, *self-compassion* has been defined as “self-to-self relating” involving self-kindness rather than self-judgment, a sense of common humanity rather than isolation, and mindfulness rather than over-identification with one’s thoughts or feelings (Germer & Neff, 2019, p. 359; Neff, 2003, 2016).

Self-compassion has been shown to be positively associated with psychological health (Barnard & Curry, 2011; Zessin et al., 2015), and an inverse relationship has been shown between self-compassion and depression, anxiety and stress (MacBeth & Gumley, 2012). Self-compassion has further been associated with positive psychological concepts such as happiness, life satisfaction and optimism (Hollis-Walker & Colosimo, 2011; Neff et al., 2007), as well as increased motivation, health behaviours, positive body image, and resilience (Albertson et al., 2014; Allen et al., 2012; Breines & Chen, 2012; Sbarra et al., 2012). Higher self-compassion is also associated with increased altruism (Neff & Pommier, 2013).

These two models of compassion-oriented personal development and therapeutic programs, combined with ideas and exercises from Louise Hay’s self-help work, have all influenced the development of the particular set of exercises used in this research. The ultimate hope of compassion-oriented, mindfulness-based practices such as the above combining a mirror is that they support people in improving their “self-to-self relating” (Germer & Neff, 2019, p. 359) where they might have overly self-critical attitudes towards

themselves through sustained engagement with their own reflection and any emotional or cognitive reactions they may have while talking to themselves in compassionate ways.

In order to use a mirror in this way, however, and indeed, to be able to offer oneself compassion, it is necessary to be able to offer cultivate mindfulness; self-compassion requires that we are aware of our negative thinking and feelings – it is not possible, firstly, to notice one’s self-talk or feelings if one has no capacity to be mindful, and, secondly, nor are the associated attitudes of self-kindness, openness, curiosity and non-judgment possible when one’s mind and body are distracted (Neff & Dahm, 2015).

1.3.4 Meditation and Mindfulness

To understand the history of mindfulness in the Global West, one need not look any further than Jon Kabat-Zinn, the founder of Mindfulness-Based Stress Reduction (MBSR) courses at his pain clinic at the University of Massachusetts Medical School. There, he adapted exercises and understanding from Buddhist, Yogic and Non-Dualist (Advaita Vedanta) traditions to form a secular practice for Westerners, placing meditation into a scientific perspective (e.g., Gordon, 2009; Morris, 2023). In MBSR, mindfulness practices such as mindfulness of eating, breathing, and of the body, are incorporated in a weekly structure of psychoeducation and homework, to improve people’s relationship with themselves and facilitate a reduction in stress. As defined by Kabat-Zinn (2015, p. 1481), mindfulness can be understood as, “moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible.” Mindfulness the word is relatively new, but meditation – the overall practice from which it was inspired – has been a spiritual practice for millennia and has been argued to have played a key role in human evolution (Rossano, 2007).

As such, mindfulness as a practice is closely linked to the potential of offering oneself greater self-compassion since the cultivation of awareness is necessary to observe one’s

self-talk. It is possible that this practice may be aided by the use of a mirror, especially if mindful attention is placed onto one's reflection; it may provide insight into patterns one may hold about one's body or face, or feelings about one's self-image, which may not have been as easily noticed without mindful attention. It is for this reason, for example, that Zenways Dojo in London offer a mirror-based mindfulness training for members of their Zen community to "discover what it is to encounter yourself in the mirror over a sustained period" (Zenways, 2024). There is no research into the impacts of a longer-term practice such as the one offered by Zenways but knowing the positive results of Petrocchi et al. (2017) after only a brief compassion and mirror exercise, it may be expected that a longer practice might yield more lasting results.

1.3.5 Self-help, popular psychology and Counselling Psychology: A Critical Discussion

As De Vos (2015, p. 250) rightly suggests, "psychology has to... struggle with the popular psychology and/or bad psychology in which people erroneously believe." Louise Hay's *Mirror Work* (2016) is a work of popular psychology which makes claims which are unsubstantiated by science. Indeed, the promotional material to *Mirror Work* suggests that it can improve "your relationship with yourself" and lead to a "joyous and fulfilling life" (Hay, 2016). While I do not intend to criticise Hay's work specifically – the reader will have gathered from my Introduction that I found this work to, indeed, improve my relationship with myself (though, alongside therapy, it is impossible to know exactly what helped in that regard) – it is necessary to examine this, and related works (Well, 2022; Carmelita & Cirio, 2022) under a more critical lens. This is because, currently, they represent the major popular publications relating to the use of a mirror for wellbeing outside clinical research and practice, and thus they represent "popular" psychology methods which could be classified as *self-help* (for clarity, I do not consider Carmelita & Cirio's *Mindful Interbeing Mirror Therapy* to be self-help since it is conducted with the support of a trained mental health professional). However, it does represent a therapy involving mirrors which – as of

the time of writing – has not undergone any clinical studies verifying its powerful claims and should thus be treated with the same critical view as Hay, 2016 and Well, 2022⁴).

Self-help and popular psychology tend to contain a narrative that there is a “better” you which needs to be uncovered through certain exercises which are knowable only by, for example, purchasing this book or that course (De Vos, 2015, p. 250). This is no different in vision to anyone who purchases a book written by a psychologist or, indeed, who pays for therapy in the hopes of learning more about themselves from a trained professional. Indeed, ultimately, is not the goal as a Counselling Psychologist to support our clients in becoming independent of *needing* a therapist – that is, through the encouragement and expectation that they will eventually be able to ‘help themselves’ having gained the confidence or esteem or insight (or whatever) needed to do so?

However, one of the main issues lies popular psychology and self-help narrative’s tendency to revolve around sensationalist claims which may or may not have any basis in empirical evidence, and which might appear to encourage helpful self-expression and individuality, but in fact generally espouses specifically Western idealised views of the self as hyper-individualist, capitalistic, and liberal-democratic. This could be argued as reinforcing many of the major problems we are facing as a Global population (e.g., Rimke, 2000; Rimke and Brock, 2012; Bröckling, 2005; Hazleden, 2003; also see De Vos, 2015 for helpful discussion regarding self-help and academic psychology). Regarding the former issue, that self-help tends to be founded on untested claims, is the possibility that, at their worst, these practices may result in increased suffering and distress, rather than their claimed benefits – always a potential outcome of interventions based on pseudoscience. Perhaps self-help remains so popular because it promises certainty and a sense of agency where science, especially psychology, tends to be more open to unknowns (Lohr et al., 2014). Latterly, this also brings to mind Counselling Psychology’s philosophical foundations in social constructionism and constructivism (cf. Larsson et al., 2012), where knowledge is not viewed as objective, as in traditionally ‘hard sciences’.

⁴ I wish to make it clear that this critical discussion is not a personal attack on any of the authors or publishing houses, but is rather to stimulate further thought regarding the ethical and therapeutic use of mirrors.

Within this model of science, which is post-structural and postmodern, and which challenges previously dominant models of power and interpretation (Strawbridge & Woolfe, 2010), self-help exercises may be seen as tools which *may work for some people some of the time*. This is also, essentially, a pragmatic and pluralistic view of self-help (e.g., Fishman, 1999; Hanley & Winter, 2015): it is both potentially helpful within certain contexts and under certain conditions, and any number of exercises may be enlisted by Counselling Psychology to match the diversity and uniqueness of each client, practitioner and therapeutic dyad, such that we may meet the ultimate aims of the profession, succinctly detailed by Jones Nielsen and Nicholas (2016, p. 6):

“[T]o reduce psychological distress and to promote the well-being of individuals by focusing on their subjective experience as it unfolds in their interaction with the physical, social, cultural and spiritual dimensions of living.”

Self-help and Counselling Psychology therefore have a shared interest in reducing psychological distress and promoting wellbeing in a holistic way. Louise Hay suggests that, “looking deeply into your eyes and repeating affirmations” works by “plant[ing] healing thoughts and ideas that support you in developing self-confidence and self-esteem” (2016, p. 1). Similarly, Well’s *Mirror Meditation* (2022), offers mindful exercises which are argued to increase self-awareness and manage stress and emotions when completed in front of a mirror. The counselling psychologist’s emphasis on the totality of a person’s wellbeing may find a place for such exercises in the context of a therapeutic relationship. The discipline’s academic rigour and espousal of Evidence-based Practice (cf. Jones Nielsen & Nicholas, 2016) mean that the two worlds of self-help and Counselling Psychology might share peaceful and stimulating borders with each other, without creating an unnecessary binary opposition.

1.4 Research Aims and Relevance for Counselling Psychology

As should be clear from the literature review, this research project is interested in the therapeutic use of mirrors, influenced by self-help and popular psychology publications

which offer ways of using a mirror to improve one's wellbeing. There is a dearth of research in this area, despite major claims made by the authors. This is concerning since the clinical use of mirrors in Mirror Exposure Therapy (MET, e.g., Heimberg et al., 2020) comes with the warning that mirrors are powerful objects which can both support recovery from BDD and EDs, as well as significantly worsen them. Petrocchi et al.'s (2017) brief compassion-focused mirror study represents the beginnings of a research field in the therapeutic use of a mirror. Their study demonstrated that a brief mirror gazing exercise involving compassionate self-statements led to the greatest increase in Heart-Rate Variability (HRV) compared with two, mirror-less control groups. Generally, low HRV can be a sign that a person's physiology is less resilient and less able to cope with change, and therefore, stress. Neuroimaging studies suggest that HRV may be linked to cortical regions (e.g., the ventromedial prefrontal cortex) involved in the individual's appraisal of stressful situations (Thayer et al., 2012; Kim et al., 2018). Petrocchi et al. (2017) suggested that a mirror may support self-compassion through its ability to promote increased self-awareness and through the stimulation of mirror neurons.

However, at the time of writing, there are no studies which explore the longer-term practice of sitting at a mirror and speaking to oneself in compassionate ways, either using quantitative or qualitative methods. Cultivating self-compassion is a practice which takes time and patience to develop, but which, if practised consistently over time, can lead to increased quality of life (Germer & Neff, 2013), something which is similarly echoed by Hay (2016) in *Mirror Work*. Compassion-oriented interventions were therefore integrated with Hay's (2016) suggestion of mantra-based mirror meditations for a number of reasons. Firstly, as described, Hay's *Mirror Work* can be anecdotally helpful for increasing one's sense of love towards oneself – see my Introduction. Owing to its success as an internationally published self-help book, there is scope for exploring whether this format of mirror-based exercise is helpful in the ways she suggests. Since the exercises tend to focus on understanding oneself, offering kindness, love, care, attention, and affection, the content of the exercises could be said to relate to compassion; the exercises have a

compassionate focus in acknowledging oneself in a mirror and offering loving phrases to oneself.

Secondly, Hay's overall tone of writing is one of non-judgment, kindness and advocating self-awareness through mirror exercises and journaling, making her form of mirror-based intervention rich with comparisons to compassion-oriented interventions. Acknowledging one's suffering – as many of Hay's later exercises do – is an aspect of, ultimately, offering oneself compassion. Hay's intervention offers both acknowledgment of, and methods to soothe, one's suffering through mindful breathing and kind words in what could be said to be a compassionate 'tone of voice'. This is not something Hay ever suggests specifically, but much of her writing implies this; for example, in the first exercise (Hay, 2016, p. 7), she writes: "I know it can be a little challenging, but please stay with it. Keep taking deep breaths." This could be interpreted as Hay 'modelling' a compassionate friend in the same way Gilbert suggests when practising compassion (e.g., 2006, 2010).

Finally, the procedure of *Mirror Work* – mirror-based mantra exercises followed by journaling – marries well with Mindful Self-Compassion (MSC) in that it encourages mindfulness of the "*experiencer*" of suffering (Germer & Neff, 2019, p. 359) which is one of the main goals of MSC training. Sitting oneself in front of a mirror could be said to be a literal way to face oneself with presence, no matter what one is feeling. Coupled with increasingly emotionally challenging statements which even Hay acknowledges may be difficult (Hay, 2016, p. 7), might encourage one to offer oneself soothing in the form of kindness and non-judgment in the face of these challenges.

The present study arguably offers several potential benefits for counselling psychology practice: it would enable greater knowledge of the impacts of using a mirror to supplement a meditative practice which encourages self-compassion – an attitude which is thought to be linked to a wide range of facets of wellbeing (Bluth & Neff, 2018); it is the first qualitative study into what it was like for participants to use a mirror to facilitate self-compassion exercises and could potentially become the basis for developing a more clinically suitable

intervention for future study, which again has clear relevance for Counselling Psychology if shown to be beneficial; it would represent the first study which asked people to practise in this way for a period of a week, and using appropriate data collection methods, may provide the opportunity to explore the mirror's impact over time, rather than after a single manipulation (as in Petrocchi et al., 2017); finally, the study also contributes to developing potentially useful links between counselling psychology and self-help practises.

By bridging the gap between a 'pop psychology' method proposed to support self-compassion and an academic discipline which concerns itself with evidence-based research for *why* this might be would contribute to the profession's wider practice of incorporating previously spiritual practices into psychological therapies, e.g., Mindfulness-based Cognitive Therapy (Segal et al., 2009), Compassion-focused Therapy (Gilbert, 2009), and to a lesser extent, Dialectical Behaviour Therapy (Dimeff & Linehan, 2001). This research builds on a tradition in the applied psychologies that self-help methods can, and do, support wellbeing, but that robust and ethical research must be conducted to continue this practice.

As such, the aim of this study was to explore the effects of an at-mirror self-compassion intervention comprising seven exercises over seven days on participants' self-compassion, using the Self-Compassion Scale (SCS, Neff, 2003) pre- and post-intervention, and written journals after each exercise. This was a week-long practice built on shorter-term mirror gazing studies (Petrocchi et al., 2017) and provided room to explore several facets of self-compassion, such as self-kindness, self-judgment, common humanity, and mindfulness (as theorised by Neff, 2011) by incorporating different exercises each day which addressed these areas specifically, alongside creating exercises which incorporate ideas offered by Hay (2016).

In summary, the following research gaps were identified which this research aimed to address:

1. There was a lack of research involving the use of mirrors specifically for wellbeing. While there is research relating to the use of mirrors in clinical groups, such as Eating Disorders and Body Dysmorphic Disorder, there is a lack of peer-reviewed research relating to their use in wellbeing, despite their increased popularity in self-help and ‘pop’ psychology works (e.g., Hay, 2016; Carmelita & Cirio, 2022; Well, 2022).

2. There was a lack of published, empirical research involving the combination of mirror meditation and compassion/compassion-related practices, despite the above publications.

3. There was a lack of qualitative data relating to the use of mirrors in wellbeing. Recently, Petrocchi et al. (2017) explored the impact of a mirror on Heart-Rate Variability (HRV) and self-rated compassion, there is no research which explores the experiences of using a mirror as part of a wellbeing practice such as mindfulness or mantra meditations.

4. Any uses of a mirror in wellbeing research have been only brief practices in laboratory settings, i.e., one 5-10 minute practice. There is lack of research exploring the longer-term use of a mirror over several days or even a week in naturalistic settings. While Hay (2016), Carmelita & Cirio (2022) and Well (2022) have all offered mirror-based interventions for wellbeing and self-compassion over several weeks, there was (at time of writing) a lack of publicly available peer-reviewed research relating to these works. This is important since it is acknowledged that developing compassion for oneself takes time and practice (e.g., Gilbert, 2009), and the effects of a longer-term intervention involving a mirror on the impact of developing compassion for oneself have not been empirically studied.

As such, this research designed a week-long (7-day) integrated mirror-based intervention which was influenced by CFT, MSC, and Hay’s *Mirror Work*, with participants asked to reflect on their experiences using a daily journal.

2 Methodology

2.1 Overview

In this chapter, I will describe the methodologies of this research, first re-stating my research aims and how I formed the questions for this project. These questions rested upon different philosophical assumptions which I will state and then explore the tensions therein. This will involve discussing the epistemologies, ontologies and axiology of mixed methods research. I will seek to make a case for using a pragmatic approach to this research.

Following this, I will explore why narrative methodologies are especially relevant in research of this kind, providing an overview of the history of narrative research in psychology in order to place my research into context. I will demonstrate that the so-called ‘conflict’ between “evocative” and “orthodox” narrative researchers (Bochner & Riggs, 2014; p. 206) is an unhelpful one, and that my proposed analytic methods provided a rigorous approach to narrative inquiry in useful tension with positivist, empirical methods to produce meaningful findings for the discipline and practice of Counselling Psychology. I will then describe the software, Linguistic Inquiry and Word Count (LIWC-22; Boyd et al., 2022) I will be using as part of my analysis and will discuss this tool’s usefulness for this research.

I will then describe my research procedure in full, exploring how I designed this project, including the meditation scripts and recording process, recruitment process, sampling strategy, data management, confidentiality, and ethical protocols. Finally, I will offer a discussion of the validity of narrative research.

2.2 Research Aims

The aims of this research were, broadly, to reconcile empirically-based Counselling Psychology practice with a popular yet under-researched self-help practice developed by Louise Hay (2016) which purports to improve one's relationship with oneself through practices involving self-compassion, self-love, mirror gazing and journal writing.

Counselling Psychology and therapeutic professions have often incorporated spiritual practices into psychological therapies – Mindfulness-based Cognitive Therapy (MBCT; Segal et al., 2000), for example, drew on millennia of Buddhist ontologies and practices to create an integrated programme for treating depression, as does Compassion-focused Therapy (Gilbert, 2009), with a greater emphasis on the reduction of shame and improved relationship with oneself.

This research therefore builds on this tradition by seeking to explore the impact of a self-help mirror meditation practice, as in Hay's (2016) *Mirror Work*, on participants' self-compassion and relationship with themselves. This follows the work of Petrocchi et al. (2017) who explored the impact of a self-compassion exercise at a mirror on Heart-Rate Variability (HRV), with findings suggesting that the mirror had a greater effect on variability than control conditions, suggesting that the use of a mirror can improve the impact of self-compassion exercises. There are currently no studies which explore longer-term interventions of this nature.

The aims of this study were therefore to compare the effects of using a mirror versus meditating with eyes closed in a week-long self-compassion intervention. A week-long intervention provided scope to explore different themes of self-compassion, such as self-kindness, self-judgment and mindfulness (as theorised by Neff, 2003), and enabled me to incorporate practices influenced by Louise Hay's (2016) *Mirror Work*, such as self-love, which, to the researcher's knowledge, had not yet been explored in this way. The ultimate aim was to assess the usefulness of a mirror in self-compassion meditations for the

benefit of Counselling Psychology, to ensure its ethical use in contemporary therapies. Despite growing interest (e.g., Carmelita and Cirio, 2022; Well, 2022), the use of a mirror in therapeutic practices has not been thoroughly investigated outside *Mirror Exposure Therapy* contexts (Butler and Heimberg, 2020), and its sustained use over the course of a week provided opportunities to explore practices of this sort on people's sense of self-compassion over time.

2.3 Question forming

Different sorts of questions result in different sorts of answers. For example, I wanted to know what the impact was, specifically, of using a mirror during self-talk meditations of the kind offered by Louise Hay (2016). This necessitated that I had a group of people performing exercises in front of a mirror, but it also meant having other people performing these exercises without a mirror, or else it would be difficult to explore the effect of the mirror rather than the intervention (meditations and journaling) as a whole. This meant that I needed to test a hypothesis and ask a question which would produce numeric or quantitative data to address this hypothesis, below:

1 How do Self-Compassion Scale (SCS) scores differ between Group 1 and Group 2?

H₁ *Mirror scores will improve more than control.*

H₀ *There will be no difference between groups' self-compassion scale scores*

This question assumes that change in self-compassion is measurable and demonstrates that this is therefore an experimental hypothesis test, where there is a dependent and independent variable – the dependent variable being the SCS scores and the independent variable being the mirror-based intervention.

My research aims also rested upon the idea that meditations of this sort are purported to improve one's relationship with oneself – as Louise Hay suggests: “Mirror work – looking deeply into your eyes and repeating affirmations – is the most effective method I've found

for learning to love yourself and see the world as a safe and loving place” (2016, p. 1). As such, it was important that I also asked questions which would enable me to explore whether an intervention of this sort could, indeed, be an effective method for learning to love oneself and experience change in worldview. The first question would not satisfy this as it is too narrow. However, it is also difficult to measure a person’s experience of loving themselves or their worldview in a numeric or quantitative manner since, by their nature, they are relativistic and contextual – indeed phenomenological – experiences. This meant that I needed to ask a question which was qualitative or relating to the qualities of experiencing an intervention of this sort.

My solution was to ask participants to record a diary over their week’s practices. Writing a diary involves referring to oneself, generally using first-person narration. This meant that, if this intervention produced change of any sort in a person’s relationship with themselves, then it would be visible in the ways they referred to themselves – their self-references. Even in this assumption, however, there is a further assumption: that those in the Mirror group would experience the intervention differently to those who were in the Control group, and so a hypothesis was formed, as in the below question:

2 How, if at all, do participants’ self-references change over the intervention in both groups?

H₁ *Self-references will be more compassionate in both groups*

H₀ *There will be no difference in the degree of self-compassion in self-references*

This question can generate both numeric data which can be quantified (in order to address the null hypothesis), as well as data which is experiential and qualitative through exploring how participants’ self-references change (if at all) over time. Even so, this question assumes that there will be change over time and is specific to self-references only. Diaries are narratives in themselves and any number of changes may be visible in their written reflections of the intervention which could not be predicted – and nor did I want to predict their experiences. Rather, I hoped to understand how an intervention of

this sort felt for participants, which would be helpful for Counselling Psychology in understanding the personal impacts on people of an intervention of this sort, as in the final question below:

3 How do participants write about their experiences? Describe the ways in which their written reflections change over time, if change is discernible.

This question was sufficiently open that I was not assuming what participants would experience, and it would also enable me to explore whether the interventions produced change of any sort as a result of the intervention.

2.4 Mixed methods research

I have chosen to describe my research questions in terms of the data they will produce, after Biesta (2010) who argues that naming research as either *quantitative* or *qualitative* is neither helpful nor precise, since the terms tend to “stand for a whole cluster of aspects of research, such as methods, designs, methodologies, epistemological and ontological assumptions” (p. 98). Mixing these two forms of data is something which has a long history in psychological research, with Jick (1979, p. 603) describing its main benefit as being able to, “uncover some unique variance which otherwise may have been neglected by a single method.”

As do other authors (e.g., Creswell & Tashakkori, 2007; Hanson et al., 2005), I assert that the use of different approaches to data collection and analysis is less an issue of practicality, and more an issue of the mixing of paradigms – itself a contested term used invariably to describe, “worldviews, epistemological stances, shared beliefs in a research field, and model examples” (Morgan, 2007, p. 54). The “paradigm debate” in mixed methods research suggests that a postpositivist worldview can only be used with quantitative methods, and a naturalistic worldview with qualitative methods – thus making any mixing of methods “untenable” (Hanson et al., 2005, p. 225). Later arguments have

suggested that mixed methods research can be used to “take advantage of the representativeness and generalizability of quantitative findings and the in-depth, contextual nature of qualitative findings” (p. 225), with several authors arguing that the competing philosophical assumptions of different methods can give rise to useful tensions and further research questions which enhance our understanding of complex phenomena (Greene & Caracelli, 1997, 2003; Creswell et al., 2003; Teddlie & Tashakkori, 2011; Morgan, 2014; Yardley & Bishop, 2017).

As such, mixed methods research is as much a philosophical undertaking as it is a practical one. The mixing of quantitative and qualitative data in my research is an example of a Sequential Exploratory design (QUAL → quan) after Creswell et al.’s (2003) typology, where the qualitative data was explored first, followed by quantitative data, and finally the overall analysis was interpreted as a whole.

2.5 Epistemologies, Ontologies and Axiology

Producing mixed methods research necessitates a robust philosophical underpinning and justification for this, since qualitative data tends to be associated with “interpretive or constructivist paradigms”, and quantitative data with “scientific or positivist paradigms” (Yardley and Bishop, 2017, p. 2). These two forms of data rest upon different philosophical assumptions regarding the nature of reality (ontology) and knowledge (epistemology). On the one hand, positivist paradigms are founded on a Cartesian understanding of knowledge as observable only by our mind, and that accurate observation through experimental manipulation of conditions is viewed as the only method to gain knowledge of the ‘outside’ world which exists “logically independent of any knower” (Michell, 2003, pp. 17).

However, Thomas Kuhn’s seminal work, *The Structure of Scientific Revolutions* (1962), argued that scientific knowledge was a result of *paradigm shifts* of understanding rather than linear progression, which meant that the idea of ‘scientific truth’ – as in the form of Cartesian, empirically-based ‘truth’ – is not objective, incontestable fact, but rather

the result of consensus among the scientific community, i.e., social phenomena. Kuhn's work was itself a paradigm shift in the practice of science which, in part, catalysed the movement towards subjectivity in the social sciences. This heralded qualitative methods as genuine research methods which explore human experiences as socially constructed realities – a philosophical position known as social constructivism. From this perspective, there is not one objective reality separate from humans and therefore observable as fact, but rather fact is emergent from social contexts; humans are each meaning-makers and interpreters of phenomena (Giorgi & Giorgi, 2003; Schreiber & Valle, 2013). There are generally different versions of constructivism, but all tend to agree that the observer cannot be separated from the observed (Von Glaserfeld, 1984). Under this stance – which is generally the ontology of Counselling Psychology – researchers are part of the fabric of knowledge and reality themselves, making this an ontological and epistemological stance which tends to necessitate the collection of data whose meaning is both constructed and interpreted by the researcher and/or in collaboration with the participants. Where these two philosophies create tension is when a research question is posed which assumes that there is some kind of reality to which a researcher has access – a world full of likely causes and effects which is measurable – and that becoming knowledgeable about this world is only achievable through interpretation and construction, which implies that reality is (or are) realities. Therefore, while collecting quantifiable data, the meaning of this data is made better sense of through qualitative data. This philosophical approach is generally called *pragmatism*. More specifically, pragmatism is a set of philosophical ideas put forward by philosophers such as Dewey (1998), William James (1911) and Peirce (1997) which is concerned with using diverse approaches and valuing objective and subjective knowledge, where procedures of empiricism are in conflict, but not incompatible with, the understanding that reality is deeply embedded within cultural, socio-political, economic and religious meanings, values, and language (Yardley & Bishop, 2017). Pragmatic research aims to achieve a, “better, richer experience” through whatever methods necessary (Maxcy, 2003).

Moreover, pragmatic research tends to view the production of knowledge in terms of its use, or what Kvale (1992, p. 32) described as the “ability to perform effective actions”, something which is especially relevant for Counselling Psychology where our goal is to support our clients’ wellbeing through ever-evolving methods. This is perhaps best described by Rorty (1982, xxix) who asserted that: “there is no pragmatic difference, no difference which makes a difference, between ‘it works because it’s true’ and ‘it’s true because it works’”. In this statement are both positivist and constructivist visions of knowledge and the world, as well as an axiology – that is, value system – which supports the pluralistic nature of Counselling Psychology (Hanson et al., 2005).

By taking a pragmatic stance, I explored a previously-researched psychological phenomenon (self-compassion) from at least two contrasting perspectives: quantitative questionnaire scores and written journal reflections. The quantitative data granted me greater capacity to interpret the qualitative data such that each participant is treated as fundamentally human first. In so doing, the research remains grounded in the humanistic ethos of Counselling Psychology and encourages an approach to human research which is anti-discriminatory (Humphries, 2017; Willig, 2019).

Finally, since the research aimed to explore the effects of an at-mirror self-compassion intervention, it was, by its nature, a pragmatic aim: self-compassion is a social construction, but which has a valid and accurate (to itself) measure (the Self-Compassion Scale; Neff, 2003). Scales which are said to measure psychological concepts represent contradictions in terms; the scales are themselves constructed and then measure self-reported perceptions of a specific behaviour or trait (Baumeister et al., 2007). However, when viewed as tools which can be approached pragmatically, concepts and their respective scales become helpful in the pursuit of beneficial knowledge for society at-large. For example, self-compassion is a term which itself was constructed from Buddhist thought and yet has been shown to be beneficial in various psychological interventions in those who are, presumably, not Buddhist (Barnard & Curry, 2011). It is a term which is constructed and yet measurable, hence, on top of the philosophical assumptions I already

hold as researcher-practitioner, the research questions necessitated a pragmatic, mixed method approach to respond to them.

2.6 Research Procedure and Design

To respond to my research questions, I needed to have a week-long intervention⁵ which related to both self-compassion and self-love. I approached Hay House Publishing to seek permission to use some of Louise Hay's exercises from *Mirror Work* (2017). Unfortunately, after numerous attempts, I did not receive any response. Therefore, I chose to produce meditation scripts of my own which were informed by, but did not plagiarise, Hay's work. Three issues drove the design of these meditations and, therefore, the research procedure: 1) ensuring that the meditations related to self-compassion and self-love; 2) were genuinely *meditations* rather than, simply, recorded statements; and 3) that they could be performed both in front of a mirror and with eyes closed without participants being alerted to the underlying aim of the research.

To address the first issue, I made notes of the process outlined by Louise Hay in *Mirror Work*, incorporating what I already knew of it through my own practices, so that I had a list of statements she suggested and which I could alter for these purposes. I also compiled resources from meditations I have used as a Mindfulness Teacher, many of which are freely available on the internet or which I have made myself. Some of these were also practices by Neff (e.g., 2003, 2011), Brown (2022), or Gilbert (2009). They were thus a mixture of Self-Compassion and Compassion-focused therapy exercises (see Appendix E for scripts).

Moreover, as a practising Buddhist, I had good knowledge of Buddhist compassion-based practices, specifically those from the Mahayana, Theravada and Soto Zen traditions (see Harvey, 2012 for review), including Metta or loving-kindness meditations. I therefore had

⁵ The term "intervention" connotes a medical model of mental health, running in contrast to a pluralistic approach to research. However, the term is used here to demonstrate that the exercises connected with each other and formed something more than the sum of its parts; it was a seven-day intervention comprising seven self-compassionate related exercises.

an eclectic mixture of practices and exercises from which to design specifically mantra-based meditations for use both at a mirror and with eyes closed. This clearly raised issues of whether the practices were all sufficiently related to each other and could, therefore, be said to pertain to self-compassion. To negotiate this issue, I chose to organise the week's practices generally around Neff's (2003) concept of Self-Compassion, which is specifically comprised of self-kindness, common humanity and mindfulness; Paul Gilbert's (2009) idea of the *inner critic* and *compassionate friend*; and Louise Hay's attitudes towards self-love (2017), which left me with six themes for six practices, and then a final day's meditation which acted as a review, totalling seven practices.

2.6.1 Designing the meditations

To address the second issue – that the meditations be genuinely *meditations* – I drew upon my experience as a certified Mindfulness Teacher, with an understanding of how to design a meditation which embodies the attitudes of mindfulness (non-judgment, acceptance, embodied awareness) alongside developing exercises to be used while in meditation. In this case, these exercises were self-talk statements or mantras. It was important each meditation be roughly 10 minutes so that participants would not be overly fatigued and dropout. I focused on supporting listeners to attend to their breath, posture, and overall awareness before inviting them to repeat statements towards themselves, with the instruction that they refer to themselves by name wherever they felt it appropriate to ensure that they were directing these statements toward themselves – and as this is what Hay (2017) suggests.

For the full set of meditation scripts, please see the Appendix E. Meditations took on the same form each day so that there was a routine to the practices and so participants could quickly settle into a routine without disruption or confusion:

- 0:00 – 1:00 *Entering the meditation, setting the intention to be aware, without judgment, and focusing on breath and compassionate posture.*
- 1:00 – 1:30 *Introducing the day's theme and giving instructions.*

- 1:30 – 5:00 *First round of statements with pause between each.*
- 5:00 – 6:00 *A pause to re-focus on breathing and posture; reminder of self-care.*
- 6:00 – 10:00 *Second round of statements, repeating previous statements and occasionally adding new ones, with pauses between each.*
- 10:00 – 11:00 *Closing the meditation and inviting participants to reflect in their diaries after this meditation.*

This form enabled me to introduce new themes each day which may have been new to some participants, and which could also have been challenging, around a supportive mindfulness practice. After editing seven initial scripts, I had the following themes, based around certain key self-statements:

- 1) *Feeling Seen* – [Name], I see you. I see you and hear you, [name], and I want you to know that you are safe with me.
- 2) *Acknowledging Suffering* – [Name], I know you are suffering.
- 3) *Feeling Heard* – [Name], I want you to know that I love you. I love you. You are so loved, [Name].
- 4) *Feeling Loved* – [Name], I love you. I love all of you. You are so loved, [Name].
- 5) *Acceptance* – I am willing to accept you, [Name], and to respond to what you need with love and kindness.
- 6) *Common Humanity* – I see and accept all of you, [Name]. You are fundamentally acceptable, no matter what. I know you are doing the best you can, like everyone else, [Name].
- 7) *Bringing it Together* – combination of all previous ideas and gratitude for self.

2.6.2 Reflexivity

To improve their validity as statements which invoke self-compassion, the first day's meditation script was sent to an experienced Compassion-focused psychologist for comment. This process is akin to inviting feedback from 'critical friends' whose role it is to provide honest opinion about research or practice (Costa & Kallick, 1993). This also

acted as a reflexive activity to ensure that I was receiving input from other voices in the field of compassion. Following their feedback that the script was gentle and appropriate – but only the script they provided feedback on – I felt confident that the remaining six scripts were also similarly appropriate since they followed the same format. I also used my clinical judgment as a Counselling Psychologist.

2.6.3 Recording

Outside my work as a Counselling Psychologist, I am a musician and have access to recording equipment. I chose to narrate and record the meditations myself. This introduced two issues: relaxation and researcher involvement. The first issue was that listening to a meditation can lead people simply to listen and relax to them, rather than participate fully. However, all participants heard the same recording, controlling against participants themselves reading from a script in uncontrollable tones of voices, instead allowing them to focus on completing the exercise. I also ensured that my tone of voice was not overly soporific and tried to remain suitably engaging throughout the meditation, as I would have done were I in the room with them.

Similarly, by choosing to record the meditations myself, I acknowledged the importance of tone, language and setting in inducing self-compassion noted by Gilbert (2009) and recognised that being kind and understanding towards oneself cannot be divorced from vocal tone or texture, or more relaxed physiological states of being – sleepiness or relaxation can occur naturally in meditation.

Secondly, my involvement as narrator meant that I introduced potentially challenging bias if the participants knew that I was the narrator. At no point in the recruitment process or during the intervention did I mention that the researcher was the narrator, simply that there would be a “male-voiced narrator”. It was also important the meditations were genuine rather than simply read off a script, which I felt it was appropriate to do as a certified Mindfulness Teacher. Finally, my decision was also a constraint of resources and time; ideally, I would have asked someone else to complete the recordings, but this would

have introduced costs of hiring an experienced meditation teacher which I could not afford. Once I had recorded the meditations, I sent two different ones to two different colleagues in my cohort for comment and received useful feedback, with nothing causing me to change the pacing or tone.

2.6.4 Procedure

The research involved recruiting two randomly assigned groups: “intervention” (Mirror) and “Control”. The Mirror group were asked to complete the exercises sitting down while facing a mirror, whereas the Control were asked to complete them sitting down with their eyes closed. “Control” is not quite accurate since the participants took part in an intervention but it is used to denote that the purpose of this group was to act as control for the experimental condition, the mirror. Asking participants to close their eyes presented challenges in that they may have visualised certain images which may have resulted in priming different parts of the brain associated with memory compared with the Mirror group. It may also have been that repeating self-compassionate statements with eyes closed was more impactful than using a mirror, but it provided a satisfactory control to performing the exercises at a mirror.

In Petrocchi et al. (2017), participants were assigned to one of three conditions: 1) repeating compassionate phrases to themselves while looking in a mirror; 2) repeating compassionate phrases to themselves without a mirror; 3) only looking at themselves in a mirror without repeating the phrases. It was not clear whether the second condition – compassionate statements without looking at themselves in the mirror – involved the participants closing their eyes or staring at a blank wall. This is important to note as I wanted to emulate the first two conditions in my study in order to focus on the impact of the mirror specifically. So, the second group in my study (the “Control”) were asked to listen to exactly the same meditations and complete exactly the same exercises as the “Mirror” group, except with their eyes closed – and with no mirror involved whatsoever. My decision to ask the Control group to complete these exercises with their eyes closed was threefold: firstly, I wanted to ensure as best as I could that I was isolating the mirror

as the main effect on compassion as per my first two hypotheses. Asking the Control group to close their eyes meant that there was no mirror involved which could have impacted them.

Secondly, I wanted to ensure that the exercises were somewhat simple to complete given that I was asking a lot of my participants to practice compassion-related mantra meditations over 7 days without any other incentive – it was important that participants completed the intervention. Asking them to close their eyes meant that there could have been fewer distractions.

Finally, related to the previous point, I chose to ask participants to close their eyes as it is common practice in meditation to close your eyes. Since I was recruiting participants who were experienced mindfulness practitioners or meditators, it was likely that asking them to practice with their eyes open or, indeed, facing a blank wall, for example, would have introduced a distraction as it is less common that people have practised meditation with their eyes open (unless from certain fairly niche Zen Buddhist schools of meditation training which can involve *zazen* or sitting meditation facing a blank wall with eyes opened but softened).

Performing the intervention at home provided a real-life setting for the intervention and removed laboratory factors – lack of real-world expression, for example. However, to provide satisfactory experimental control, both groups were asked to perform the same exercises, in the same sequence, over the same number of days. Participants were free to perform the exercises at a time of day suitable for them. Both groups were asked to write about how they felt after each exercise – either handwritten or typed – totalling roughly 20 minutes of commitment per day. If a participant missed a day – as three of them did – they were asked to catch up on the next day (see Appendix B and C for instruction emails).

Participants also completed the short-form Self-Compassion Scale (Neff, 2003, see Appendix), a 12-item scale measuring self-compassion, before and after completing the

intervention. The scale has high internal validity (Cronbach's $\alpha = .92$) and consists of six subscales also with high internal validity (Cronbach's $\alpha = .75$ to $.81$) and has been shown to be consistent across at least 18 international samples, giving it high ecological validity and applicability (Pommier et al., 2020; Toth-Kiraly & Neff, 2020). It may have been beneficial to ask participants to complete this scale after each exercise for more detailed results, but this would likely have led to over-burdening the participants, and to higher rates of dropout (Nezlek, 2020).

2.6.5 Recruitment strategy and Sampling

One finding of the research literature is that there is a need for a longer-term at-mirror intervention to explore its impact on self-compassion. Ideally, to benefit the discipline of Counselling Psychology, participants would have been service users. However, given the relatively new field of mirror research, this would have been unethical until extensive studies can show that it was safe and beneficial for clinically vulnerable populations. As such, I chose to use purposive sampling to recruit adult participants for whom participation in an intervention of this sort would be of particular interest, such as those who meditate regularly or perform other self-reflective practises such as chanting. I recruited online via social media and email to meditation and mindfulness groups in the UK, as well as divinity schools at UK universities. I built a survey to recruit people – please see Appendix A for full survey – which was randomised by Qualtrics.

I had hoped to recruit a diverse sample to encourage a rich set of data, of the order of 20-30 participants. This would have been below average for previous mirror exposure and gazing research, such as Hilbert et al. (2002, $n = 30$) or Hoffman and Heinrichs (2002, $n = 52$). However, there is no comparable 'base' number of participants for a longer-term intervention such as this, hence it is not possible to account for statistical power. I was only able to recruit 12 participants, 11 of whom completed the full seven-day intervention (Mirror = 5, Control = 6).

Using purposive sampling skewed the sample towards people who were already experienced at inducing self-compassion or similar states, however this was a compromise to ensure that participants were more willing to complete a seven-day intervention – a significant time commitment – without financial incentive. This strategy enabled me to recruit ‘experts’ in mindfulness, with many of the participants themselves being mindfulness or yoga teachers. As such, I have recruited a sample who were interested in exploring this type of self-talk intervention and who have produced rich data for future studies with different populations.

2.6.6 Inclusion and Exclusion Criteria

It was necessary for participants to have a good grasp of the English language as participants read and listened to instructions in English. Exclusion criteria were those for whom a self-compassion intervention in front of a mirror or a meditation intervention over a week may have been detrimental or destabilising:

- 1) Those who have had, or continue to have, a serious mental health condition (e.g., schizophrenia, psychosis, eating disorder, or bipolar disorder);
- 2) Those who believed they had a dependency on alcohol or drugs (i.e., not a genuine medical dependency on prescribed medication);
- 3) Women who were pregnant, in-labour or who had recently experienced a stillbirth or miscarriage;
- 4) Those who were deaf or hearing impaired as they would not be able to listen to recordings;
- 5) Those under the age of 18.

Anyone who passed this stage of the survey were asked to complete the Appearance Anxiety Index (Veale et al., 2014), to screen out any individuals who were likely to have Body Dysmorphic Disorder (BDD) as mirrors would have been especially challenging for

them. Participants were also asked to provide basic demographic data such as age, gender identity, location (country only), name, email address, and ethnicity. Participants were finally asked to provide brief details of their meditation experience under one of four categories:

- None at all
- A little (less than a year)
- A moderate amount (1-3 years)
- A great deal (more than 3 years)

These categories were arbitrarily chosen, representing general categories in which a person might informally place themselves in a practice such as meditation. Ultimately, it was more important to be able to screen out anyone who chose “None at all” as this form of meditation intervention would have been too overwhelming for a complete beginner. Participants were also asked to write briefly about their experience in a further question.

2.7 Consent

Having completed the above questions, participants were asked to read the consent form and then sign to confirm their consent through via electronic signature. If consent was provided, they moved onto the next stage of the survey and completed the SCS questions. Although participants provided consent, to maintain experimental control, some information was withheld. To preserve any genuine effect of the mirror on self-compassion, the use of a mirror was not mentioned in the participant information section for either group.

According to the British Psychological Society Code of Human Research Ethics (2021, p. 23), psychologists “must supply as full information as possible to those taking part in their research, recognising that providing all of that information at the start of the person’s participation may not be possible for methodological reasons.” Since withholding information about the use of a mirror was warranted for the methodology to be valid, it was the most reasonable course of action to ensure the experiment remained controlled.

Even so, mirrors are triggering objects for certain people, even those who have been screened for BDD; withholding this information from participants who would not have agreed to participate had they known they would be asked to use a mirror would have been unethical had there been no possibility of withdrawal at any time during the experiment.

As such, giving participants permission to withdraw at any time was necessary ethical practice under the British Psychological Society's ethical standards (BPS, 2021). Participants were able to withdraw from participation during the experiment simply by stopping. No contact with the researcher was needed and no data would be stored. Withdrawal was not possible, however, after they completed the full intervention (pre- and post-test questionnaires and submission of journal entries) and analysis had begun. This was at least 6 weeks after submission of their journal entries. Prior to this deadline, participants were able to request that their data and responses be removed from the study.

While all respondents were screened using self-report questions and the Appearance Anxiety Inventory (AAI), there was a risk that those who did participate became distressed while taking part. This was mitigated at every stage of the research: at recruitment by using screening questionnaires; during the intervention by way of reminders in recruitment email and audio recordings of the importance of self-care; and at the final stage of gathering post-test data in their exit questionnaire where participants received debrief information about the research, and further reminders of methods of support if feeling in distress. For debrief information, please see the Appendix D.

2.7.1 Data storage

All data was, and continues to be, treated as confidential. At the start of the study, all participants were allocated an anonymous code with which to store journal entries and questionnaire scores separately from any identifying information. Any identifying

information that appeared in their journals was removed from analysis and reporting. All data is stored in line with BPS requirements.

2.7.2 Permissions

Permission to complete this research project was granted by City, University of London's Psychology Research Ethics Committee. Kristin Neff (2011) provided full, free access and usage of the Self-Compassion Scale in education settings. The Appearance Anxiety Index (AAI) is also free to use if cited (Veale et al., 2014).

2.8 Ethical reflections

During the process of receiving the first participant diaries, two issues became apparent. The first was that my initial recordings, which included some sounds of my breath as part of breathing exercises, was challenging for some people, with one participant commenting that the breathing, while helpful, could also be disconcerting. I therefore made the decision to re-record and edit all meditations to remove all breathing sounds. These were not especially intense sounds, and I had hardly noticed them when I first recorded them, but I wanted to take on board participant feedback. Secondly, I received a significantly negative and overly-critical diary from someone who clearly had an agenda against meditation and self-compassion of any sort, and unfortunately, such was the contempt with which they wrote about these subjects and my research that my confidence was knocked for a short period. Ultimately, it led to me changing my recruitment strategy as it was clear where they had been recruited from was not as appropriate as I had first hoped.

3 Analytic Process

3.1 Narrative Methods

Considering that I asked participants to write personal diaries after completing each exercise, not surprisingly, I received narrative data of participants' experiences of the intervention. While narrative accounts of experience do not necessarily need to be interpreted from within a narrative framework or methodology, research questions two and three were specifically focused on self-references and writing about their experiences. Considering this, I chose to analyse these diaries using narrative methods.

There is, relatively speaking, little consensus regarding narrative analysis as a qualitative method of research (Riessman, 2008) and no unified theory of narrative analysis (Hoshmand, 2005). Generally, however, the field of narrative psychology was initiated by Sarbin (1986), Bruner (2004, 1990) and Polkinghorne (1995, 1988), the late 1980s being known as the 'narrative turn' in psychology (Hiles and Čermák, 2008). This was following numerous social sciences, such as anthropology, recognising the "significance of story-telling" in understanding human behaviour (Riessman, 2015).

This turn saw the emergence of the story as the major mode of human experience, something which Ricoeur (1991) argued is the defining feature of being human, with our inherently temporal existence necessitating a coherent narrative with a beginning, middle, and ending. Indeed, as McAdams argues, stories are powerful (1985, p. 19):

"An individual's story has the power to tie together the past, present and future in his or her life. It is a story that he is able to provide unity and purpose... Identity stability is longitudinal consistency in the life story. Identity transformation – identity crisis, identity change – is story revision..."

White and Epston (1990) – creators of Narrative Therapy – would arguably have asserted that the stories we tell ourselves are powerful. It is for this reason that the narrative turn in psychology also began to view human *identities* as stories which are continually created and maintained through social interactions (Murray, 2009), and which are “multiple, fluid, and negotiated” (Bochner & Riggs, 2014, p. 195). This latter point is important because it emphasises that narratives are therefore inherently dialogical and relational (Gergen, 2009); an author is in dialogue with an audience, whether this audience is the author themselves, a known other(s), or unknown other(s), or a combination of all of these. As such, there is no narrative without an audience, and it is therefore possible to see the potential for the growing primacy of narrative within psychology, and especially in Counselling Psychology. As Frank (2010, p. 3) suggests in his narrative inquiry of the experience of illness:

“Stories animate life; that is their work. Stories work with people, for people, and always stories work on people, affecting what people are able to see as real, as possible, and as worth doing or best avoided.”

Stories are therefore life-giving; whatever position a person takes in their own story can be empowering or disempowering – what is known as *identity positioning* (Hiles, 2007; Hiles et al., 2010). As such, narratives are inherently political in their ambitions (Foucault, 1971; Weatherhead, 2011). Moreover, the power a researcher possesses as a researcher of narratives, especially those who recount the lives of others in any way, is “asymmetrical” (Hoshmand, 2005, p.184) and requires reflexivity and humility (Polkinghorne, 2005). While it is clear that stories are powerful, relational, intersubjective and dialogical, it is important to explore how narratives can be studied within social or behavioural research, and how I chose to analyse the narratives in this research.

3.2 Narrative Inquiry

Approaching a narrative data set can be done from several perspectives, each with their epistemological and ontological assumptions, and implications for Counselling Psychology. Broadly, these perspectives fall into two camps – analyses which “think about” narratives and analyses which “think with” (Bochner & Riggs, 2014, p. 207) narratives.

The first are those methods which Polkinghorne (1995) defines as *analyses-of-narratives* which treat stories as ‘data’ from which meaning is extrapolated. Texts are broken down into categories and given treatments such as an abstract, evaluation or synopsis with a core theme which may fall into a category created by the researcher (i.e., Labov & Waletzky, 1967). For example, Grounded theory (Charmaz, 2008) is often applied to stories in this way. These forms of analysis can be structural, that is, focusing on the structure, narrative elements, characters and relationships; or they can be thematic, focusing on the content of the narrative (Riessman, 2008). Equally, a researcher can produce a *narrative analysis*, where the research is itself a story, be-it a case study, autobiography or autoethnography, breaking the norms of academic writing. Frank (1995, p. 23) details this distinction gracefully:

“To think about a story is to reduce it to content and then analyze the content... to think with a story is to experience it affecting one’s own life and to find in that effect a certain truth of one’s own life.”

In the case of the *analyses-of-narratives*, generally, stories are understood from the standpoint of the analyst; in the latter, the stories are understood from the standpoint of the storyteller. Frank (2010, p. 6) argues that, without taking the standpoint of the storyteller, the researcher may fail to “recognize why the story matters deeply to the person telling it.” This distinction between the two over-arching forms of Narrative Analysis is further confused by the fact that these methods are also referred to as

“narrative inquiry” and is a term which I use interchangeably with “analysis” in this research.

Bochner and Riggs (2014, p. 207) create an arguably harsh narrative about methods and researchers of the former type as, “cling[ing] to the ideals of scientific knowledge as something to be possessed, ordered, and organized into determinate systems of mastery and control”, perhaps following Denzin’s (1997, p. 249) call for “appreciative” narrative inquiries which achieve the opposite. While these authors may take issue with the ontological differences between analyses which produce themes and generally “adhere to the conventions of academic prose” (Bochner & Riggs, 2014, p. 210), and those who write in an “evocative” and appreciative sense of respect for stories, I do not make such a denigrating distinction between the two modes of narrative inquiry, instead continuing to situate myself as a pragmatic researcher – and Counselling Psychologist – who believes in the power of pluralistic methods of both practice and research.

As such, my decision to use a mixture of narrative methods which could be said to be both evocative and orthodox, is a response to the research questions – which necessitated narrative approaches; to the methodological tensions themselves, where I argue that there is great benefit to be had by analysing narratives from both the perspectives of the storyteller *and* the analyst, both for narrative methodologies as well as Counselling Psychology as a whole; and because I am in a relatively unique position as a person who has used meditations of this sort and could (and do) characterise myself not as ‘other’ who prefers to “keep a comfortable distance between themselves and the storytellers” (Bochner and Riggs, 2014, p. 210), but as member of the same group – as someone who has engaged in meditative practices for a number of years and encountered this practice for themselves (please feel free to refer back to my reflexive statement which I made at the beginning of my thesis). In this way, I view myself in the same way as might a mental health or health researcher with lived experience of illness.

3.3 Stages of Interpretation

As argued above, there is benefit to using both evocative and orthodox methods of narrative analysis, especially in a piece of research relating to Counselling Psychology. Part of the reason I have integrated different narrative methods is because I acknowledge, as do Riessman (1993, 2015) and Weatherhead (2011) that there are generally few well-known criteria for the assessment of quality in Narrative Research, and that following steps used by other researchers promotes consistency and transparency which is generally a marker of high-quality research. However, I also acknowledge that “being with” the storytellers as an “empathic witness” (Bochner & Riggs, 2014, p. 206) is something which is meaningful to me as a Counselling Psychologist, but it is less straightforward to ensure that evocative inquiry is rigorous and high-quality. I hope to demonstrate that, through my process of analysis, I have endeavoured to maintain high ethical and methodological standards. Firstly, a reminder of my research questions:

1 How do self-compassion scale scores differ between Group 1 and Group 2?

H₁ Mirror scores will improve more than control.

H₀ There will be no difference between groups' self-compassion scale scores

2 How, if at all, do participants' self-references change over the intervention in both groups?

H₁ Self-references will be more compassionate in both groups

H₀ There will be no difference the degree of self-compassion in self-references

3 How do participants' write about their experiences? Describe the ways in which their written reflections change over time, if change is discernible.

Given the constraints of time, resources and word count in this research project, it was necessary to make some intelligent choices about what forms of analysis, and therefore

interpretation, I carried out on the narrative data. Firstly, the prompt I gave participants was open to interpretation: *please write about how you are feeling after that exercise, for no more than ten minutes.*

Of the 12 diaries I received, there was a wide range of style, tone, theme, format, and language use (see Appendix F for extracts from one diary). Indeed, some were so richly written that I could have focused simply on one person as a case study, for example, emulating other case study research which focuses in-depth on the experiences of one person – as in psychoanalysis (Young and Frosh, 2018), or, in this case, a self-compassion intervention. This would not have been in-keeping with my research questions and would have meant choosing one or two participants over the others, losing significant experiential data in the process. As such, I chose to analyse all 12 diaries, using a mixture of well-known protocols and introducing my own layers of analysis.

3.3.1 Phase One

I received participants' diaries after they had completed the seven days of practice, which meant that I received different participants' diaries over a long period of time. Most participants typed their diaries but those which were handwritten, I transcribed into a document. Then, following Crossley (2007), Muller (1999), and Egerod and Christensen (2009), I carried out a method for analysing their diaries. Crossley (2007) offered a simple method with six steps. Her framework is generally based on interview data, but is also appropriate for diary data:

- *Step 1: Reading and familiarisation* – which Muller (1999, p. 229) similarly describes as “successive readings, critical reflection, and persistent immersion in the text.”

In keeping with my goal to balance evocative and orthodox methods of narrative analysis, I introduced another practice during this step, which I have called ‘empathic responding’. This was influenced by Bochner and Riggs (2014), Frank (1995, 2010) and Elliott (2005), all of whom suggest that interpretation of narratives involves a kind of “imaginative

reconstruction” and “empathy” on the part of the researcher (Elliott, 2005, p. 37). Empathic responding is also a firmly humanistic practice where I chose to initially respond to how I felt reading each of their journals out of respect, and situates this practice within the ideals of Counselling Psychology. On a practical level, this meant that, after reading each journal entry (i.e., Day one, Day two, etc.) for each participant, I wrote for around ten minutes myself in response, noting how I felt about their experiences, such that I had seven responses for each seven entries. I handwrote my responses – please see examples in Appendix G.

- *Step two*: Identifying important concepts to look for (Crawley, 2007); organisation by coding the texts through single-case analysis (Egerod & Christensen, 2009).

This stage I understood as essentially thematic and content-related, which involved re-reading each diary again at least one week later to identify themes, patterns, motifs, and overall experiences (see Appendix H for example). This stage was mostly descriptive, though it was impossible not to make inferences or interpret what I was reading, having already become very familiar with the diaries through empathic responding. Themes were written in comments on word documents – see Appendix for an example of this.

- *Step three*: Identifying narrative tone and *step four*: identifying narrative themes and images (Crawley, 2007).

I placed these two steps together because I approached the diaries with both tone and themes in mind, rather than separating them. This involved further reading of the diaries, noting and making commentary of narrative elements: character, plot, setting, temporality, morality, structure. Having identified in Step two the themes, motifs and patterns of the diaries, this stage was essentially asking: *how did they tell their story?* This was possible because I had a clearer idea of each person’s overall ‘story’. This was also the stage where I chose pseudonyms for my participants, which was a “creative analytic” act (Richardson, 2000, p. 253). I chose not to ask participants to choose a pseudonym for

themselves because this may have allowed them to identify themselves in the final write-up, which would have challenged confidentiality.

- *Step five*: weaving a coherent story together (Crossley, 2007); verification and cross-comparison (Egerod & Christensen, 2009).

At this stage, at least six weeks after beginning the first reading of each diary, I felt ready to re-story the participants' stories (Kim, 2015). This process involved re-organising the texts in new ways so that the overall 'story of their week' was clear, also enabling better awareness of more subtle meanings within the texts (Gee, 1991). This involved writing a 'vignette' for each participant so that I could clearly communicate how this person had experienced their week of practice, and to act as "empathic witness" for the participants while encouraging any future readers of this research to do the same (Bochner & Riggs, 2014, p. 206). Each person therefore had a vignette, which includes 'The Story', that is, the main themes identified for that person, their emotions, insights, reflections, and *content* of their diaries, as well as some structural features of the diaries which supported their narration of these stories.

Although this stage involves comparing the findings from each diary and producing overarching themes across the sample, this process was already happening fluidly between Steps two and five. However, by this stage, I could easily identify whose diary was whose simply by reading one sentence, such was the difference in tone of voice and narrative style each participant brought to their diaries; this demonstrated that I had achieved "saturation" and was now ready to begin documenting my findings in terms of overarching and sub-themes, as well as in vignettes.

- *Step six*: writing up as a research report (Crossley, 2007).

This involved writing up my findings into themes and sub-themes, using direct quotes from the diaries. This process was ongoing; as I wrote the findings, I noticed that I was continuing to interpret across the sample and found that there continued to be a certain element of data reduction and interpretive choice around which findings were most

relevant to my research questions. I also chose two vignettes which best typified the narratives from both groups and wrote brief synopses for all participants in order to introduce them as ‘narrators’ – by this stage, I had chosen to refer to my participants as “narrators”, in-keeping with tradition in Narrative Research.

3.3.2 Narrative Validity

The narratives collected were written at my request. These are known as *solicited diaries* (Kenten, 2010), and while they are generally viewed as an empowering method (Meth, 2003) where the participant is an observer of their own participation in the research, as well as informant for the researcher, there were several issues with this method which I negotiated.

Firstly, since the diaries were written for a known audience (myself), it is likely that the narrators self-censored throughout the process and, indeed, may have written what they felt were appropriate or expected responses. However, this is not necessarily an issue with diaries specifically, but with any qualitative method which involves researcher-participant interaction (Kenten, 2010). Secondly, diaries of this sort are the product of both participant and researcher, representing knowledge which is co-constructed, and which may have inherent bias towards a desired outcome, whether consciously or unconsciously (Elliott, 1997).

Third, diaries record an “ever-changing present” (Elliott, 1997, p. 3) which may mean that recall or memory errors were less likely than interviews after the experience, for example (Coxon, 1988; Verbrugge, 1980). However, the form and structure of a daily diary over the course of a week, with the specific intention of exploring feelings after completing a self-compassion meditation may have given the illusion of a ‘grand narrative’ from Day one to Day seven, where participants were expecting some form of change simply by participating in a self-compassion intervention. Indeed, those who participated in this research had knowledge of self-compassion already and were thus primed to experience change. This meant that I treated any especially positive or glowing comments, or where participants made mention of my role as researcher, with scepticism.

3.3.3 Phase Two – Statistics and Linguistic Inquiry and Word Count (LIWC-22; Boyd et al., 2022)

LIWC-22 (pronounced “Luke”) is software program with a long heritage since its initial development in 1992 (Francis & Pennebaker, 1992) which works under the assumption that people’s word usage relates to their psychological states (Boyd & Schwartz, 2021). The software compares words in a text using over 100 reference dictionaries, also providing researchers the ability to prepare their own dictionaries and test internal consistency. However, not all psychological states are easily visible by word use alone. Compassion may be one such state. As such, it was important that the dictionaries I used in LIWC-22 were related to self-compassion, compassion, and associated words such as kindness, warmth, non-judgment, empathy, understanding, and mindfulness. I sought dictionaries from other researchers, and used LIWC-22’s internal dictionaries to measure Tone of Voice (Positive and Negative), Emotion (Positive and Negative), and Personal Pronoun use:

- *Mindfulness* (Collins et al., 2009) – their study explored language use, among participants of a Mindfulness-based Relapse Prevention programme (MBRP; Witkiewitz et al., 2005). Their dictionary included words associated with mindfulness, such as *accept, allow, breath, calm, moment, noticing*.
- *Self-Determination/Self-Talk* (Oliver et al., 2008) – this dictionary measures autonomy-supportive versus controlling language in the context of Self-Determination Theory (SDT: Deci & Ryan, 1985, 1991), with words which reflect controlling or autonomous self-talk, such as *should, must, have to* (controlling); *free, choose, could* (autonomous)

I also created a dictionary based on compassion, considering Neff’s (2011) Self-Compassion Scale (SCS) and a study by Yaden et al. (2023) which used dictionaries comprised of the empathic concern subscale of the Interpersonal Reactivity Index (IRI, Davis, 1983) and the Empathy Index (Jordan et al., 2016). However, after initial tests of the dictionary, words associated with these indices were not consistent with the texts.

Moreover, the SCS is constructed using six sub-scales (self-kindness, self-judgment, common humanity, isolation, mindfulness, overidentified), where half are positively coded and the other half are negatively coded, I chose to only use words associated with the positive subscales of the Self-Compassion Scale:

- Self-kindness – *loving, caring, tenderness, kind, tolerant, nice*
- Common Humanity – *reminder, inadequate, similarity, human*
- Mindfulness – *balance, balanced, perspective, curiosity, openness*

3.3.4 Evaluating Internal Consistency

LIWC-22 can measure Cronbach's Alpha and Kuder-Richardson Formula 20 (KR-20). Both are trusted metrics for providing internal consistency, i.e., whether words in a category reflect a common construct such as "compassion". Several words were inconsistent with the concept of compassion as it related to these texts. These words were: warm, validation, reminder, adequate, similarity, humanity, protective, balanced, balance, concern, perspective, caring, tolerant, understanding, soft-hearted, openness. These words were therefore removed from the dictionary. The final Compassion Dictionary became (n=17): *friend, nice, feeling, love/loving, kind, kindness, acceptance/accepting, listen/listening, warmth, care, compassion, compassionate, human, gratitude*.

Using the Compassion-related dictionary, the internal consistency produced Cronbach's Alpha = 0.31; Kuder-Richardson Formula 20 (KR-20) = 0.4. Kuder-Richardson Formula can estimate the internal consistency of a test, with a higher score generally suggesting a homogenous test (Zimmerman, 1972). The internal consistency is relatively weak in my dictionary. Similarly, Cronbach's Alpha provides a measure of reliability of whether responses are consistent between measured items (i.e., words). Generally, a Cronbach's Alpha of at least 0.7 suggests strong internal consistency, so my dictionary is fairly low. This may be, firstly, that the texts are limited (12,305 words) and were written by 11 different participants, each with very different experiences and interpretations of the

instructions, which means that the quality of the written diaries differs markedly; some narrators were expressive, others evaluative. This means that a low Cronbach's Alpha and KR-20 score are less an issue with the dictionary as it is an issue with the sample on which it is being used.

Secondly, the meditation scripts I prepared were based on themes from Self-compassion, Compassion-focused Therapy, Buddhist practices and related self-help ideas such as 'self-love'. This means that words in the dictionary are not necessarily related to each of the seven meditations perfectly and therefore to the words participants used in their journals. This would lead to inconsistency of words in each journal, but it is impossible to create a dictionary which perfectly encapsulates the seven meditation themes without this dictionary becoming overly matched and, therefore, biased.

This phase of the analysis involved running the journal texts through LIWC-22 and organising the data using Microsoft Excel to calculate means and descriptive statistics so that I could explore trends in the sample. Once I had explored the trends, I used statistical analyses to calculate significance of means, both for the LIWC-22 data and for the pre- and post-intervention SCS scores. An independent samples t-test was performed to compare the averages between the two groups, and a paired samples t-test to compare the whole sample's mean scores, pre- and post-intervention, which, alongside line graphs, I used to demonstrate trends and significance of the differences in means.

3.3.5 Phase Three – Integration

As discussed, I completed an exploratory-sequential design, as suggested by Crossley et al. (2003). This meant that, having analysed the journals using narrative inquiry, I then used statistical analyses to help make further sense of the data. Following Egerod & Christensen (2009), who suggest that the final stage of a narrative analysis should be the analysis of the sample as a whole, I brought the narrative analysis and statistical analyses together, comparing findings so that they informed each other and produced more detailed findings for write-up.

4 Analysis

4.1 Overview

As a reminder, this research took a pragmatic approach to mixing methodologies. Pragmatism acknowledges that philosophical activity, including research, should be done to address problems rather than attempt to produce overarching systems of knowledge. Hence, this research places emphasis on the value of multiple meanings generated to enrich our understanding of humanity, an axiology which marries well with the pluralistic ethos of Counselling Psychology.

Considering this, I present the findings in an integrated way. I begin with the descriptive statistics of the sample and then the statistical analyses of the pre- and post-test SCS scores using independent and paired samples t-tests. I will then present the findings from my Narrative Inquiry, briefly introducing the narrators before offering “re-storied” (Kim, 2016) vignettes of two narrators’ journals. The narrative thematic analysis follows, interspersed with analyses completed using LIWC-22 and statistics (independent and paired samples t-tests) to make further sense of the findings.

Presenting the data in both narrative and numeric form satisfies de Vries’ (1990) argument that social research be both technically and culturally useful – that is, offering insight into both the practice and experience of self-compassion. It enables me to integrate different types of data to helpfully make sense of each other, and to produce a more detailed account of the findings such that neither form of data is viewed as more or less important than the other. It is, finally, important that the findings be understandable by the reader without switching drastically between methods.

4.2 Research Questions

1 How do self-compassion scale scores differ between Group 1 and Group 2?

H₁ Mirror scores will improve more than control.

H₀ There will be no difference between groups' self-compassion scale scores

2 How, if at all, do participants' self-references change over the intervention in both groups?

H₁ Self-references will be more compassionate in both groups

H₀ There will be no difference the degree of self-compassion in self-references

3 How did participants' write about their experiences? Describe the ways in which their written reflections change over time, if change is discernible.

4.3 Descriptive Statistics

There were 12 narrators in total, with an average age of 41. The sample consisted of 11 women and one man. Most participants were based in the UK, but one was in Europe, and another Canada. The journal sample consisted of 77 journal entries (Mirror group = 35, Control = 42), totalling 12,305 words (Mirror group = 5,870 and Control group = 6,435). The average journal entry length was 173 words, with the range being 48 and 252. The average entry length in the Mirror group was 167 and 179 in the Control. Although LIWC-22 suggests that texts which are between 25-50 words in length should be treated with extra scrutiny, I have chosen to include Gladys' journal entries, despite her average being 48 words per entry. Firstly, Gladys was in the Mirror group and I had already removed Sasha's data from the quantitative analyses, leaving only 5 narrators in this group,

compared with 6 in the Control. I wanted to ensure a roughly equal number between the groups. Secondly, Gladys' journals, as will also be shown using Narrative Inquiry, demonstrated evidence of change over time, despite their short length, and are therefore considered appropriate to be included for analysis.

4.4 Self-Compassion Scale Scores

Of the 12 participants, a total of 11 completed the Self-Compassion Scale (SCS) pre- and post-intervention (Mirror = 5, Control = 6). Only one person did not complete the post-intervention, so they were removed from analysis. Five participants were in the Mirror group and six in the Control group. An independent samples t-test and a paired samples t-test were performed. For both tests, the assumption of confidence was 95%.

To assess if the sample was normally distributed, I used the null hypothesis: *the sample comes from a population with a normal distribution*, conducting a Shapiro-Wilk Test (1965). The pre-test scores were $p = 0.927$ and post-test scores were $p = 0.780$. There is a difference of 0.147. Since the p -values are larger than alpha (0.05), I cannot reject the null hypothesis that the sample has a normal distribution. This is more than likely a result of the very small sample size. As such, t-tests were appropriate methods of analysis to compare the means of two groups.

4.4.1 Independent Samples t-Test

The independent samples t-test compares the means between two groups for any differences resulting from the independent variable (the use of the mirror). The null hypothesis for this test was that *the difference in means between groups was a result of*

random chance, and the alternative hypothesis was that *the difference in means was a result of the use of a mirror*.

Comparing results from the SCS, the average difference pre- and post-test in the Mirror Group was .300 (SD=0.542) and -0.017 (SD = .227) in the Control Group. There was a slight improvement in the Mirror group, but not the Control. The standard deviations were not sufficiently similar, so homogeneity of variances was not assumed, using Levene's Test for Equality of Variances (Levene, 1960), which is appropriate for testing the null hypothesis that samples are from populations with the same variance, $p = .177$ (>0.05). The two-tailed $p = .275$, which was not <0.05 . Therefore, the Null hypothesis cannot be rejected, and the use of the mirror was not indicated as having a significant impact on changes in participant SCS scores pre- and post-test. This may be a result of the mirror acting as a distraction for many of the Mirror group, as will be explored later. It is also likely that the sample size was not large enough to reliably suggest a significant difference.

4.4.2 Paired Samples *t*-Test

The second test explored whether there was a significant change in SCS scores in the sample overall. The Null hypothesis was that *the difference in means was a result of random chance*, and the alternative hypothesis was that *the difference in means was a result of completing either intervention*. The mean pre-test score was 3.23 (SD = 0.79) and the mean post-test score was 3.36 (SD = 0.93). The significance, two-tailed, was $p = 0.331$ (> 0.05). Therefore, the null hypothesis could not be rejected. Again, this may be the result of the especially small sample size.

4.5 Narrative Inquiry

Although one narrator only completed two days of practices (Sasha), she is included because her entries demonstrated the positive impact that the intervention had on her. The other participants completed all seven days. Three of the 11 completed the seven exercises over eight or nine days. I will discuss the implications of this later.

Introducing the narrators is important since it situates the participants as storytellers of their experiences, emphasising the agency and humanity of each participant. As argued previously in my Methodology, this is a philosophical position which is congruent with the humanistic foundation of Counselling Psychology.

I briefly present the narrators' anonymised demographics, including how much meditation experience they had and how they completed their journals, and a short description of their narrative plots. For fuller descriptions, please see Appendix I. These introductions contain interpretation – arriving at a plot is a combination of what the narrators wrote of their experiences and what I have come to see as their 'story' of the practices. I have tried to maintain awareness of my perspectives which might be clouding the reading and interpretation of the narratives, and to embody a sense of respect for the participants' stories through the ways I re-tell them here.

4.5.1 The Mirror Group (6)

Gwen

Gwen is in her 40s, in the UK, and has significant experience of meditation. She completed all seven practices. Gwen's narrative explored her current self through the lens of the past.

Lisbeth

Lisbeth is in her 40s, in the UK, and has some experience of meditation. She completed all seven practices. Lisbeth's narrative viewed her "lack" of self-compassion as a symptom from which she was struggling to recover.

Ewan

Ewan is in his 50s, is in Europe, and has significant experience of meditation. He completed all seven practices. Ewan's narrative found new self-meaning using the mirror in combination with the practices.

Gladys

Gladys is in her 60s, in the UK, and has some meditation experience. She completed all seven practices. Gladys wrote brief journal entries and had a narrative which acknowledged her lack of self-compassion with some openings for self-kindness.

Chiara

Chiara is in her 40s, in the UK, and has significant meditation experience. She completed all seven practices. Chiara's narrative sought meaning from her experiences of lacking self-compassion using the practices as ways of exploring herself

Sasha

Sasha is in her 20s, in Canada, and has some meditation experience. She completed the first two practices before other events stopped her completing. Sasha's narrative explored herself partly as problematic and self-compassion meditations partly as healing.

4.5.2 The Control Group (6)

Laurie

Laurie is in her 60s, in the UK, and has some meditation experience. Laurie completed all seven practices. Laurie's narrative viewed her mental health difficulties as illnesses for which self-compassion might provide a 'cure'.

Marika

Marika is in her 40s, in the UK, and has significant meditation experience. Marika completed all seven practices, though over eight days. Marika's narrative viewed certain challenging aspects of her mind as parts of life which could be explored, and new meaning discovered.

Amanda

Amanda is in her 50s, in the UK, and has significant meditation experience. Amanda completed all seven practices. She repeated day six three times. Amanda's narrative wrestled with stressors in her life alongside remaining self-compassionate.

Alice

Alice is in her 20s, in the UK, and has some experience of meditation. Alice completed all seven meditations, though over nine days. Alice's narrative was one of curiosity and openness to new ideas offered in the practices.

Carmen

Carmen is in her 40s, in the UK, and has significant experience of meditation. She completed all seven practices. Carmen's narrative viewed the week as a process of integration of her inner parts through self-compassion.

Josie

Josie is in her 50s, in the UK, and has some experience of meditation. She completed all seven meditations. Josie's narrative focused on a lifelong struggle to offer herself kindness but finding new insight through these practices.

4.6 Vignettes

Vignettes are included here, as suggested by several authors in the field of narrative analysis (Kim, 2015; Ollerenshaw & Creswell, 2002; Polkinghorne, 1988) to offer examples of some of the stories experienced by two narrators. By creating vignettes, I intended to re-story the main themes, emotions, insights, reflections, and content of narrators' diaries, as well as their structural features, i.e., the plot, temporality, characters, relationships, and language into a more succinct account. This approach has the benefit of remaining generally evocative alongside a more structured analytic approach to narrative analysis.

I have chosen to present two vignettes, one from each group, whom I felt represented the most expressively written diaries. Having re-storied all narrators' journals at length, this decision was not easy; all stories carried significant emotional and, for some, spiritual weight, which could have become the basis for evocative case study research. The decision to present two vignettes is instead a response to my original research questions and the space available. As a reminder, original narrator names have been anonymised and changed to pseudonyms.

4.6.1 Gwen's Story

Gwen was in the Mirror group. Her story was one of numerous strands intertwining with each other. She was curious about how these meditations would impact her, having "done a lot of work on [herself] over the years" (17). Placing herself in this context was important because the practices were still challenging for her. For example, she admitted at the

outset that, “Just hearing... that I would have to speak to myself, made me feel uncomfortable. *Especially that I would have to refer to myself by name*” (my emphasis, Day 1: Feeling Seen, 6-7). For her, having a name, “feels strange to my ears”, and which is “foreign and ugly” (12-13). It was not only her name but the sound of her voice which she has “always hated” (32).

Despite this, Gwen had a sense of curiosity and openness to the practices, even saying that she adapted her tone of voice on Day three (*Feeling Heard*), “as though I were actually talking to myself and not just repeating [the statements]” (73-74). This had a good impact for her, it “felt different, better” (74). She also experienced realisations and reminders about herself and her practice throughout this process: “this practice today [Day 5: Acceptance], reinforced that I perhaps need to spend more time being curious about all of my different parts... even for the ones that deep down I still feel like I need to change or remove” (121-123).

She also seemed to experience a shift on Day six (*Common Humanity*), feeling that she is wasting her life but, “Telling myself that this is OK, that we’re all just doing our best and that we are only human felt good” (140-141), which allowed her to validate her experiences as “part of the human condition” (149).

Generally, Gwen was not fazed by using a mirror, saying that it was “easier than I imagined” (21). She noticed her aging face and some of the comments about her appearance she used to hear when she was younger. On Day two (*Acknowledging Suffering*) she again noticed that her face was “ageing” (48) harder than she remembered. Then, seemingly out of the blue, her “gaze seemed to soften” (48), revealing a beauty despite “no make-up, messed-up hair” (50). By the final practice, Gwen “didn’t even think about it [the mirror]” (162-163).

Instead of finding the mirror especially helpful, Gwen seemed to approach the practices to re-situate herself in comparison to previous selves. She frequently returned to her past self with a sense of renewed perspective, for example, finding that she “was interested to find that I do feel acceptance of myself for the most part... this would not

have been the case a few years ago” (110-111). Similarly, on Day four (Feeling Loved), she wrote a story-within-a-story about self-love which seemed to help her re-situate herself:

“A few years ago, I would have struggled with the concept of loving myself... It was my... birthday when I truly felt that I was loved. My family celebrated me in a way that left me in no doubt” (85-86).

Having had a powerful experience of being loved and seen “for who I was” (88), it made the self-love statements in this day’s practice more “genuine” (95), perhaps supporting her to reach a satisfying conclusion: “I think for the first time in my life, that I do love myself. And isn’t that lovely.” (95-96).

This re-visiting of herself through these practices seems to have been empowering, a kind of re-telling of herself and where she now finds herself: “I think [the phrase ‘I accept you’] reflects what I most want for myself. To accept myself completely as I am and let go of the need to ‘fix’” (159-160). Here, on the final day, she finds herself in the present with various observations about herself, and one which she felt was more powerful than all the others:

“I think the biggest lesson that I took from this week is that I have come a long way. I am more compassionate toward myself than I would have been a few years ago. I feel worthy of love and I know that I have a good heart. I’m slowly letting go of the need for perfection in my life and am working towards accepting myself exactly as I am. I’m doing OK and it was nice to have that shown to me” (Day 7: Bringing it Together, 166-170).

4.6.2 Commentary

Given Gwen’s discomfort with her name, I wanted to be careful how I chose a pseudonym. She mentioned in her journal that it was a traditional name, so I went with a traditional Welsh name. This has no connection with her actual cultural background because I

wanted to maintain her confidentiality, nor is it a comment on my believing that the name “Gwen” is a “foreign and ugly” (12-13) name.

Gwen’s narrative was one of looking-back to situate herself better in the present moment, a kind of retrospective narrative (Huber, 2016) as her journey through the week did not simply constitute the present time but involved journeys into the past in order to re-frame the present with greater self-awareness. How the mirror helped or hindered this process for her is less clear from her narrative, except that, over the course of the week, she got used to seeing herself in the mirror and, by the end, was not thinking about it.

4.6.3 Marika’s Story

Marika was in the Control group. Her story was one of compassion and struggle, and an exploration of the two coming together. She wrote with a clarity about her mind which was, at times, stream of consciousness. For example, in her first day’s journal, she noted that there was “some judgement, initially of others” (7) which was “immediately followed by some harsh self-criticism/name-calling” (9), taking the reader through to its end: “I was swiftly able to accept this, note the feelings of shame and let it go” (9-10).

Marika’s writing could be even more vivid at times. For example, she explores how “shocking” (12) one of the statements had been, stimulating strong feelings and a distant memory:

“When you started with the first ‘mantra’... there was a swell of panic inside. It rose swiftly and swept over me dissipating almost as quickly as it arrived.” (12-14)

That she describes this experience with images of waves (“swell”, “rose swiftly and swept over me”, “dissipating”) suggests that her mindfulness practice is rooted enough to handle a powerful energy without becoming overwhelmed, whilst also constructing a moving, almost Romantic narrative of her inner experience. This image was accompanied by a feeling which reminded her of childhood:

“It felt as if I was going to be caught... or as if I had done something wrong that I could not remember. A feeling akin to the one of being sat, cross-legged on the primary school assembly hall floor, flushing red as the head asks, “who did it?” Even though I had not done anything wrong.” (14-17)

Marika described here the power of a certain statement on her mind, narrating it with a sense of tension which leaves the reader wanting to know how she might respond: “This was followed by a kind of heart swelling, a true feeling of compassion, maybe my inner child needed to hear this today?” (18-19).

Similarly, on Day four (Feeling Loved), there was a physical shift towards which she hints at but never fully expounds:

“I guess I am not feeling so [loveable]... I also noted that a very dark, catastrophic thought cropped up during the second round... So I am sitting here with a heaviness, and a sadness that I hadn’t felt previously, so strongly at least. This is not to say that it wasn’t there, more that I believe I have got more in touch with my inner weather and am actually allowing it to be felt now.” (67-72)

Here, Marika points to something darker which led to a deepening of her connection to herself, allowing her to acknowledge it more fully. This seemed to have a positive effect on her: “I thank you, and myself! For this.” (73)

Marika’s narrative was not consistent throughout the week; she was distracted by an unexpected visitor to her home in one practice, and on another entry, wrote that she “always find[s] it challenging to carve out the time for meditation” (29), which we learn is impacted by her being a mother and experiencing chronic pain. This made her second day’s practice, with its focus on acknowledging one’s suffering, especially difficult.

We also discover other distractions to Marika’s practice: it was, “a little awkward using my own name at the end!” (37), reflecting that it is “because I am really used to it being used more in a context of being asked for something...” (51-52). Being asked to use her name was not so difficult that she could not complete the practices but did lead

to her becoming distracted in her final entry where she “began to wonder about the neuroscience behind the use of the name (131).

Marika’s identity as a mother was important to her; in a powerful turn in her narrative, she had a “realisation” (83) that she tries to “parent perfectly” (83), perhaps brought on by “some issues with [her] teenagers that are continuing and... making me doubt myself” (79-80). Such was her self-awareness that she noticed her “inner critic” “being harsher than usual” (81) but that this is not necessarily a problem:

“It is telling me I am getting it wrong. Clearly I am getting it wrong, because my teenager is suffering and I don’t feel I’m getting it right” (82-83).

She seems to fluctuate between feeling compassion toward herself and feeling doubt about her parenting, ultimately declaring that she is “finding [her]self able to much more quickly remind [her]self to have compassion” (86). This reaches a narrative climax:

“I know that I am doing the best I can, and actually I’m a great mum, a mum who cannot possibly get everything “right” because I am a human” (Day 5: Acceptance, 92-93).

She is then reflective and wonders about her attitudes towards achievement and perfectionism: “I feel like I have achieved little in life in part due to fear of failure (or fear of success) and subsequently some chronic health issues” (98-99). She ends this powerful journal entry with a re-confirmation of her realisation that: “perfectionism [pervades] every aspect of my life” (101).

Towards the end of Marika’s story, she continues to experience difficulties with which she seems to use the diary *as a diary*. This seemed to encourage another realisation: “I noticed that my language spoken and internal included quite strong and adamant self-compassion, as if the old critic was equally matched, firmly but gently” (112-113). There was also the introduction of another character on Day six (*Common Humanity*) when Marika reflected on the timing of these meditations:

“So many years work, paying off, but also this week seemingly occurring at an interesting time! Oh wise universe. So, your words today, again gave me rise to smile, the timing... As if, somehow, the universe had read my reflections yesterday!” (114-117).

Marika situates this process as part of her overall journey of self-development, aided by the “universe” (115), allowing her to establish herself on this journey as capable of surviving her inner criticism. In her final practice, she even offered herself affection: “I put my hand on my heart instinctively” (133), a touching gesture towards herself which ends her story.

4.6.4 Commentary

I chose Marika’s name after her strong identity as a mother; Marika is diminutive of Maria or Mary, which has strong symbolism of the *mother*, at least in Christian cultures. The name has Eastern European roots but is not a reference to Marika’s cultural or religious background or ethnicity. Considering Marika’s struggles, her story might be considered a kind of *quest* narrative where she goes on a journey to transform herself using a heroic narrative of growth.

5 Narrative Thematic Analysis, Linguistic Inquiry and Word Count (LIWC-22), and Statistical Analyses

5.1 Overview

I present the themes in a similar manner to Egerod & Christensen (2009), in a table form and then in more detail by theme and sub-theme, using quotes to support. These themes are interspersed with LIWC-22 analyses and statistics to develop these findings further, where relevant. Please see the Appendix for an example of a full transcript.

Over-arching theme	Sub-themes	Narrators involved
1 Talking to Myself	<i>a. Conjuring Compassion</i>	<i>All narrators</i>
	<i>b. (Don't) Tell Me You Love Me</i>	<i>All narrators – except Sasha and Carmen</i>
	<i>c. This is hard...</i>	<i>All narrators – except Sasha, Carmen and Chiara</i>
	<i>d. Are You Talking to Me?</i>	<i>All narrators – except Gwen, Marika, Ewan, Josie, Laurie</i>
	<i>e. What's in a Name?</i>	<i>Gwen, Marika, Ewan, Josie, Laurie</i>
2 Encounters	<i>a. The Person in the Mirror</i>	<i>All Mirror group narrators</i>
	<i>b. Self-Discovery</i>	<i>All Control group narrators except Laurie</i>
	<i>c. The Inner Critic</i>	<i>All narrators – except Carmen, Chiara, Josie</i>
3 Agency	<i>a. Sorting and Sifting</i>	<i>All narrators – except Carmen, Josie, Sasha and Laurie</i>
	<i>b. Adaptations and Affections</i>	<i>All narrators – except Josie, Sasha, Gwen</i>

Figure 1: table showing over-arching themes, sub-themes and narrators involved in each.

As a reminder, these were the seven themes of practice:

Day 1: Feeling Seen: Feeling Seen – based around the following and related phrases: [Name], I see you. I see you and hear you, [name], and I want you to know that you are safe with me...

Day 2: Acknowledging Suffering: Acknowledging Suffering – based around the following and related phrases: [Name], I know you are suffering.

Day 3: Feeling Heard: Feeling Heard – based around the following and related phrases: [Name], I want you to know that I love you. I love you. You are so loved, [Name].

Day 4: Feeling Loved: Feeling Loved – based around the following and related phrases: [Name], I love you. I love all of you. You are so loved, [Name].

Day 5: Acceptance: Acceptance – based around the following and related phrases: I am willing to accept you, [Name], and to respond to what you need with love and kindness.

Day 6: Common Humanity: Common Humanity – based around the following and related phrases: I see and accept all of you, [Name]. You are fundamentally acceptable, no matter what. I know you are doing the best you can, like everyone else, [Name].

Day 7: Bringing it Together: Bringing it Together – based around the following and related phrases: combination of all previous ideas and gratitude for self.

1 'Talking to Myself'

Asking participants to talk out loud to themselves during the meditations was powerful. Firstly, talking specifically compassionately to themselves was impactful in positive ways for most of the narrators, despite various facets of self-compassion being challenging. Secondly, talking to themselves in specifically loving ways was especially intense as a practice, but invited a variety of meaningful reactions and reflections. Third, offering themselves *self*-compassion was found to be possible and achievable, but hard, with many narrators describing how much simpler it is to be compassionate toward others. Fourth, the novelty of talking to themselves directly (i.e., speaking out loud with eyes closed *or* at a mirror) enabled narrators to explore new ways of relating to themselves which they had not considered before. Finally, asking narrators to refer to themselves by name provided opportunity for further reflection on their relationship with themselves but was also somewhat distracting.

1a. Conjuring Compassion

All narrators described talking compassionately to themselves as impactful, whether facing a mirror or with their eyes closed. All narrators shared the view that speaking to themselves out loud in compassionate ways altered them in some way. I have named this finding "Conjuring Compassion" because it was as if the narrators were conjuring something which had very real, embodied effects on them. This finding has significant relevance for Counselling Psychology in that many of these statements were simple, easily remembered and readily applicable to different circumstances, and confirms what is already known about the use of compassionate self-talk.

Certain words had an immediately positive impact from the first meditation. Carmen described physical changes from between the first and second sets of repetitions on Day one (Feeling Seen):

Carmen: *“Emotionally, I felt a profound sadness while repeating the mantras the first time... During the second set of repetitions, I could also feel the anger [of previous memories]...and a wave of understanding and compassion.” (Day 1: Feeling Seen, 8-12)*

Carmen’s language was similar to Marika, for example, who described how a certain short statement (‘I see you, [name]’) invoked a troubling memory which was, “followed by a kind of heart swelling, a true feeling of compassion” (Day 1: Feeling Seen, 18). This suggests that self-compassionate statements can invoke a physiological response. Amanda had a gentler experience:

Amanda: *“I began to feel a sense of warmth towards myself which was pleasant.” (Day 1: Feeling Seen, 9).*

Alice felt an immediate connection with herself, triggered by statements relating to safety:

Alice: *“I felt close to tears as I told myself I was safe with me and that I would listen.” (Day 1: Feeling Seen, 10-11)*

Laurie also described tears upon saying certain statements:

Laurie: *“[W]hen I repeated the words, ‘I hear you and I’m willing to listen to you, [name],’ I experienced a surge of emotion and more tears to release the tension.” (Day 3: Feeling Heard, 32-34)*

Similarly, Chiara described how a certain statement was particularly powerful for her:

Chiara: *“I found the statement about helping to feel safe profound... It is helping me to recognise the importance of self-care and self-talk.” (Day 3: Feeling Heard, 30-38)*

These examples demonstrate that speaking compassionately towards oneself during meditation can invoke emotional responses. This suggests that this intervention could be a useful adjunct to, or incorporated as part of, therapy programmes to enable greater connection with one’s feelings. This transformative power was not always described using

emotional language however. Ewan, for example, wrote that he was “prepared to be kinder to [himself]” (27), suggesting that Day two’s (*Acknowledging Suffering*) meditation brought him new ideas about how he might relate to himself. These new ideas about themselves could also be more challenging, however. Lisbeth wrote about how certain words brought forth insecurities:

Lisbeth: *“When the word ‘safe’ was used in the first set of dialogues I felt as if I was in a lift which had dropped suddenly. Do I feel safe with myself? I am not actually sure that I trust myself.” (Day 3: Feeling Heard, 24-26)*

Lisbeth demonstrated that this intervention could be unnerving. Indeed, when she said the words “out loud” it was “scary and I can feel my body reacting with pain” (28). This is important to note because, while this intervention could induce feelings of compassion, it could just as easily induce further suffering. As Laurie illustrates, some statements could act as reminders of previous events or regrets in life:

Laurie: *“Past mistakes caused an upsurge of emotion – I could have spent less time working, concentrated on meeting a life partner, had a family. Is that the cause of my distress?” (Day 6: Common Humanity, 99-101)*

She demonstrates that this intervention could be somewhat triggering. Josie further confirmed this:

Josie: *“I tried imaging me sitting where my patients sit, seeing myself as a person of worth and speaking... this, I think, is useful but, again, difficult.” (Day 2: Acknowledging Suffering, 25-26)*

This intervention occasionally provoked shame, something which is present in Josie’s final sentence, above, which is deflated, broken-up, somewhat discouraged - “useful but... difficult”. As with any form of self-development and talking therapy, however, there is a necessary burden of pain which comes with talking about one’s suffering, since, by naming it, one begins to acknowledge it. Many narrators illustrated that part of the use of this intervention is its ability to challenge. For example, Marika found certain statements

which highlighted her current suffering to be challenging and yet, shortly after, described how compassionate language can be soothing:

Marika: *"Today I found it hard to repeat "I know you are suffering" probably because I have chronic pain... I found this was challenging, but I accepted it as a kindness and of course enjoyed the aspect of being kinder to myself." (32-37)*

Carmen, similarly, found the words on day three (*Feeling Heard*) difficult and yet found a way through them towards a feeling of reassurance, suggesting that, while compassionate self-talk can be painful to hear, it can bring relief:

Carmen: *"[T]he first set of repetitions connected with every muscle and cell of my body, screaming at me to stop doing and relax. It felt good and reassuring to keep talking at them and promise them to listen." (25-27)*

I argue, then, that conjuring compassion through one's own voice can feel *painful* but that this can be necessary. Amanda also hints at this:

Amanda: *"[S]elf-compassion, kindness spoken to yourself (like your own best friend) is...helpful and supportive... it's the opposite of going over unpleasant events again and again and then beating yourself up for the mistakes you have made." (66-69)*

For Amanda self-compassion is *not* about repeating unpleasant events unhelpfully but instead talking to herself in a kinder way. There is no less pain, but there is the promise of soothing from it with kindness and compassion. Gwen's experiences were similar:

Gwen: *"Telling myself that this is OK, that we're all just doing our best and that we are only human felt good." (Day 6: Common Humanity, 141-142)*

Even Gladys, whose story was one of resistance, experienced physical and emotional shifts throughout her week of practice interspersed with experiences of pain:

Gladys: *"I found it impossible to say the words out loud. There was a lot of disbelief... I finally believed that I can learn to love myself." (Day 4: Feeling Loved, 26-27)*

Gladys did not ever mention which words were especially powerful, but this is evidence that even listening to the statements, without repeating them, led to a new sense of belief

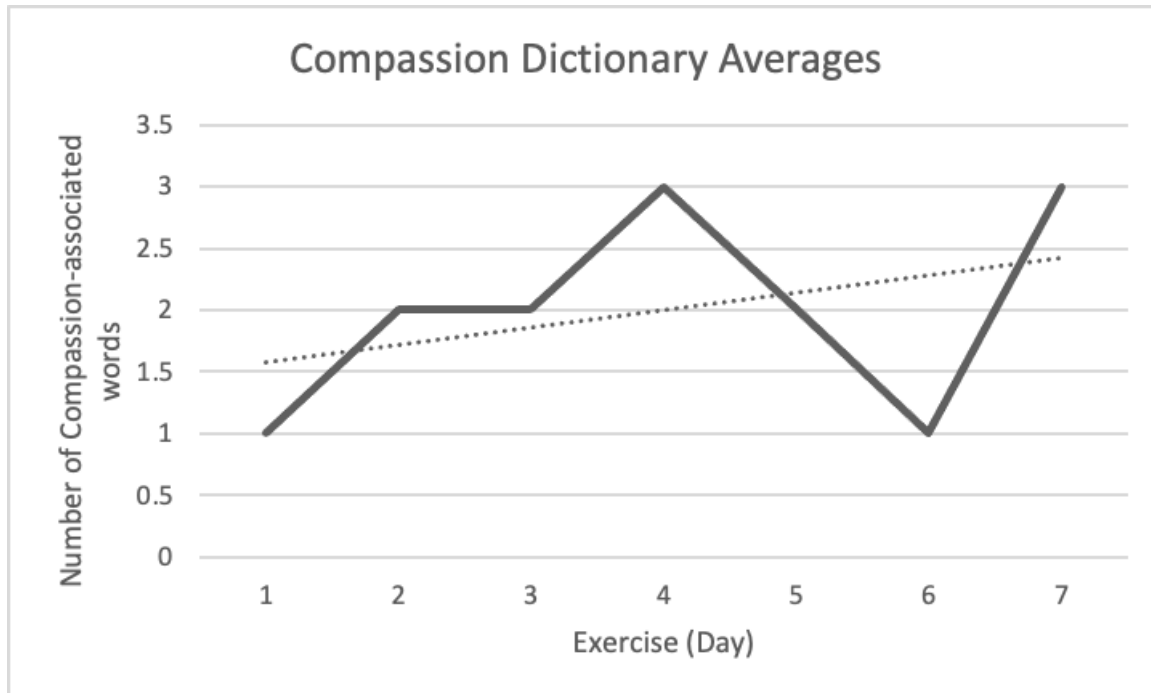
and suggests that, despite sitting with difficult feelings, there could be emotional shifts. This finding therefore suggests that this intervention was somewhat helpful in improving self-compassion. Interestingly, Sasha, who only completed two days, found the intervention similarly helpful:

Sasha: *“I focused entirely on the words being spoken while looking in the mirror, and noticed my mind was focusing on the positive... It felt good.” (Day 1: Feeling Seen, 18-21)*

5.2 LIWC-22 Analysis and Statistics: Compassion Dictionary

Given the above findings, I wondered whether the use of compassion-associated words used by the sample as a whole may have increased over the week. I tested this using LIWC-22 and my own Compassion dictionary, the construction of which I explained in detail in the Methodology. For a full table of the results, see Table 1 in Appendix.

Day four (Feeling Loved) had the highest percentage of Compassion-related words (3.03), followed by Day seven (Bringing it Together, 2.64). Amanda and Josie had the highest percentage (4.03 and 3.92), with Gladys and Alice the lowest (0.99 and 1.04). Overall, there seemed to be a trend toward an increase in compassion words over time, as shown in the figure below. This trend seems to suggest that the intervention did result in an improvement in compassionate language use across the sample. This suggests that, if language use in a personal journal is reflective of changes in self-compassion, as in other contexts (e.g., Priest et al., 2016), then an intervention of this kind may improve participants’ use of compassionate language over time. In the Mirror group, the mean was 1.43 (SD=1.15) and in the Control group, the mean was 2.52 (SD=2.49).



1 = *Feeling Seen*, 2 = *Acknowledging Suffering*, 3 = *Feeling Heard*, 4 = *Feeling Loved*, 5 = *Acceptance*, 6 = *Common Humanity*, 7 = *Bringing it Together*.

Figure 2: showing average compassion-associated words over time across sample

To test the significance between the groups, I completed an independent samples t-test (confidence = 95%). The two samples were Mirror group (35 journal entries), Control group (42 journal entries). The null hypothesis was that *the difference in means was a result of random chance*. Levene's Test for Equality of Variances demonstrated that the variance between groups was homogenous ($p = 0.013$). The two-tailed $p = 0.021$ (< 0.05). Cohen's $d = 0.542$, suggesting a medium effect size. This suggests that there was a statistically significant difference between the percentage of compassion words used in the Mirror versus the Control group, and that the null hypothesis can be rejected. This suggests that the use of a mirror may have decreased narrators' focus on compassionate language, which has implications for Louise Hay's *Mirror Work* (2016).

At issue, however, is that Josie had one of the highest average scores (3.93), running contrary to her experiences shown in the narrative inquiry. Upon inspection, this is likely the result of her Day six (*Common Humanity*) score (11.54) in an entry of only 26 words.

This suggests that her score be treated with more scepticism, rather than that the dictionary does not reflect participants' written experiences.

1b. (Don't) Tell Me You Love Me...

The meditations involving self-love (Day four (Feeling Loved) and part of Day seven (Bringing it Together)) led to especially intense and polarising narratives, inviting meaningful reactions and reflections in the narrators. These meditations involved statements inspired by Louise Hay's *Mirror Work* (2016), such as "I love you", "I am willing to love you" or "I am willing to learn to love you better." The narrators grappled in different ways with this theme, some with positive reflections on their sense of love towards themselves; others writing episodes which characterised love as an enemy. Even so, narrators' self-references changed during the meditations relating to self-love, suggesting that it has its use in an intervention of this sort. For those who found love especially challenging, there was Josie:

Josie: *"That was hard... My parents never said it to me and saying it to myself didn't upset me but... I was grinding my teeth. I was, mentally, trying to walk away from the exercise. I feel more tense than before I started."* (Day 4: Feeling Loved, 41-45)

Josie's experience suggests that meditations involving 'self-love' mantras must be carefully considered in the context of each person. Josie was not alone in finding the word 'love' almost excruciating:

Gladys: *"I found it impossible to say the words out loud. There was a lot of disbelief... I made a lot of grimaces to myself."* (Day 4: Feeling Loved, 26-27)

Despite Gladys' difficulty, she finished this entry with: "I finally believed that I can learn to love myself" (27), suggesting that, bearing the pain and discomfort of love might bring its reward in the shape of its *potential*. Again, however, self-love must be well-considered before being recommended and may be easier for people who have already done

considerable amount of ‘work’ on themselves. For Ewan, who had significant meditation experience, self-love “felt very natural” (65):

Ewan: *“It was like being in a nurturing cocoon of love: self-love, a willingness to love myself better, an acknowledgement that I deserve that love and that others love me too.” (70-72)*

Gwen, also experienced meditator, wrote from a historic perspective, comparing how she used to feel about herself with now:

Gwen: *“A few years ago, I would have struggled with the concept of loving myself... Now, I believe that I am a good person... I think for the first time in my life, that I do love myself. And isn’t that lovely.” (Day 4: Feeling Loved, 86-99)*

Gwen used to feel differently about herself and this meditation seemed to help her re-situate how she now feels about herself. This suggests that meditations involving self-loving statements, if appropriate to the person, can provide a sense of re-affirmation which could be empowering. However, reflecting on self-love can also be disruptive, as it was for Chiara:

Chiara: *“At first I was feeling really positive with the affirmation... However, as the practice went on, I felt doubt creeping in and almost an uncomfortable feeling around telling myself I love myself.” (44-47)*

This sense of disruption also occurred for Amanda:

Amanda: *“I did notice while repeating the kind words ‘I love you’... at one point maybe more than once I did say, “Yeah but you actually are rubbish...” and, “But you can be a bit annoying”, then, “Oh yes, I love you” and back on track.” (Day 4: Feeling Loved, 33-37).*

Amanda’s dialogue demonstrates the interplay that many narrators experienced between parts of themselves who encouraged self-love and others who rejected it, creating tension in their narratives, no clearer than in Lisbeth’s:

Lisbeth: *“When I first said, ‘I love you’ to myself out loud, a voice in my head instantly replied, ‘No I don’t’. This only happened once though... I was/am still not convinced that I*

love myself...I really am not at all convinced that I love myself.” (Day 4: Feeling Loved, 32-38)

Lisbeth’s doubt calls into question the appropriateness of self-love meditations for certain people and further suggests that self-love mantras may be the most divisive of all the themes used in this intervention. It also suggests that, when speaking to oneself in a loving – rather than specifically *compassionate* – way, it may call up significant feelings which might be too confronting for some and yet cathartic for others. For example, this occurred for Marika in the context of parenthood:

Marika: *“I guess I am not feeling so [loveable]... I am sitting here with a heaviness, and a sadness that I hadn’t felt previously, so strongly at least. This is not to say that it wasn’t there, more that I believe I have got more in touch with my inner weather and am actually allowing to be felt now. I thank you, and myself! For this. (Day 4: Feeling Loved, 67-73)*

For Marika, self-love seemed to act as a difficult yet cathartic reminder, leading to deeply-felt feelings. Alice described her relationship with love more analytically:

Alice: *“[T]he mention of people also loving you hit me harder... Especially as I know that my relationship with others is sometimes worse than my relationship with myself... I question if others like me or love me and so it was interesting how that one statement brought a confirmation to myself to want to keep repeating it until I know that it is true.” (Day 4: Feeling Loved, 48-52)*

Alice found the statements to act as “confirmation” of what she believed about herself which she seemed to find manageable. For one narrator in particular, however, it seemed especially destabilising:

Laurie: *“I struggled with ‘You are so loveable’ as I’ve never really felt that due to past disappointments in my love life... I’ve never really felt that I was good enough or loveable... I’m at a loss to see why I feel inadequate.” (Day 4: Feeling Loved, 56-67)*

Invoking love reminded Laurie of loss, demonstrating the care with which self-love meditations should be offered or suggested to clients, especially if spoken out loud to oneself. At worst, it seems that meditations of this type can lead to a sense of regret,

frustration, and doubt – evidence of a shaming experience. Interestingly, Laurie chose to hug herself during the same practice – an act of self-love unprompted – suggesting that, despite her difficulties, she felt able to accept some of these ideas into her sense of self.

5.3 Further LIWC-22 and Statistical Analysis of Compassion Dictionary

Given that the previous findings relating to self-love, it might be expected that language use relating to the word ‘love’ might increase over time, or at least, have impact on word usage. Having found that my Compassion dictionary demonstrated that there was a statistically significant difference in the Mirror and Control group in the average use of Compassion-related words, I wanted to removed ‘love’ from the dictionary to explore what impact this word may have had on the results (see Table 2 in Appendix for full results).

With the word ‘love’ removed, the average on Day four (Feeling Loved) was 1.10 (compared with 3.03). Whilst this might suggest that my dictionary was too closely matched to the texts and biased to the results I wanted, I do not think this is the case. For example, removing ‘love’ also impacted scores across *all* seven days’ averages – including those where the word ‘love’ was not part of the meditations:

Figure 3: *Showing averages across each day using both dictionaries*

Averages	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Overall
Dictionary with ‘Love’	1.38	1.80	1.59	3.03	2.11	1.72	2.64	2.03
Dictionary without ‘Love’	1.32	1.67	1.50	1.10	1.89	1.68	2.02	1.60

Note: numbers are percentages of words related to Compassion using Compassion dictionary.

1 = *Feeling Seen*, **2** = *Acknowledging Suffering*, **3** = *Feeling Heard*, **4** = *Feeling Loved*, **5** = *Acceptance*, **6** = *Common Humanity*, **7** = *Bringing it Together*.

A further independent samples t-test demonstrated that, with the word 'love' removed, the two-tailed $p = 0.038$ (<0.05) and Cohen's $d = 0.483$, suggesting a medium effect size. Therefore, even with the word 'love' removed, the differences between the averages across the two groups remained significant. 'Love' represents a word which narrators introduced into their journals without prompt since 'love' did not feature until Day four (Feeling Loved). This suggests that the dictionary with 'love' included was not overly biased and also that the intervention as a whole encouraged participants' to use the word 'love' without prompt, suggesting that an intervention of this sort might also encourage participants to feel, or at least think about, *love* of themselves. This is an unexpected finding which may have positive implications for Louise Hay's (2016) work.

1c. That was hard...

Across the sample, an experience of *self*-compassion was possible and achievable, but not easy, with many narrators describing how much simpler it is to be compassionate toward others. This is important for the Counselling Psychology profession in that all narrators had some or significant experience in meditation. Many of our clients have never heard of compassion or self-compassion, let alone encountered a practice such as this, so to suggest mantra meditations or speaking more compassionately to oneself as part of therapy, we must give weight to the fact that self-compassion is not an easy practice even for meditators with significant experience. For example, Josie contrasted self-compassion with how she offers compassion to others in her work:

Josie: *"Seeing myself as a worthy recipient of... compassion is so difficult. It is a natural response in my work, requiring no effort, it just 'is', but meaning it about myself rather than just saying it, I think, will take time."* (Day 2: Acknowledging Suffering, 21-23)

Lisbeth found even thinking about self-compassion difficult, suggesting an experience of shame:

Lisbeth: *"This is hard. I know that I should be compassionate but I struggle to be... I am hurting again, it's as if my reluctance to accept compassion from myself is manifesting as pain in my body."* (43-45)

Ewan observes in his Day three (*Feeling Heard*) journal that offering care towards others seems to be almost automatic:

Ewan: *"'Take care of yourself'. Words we say when we part company with someone... And I always reply with, 'Will do'. And I don't give it another thought. I don't take care of myself."* (48-53)

It seems that the exercise enabled Ewan to recognise the ways he does not offer himself care. This is like Alice who observed how strange it is that many people talk negatively to themselves, even without realising it:

Alice: *"It was nice to talk to yourself in a compassionate way as so many of us don't... a lot of the non-compassion we feel for ourselves is unconscious and this meditation is making me realise how ridiculous it is to even think in this way once it is spoken out loud."* (Day 2: *Acknowledging Suffering*, 21-24)

Alice repeated this sentiment in her final journal entry, again discussing how ridiculous "non-compassion" (104) is "when spoken out loud as we would never speak to others like that" (105). This seems to have been an important discovery for other narrators and is a sentiment shared by Gwen:

Gwen: *"I need to remember that it's ok for me to make mistakes. That to struggle, to have good days and bad is just part of the human condition."* (Day 6: *Common Humanity*, 149-150)

Two other narrators clearly demonstrated how difficult self-compassion is and that it can be easier to provide it for others, especially as mothers. For example, Amanda wrote of her suffering daughter and her struggle to help her:

Amanda: *"Accepting of my faults... who is? Yes very helpful for building resilience and do I need resilience. To get through each day with an adult daughter [who is suffering⁶]... My*

⁶ I have anonymised Amanda's diary because of the presence of her daughter and specific identifiers.

love and acceptance of my daughter is unconditional... Off to cry it out!" (Day 5: Acceptance, 48-53).

Here, Amanda struggles to reconcile her daughter's challenging behaviour towards her with compassion, grappling with what she calls the "wider perspective" (61) or *common humanity* (Day six's theme):

Amanda: *"We are all doing the best we can – yes, I believe this to be true – but then with my daughter... more upset and tears from me – I wonder why will you not seek [help⁷]?" (Day 6: Common Humanity, 61-65)*

This demonstrates the ease with which a mother can slip into wanting to provide compassion to her child. This was shared by Marika who explored the interplay between her identity as a mother and a practitioner of compassion:

Marika: *"This has definitely come at a timely point in my parenting life. There are some issues with my teenagers that are... making me doubt myself... I am getting it wrong, because my teenager is suffering and I don't feel I'm getting it right." (Day 5: Acceptance, 79-83)*

Considering this in the context of her Day three (*Feeling Heard*) reflections that she wanted to "apply this softness and listening to her [daughter]" (44-45), Marika seems to be telling the story of parenthood which Josie also tells in her own way:

Josie: *"I deeply love my family, dog, friends. I say it, with true meaning, everyday. It's important that my children hear how much I love and value them, every day." (Day 4: Feeling Loved, 41-43)*

Josie's experience was echoed in Chiara's narrative:

Chiara: *"I helped my daughter yesterday to feel less annoyed at herself over something she didn't need to be frustrated over following my practice[.]" (Day 3: Feeling Heard, 38-40)*

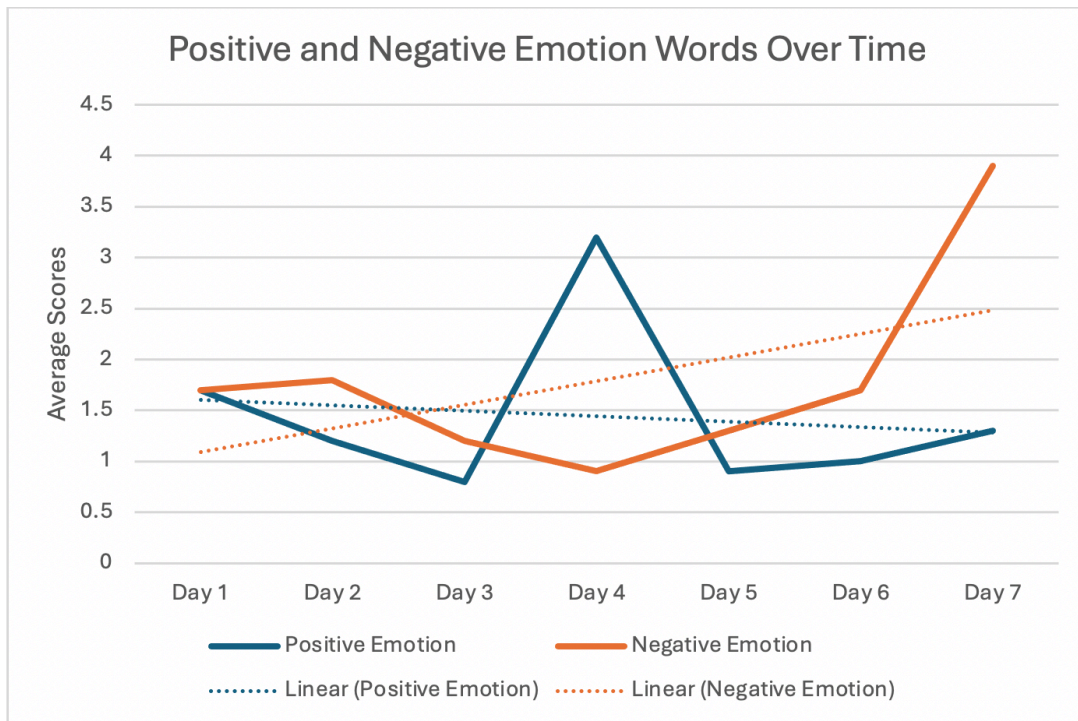
⁷ As above.

5.4 LIWC-22 and Statistical Analysis: Emotion Words – Positive and Negative

Given that this intervention was found to be hard and can create further suffering – albeit perhaps useful for the participant in the long-term, it would be expected that the intervention had some impact on participants' language use over the course of the week. I analysed the texts using LIWC's Positive/Negative emotion dictionary. See Tables 4 and 5.

Overall, there was a slight decrease in the use of Positive Emotion words and a larger increase in the use of Negative Emotion words over time. This suggests that the intervention had an impact on narrators' language use. This does not necessarily mean that the intervention was experienced as negative, rather that it seems to confirm what was found in the narrative inquiry – that interventions of this sort can act as a reminder of one's suffering and, perhaps, challenging relationship with self-love, leading to an increase in words relating to this suffering – and, therefore, Negative Emotion words.

It was also found that Day four (Feeling Loved)'s meditation saw a significantly higher percentage of Positive Emotion words compared with any other day (3.2). Interestingly, also on Day four (Feeling Loved), Negative Emotion words were at their lowest (0.9). This suggests that Day four (Feeling Loved)'s self-love meditation had the highest positive impact on narrators' experiences of themselves, which is generally in-keeping with the narrative inquiry. This is shown in the figure below:



Day 1 = Feeling Seen, Day 2 = Acknowledging Suffering, Day 3 = Feeling Heard, Day 4 = Feeling Loved, Day 5 = Acceptance, Day 6 = Common Humanity, Day 7 = Bringing it Together.

Figure 4: showing Positive and Negative Emotion words over time across the whole sample.

Day seven (*Bringing it Together*) exhibited the highest Negative Emotion words (3.9) with Day three (*Feeling Heard*) showing lowest Positive Emotion words (0.8). The average difference between Positive and Negative Emotion words across the sample was -0.3 , suggesting a very slight tendency towards Negative Emotion words. This makes sense given that self-compassion and mindfulness are generally practices used by people who are seeking to reduce suffering. The Mirror group exhibited a small difference between Positive and Negative-associated words (-0.3), whereas the Control group had a more negative tendency of -0.5 . This may suggest that those in the Mirror group were able to use more balanced language than those in the Control. Equally, the differences between groups may be explained by individual differences in the narrators. For example, not everyone wrote as emotively as others. To test this, I conducted independent samples t-tests on the two groups, Mirror (35 journal entries) and Control (42 entries).

The Positive Emotion results were: Mirror = 1.52 (SD=1.83) and Control = 1.53 (SD=1.38). Given that Levene's Test $p = 0.108$, homogeneity cannot be assumed. The non-homogenous, two-tailed $p = 0.977 (>0.05)$. This suggests that the difference between the two groups in terms of Positive Emotion words was not statistically significant.

Similarly, for Negative Emotion words: Mirror = 1.78 (SD=1.92) and Control = 1.89 (SD=1.71). Levene's Test $p = 0.650$, therefore homogeneity was not assumed and the two-tailed $p = 0.786$, suggesting that the difference was also not statistically significant.

1d. Are You Talking to Me?

The novelty or strangeness of talking to themselves directly seemed to enable narrators to enter new ways of relating to themselves which they had not considered before. Sasha wrote about this on her first day's practice where the novelty itself seemed to be a way for her to relate to herself differently:

Sasha: *"I was even more nervous to speak to myself in a room all alone. It felt slightly silly to try it, and then I felt silly to realise that I was actually nervous to talk to myself. I'm glad I did do this, as it helped me face this uncomfortable feeling I had. (Day 1: Feeling Seen, 5-8)*

Gwen did not find it silly, but it was novel:

Gwen: *"I knew that speaking to myself would feel weird, but it was bearable." (Day 1: Feeling Seen, 32-33)*

It was less awkward for Alice, having an immediate impact on her:

Alice: *"I have never thought to speak to myself in the way the session suggested. And as I did so I did start to feel sad almost and seemed to have a sad smile on my face." (Day 1: Feeling Seen, 7-10)*

This novelty was echoed by Gladys for whom talking to herself in this way was challenging, taking until Day three (*Feeling Heard*) to even speak out loud:

Gladys: *"First time I have spoken aloud...I've always wanted other people to hear me and see me, I never thought of doing this with myself."* (Day 3: *Feeling Heard*, 19-21)

There was less enthusiasm to Gladys' writing here than Amanda who already used "I love you" as a mantra but, "maybe with less conviction than [she] was able to apply in the meditation" (32-33), suggesting that she was not disconcerted by her own voice and, in fact, found herself applying more intention than in her everyday use of mantras. Similarly, Ewan described how it was "strange to be really focusing on [himself] and speaking aloud to [him]self" (Day 1: *Feeling Seen*, 5), but, unlike others, did not seem to find this uncomfortable. By contrast, Josie did:

Josie: *"I found this much more difficult than I thought I would. I felt very emotional speaking to myself and acknowledging myself."* (Day 1: *Feeling Seen*, 3-4)

Gwen similarly voiced her concerns in her narrative, prefacing her first day's journal with, "Just hearing in the introduction to the study that I would have to speak to myself made me feel uncomfortable" (Day 1: *Feeling Seen*, 5-6). Lisbeth found it similarly difficult:

Lisbeth: *"Talking to myself was difficult but I managed it."* (Day 1: *Feeling Seen*, 2-4).

Moreover, certain narrators described *how* they used their voice towards themselves as important:

Gwen: *"During the final statements, I tried to add more tone to my voice, as though I were actually talking to myself and not just repeating them. This felt different, better. Like I was actually listening and taking in what I was saying."* (Day 3: *Feeling Heard*, 74-76)

Laurie had a similar experience, reporting that she used a soft tone of voice through her first and fourth day:

Laurie: *"As I addressed the mantras and repeated them, I observed a soft tone of voice and a real intent to talk to me as if I was addressing a friend who was distressed or*

suffering” (Day 1: Feeling Seen, 4-5) and, “I maintained a soft tone and kindly voice... Felt some loosening of the need to ‘get a grip’ on my emotion.” (Day 3: Feeling Heard, 44-45)

This seems to support the overall finding that talking to themselves was a way for narrators to engage with themselves in new ways. For Laurie, it led to a “loosening” of her more critical part of herself. However, where Laurie was more confident with this compassionate tone of voice, Lisbeth was less so:

Lisbeth: *“I think I need to learn how to create the right tone of voice to talk to myself compassionately.” (Day 5: Acceptance, 48)*

This suggests that, while talking to oneself can have an impact on the narrators’ relationships with themselves, the specifically ‘compassionate’ tone of voice asked of them may be something that we, as Counselling Psychologists, must make sure we have provided appropriate education and demonstration around what this means and looks like.

1e. What’s in a Name?

For many of the narrators, being asked to address themselves by name sometimes constituted a distraction and at other times was a powerful tool which helped them connect more deeply with themselves. Counselling Psychologists must consider whether using names in mantra meditations is something which might hinder or support their clients’ developing self-compassion. For Gwen, using her name was nerve-wracking before she had even started the first meditation:

Gwen: *“Just hearing in the introduction to the study that I have to speak to myself made me feel uncomfortable. Especially that I would have to refer to myself by name. I have always struggled to say my name, even when asked it by a stranger.” (Day 1: Feeling Seen, 5-8)*

Her reflection develops into an almost existential one and perhaps distracts from the exercises:

Gwen: *"[B]y having a name, I am more noticeable in the world. I thought that it was because I didn't like my name... It's just that when related to me, it feels foreign and ugly."*
(Day 1: Feeling Seen, 9-13)

Gwen was not alone in feeling uncomfortable about using their name. Marika also felt "a little awkward" (37), later describing how she had reflected on why this might be the case:

Marika: *"[B]ecause I am really used to it being used more in a context of being asked for something"* (Day 4: Feeling Loved, 51-52)

For these narrators, their name became more of a distraction than an aid to their practice – though it did, in both examples, demonstrate that using a name can act as a point of reflection and lead to better self-understanding. Similarly, Ewan was uncertain about using his name:

Ewan: *"It was also a bit odd to be calling myself by my name. I know it's not unusual to do this when talking to yourself but I usually call myself something else."* (Day 1: Feeling Seen, 6-7)

Even so, it did not seem to impact Ewan. By contrast, Josie connected her name to her struggle to find the exercises engaging and, overall, her difficulty in being self-compassionate:

Josie: *"For some reason found it difficult to really engage with today's meditation... It may be me finding the self-compassion difficult. I also really dislike my name, I always have so saying it out loud annoys me. Interestingly, typing this fact may be one of the many roots of why I find it difficult to 'see' myself and so why I find it difficult to give myself a break."*
(30-35)

This suggests that her name was so connected to her identity of being unworthy of self-compassion that by using it as part of the meditation, it acted as a barrier to self-compassion, but still led to useful self-insight. Laurie also had a useful experience using her name, describing that it was, "particularly cathartic" (6), going on to say that:

Laurie: *“I did find that addressing myself personally helped release tension held in my body.” (10)*

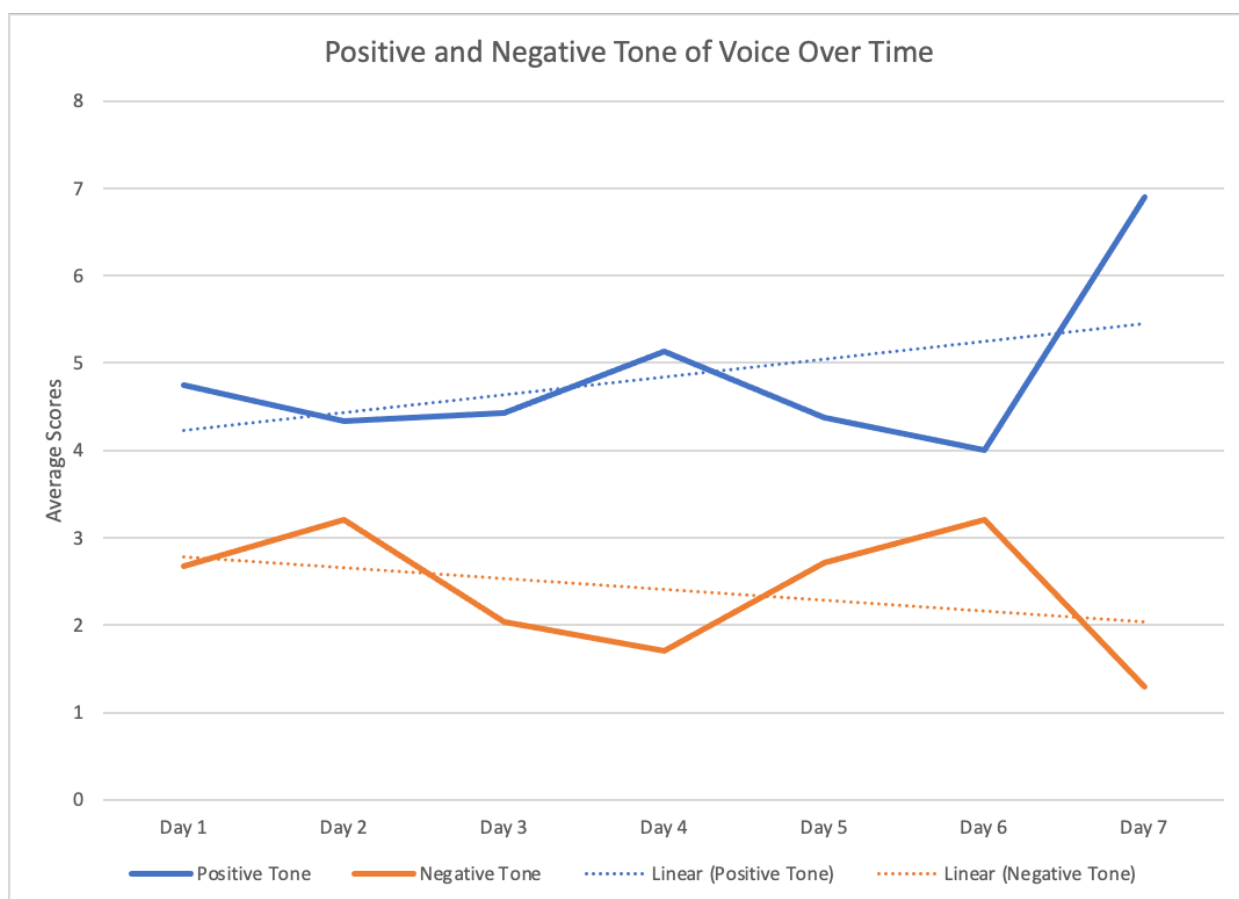
There seems to be some benefit to Laurie using her name, and even Gwen chose to use a different name to refer herself by, which improved her experience of the meditation:

Gwen: *“I referred to myself by the shortened version of my name, the one that those who know me best use. The people that I can be my true self around. That felt easier than using my full name.” (28-30)*

This was important as, on Day three (*Feeling Heard*), she accidentally used her full name again which “totally jarred” (70) her. For Gwen, using her name “didn’t get any easier” (Day 7: Bringing it Together, 163), suggesting that, for some, being asked to use their name is a distracting element in a self-compassion intervention of this sort.

5.5 LIWC-22 and Statistical Analysis: Tone – Positive / Negative

Given the overall findings so far, it seems that there were changes across the sample in their self-references in some way. I used LIWC-22 to analyse tone of voice – either as positive or negative – to explore whether completing this intervention led to detectable changes in tone of voice. An increase in Positive tone might suggest a likely increase in self-compassion through improved sense of kindness and non-judgment toward self. Overall, there was an increase in Positive tone of voice and decrease in Negative tone of voice, as shown in Figure 5. This suggests that narrators, whether in the Mirror or Control group experienced an improvement in their tone of voice when writing about themselves (i.e., kinder, more compassionate) and less negative (i.e., less judgmental or critical), which is in keeping with my original hypothesis.



1 = Feeling Seen, 2 = Acknowledging Suffering, 3 = Feeling Heard, 4 = Feeling Loved, 5 = Acceptance, 6 = Common Humanity, 7 = Bringing it Together.

Figure 5: showing changes in Positive and Negative tone over time across the whole sample.

For a full table of results, please see Appendix, Tables 6 and 7. The day with the highest Positive Tone was Day 7: Bringing it Together (7.55), followed by Day 4: Feeling Loved (5.13). The lowest was Day 6 (*Common Humanity*, 4.00). The narrators with the highest average Positive Tone were Amanda (7.16) and Josie (6.56). The lowest were Carmen (3.65) and Lisbeth (3.95). The average across the sample was 4.93; the Mirror group average was 4.74 and the Control average was 5.13.

The days with the highest Negative Tone were Days two and six (3.21), with Days seven (1.29) and four (1.71) the lowest. The narrators with the highest average Negative Tone were Laurie (4.77) and Chiara (2.67), while the lowest were Alice (1.36) and Gladys

(1.49). The average across the sample was 2.41; in the Mirror group, it was 2.23 and in the Control, 2.57.

To explore the significance of the differences, I completed independent samples t-tests on both results, where the confidence level was 95% and the two samples were Mirror group (35 entries), Control (42 entries). The null hypothesis was that *the difference in means was a result of random chance*. For the Positive Tone, the Mirror group's mean was 4.74 (SD=2.92) and 5.13 (SD=2.19) in the Control. Levene's Test demonstrated that the variance between groups was not homogenous ($p = 0.133$) and the two-tailed $p = 0.476$ (>0.05). This suggests that the difference between the two groups was not statistically significant.

For the Negative Tone results, the means were: Mirror = 2.24 (SD=2.01) and Control = 2.57 (SD=1.98). Levene's Test demonstrated that the variance between groups was not homogenous ($p = 0.612$), therefore the two-tailed $p = 0.467$ (>0.05). This suggests that the difference between the two groups was not statistically significant and that the mirror specifically had no measurable impact on narrators' tone of voice in their journal writing.

2 Encounters

This intervention seemed to be able to produce evidence of change towards increased self-compassion through a 'self-encounter'. I use the term *encounter* from Buber (1970) who suggested that there is always some kind of change after a genuine encounter.

2a. The Person in the Mirror

Narrators generally either found the mirror positive or, at least, neutral, or they did not like the mirror and closed their eyes. Even so, it still seemed to have a somewhat

positive impact. For those who did find it useful, it had the potential to help them encounter themselves in a new way, suggesting that using a mirror *could* be a useful addition to meditations of this sort, for certain people. For example, Chiara found the mirror distracting and yet unexpectedly soothing:

Chiara: *"It was strange to look at myself for the duration, it was distracting to a degree as noticing how aged I look! But I felt calm, kept breathing and following the guidance." (Day 1: Feeling Seen, 6-7)*

Next, her facial expression and feelings seemed to change towards a greater sense of ease:

Chiara: *"When using the word "joy" my facial expression changed – relaxed my vision of my life now and family was instant – again, quite a profound reaction... I feel calm, relaxed and in the mirror happier already." (Day 1: Feeling Seen, 10-12)*

From Day two (*Acknowledging Suffering*) onwards, however, she was distracted again:

Chiara: *"I needed to close my eyes for the second round... as I found looking at myself too distracting. Once I closed my eyes I was able to think[.]" (Day 2: Acknowledging Suffering, 19-21)*

She then pushes through this distraction on the third day and seems to encounter new ways of thinking about herself:

Chiara: *"I still find looking at myself distracting but I can meditate and see its benefit in doing this activity whilst looking at myself. It is helping me to recognise the importance of self-care and self-talk in a positive way." (Day 3: Feeling Heard, 36-38)*

On Day five (*Acceptance*), she wrote powerfully about the mirror and her relationship with herself:

Chiara: *"I found it hard to acknowledge 'acceptance' mantras when looking at myself. I realised my face and inner self I see as different. So when I closed my eyes... I was able to connect with the words about myself on an inner, deeper level. It's as though the person I see in the mirror, often fleetingly, isn't "me". (Day 5: Acceptance, 54-68)*

The mirror helped her to recognise who she views as her “inner self”, over time feeling less preoccupied with the mirror: “[feeling] calmer looking at myself today and less distracted” (70-71), and on the final day, writing: “I didn’t feel critical of my face firstly!” (75). The mirror played a considerable role in Chiara’s experience and enabled certain insights about herself, but was perhaps too much of a distraction from the self-compassion exercises at times.

Lisbeth struggled with the mirror. She had even tried using Louise Hay’s *Mirror Work* in the past, but, in fact, closed her eyes on the first day:

Lisbeth: *“I have tried talking to myself compassionately before in the mirror... but it didn’t go too well and I gave up halfway through. Doing this was easier on myself as I listened with my eyes shut.” (Day 1: Feeling Seen, 6-8)*

On her second day, she “listened with [her] eyes shut again” which, she says, “definitely makes it easier” (17). Then on the third day, she tried with her eyes open but, as if confirming what she already knew, this was not “as effective as with my eyes closed” (22):

Lisbeth: *“It [using a mirror] didn’t make my voice or intent less sincere, but it seemed to put a lot of extra input into my brain which I didn’t want.” (Day 3: Feeling Heard, 22-24)*

The mirror was too distracting and meant that the focus was not on self-compassion. By contrast, Gladys did not often comment on using the mirror, only twice mentioning its presence. The first time, she noticed her aging face:

Gladys: *“Aware of how my face has aged and that maybe I should have a facial.” (12-13)*

Then, on Day four (Feeling Loved), she mentioned how she “made a lot of grimaces to myself” (27), perhaps in the context of her “disbelief” (27). Interestingly, on her final day, Gladys “smiled for the first time” (46). It is difficult to know how the mirror might have been involved, however.

Further evidence that using a mirror could be distracting was that, for Gwen, the mirror reminded her of her age and her appearance:

Gwen: *“Staring myself in the eyes was easier than I imagined too, although I couldn’t help but notice where my middle-aged face is starting to droop around the jowls and the hardness that wasn’t there in my youth.” (Day 1: Feeling Seen, 21-23)*

On her second day, she continues:

Gwen: *“As with yesterday, I couldn’t help but notice my appearance. The hardness of my face, the ageing.” (Day 2: Acknowledging Suffering, 47-48)*

Of note, however, is that there was a shift, seemingly out of nowhere:

Gwen: *“But mid-way through, my gaze seemed to soften and that [hardness] disappeared, replaced with a softness instead. I could see the beauty that lay there, even in my relaxed clothes, with no make-up, messed-up hair.” (Day 2: Acknowledging Suffering, 48-50)*

She seems to have encountered herself differently by gazing in the mirror. She does not mention the mirror again until her final day:

Gwen: *“Using my name didn’t get any easier, but talking to myself in the mirror did. By the final day, I didn’t even think about it” (Day 7: Bringing it Together, 163-164).*

The mirror seems to have become part of the practice and not overly distracting. Indeed, given that she finishes her narrative with, “[I am] working towards accepting myself exactly as I am” (Day 7: Bringing it Together, 169-171), it is strikingly similar to the shift towards acceptance she experienced by looking at herself in the mirror, suggesting that mirror gazing may have supported this.

Ewan experienced a powerful encounter with himself in the mirror, despite his initial caution:

Ewan: *“It was interesting to sit and look at myself for fifteen minutes. I don’t usually do that so, yeah, a bit weird.” (Day 1: Feeling Seen, 4-5)*

Even so, he began to accept himself more clearly, which he connected to the mirror:

Ewan: *“Throughout the session I found myself accepting myself as I actually am... Looking at myself... allowed me to form a closer bond with myself and I felt myself really accepting those flaws.” (Day 1: Feeling Seen, 10-15)*

Ewan suggested that looking at himself was important – perhaps because there is nowhere to hide in the mirror. This is something he also mentioned on Day two (*Acknowledging Suffering*):

Ewan: *“Looking at myself was key to really getting the message across during today’s session. I know that I should be kind to myself; I know that I should respond to myself in a way that a good friend would. But actually looking at myself made me really hear it and accept it. (Day 2: Acknowledging Suffering, 34-36)*

Seeing himself in this way also helped him believe the statements more, as if in genuine encounter with his mirror image:

Ewan: *“There was a moment during the meditation, towards the end, where I actually smiled and really felt a connection with myself. Like when you first meet someone and you just get each other, you’re on the same wavelength and something clicks and you know that this person is going to be important to you in some way. I had that kind of sensation... but with myself. It was very profound - like I’ve found a new best friend who was here with me all along.” (Day 2: Acknowledging Suffering, 37-41)*

Ewan had a significant encounter with *himself* which seemed to be a genuinely touching experience which he was not expecting: “it was very *profound*” (my emphasis). This demonstrates the real power a mirror can have in some cases.

Similarly, Sasha developed a sense of confidence from seeing herself in the mirror even after one day’s practice:

Sasha: *“I realised I’ve never given myself that length of time to look at myself without coming up with something negative in my mind. Staring at my face... repeating the words felt very positive and comforting. I noticed I wanted to sit up straighter, I smiled at myself while speaking kindly to myself, which I don’t normally attempt.” (Day 1: Feeling Seen, 11-15)*

Sasha’s posture changed without her even thinking about it. She then wrote that she could see herself in a new light:

Sasha: *“I could see kindness in my eyes that I usually try to radiate to others.” (Day 1: Feeling Seen, 17)*

Unfortunately, Sasha was not able to complete the meditations, but left another positive note after her Day two (*Acknowledging Suffering*) extract:

Sasha: *“Even a week and some odd days later... I remember what I repeated to myself in the mirror and smile.” (Post-Day 2: Acknowledging Suffering, 37-38).*

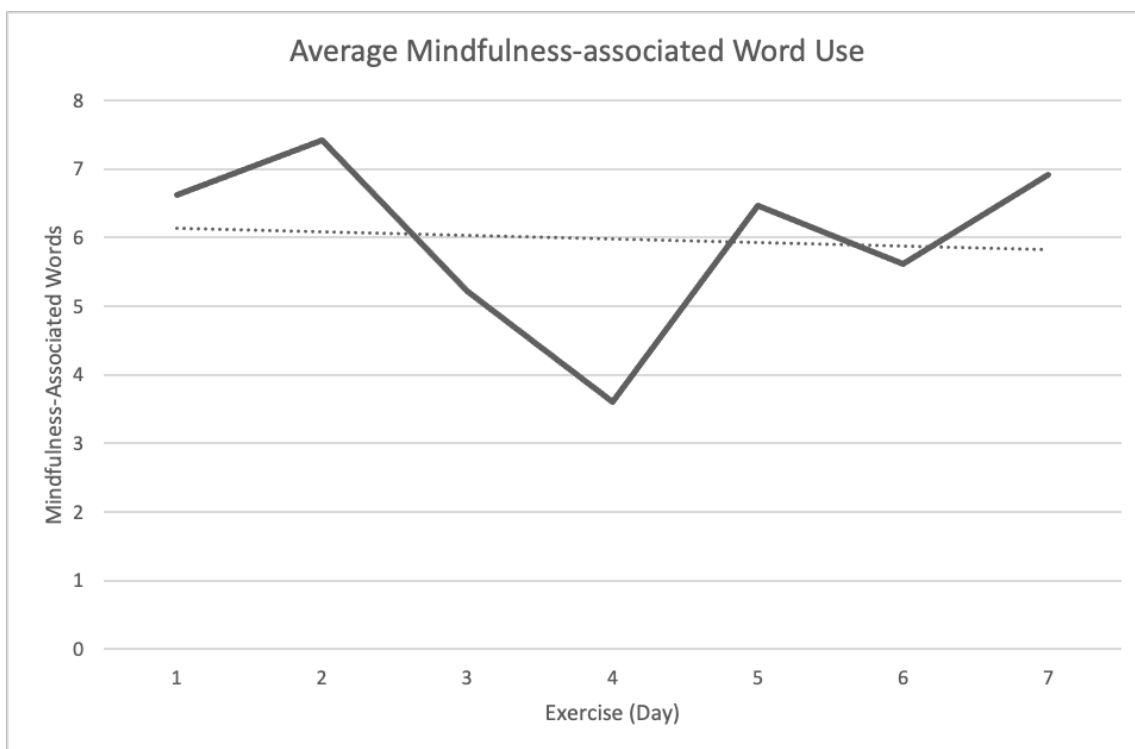
There is a sense of a new possibility of talking to herself with kindness, even after only two days’ practice. It seems that using a mirror *can* aid the experience of self-compassionate mantra meditations, but that they can be equally distracting and disruptive of the process. As such, any recommendations to use a mirror as part of a psychological intervention must consider whether this is appropriate, and further studies must explore *for whom* a mirror might be especially helpful.

5.6 LIWC-22 and Statistical Analysis: Mindfulness Dictionary (Collins et al., 2009)

Since mindfulness is paired with self-compassion and this intervention was meditation-based, it is expected that practising mindfulness for a week would improve baseline levels of mindfulness which would be visible in narrators’ increased use of mindfulness-associated words. Given that the previous narrative inquiry suggested that the mirror was a point of reflection as well as distraction, it is useful to ask whether the mirror impacted this in any way.

For a full table of results, please see Table 1 in Appendix. Results are percentages of words of the Mindfulness dictionary in participants’ entries. Days two and seven exhibited the highest average Mindfulness-associated word use (7.42 and 6.92 respectively), with Day 4: Feeling Loved the lowest (3.61). Laurie had the highest average across the seven days (8.40), whereas Ewan had the lowest (4.33). The Mirror group’s average was 5.16 whereas the Control was higher, with 6.66, suggesting that the mirror may have been a

distraction from being more mindful. There was no significant trend of increased Mindfulness-associated words over time, but a slight decrease, illustrated below:



1 = Feeling Seen, 2 = Acknowledging Suffering, 3 = Feeling Heard, 4 = Feeling Loved, 5 = Acceptance, 6 = Common Humanity, 7 = Bringing it Together.

Figure 6: showing average Mindfulness-associated word use over time

To test the significance of difference between the two groups' averages, I completed an independent samples t-test (confidence = 95%). The two samples were Mirror group (35 entries), Control group (42 entries). The null hypothesis was that *the difference in means was a result of random chance*. The mean for Mirror group was 5.16 (SD=3.24) and 6.66 (SD=2.91) for Control. Levene's Test demonstrated that the variance between groups was not homogenous ($p = 0.891$). The two-tailed $p = 0.039$ (<0.05) and Cohen's $d = 0.487$.

These findings suggest that there was a statistically significant difference between the percentage of Mindfulness words used in the Mirror versus the Control group (the Control group used more). The null hypothesis can therefore be rejected. This also suggests that,

as found in the Narrative Inquiry, the mirror tended to discourage mindfulness by its confronting qualities, compared with those in the control group who had fewer distractions and a greater emphasis on mindfulness with eyes closed.

2b. Self-Discovery

In the Control group, the intervention provided narrators with a sense of self-discovery, enabling them to offer themselves compassion in ways they had not started with. This suggests that exercises where a person is asked to repeat statements about themselves *to themselves* can have an impact even with their eyes closed. This is important considering the intervention was developed with the mirror in mind, confirming the second hypothesis – that self-references will be more compassionate in both groups – and provides a finding which has relevance to any therapeutic practice involving mantra meditations.

For example, Alice grew into the week's practices with her final day journal more energised than others, having discovered new ways of interacting with herself:

Alice: *"I really found myself discussing and chatting with myself throughout it... I really found myself connecting with myself and really feeling like I was conversing with myself, and this is something I wish to keep up with."* (Day 7: *Bringing it Together*, 89-95)

This sense of discovery was also evident in Amanda's narrative:

Amanda: *"[T]his only takes moments in your mind but is a powerful way to connect with yourself. It's like having a supportive friend with you at all times. Nice!"* (Day 3: *Feeling Heard*, 27-29)

Similarly, Marika discovered parts of herself through “allowing” (Day 4: Feeling Loved, 72) herself to feel emotions in ways she had not done previously, noticing on Day five (*Acceptance*) that she “felt much more grounded, more solid in my body” (94-95). For Carmen, this intervention enabled her to integrate parts of herself in a narrative which built upon each day’s previous episodes. She began by introducing her “inner parts who appeared in front of [her] as soon as [she] said ‘I see you’ for the first time” (Day 1: Feeling Seen, 9-10); then, on Day two (*Acknowledging Suffering*), her “whole lineage” appeared (18). We get to know them more intimately:

Carmen: *“The second set, connected more with my inner child and teenager, who felt grateful listening to my words. By the end, I connected to my young adult, who broke into tears just by feeling listened to. It was very moving and emotional.”* (Day 3: *Feeling Heard*, 27-30)

She continued the next day:

Carmen: *“I connected yet again with my inner child, teenager, and young adult... There was a warmth to it, and my inner parts believed it. My young adult appeared very serious, but I got the impression or the feeling, that she needed to hear it[.]”* (Day 4: *Feeling Loved*, 34-37)

Carmen’s young adult then changed and “was more present and receptive than ever before.” (41). Thus begins a powerful integration of Carmen’s parts who, finally, “all sat in circle... At the end, we become one” (43-44). The meditations made no mention of ‘parts’ or of visualising, so Carmen’s decision to do this was intuitive, suggesting that, as an experienced meditator, she was able to use this intervention to her benefit, demonstrating their strength in supporting self-discoveries. Alice also found herself initially imagining “a younger version of me” (6-7), as did Marika who involved her “inner child” (18).

2c. The Inner Critic

This intervention highlighted that most narrators were struggling with some part of themselves who did not believe or accept the idea of self-compassion. It was invariably called the “inner critic” or “negative voice”. Speaking compassionately to themselves appeared to be a way for them to soothe this part with kindness and understanding. Of importance for Counselling Psychology is that this intervention seemed to be capable of supporting people’s ability to both *identify* and soothe negative self-talk, both of which are aspects of self-compassion.

Alice, for example, acknowledged herself as her “harshest critic” (Day 7: Bringing it Together, 97) but also called on herself to be her “biggest fan” as it is “much more helpful” (97-98). This was on Day seven (*Bringing it Together*), suggesting that she had found a part of herself who could respond to her critic through the week. Similarly, Marika narrated an exchange between self-critical and hopeful parts of herself:

Marika: *“I am finding my inner critic is being harsher than usual, although in one way I feel rightly so. It is telling me I am getting it wrong.” (Day 5: Acceptance, 79-81)*

Marika then describes how she felt able to match this inner criticism:

Marika: *“I noticed that my language spoken and internal included quite strong and adamant self-compassion, as if the old critic was equally matched, firmly but gently.” (Day 6: Common Humanity, 112-114)*

Marika encounters her inner critic and finds that she can match it, suggesting that these practices have enabled her to be a better support for herself. In other stories, the inner critic was more imposing. Lisbeth writes:

Lisbeth: *“It feels odd talking to myself – sometimes my brain answers back. It doesn’t want me to accept me.” (Day 5: Acceptance, 42-43)*

This may be the same part who is “so ingrained” (61) that talking self-compassionately doesn’t reach it. Lisbeth’s ‘inner critic’ also appears in the form of very high expectations on herself – something which these practices have helped her to identify:

Lisbeth: *“I think...this week has reminded me... that I am very hard on myself. I expect me not to be weak or fallible... I realise that I expect more of me than of anyone else.”*
(Day 7: *Bringing it Together*, 64-66)

Similarly, Laurie describes her “default” (71) way of responding to her suffering as, “get a grip” on Days one (9) and three (45):

Laurie: *“Acceptance is a difficult area for me... My default has been to criticise myself for not being ‘normal’[.]”* (71-73)

Throughout Laurie’s story, there is a battle between her willingness to be compassionate and the parts which fight back. She weaves a moralistic tale within her second day’s practice:

Laurie: *“I am conscious of not allowing my self-compassion and empathy to develop into self-pity which has happened previously in my darkest moments[.]”* (Day 2: *Acknowledging Suffering*, 23-24)

Whether Laurie felt compassionate fluctuated through the week’s practices. For example, on Day three (*Feeling Heard*), she resonated strongly with the mantra “I hear you” and writes compassionately about herself:

Laurie: *“I have a real desire to understand my emotions, and by allowing the pain to be recognised, the intensity was released to some extent. The panic returned later in the day but I took the opportunity to tell myself that it was ok and that I was safe.”* (Day 3: *Feeling Heard*, 40-43)

Laurie reassured herself after this practice, but on Day four (*Feeling Loved*), switched quickly between self-compassion and then becoming somewhat doubtful:

Laurie: *“I find it difficult to smile. In this practice I adopted a soft stance and openness to whatever came up.”* (53-54) and *“I’ve never really felt that I was good enough or loveable...”*

Love comes in different forms: my sister, my friends... I'm at a loss[.]” (Day 4: Feeling Loved, 64-67)

Laurie demonstrates that this intervention is an opportunity to reflect on one's relationship with oneself. This may not necessarily result in easy, positive feelings, but in loss and confusion as one identifies how negatively one's self-talk can be. For Laurie, there is evidence for genuine encounters with a compassionate part of herself who softened her inner critic:

Laurie: *“I now recognise that I'm allowed to accept and have a caring self-compassionate approach to me.” (Day 6: Common Humanity, 85-86)*

Gladys' encounters with herself similarly included the acknowledgment that self-compassion did not feel right:

Gladys: *“It was as if I couldn't believe me and take it seriously...Maybe I don't have enough respect for myself.” (Day 1: Feeling Seen, 5-7)*

Like Laurie, Gladys switches back and forth between commitment and withdrawal in her narrative; on her second Day's practice, she becomes hopeful: “Took [her]self more seriously today... Realising I tend to be hard on myself” (Day 2: Acknowledging Suffering, 12-14). Taking herself (and the practices) more seriously, a new insight emerges: that she “tend[s] to be hard on [her]self” (14), suggesting that this intervention can support people in recognising their negative self-talk.

Ewan also acknowledges that he has standards which are “unreasonably high a lot of the time” (Day 5: Acceptance, 84-85):

Ewan: *“I am my own harshest critic. In fact, if another person criticised me as harshly as I criticise myself, I just wouldn't stand for it. I wouldn't take the way I speak to myself from another person.” (Day 5: Acceptance, 82-84)*

It seems that the intervention helped him to identify this more clearly. Alice also describes this from a third person perspective, but seems to describe herself, and what this intervention has helped her to identify about her self-talk:

Alice: *“A lot of the time I feel that we judge ourselves against others and feel that while other people are perfect, we are not... This is what these sessions have helped me realise so far and that the mistakes I make are not to be ashamed of but are to be accepted and loved because they make me.” (Day 5: Acceptance, 76-86)*

This further suggests that this intervention can help people to identify the ways they speak negatively or overly critically of themselves. Marika’s experiences also support this in that she recognised through the week that she tries to “parent perfectly” (Day 5: Acceptance, 83):

Marika: *“I think the realisation of perfectionism pervading every aspect of my life has come about through this week’s work, at least in part.” (97-102)*

Similarly, Gwen recognised that she is “not doing enough... I am running out of time and yet I continue to waste it” (Day 6: Common Humanity, 135-136). She then describes how compassionate self-talk – when spoken out loud – can soothe this sort of self-judgment:

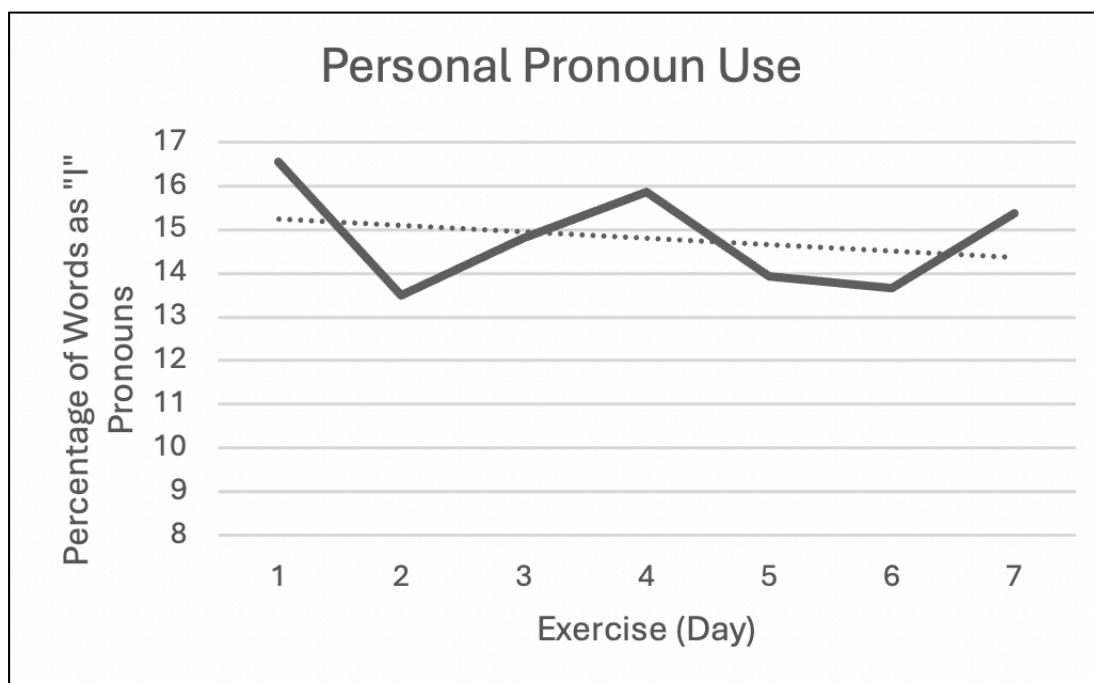
Gwen: *“Telling myself that this is OK, that we’re all just doing our best and that we’re only human felt good. I guess realising these feelings are not unique to me felt freeing.” (Day 6: Common Humanity, 141-142)*

This intervention is therefore of use for Counselling Psychologists who want to support their clients in identifying ways that they can be critical of themselves and offering ways out of this via self-compassion.

5.7 LIWC-22 and Statistical Analysis: First-person Pronoun Use

The use of first-person singular pronouns (“I”, “me”, “myself”) can be measured in LIWC-22. Their increased use was found to be related to better outcomes in therapy by Van Staden and Fulford (2004) and Priest (2013). In this intervention, it would be expected that focusing on self-compassion and meditation over the course of a week might result in increased self-focus and, therefore, use of personal pronouns.

Across the sample, however, there was a general decrease in personal pronoun use, as shown below:



1 = *Feeling Seen*, 2 = *Acknowledging Suffering*, 3 = *Feeling Heard*, 4 = *Feeling Loved*, 5 = *Acceptance*, 6 = *Common Humanity*, 7 = *Bringing it Together*.

Figure 7: showing changes in First-Personal Pronoun use over time across the sample

Days one, four and seven exhibited the highest averages with 16.55, 15.87, and 15.37 respectively. Gladys had the highest personal pronoun use on Day seven (*Bringing it Together*) with 25.49 and the highest average overall (19.29). On Day five (*Acceptance*), Josie had the lowest personal pronoun usage at 5.0, and the lowest overall average was Marika with 12.69. This suggests that an intervention of this sort does not increase personal pronoun use, despite its focus on self-talk and referring to oneself by name. While it might be expected that personal pronoun use would increase over time as narrators become more compassionate toward themselves, these findings suggest personal pronoun usage is not necessarily linked with increased self-compassion.

To assess the significance of the difference between the groups, I conducted an independent samples t-test. The null hypothesis was that *the difference is a result of*

random chance. The averages in both groups were: Mirror = 16.17 (SD=3.82) and Control = 13.68 (SD=3.44). Given that Levene's Test $p = 0.217$, homogeneity cannot be assumed. Therefore, the non-homogenous, two-tailed $p = 0.004$ (<0.05). The Cohen's $d = 0.688$, suggesting a medium effect size.

The results demonstrate that the differences between the two groups in terms of personal pronoun use was statistically significant; the narrators in the Mirror group used a significantly higher number of first person singular pronouns compared with the Control group. The mirror therefore had a significant impact in terms of increasing personal pronouns, potentially as a result of a greater focus on themselves through focusing on their reflection. This has implications for Counselling Psychology since the increased use of personal pronouns is related to increased agency and certain wellbeing outcomes (e.g., Goulding, 1996; Mühlhäusler and Harré, 1990; Priest et al., 2016).

3 Agency

This intervention enabled narrators to sort through their feelings and, importantly, their beliefs about themselves. When certain phrases felt appropriate to them, narrators adapted these to include as part of their daily routines or emphasised them in ways the meditation did not ask, suggesting that this form of meditation may be especially useful in encouraging an increased sense of agency. Similarly, when statements were incongruent to their feelings or beliefs, this led to a strengthening of what they *were* feeling, again, supporting a sense of agency through confirmation of self.

3a. Sifting and Sorting

Repeating phrases about themselves out loud had a sorting effect on their feelings and beliefs. It seemed to allow narrators to consolidate what they *were* feeling either by confirming what they were not feeling or through resonance with certain statements. At times, this led to insight or change. For example, Alice wrote:

Alice: “[I]t was interesting to see what resonated with me and what I knew was not how I was feeling. This allowed me to sort out how I really felt about myself[.]” (Day 6: *Common Humanity*, 73-75)

The meditation on Day six (*Common Humanity*) helped her to clarify her feelings. Ewan found Day six to be “awkward at times” (99), which encouraged him to choose more appropriate language:

Ewan: “I really resisted the idea of suffering and hurting. I get what it means...I just think it’s the language that I had difficulty with. ‘Frustration’ is probably a better word for me[.]” (Day 6: *Common Humanity*, 99-101)

Gwen’s experiences also demonstrate this sorting effect:

Gwen: “I was interested by the fact that, when repeating the statements about having struggles in my life, this felt like a lie. While I do have baggage from my earlier life, as we all do, I am so much more fortunate than most.” (Day 2: *Acknowledging Suffering*, 51-54)

Chiara described a similar feeling, finding it “hard to resonate with ‘suffering’ today” (16). She made a post-script comment about this:

Chiara: “The word ‘suffering’ conjures up images of war and poverty – for me – or loss of loved ones. So it felt inauthentic to use the word towards myself at present.” (Day 2: *Acknowledging Suffering*, 24-25)

This also suggests that this intervention had a confirmatory effect on narrators’ sense of themselves by supporting them to confirm what they believe (or do not believe) about

themselves. Amanda, for example, described how she imagined others in a different position might find certain statements difficult:

Amanda: *“I know you are in pain’. This is true for me but I did think of others who may actually be feeling fine at this time.” (Day 2: Acknowledging Suffering, 14-15)*

Gladys may count herself as one such person on Day five (*Acceptance*), disagreeing with the idea of acknowledging previous mistakes:

Gladys: *“I couldn’t relate to a lot of the exercise today. I’m not sure I see mistakes to me. They’re opportunities to learn and grow. There are obvious aspects of myself I’d like to be different but I don’t see them as failures.” (Day 6: Common Humanity, 39-41)*

This sense of incongruence at certain statements or phrases was also matched by narrators’ sense of resonance with others, where it seemed that a meditation came at an appropriate time, suggesting that meditations of this sort may be better used in response to certain feelings:

Chiara: *“I found this session the most apt and connected to... I also felt calmer looking at myself today and less distracted, possibly because this felt more ‘real’ to me.” (Day 6: Common Humanity, 65-71)*

In a similar vein, Gwen described how the statements on Day four (*Feeling Loved*) were particularly powerful and “genuine” due to their applicability:

Gwen: *“I punish myself less when I make a mistake and I have compassion when I’m not feeling or being my best self. Because of this, the statements I made today felt genuine.” (Day 4: Feeling Loved, 92-96)*

Gwen’s story also included a sense of resonance with another meditation, again perhaps because it was more applicable than others:

Gwen: *“Out of all the practices so far, this one perhaps resonate the most.” (Day 6: Common Humanity, 129-131)*

In a different way, Marika wrote on Day six (*Common Humanity*) about timing – which she relates to a greater power than herself:

Marika: “[T]his week seemingly occurring at an interesting time! Oh wise universe... As if, somehow, the universe had read my reflections yesterday!” (Day 6: Common Humanity, 114-117)

Even for Lisbeth, who seemed to have a challenging experience throughout her week of practice found that one of the meditations was particularly applicable to her and with which she “resonated” (Day 6: Common Humanity, 51):

Lisbeth: “Today I cried a little; it was the part of the introduction which talked about ‘lack of choice’. It resonated with me as I most certainly didn’t choose the awful situation/s I found myself in[.]” (Day 6: Common Humanity, 51-52)

Here, Lisbeth was moved to tears at Day six’s (*Common Humanity*) meditation, which related to common humanity. This, and the above examples, demonstrated that the intervention had a powerful sorting effect, enabling them to confirm what is true for them in terms of their feelings and beliefs. This has clear relevance for the discipline of Counselling Psychology in that they could be offered as exercises as part of therapy or as preparatory therapeutic work to help clients get to know themselves better.

3b. Adaptations and Affections

Building on the above finding, this intervention also seemed to promote a greater sense of agency among many narrators, which is said to be a key component of self-esteem (Deci & Ryan, 1995). Many narrators described adapting the meditations to suit themselves better and even described unprompted acts of self-compassion. Lisbeth, for example, was one of several narrators who offered themselves a compassionate or loving gesture, such as a hug or a smile:

Lisbeth: “As I repeated the phrases, I felt a desire to give myself a hug whilst saying them, so I wrapped my arms around myself and held ‘me’ while I spoke. This felt good and the right thing to do.” (Day 4: Feeling Loved, 33-35)

This is an unprompted act of compassion – none of the recordings included instructions such as hugging. That she *chose* to do this on a day where she also struggled to feel that she loved herself (“I am not so sure that I am [loveable]” (36-37)) suggests that she was still able to offer compassion by choice – an agentic act. Lisbeth was not alone in this:

Marika: *“I felt calmer after I had done the meditation, I found myself smiling, and I put my hand on my heart instinctively.” (Day 7: Bringing it Together, 133-134)*

Laurie also offered herself numerous gestures of kindness, unprompted:

Laurie: *“I gave myself a hug and was gentle with my approach to me” (Day 2: Acknowledging Suffering, 26).*

Then again on the next day:

Laurie: *“I recognised that I had been hard on myself and hugged myself through the meditation.” (Day 3: Feeling Heard, 38-39)*

And the next:

Laurie: *“I hugged myself as I repeated the sentences and with real feeling said, ‘I love you, [name]’. This provoked a flood of tears but I continued through the meditation.” (Day 4: Feeling Loved, 53-55)*

And, finally, another two hugs on Days 5 and 7. Indeed, on Day 5: Acceptance, in addition to hugging herself, Laurie added an extra sentence which was not included as part of the meditation, to good effect:

Laurie: *“I actually added a sentence with a hug whilst meditating. I said, ‘I am enough’. Tears on release of tension again.” (Day 5: Acceptance, 89-90)*

This was one of several examples where a narrator chose to add extra statements into their meditations and suggests that this intervention enabled some narrators to sort through their feelings and offer themselves self-compassion *by choice*:

Alice: *“I have found myself repeating certain phrases again after the first mention when I feel inclined to do so. Repeating ‘I do’ and ‘I will’ an extra time almost making sure I know*

that I will try, and I am promising to do my best to better the way I speak about myself.”
(65-68)

She then wonders if she might even continue in future:

Alice: *“I have felt a lot calmer and more centred as a person after these and would love to continue... but in a more general day to day mantra or motto that I can converse to myself when I feel I need to.”* (98-101)

For Alice, using mantras such as these seem to be best used when she creates them for herself and in response to need. This represents a sense of agency in terms of taking responsibility for her own wellbeing. Marika also demonstrates a sense of agency:

Marika: *“I chose to do the self-compassion exercise earlier today so that it might help me with the rest of my day[.]”* (Day 5: Acceptance, 88-89)

Lisbeth chose to replace a word:

Lisbeth: *“Today I chose to replace the word ‘you’ in the narrative with ‘I’ to make it more personal when I spoke. I found it felt powerful using ‘I’, me addressing myself directly and it helped to own the words.”* (54-56)

Moreover, Chiara’s decision to close her eyes during some of the meditations helped her to “resonate with the words” (58) better. Similarly, Amanda’s decision to use her journal as a diary led her to feel that the whole process was therapeutic:

Amanda: *“Yes, meditation brings stuff up and then if you journal, it comes out. Free therapy!”* (Day 7: Bringing it Together, 85-86)

It could also be said that Gladys’ refusal to say many of the statements out loud until the third day is also demonstrative of a sense of agency, which could be construed as being compassionate towards herself:

Gladys: *“First time I have spoken aloud. I took a pause more after each statement to allow it to sink in.”* (Day 3: Feeling Heard, 19-20)

Similarly, Carmen’s use of the intervention to support her visualisation practice is an example of her sense of agency; Ewan changed some of the language he disagreed with

on Day six (*Common Humanity*), and Sasha, similar to Carmen, imagined herself with her inner child, all without prompt. Overall, this intervention seemed to encourage narrators to sort through their feelings and make choices for themselves about how they engaged with themselves.

5.8 LIWC-22 and Statistical Analysis: Self-Determination/Self-Talk Dictionary (Oliver et al., 2008)

Following the above finding, I explored word use around autonomy. Oliver et al.'s (2008) LIWC-22 dictionary included words which reflected controlling or autonomous self-talk. Their Self-Determination dictionary was created to explore the effects of social-contextual conditions on the content of participants' self-talk. They were influenced by self-determination theory (SDT: Deci and Ryan, 1985, 1991), which argues that human motivation is founded on the meeting of innate psychological needs, such as autonomy. For results, please see Tables 4 and 5 in Appendix.

Carmen and Gladys had the highest average Controlling-word use scores (1.9 and 1.6), whereas Chiara and Amanda had the lowest (0.0 and 0.1). Days six and one had the highest average scores (1.3 and 1.1), with Days three and five the lowest (0.3). For Autonomy-associated words, Josie and Laurie had the highest scores (0.7 and 0.6). Chiara and Alice had the lowest (0.2). Days one, six and seven had the highest average Autonomy-associated words (0.6) and Days two, four and five had the lowest (0.3).

In the two figures below, it is possible to see the down trend in average Controlling-related words and slight upward trend in average Autonomy-related words. This suggests that an intervention of this kind can improve participants' autonomy-related language and reduce controlling-related language, which has implications for Counselling Psychology in developing tools for clients to improve their sense of agency.

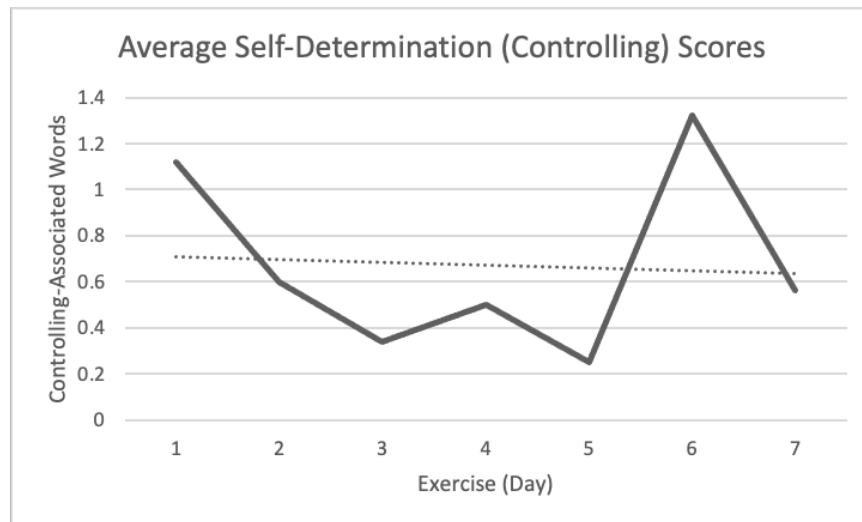


Figure 8: Average Self-Determination (Autonomy) Scores

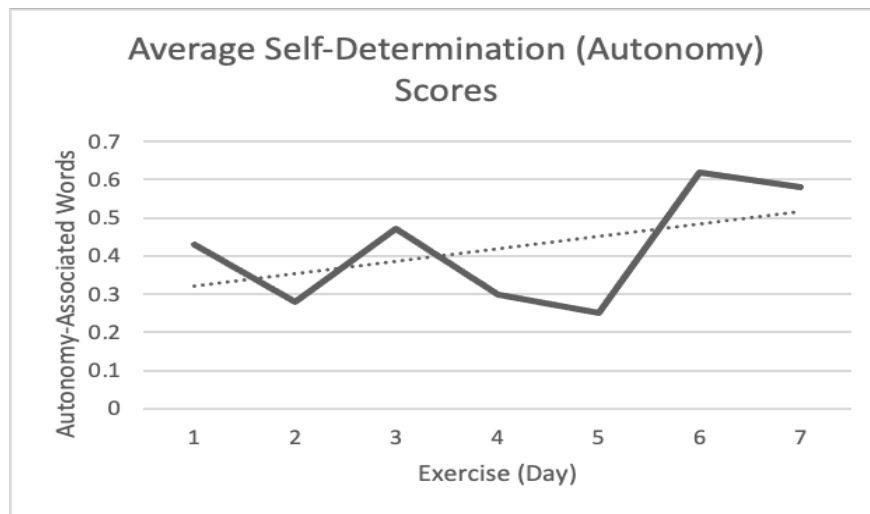


Figure 9: Average Self-Determination (Controlling) Scores

To test for differences between Mirror and Control groups on both Autonomous and Controlling language, I completed an independent samples t-test (confidence level 95%). The null hypothesis was that *the difference in means was a result of random chance*. For Autonomous words, the Mirror group mean was 0.45 (SD=0.85) and 0.45 in the Control (SD=0.63), therefore there was no difference in averages. For Controlling words, the Mirror group mean was 0.73 (SD=0.99) and 0.65 (SD=1.60) in the Control. Therefore, the two-tailed $p = 0.79$ (>0.05), suggesting that the differences in Controlling words was not significant.

6 Discussion

6.1 Overview

The purpose of this research was to explore the impact of the use of a mirror on self-compassion during mantra-style meditations. The three research questions and hypotheses were:

1 How do self-compassion scale (SCS) scores differ between Group 1 and Group 2?

H₁ *Mirror scores will improve more than control.*

H₀ *There will be no difference between groups' self-compassion scale scores*

Due to an insignificant statistical difference between group SCS scores, the null hypothesis could not be rejected.

2 How, if at all, do participants' self-references change over the intervention in both groups?

H₁ *Self-references will be more compassionate in both groups*

H₀ *There will be no difference the degree of self-compassion in self-references*

In both groups, there was evidence for self-references generally increasing towards being more compassionate overall, so the null hypothesis cannot be rejected because there *was not* a discernible difference in the degree of self-compassion in self-references between groups.

3 How did participants' write about their experiences? Describe the ways in which their written reflections change over time, if change is discernible.

Finally, there was some evidence for discernible change in narrators' written reflections across both groups. Generally, narrators wrote about their experiences in diverse ways, some of which were expected and some which were not. The findings will be discussed

in more detail regarding their implications for research and practice, beginning initially with discussion of key findings, followed by discussions of findings by theme.

6.2 Key Findings

This is the first study – of which I am currently aware – which demonstrates that specifically *verbalising* self-statements increases mindfulness-associated language use, and overall seems to positively impact self-narratives (as explored in the Narrative Inquiry). Verbalising during meditation seemed to help narrators to ‘own’ their statements rather than provide distraction from the meditative state. This suggests that self-talk spoken aloud rather than simply thought, was more impactful in increasing mindfulness-associated words than the same process carried out in front of a mirror. Related research involving speaking compassionately towards oneself during a Gestalt two-chair exercise (Kirkpatrick, 2005) also involved *verbalising* self-compassion, but this was in the context of a therapeutic relationship, rather than alone or with a mirror. Interestingly, neuroscientific research has shown that one’s own voice has unique, potentially positive effects on emotional regulation compared with others’ voices (Jo et al., 2024). Further research might explore the differences between verbalising and thinking self-compassionately.

It was further found that repeating first-person singular statements out loud, with eyes closed, while in meditation, led to a higher increase in both Compassion- and Mindfulness-language use than using a mirror, something which was also statistically significant. At issue is whether Mindfulness-associated word use is a predictor of actual mindfulness or compassion. The mindfulness dictionary used was created by Collins et al. (2009). They demonstrated that a mindfulness-based relapse prevention (MBRP) programme for adults with substance use disorders was more successful in increasing mindfulness-associated language than those completing a 12-step programme, and that mindfulness-associated language use predicted fewer days of relapse during a 4-month

follow-up, suggesting that mindfulness language use is also a predictor of actual mindfulness. This and my finding is supported by, and seems to validate, previous research regarding the links between language use and psychological states (e.g., Pennebaker and King, 1999; Pennebaker et al., 2003). This is an important finding for the practice of Counselling Psychology since meditations of this nature may reasonably be offered in services to support therapeutic aims.

Of course, writing after each exercise may also have been involved in increasing participants' mindfulness-associated word use. Moore and Brody (2009) have shown that, when asked to write about traumatic or daily events over three days, participants who wrote about daily events demonstrated increased association with self-accepting aspects of mindfulness compared with the other writing group, suggesting that self-disclosure narratives which focus on the present are associated with improved mindfulness skills. This intervention asked narrators to write about their experiences immediately after completing each exercise, which is similarly 'present moment' in nature, and may support Moore and Brody's (2009) finding. Future studies may wish to include a further group who are asked to complete the intervention without writing a diary to explore the impact of writing on improving mindfulness-associated language.

According to both the Narrative Inquiry and the LIWC analyses, the mirror seemed to be somewhat of a distraction from both mindfulness and self-compassion as seen in narrators' lower use of lower mindfulness and compassion-associated language use than the Control group. It did not cause narrators to lose any benefit of self-compassion, but it did appear to be distracting, and therefore had a limiting effect. Since all narrators across both conditions completed diaries after each exercise, it is likely that it was the presence of the mirror which mediated language use than the diary. This was an unexpected finding since it was hypothesised that the Mirror group would exhibit higher self-compassion than the Control group, in-keeping with Petrocchi et al. (2017).

The findings also suggest that more nuance and greater care than some authors may attest is needed when using a mirror during meditation. Not only did it serve as a distraction, but in some – not all – cases, it was also too confronting for narrators. This

has implications for Louise Hay's *Mirror Work* (2016), and for Well (2022) and Carmelita and Cirio (2022). These authors generally argue that being loving and compassionate towards oneself in a mirror can have powerful, positive effects on one's relationship with oneself, with Dr Carmelita's mirror therapy website declaring that the "mirror is the answer" (from Mirror Psychology website, 2024). While I am not directly suggesting that popular mirror-based interventions are dangerous or unhelpful, I am arguing that the finding demonstrates that further research is greatly needed in this area to ensure the ethical and evidence-based use of a mirror within therapeutic conditions. There were clearly several differences in my research and the interventions offered by the three sources, especially that the participants involved in this intervention were unsupervised. However, even among a sample of generally experienced meditators, using a mirror was not as beneficial as expected, and in some cases, appeared to be a distraction from practising mindfulness and self-compassion.

This finding does not necessarily negate the impacts mirrors can have on a person's relationship with themselves when used in this way. It may instead have led to an increase in introspection, which suggests that the mirror may be more useful at invoking a different state to that which was induced in the Control group. Had the participants instead been under greater experimental control and asked to 'mirror gaze' quietly and then complete the meditation in the same way as the Control group, there may have been different findings, as the use of a mirror from the onset, without much 'easing-in', may have been too jarring. Further research is needed in this area.

With or without a mirror, there was evidence that participants experienced increasing feelings of compassion for themselves. Despite this process being a novel experience for most participants, this finding builds on existing research that compassionate self-talk can improve one's sense of kindness and empathy towards oneself, which, in turn, can have wide-ranging benefits (Neff & Germer, 2017; MacBeth & Gumley, 2012; Neff, 2012; Neely et al., 2009). This study further found that compassionate self-talk sometimes led to physical shifts in narrators' emotional experiences, ranging from subtle to profound. This may relate to compassionate language and meditation acting in tandem as a way for

narrators to feel safe enough to explore any challenging emotions during their meditations, since being in meditation is generally known to support closer contact with one's inner states (Eberth & Sedlmeier, 2012) and speaking compassionately is also related to soothing one's nervous system (e.g., Vidal & Soldevilla, 2022). This is important for Counselling Psychologists who use compassion-focused therapies in that it maintains that compassionate language and the use of one's voice are important in improving wellbeing outcomes – both of which can be encouraged and supported in therapy or through psycho-education.

An intervention of this sort is useful for Counselling Psychologists and related professions in providing ways for people to invoke self-compassion and practise mindfulness meditation over the course of a week. It could, foreseeably, be adapted for different settings and clinical populations with the appropriate further research and application protocols, adapting length of practice, meditation types and meditation themes, all being interchangeable for different purposes. This is especially useful since higher levels of self-judgment, criticism and negative self-talk tend to predict more severe psychological difficulties such as depression, anxiety and eating disorders (Warren et al., 2016), and any intervention which involves pro-active participant engagement outside therapy may contribute to the reduction of over-saturation of mental health services (e.g., CQC, 2023).

6.3 The Mirror

Overall, the mirror was found to be a hindrance in the intervention, despite there being some stand-out experiences which were clearly positive. Those in the Mirror group may have found the mirror distracting simply because of the presence of their reflection providing intrigue (e.g., Rochat and Zahavi, 2010). Moreover, since the six members of the Mirror group (minus one who was not able to finish the whole intervention) were all experienced practitioners of mindfulness or meditation, it is possible that the presence of the mirror was distracting simply because they were all used to the 'common' method of

meditating: with eyes closed. This was mentioned by Chiara who gave a useful piece of feedback in her journal which has implications for why a mirror *may* be powerful in the eyes of popular authors of mirror interventions:

Chiara: *"I found it easier...without looking at myself when I wanted to resonate with the words. This may be as I have learnt to meditate with my eyes closed so my brain is jumping around more when eyes are open."* (Day 5: Acceptance, 57-60)

Perhaps a mirror is likely to be *more useful* to someone who does *not* have significant meditation experience or training, and so is less jarring against an already embedded, 'eyes-closed' practice of meditation – something which may be producing a 'novelty' effect in mirror-focused therapies. Further research involving two separate groups under different conditions may be able to explore this as it would have use in assessing who would be more likely to benefit from using a mirror than others, and whether the mirror is useful by its novelty for those who are not experienced in mindfulness practices. Equally, the use of a mirror may simply have triggered narrators to view themselves as *others*, a phenomenon theorised to relate to the same neurological mechanisms we employ when looking at others' faces (Decety and Sommerville, 2003; Uddin et al., 2005; Bretas et al., 2021; Tramacere, 2022), something which may have led to difficulty in connecting compassion to their mirror image, rather than for those who were in the Control group. This runs counter to one of the arguments offered by Petrocchi et al. (2017) who suggested that mirror neurons may be more activated during compassionate mirror-gazing. Further research is needed in this area for mirrors to be ethically and safely used in therapeutic settings.

It could also be argued that the distracting element of the mirror was actually its ability to be confrontational, which does not necessarily mean that narrators were less mindful or less self-compassionate than their counterparts. Rather, it may be that the mirror was activating something different in them than the Control group. For example, there are numerous studies which demonstrate that mirrors increase both self-focus – simply by reflecting ourselves back to us (Davis & Brock, 1975) – and self-objectification (Frederickson & Roberts, 1997; McKinley & Hyde, 1996; Calogero et al., 2009). The latter

phenomenon relates to the ways that our society, at least in the global West, places an emphasis on our physical appearance, exaggerating through popular media, advertising, social media, and indeed social group expectations, that we must aspire to look like certain gendered or sexualised ideals. This is especially pertinent for women who are generally exposed to more social standards than men and is the reason I chose to include the Appearance Anxiety Index (AAI) as part of the recruitment process, to ensure that those with a pathological need to self-objectify were excluded from the study. Self-objectification has been shown to increase shame, negative emotions, and can reduce awareness of one's bodily sensations (Saunders et al., 2024) – these are almost exactly the inverse of mindful self-compassion. This may explain why those in the Mirror group seemed to struggle to be as mindful as those in the Control group; they had engaged different parts of their brain which increased self-objectification.

Moreover, it may be that becoming habituated to the mirror – one of the major mechanisms of change in Mirror Exposure Therapy (MET) and possibly in an intervention of this sort – is not something which necessarily happens over the course of seven days but takes longer. Louise Hay's *Mirror Work* (2016), for example, comprised 21 days of exercises, and numerous MET studies for both clinical and non-clinical populations have demonstrated that 'brief' gazing in a mirror *increases* body dissatisfaction and distress in both men and women (Veale et al., 2016; Murray et al., 2012; Windheim et al., 2011), whereas when gazing for over 30 minutes, body dissatisfaction and distress tends to decrease (Shafran et al., 2007; Vocks et al., 2007), suggesting that timeframe may be an important factor in habituating a person to their reflection. As such, this intervention, which asked those in the Mirror group to look at themselves in the eyes for around 10-13 minutes, may have been too short a time for them to attenuate to their mirror.

Similarly, this intervention made no mention of the mirror during the meditations – it was simply a condition which one group were asked to observe without further explanation or support. This research project essentially tried to "hide" the mirror in plain sight. Future research would do well to implement the mirror in a more active way, potentially within the context of a therapeutic relationship, with different variables and manipulations to

explore its impact both on measurable traits such as Heart-Rate Variability (as in Petrocchi et al., 2017) and qualitative feedback in the form of diaries, interviews, and even case studies. However, in doing so, one would concede some experimental control.

Despite the distracting impact the mirror had on most of the Mirror group, there were signs that the mirror afforded narrators profound self-encounters. Ewan's experience of finding a best friend who had "been there all along" suggested that the mirror was not a totally distracting or unhelpful object. Indeed, it seems to have encouraged similar feelings of self-empathy, self-encounter and "self-confrontation" evoked by Mahoney's (1991, p. 308) use of "mirror-time" in psychotherapy. In mirror-time, "clients look at themselves in a mirror while describing their experience spontaneously or responding to questions about feelings of self-perceptions" (Williams et al., 2002, p. 22). The present intervention may have had a similar mechanism; by talking to himself in confronting ways, the mirror seemed to aid Ewan in being more honest with himself and, therefore, genuine or authentic in the mirror.

This needs further research, however, considering Maaßen's (2014) findings that the presence of a mirror did not impact first-person pronoun use when participants were asked to lie to themselves. This was itself in opposition to the findings of Newman et al. (2003), who found that language use changed towards an increased use of first-person pronouns under similar conditions. Nonetheless, the kind of powerful self-encounter witnessed in some Mirror group narrators is surely to be encouraged and shows that this form of at-mirror meditation does have benefits which require further research. It could be an exercise which becomes part of a therapy programme to improve one's relationship with oneself, and which could lead to helpful, even if confronting, insights for use within therapy or simply as part of an exploration of oneself.

6.4 Self-Talk and Pronoun Use

This intervention seemed to support narrators in identifying negative self-talk and then providing kinder statements to themselves. Self-compassion is said to reduce negative emotional patterns and self-talk through mindfulness and self-acceptance (Neff, 2003), with Leary et al. (2007) arguing that people who invoke self-compassion are better able to create a temporary distance between themselves and their suffering than those who do not use self-compassion. Since this intervention seemed to support narrators in identifying self-talk habits through verbalising self-statements in meditation, it may be further developed to support psychological wellbeing and increase positive self-talk over time, in different settings and with different clinical populations.

The reasons this intervention seemed to support this may relate to the use of first and second-person pronoun statements such as “I love you” or “I am willing to listen to you better”. There is growing evidence to suggest that the ways people engage in self-talk affect wellbeing outcomes. Kross et al. (2014) demonstrated that people who were asked to use *non*-first-person pronouns and their own name during an introspection exercise were better at self-distancing. They defined self-distancing as the “capacity to transcend one’s egocentric viewpoint” (p. 305). This could be said to be broadly similar to the effects of meditation as a way of gaining perspective and quietening the anxious, egocentric mind (Vago, 2014; Riley et al., 2022). Similarly, it also relates to the understanding that people tend to distance themselves from difficult feelings associated with trauma or shame (Alban & Groman, 1976), and that increasing one’s use of personal pronouns may lead to greater responsibility for oneself – as is generally argued in humanistic therapies, such as Gestalt therapy (Hough, 2010). Self-distancing could also be said to relate to the *common humanity* aspect of self-compassion which encourages a view of one’s suffering in a wider context rather than in isolation (Neff, 2003). Moreover, Stapel & Tesser (2001, p. 5) showed that, “enhanced self-awareness was related to the use of first person pronouns”, which may relate to this intervention’s ability to improve participant’s mindfulness language use.

Day six's (*Common Humanity*) meditation focused on *common humanity* and was commonly "resonated with" among the sample. The meditation involved repeating statements about one's suffering in the context of others' suffering and about doing their best within their life situation. This seems to support Kross et al.'s (2014) argument that self-distancing exercises involving referring to oneself using *non*-first-person singular pronouns can help people to "cope with depression and anger related to ruminating over the past [and] social anxiety surrounding the future" (p. 319). Indeed, overall, *first*-person pronoun use decreased over time in this intervention, across the sample (see p. xx for graph). This is potentially related to self-compassion's focus on the reduction of suffering partly through an understanding that some suffering can be caused by an over-identification with one's thoughts or feelings (Neff, 2003).

It may reasonably be expected therefore that first-person singular pronoun usage might decrease with increased self-compassion, owing to a reduction in over-identification with the self as "I". This has positive implications for the clinical use of an intervention of this nature, since the increased use of first-person singular pronouns has been linked to depression through an intense self-focus and over-identification with one's suffering (Rude et al., 2004; Ireland & Mehl, 2014; Edwards & Holtzman, 2017). This intervention may therefore be suitable in situations where self-distancing or wider perspective-taking may be beneficial, as in mindfulness- or acceptance-based therapies (Bishop et al., 2004; Fresco et al., 2007; Segal et al., 2002).

Where this research differs from Kross et al. (2014) is in its finding that the use of personal names could be distracting. Several narrators commented that they were uncomfortable referring to themselves by name, which runs counter to Kross et al.'s (2014) finding that the effects of referring to oneself by name led to improved performance under stress. For some narrators in this study, their name was instead a point of reflection and sometimes discomfort. Even so, that this intervention involved journaling may have encouraged reflection on oneself rather than on 'performing' self-compassion, per se, with some narrators exploring their discomfort at using their name in their journals. It is unlikely that an intervention of this sort would not elicit reflection on feelings, memories, ideas, or

thoughts in narrators – as was unexpectedly the case when they were asked to refer to themselves by name – since names often have numerous conscious and unconscious associations (Seeman, 1983) which may have been easier to access during a meditative state. The use of one’s own name when verbalising self-compassionate statements merits further research as this was an unexpected finding.

It was also found that the novelty of talking to themselves out loud (whether with eyes closed or facing themselves in a mirror) encouraged self-reflection and realisations or recognitions about themselves which were positive – even if, at times, challenging. It may be that being asked to literally talk aloud to themselves enabled narrators to be more flexible about how they viewed themselves by offering a new or “third” perspective – a voice who is talking *to* them *as* them which offered words of kindness or understanding which they were not used to in their everyday self-talk. It has been shown in other research that self-compassion appears to support adaptive identity change during periods of transition (Kullman et al., 2021), and this carries importance for Counselling Psychologists who seek to support clients who may struggle to offer themselves kindness or compassion.

This intervention may also have enabled narrators to step into a new identity briefly and confront previous ideas about themselves which were causing them suffering. This may relate to identity theory (Burke and Stets, 2009), which suggests that people behave in ways which are consistent with their identities. By speaking *aloud* to themselves in self-compassionate ways – which most of the narrators felt was novel, even among an experienced sample of meditators – may have provided them with a practical and new way of relating to themselves. It may also have been that, for some of the sample, the discrepancy between previous identities and those challenged of them by speaking compassionately to themselves was too intense and may have led to some of the distress experienced (e.g., Strachan et al., 2009), further demonstrating that an intervention of this sort must be risk assessed appropriately if being used with a clinical population.

One further point of discussion is that self-compassion has been shown to be ‘contagious’, that is, hearing someone being self-compassionate increases self-

compassion in the listener (Miller and Kelly, 2019). Technically-speaking, narrators were listening to *me* being self-compassionate since I narrated the meditations in a way which would encourage a mindful, self-compassionate stance towards themselves – rather than, for example, speaking in a neutral voice. As such, it could be argued that my demonstrations of self-compassion had something of a ‘contagious’ effect on the narrators. The only method of testing this in future would be to produce two different sets of meditations, one using a neutral voice and the other replicating a compassionate tone as used in this intervention. Even so, it is unlikely that the effect of my being self-compassionate in the meditation was an issue or had a too-significant impact on narrators, otherwise developing self-compassion would be as simple as listening to people who are self-compassionate, and as will be discussed later, most of the narrators wrote about the difficulty of being specifically self-compassionate.

Finally, this intervention had an impact on narrators’ language use towards a slight increase in the use of Negative Emotion words and a slight decrease in Positive Emotion words over the week. This does not necessarily mean that the intervention was experienced as negative, rather it seems to confirm what was found in the Narrative Inquiry – that interventions of this sort can act as a reminder of one’s suffering which narrators may have been less aware of prior to completing the intervention. This is consistent with Kahn et al. (2007) who found that positive emotion words were used when participants journaled about a positive event, and the opposite when journaling about a negative event.

Since self-compassion, as conceived of by Neff (2003), suggests that it is a mindful and kind way of meeting one’s suffering, naturally, it may result in an increased focus on the negative aspects of one’s life situation – one’s suffering. As Smeets et al. (2014, p. 794) suggest: “It is necessary to be mindfully aware of personal suffering to be able to extend compassion towards the self.” This has implications for further research using LIWC-22 alongside any compassion-focused texts since wellbeing does not necessarily equate simply with using more Positive Emotions words, and further demonstrates that a mixed

methodology approach is vital in interpreting quantitative data. Without the Narrative Inquiry, this result may have given an overly-negative view of the intervention.

6.5 Self-love: Warnings

This research demonstrates that, while self-love was a positive experience for some of the sample, leading to reflection and seeming renewal of relationship with oneself, self-love can also be an especially triggering and challenging concept for even experienced mindfulness practitioners. This has potential consequences for Counselling Psychology practice, not least that any meditation involving this concept must be considered carefully and risk assessed, if used with clinical populations. Considering its polarising abilities, self-love meditations of this sort – especially spoken out loud, where this appeared to make the statements ‘more real’ – would likely pose a greater risk to clinical populations who are more fragile or diffuse in self-concept or for whom ‘love’ generally is too reminiscent of its lack during childhood, i.e., those who may be understood as having experienced developmental or childhood trauma. For example, it seems that the self-love meditation provoked memories and reminders of previous relationships with themselves and others, or provoked recognition of their current relationship with themselves, whether loving or not.

As Henschke and Sedlmeier (2023) argue, self-love is controversial and often polarised in the literature and popular culture as either ‘good’ or ‘bad’ – see also Blackburn (2014). Self-love and narcissism are often falsely equated despite there being a relative lack of debate around what constitutes healthy self-love versus unhealthy narcissism (e.g., Freud, 1957). However, when conceptualised positively from a generally Western perspective, as in Hay (2016) or Hamilton (2015), self-love is associated with self-contact, self-acceptance and self-care (Henschke & Sedlmeier, 2023).

These concepts seem to relate closely to self-compassion and may help to explain why the intervention encouraged participants to use the word ‘love’ without prompt before the

word 'love' had been introduced. This was shown via the removal of 'love' from the Compassion dictionary which led to average Compassion scores changing across *all* days, not simply on Day four (Feeling Loved)'s self-love meditation. This may support wider research that self-compassion and self-love are closely related (e.g., Malik, 2021) since self-love induces similar qualities of kindness and care towards oneself as does self-compassion. This has positive implications for Louise Hay's *Mirror Work* which focuses more specifically on 'loving yourself' and merits further attention. That many narrators seemed to respond positively to this meditation, despite those who did not, suggests that speaking in loving ways out loud towards oneself may indeed be a useful exercise for improving your relationship with yourself. Further studies must consider for whom a meditation of this sort may be most helpful, and to what extent self-love and self-compassion might be connected constructs, and to what end they may be helpful clinically.

Considering self-love as a social construct however, it is unlikely to be helpful to those who are not Western European or from the Global West, and therefore those who are from a collectivist culture where self-love is viewed differently and even negatively. For example, a Chinese qualitative study by Xue et al. (2021) found that self-love as a concept in their Chinese sample had very different qualities and associations to those in Western cultures, especially pertaining to Confucian principles of ethics and morality. If used with a clinical population, it would be ethical and good practise to explore that person's conception of self-love and to adapt mantras for them. Equally, self-love as a concept among the present sample demonstrates that, even within a predominantly white, Western European sample, self-love was experienced and understood differently.

Whom we might ask to repeat self-loving statements in this way must be carefully considered. Invoking love reminded some narrators of loss. At worst, it seems that meditations of this type can lead to a sense of regret, frustration, and doubt – evidence of a potentially shaming experience.

6.6 Agency and Autonomy

Many narrators demonstrated that this intervention could have a powerful sorting effect, enabling them to confirm what is true (or not) in terms of their feelings and beliefs. This has clear relevance for the discipline of Counselling Psychology in that they could be offered as exercises as part of therapy or as preparatory work to help clients get to know themselves better. The exact mechanism for this being the case is difficult to disentangle.

Firstly, it is well-known that mindfulness and meditation can be powerful ways for a person to come into closer contact with what they are feeling, and that certain forms of Zen and Vipassana meditation (e.g., Burke, 2012) encourage people to observe thoughts as they arise, which can develop into witnessing more deep-seated beliefs, identities, memories, and so on. The meditations I wrote and narrated were essentially mindfulness of breath, body and thought meditations, similar in nature to common brief mindfulness exercises but with an emphasis on self-compassion (e.g., Kabat-Zinn, 2013). Participants may have felt naturally encouraged to use the meditations *as meditations*, to sort through how they were and were not feeling in relation to the mantras they were asked to repeat.

Secondly, self-compassionate mantra meditations involving repeating statements about oneself will naturally result in some feeling more or less relevant or appropriate to the narrators, as was found in this study. By their nature, self-compassionate statements have the capacity to be confronting if they jar with what one believes about oneself at the moment of hearing or repeating the statement. As is the case in therapy, readiness to change must be an important factor in whether a statement is received with openness and curiosity or with defensiveness and dismissal (Krebs et al., 2018). However, even for those narrators who found certain statements challenging and difficult to entertain about themselves specifically, there was still evidence that they were at least beginning to entertain new ideas about themselves. It is unclear what the element of surprise may have held for narrators – they did not have access to a written script, for example, so

each statement was a surprise. This may have meant that a sorting effect was more likely in the moment, statement-by-statement, and may mean that any use of an intervention of this sort might benefit from the element of surprise – though further studies would be helpful in exploring this.

The fact that the statements were verbalised and directed towards themselves may have helped narrators to come into closer contact with what Bollas (2017/1987) called ‘unthought knowns’, or those aspects of self which one knows are true, but which have not yet been thought about or considered. From a different theoretical perspective, these might be considered as core beliefs which have never been fully rationalised or spoken aloud (cf. James and Barton, 2004), or they may represent conditions of worth by which a person has been unknowingly living their lives (cf. Wilkins, 2015), and that repeating self-compassionate statements about oneself *out loud* appears to be a powerful way for someone to begin to scrutinise exactly how they do or do not feel about themselves. This has clear benefits for the practice of Counselling Psychology.

Finally, relating to the point about these meditations having an ability to support sorting one’s emotions and beliefs, narrators all wrote about their experiences after each meditation. The writing prompt given to all narrators was simple and without any instruction (“Please write about how you feel after that exercise, for no more than ten minutes”). It is arguable that narrators were given creative choice over how they wrote their journals. This is important because the uses of expressive writing are well-known (e.g., Ruini & Mortara, 2021; Pennebaker & Beall, 1986; Nicholls, 2009). It could be that the diaries themselves were what supported narrators in sorting out their emotions and beliefs. For example, a study by Shapira and Mongrain (2010) demonstrated that writing a self-compassionate letter to oneself once a day for a week decreased traits of depression for three months. However, it seems less likely in this sample that the writing was solely responsible for change since there was much written about regarding the novelty and use of talking aloud to oneself in the diaries. Further studies might remove the diary element and also look to explore longer-term impacts of this sorting effect via, for example, semi-structured interviews three or six-months later.

It seems clear that the sorting effect enabled narrators to come to know themselves more deeply. However, what a person does with this information is then up to them. What is further clear is that autonomy and agency seemed to play an important role in narrators' experience of the intervention, with many narrators adapting the practices slightly to suit their needs – often based on resonance with certain statements over others, which seemed to be subjective rather than these statements having more power than others – or simply in the form of disagreeing with certain ideas which they felt did not apply to them. This may be both an effect of narrators' personality traits and being able to healthily adapt a practice for their own benefit, as well as a feature of the intervention itself, which encourages taking greater care for oneself through mindful awareness of self-talk and offering self-compassion through kindness, understanding and warmth.

It is difficult to disentangle this, however the fact that average Autonomy-associated words increased, and average Controlling-associated words decreased across the sample over the week is important (see p. XX for graphs). This suggests that the intervention supports greater autonomy, something which has been found in other studies relating to self-compassion and the Self-Determination Theory (Deci and Ryan, 1991, 2008). For example, Busch (2014) found in a cross-sectional study that there was a positive relationship between Self-compassion and subjective “vitality”, a term used to encompass feelings of “aliveness” which “embraces body and mind” (p. 5), and which relates to Ryan and Frederick's (1997) conception of the term to mean the extent to which a person feels positive about being alive, including the person's sense of autonomy and self-actualisation, rather than feeling trapped by environmental factors. This also relates to Rotter's Locus of Control theory (1954, 1966), where one's belief in the outcome of events is either a result of external agents or as a result of their own internal traits or behaviours. Those with an internal locus of control are said to have better outcomes across a number of social and health contexts (e.g., Reich and Infurna, 2017).

If asking participants or clients to attempt to use a mirror in the way suggested in this research, it was found that those who were in the Mirror group (and did not find out until they had been randomly assigned instructions to use a mirror), seemed to find this a

surprise and something of a distraction since it was not originally their choice to use a mirror while meditating. This may have been frustrating for those involved and created a potential – understandable – defensiveness towards the mirror which impacted the findings. Moreover, this intervention could be said to be at the more extreme end of mirror meditations and that, had I developed a program of meditations which had eased-in participants in the Mirror group towards using the mirror, perhaps over three instead of seven days, it might have been experienced as less jarring, and therefore, distracting.

Overall, the intervention seemed to encourage narrators to sort through their feelings and make choices for themselves about how they engaged with themselves. This may demonstrate that this intervention may promote agency as well as self-compassion. Equally, it could also be that narrators with a stronger sense of autonomy were better able to make use of the intervention than those who did not. Further research would be needed to explore this.

6.7 Theoretical Implications

This research was influenced by two major bodies of work relating to compassion: Compassion-focused Therapy (“CFT”, e.g., Gilbert, 2006) and Mindful Self-Compassion (“MSC”; Neff & Germer, 2013). This research has implications for both theories. Firstly, many narrators wrote about parts of themselves which might be called their ‘critic’ – indeed, some of them referred to their “inner critic”. This aspect of themselves was generally described as being overly critical and lacking in compassion towards themselves. When we consider this in the context of CFT then we might understand that it is self-criticism which stimulates the same physiological responses to external criticism (Longe et al., 2010). This can mean that people who have a particularly active critical voice may be less able to regulate themselves using self-soothing activities (Gilbert & Prochter, 2006). This relates to the tripartite system of CFT: the threat system – which acts as a protective system which allows us to identify threats in the world, with emotions

like anger and fear which function as signals to us to respond to the situation; the drive system – which acts as a motivation to move towards resources and activities which are pleasurable. It enables us to be sociable with others and seek out ways to activate a feeling of accomplishment and reward; and the soothe system, which enables a down-regulation from over-stimulated states of threat or drive, including any negative states such as self-criticism, towards feelings of safety, contentment and calmness – associated with rest, giving and receiving care, and sharing safety with ourselves and others (Gilbert, 2010).

The findings of this research, especially those which suggest that *speaking* self-compassionately aloud during meditation, repeating mantras which seemed to have a “sorting” effect on narrators’ feelings, and evidence of compassionate tone of voice, language and body language being able to “conjure” compassion, can all be understood to this system of regulation suggested by CFT. For example, being able to self-soothe using language, imagery, tone of voice and body language are all key goals of CFT and are said to encourage the activation of safety signals in one’s nervous system (Boersma et al., 2014), in turn leading to a sense of warmth, care and security which have numerous health and wellbeing benefits (Gilbert et al., 2008). Being able to stimulate this state using *verbalised* compassionate self-talk during meditation in this intervention – meditation itself being a state of *non-judgmental*, that is, non-critical awareness – seems to have encouraged many of the narrators to become more aware of their ‘inner critics’ and offered them a way to soothe this part of them *in vivo*.

In some narrators of the Mirror group narrators, there was evidence that the mirror could aid this process of self-soothing and provide a sense of security with oneself, perhaps relating to the connection which soothing has with attachment experiences (Gilbert et al., 2008). Practising mindfulness and compassionate self-talk in front of a mirror – in some cases – may have stimulated a powerful attachment experience with themselves, which suggests that a mirror-based intervention such as this may support increased capacity for safeness and contentment with oneself, which is in keeping with the primary goal of compassion-oriented interventions: to increase a person’s ability to feel warmth, safety

and reassurance towards oneself and improve associated facets of wellbeing in kind (Germer, 2009; Gilbert, 2010).

Similarly, MSC (Neff & Germer, 2013) was developed to increase self-compassion in the face of self-criticism. It involves a combination of mindfulness practice and compassion exercises; mindfulness allows the noticing of feelings, thoughts, inner states, which can then be responded to with compassion. Mindful Self-Compassion involves sets of exercises which encourage people to practice not just kindness and non-judgmental awareness of moment-to-moment experience (as in mindfulness), but encourages kind and non-judgmental, “loving awareness of the *experiencer*” (Neff & Germer, 2019, p. 358). Self-compassion, as theorised by Neff, involves self-kindness – being supportive and understanding toward oneself; a sense of common humanity rather than isolation – which involves taking a wider perspective of one’s difficulties as part of the shared human experience; and mindfulness of one’s experiences rather than over-identification with them – to ensure that one is not “running away with a dramatic storyline about negative aspects of oneself or one’s life experience” (Neff & Germer, 2019, p. 359).

Within this model of approaching one’s suffering with kindness, common humanity and mindfulness, the findings of this research are made clearer. For example, speaking aloud to oneself in a compassionate way seemed to aid self-awareness in many narrators and, coupled with using a journal, could even produce unexpected insights about themselves, which relates to mindfulness and responding to oneself with kindness rather than judgment. Speaking aloud in a compassionate voice, whether in front of a mirror or with eyes closed, also seemed to enable greater acceptance of feelings in many narrators, which may be likened to the letting-go of “resistance to moment-to-moment experience” in place of a “warm, loving attitude” (Neff & Germer, 2019, p. 361). Indeed, it appeared that under both conditions, there was evidence that a compassionate mantra meditation intervention such as this could provide narrators with an increased sense of suffering which is consistent with MSC training:

“Although self-compassion generates positive emotions in the long run, unpleasant emotions such as grief or shame are likely to emerge during self-compassion training” (Germer & Neff, 2019, p. 361).

The presence of a mirror seems to have been a distraction from being able to respond to these feelings for some in the mirror group, whereas for others, the mirror seemed to provide a stronger connection with themselves which enabled them to feel their own presence – perhaps to literally relate to themselves in the reflection of the mirror in ways they had not expected. This seems to relate to MSC’s overall goal to improve one’s relationship with oneself so that we are able to better respond to our suffering. Experiencing a connection with oneself in the mirror’s reflection was experienced as powerful in a positive way by some of the narrators and suggests that further research explores the mirror as a tool in MSC-related interventions, as well as in CFT, as previously discussed.

6.8 Recommendations for Counselling Psychology

If this or related interventions are to be used in Counselling Psychology or psychotherapy, clinicians must offer more detailed psychoeducation as part of the process in order to support clients to avoid common pitfalls, one of which was identified in this research as being a difficulty with the challenge of offering oneself self-compassion. Across the sample, self-compassion was said to be difficult, with many narrators describing how much simpler it is to be compassionate toward others. Some narrators felt that they did not deserve self-compassion or did not know how to be compassionate toward themselves, or even felt that repeating statements relating to one’s suffering was too close to self-pitying. This is important to note because, while this intervention could induce

feelings of compassion, it could just as easily induce further suffering. This seems to relate to the three known challenges of self-compassion argued by Germer and Neff (2013), which they suggest are misunderstandings: self-indulgence, self-pity and self-centeredness. These three misunderstandings can lead to feeling that self-compassion is not helpful and act as barriers towards its well-studied benefits.

There was a similar finding regarding the difficulty of being self-compassionate in an Interpretative Phenomenological Analysis (IPA) study of four adults with self-described “low” self-compassion (Bayir & Lomas, 2016). Interestingly, their superordinate themes were that self-compassion could be a “double-edged sword” (p. 21) owing to participants’ reflections that wider society has high expectations for perfectionism and that this can foster a sense of defensiveness towards self-compassion since it seems to compete with over-arching social expectations. This relates closely with my further finding that many of the narrators wrote about their ‘inner critics’ or perfectionistic tendencies. While this intervention seemed to help them identify these self-talk habits more clearly and provided ways of soothing them *in vivo*, it is likely that for many people, self-compassion may feel similarly in competition with wider social narratives about perfectionism and that Counselling Psychology and related professions need to be aware of systemic pressures which affect the understanding and application of self-compassion in their client groups.

One of the reasons narrators encountered difficulties during this intervention may relate to the challenge of producing a ‘compassionate tone of voice’ and body language. This was not something which I specifically trained narrators to do, except to encourage them to picture a person whom they felt embodied compassion and to try and emulate their tone and body language. Some narrators may have been struggling to be compassionate towards themselves as compassion *is* something which can require training to understand and practice. This relates to research within specifically compassion-focused therapy where training in being more compassionate also involves exercises and demonstrations in tone of voice, language use, posture and body language (e.g., Beaumont et al., 2021). However, since I recruited people who expressed that they had at least a year’s experience in mindfulness and meditation (and most had much more than this), it is still

interesting to note that the specifically ‘compassionate’ tone of voice and body language is something that needs to be taught as part of any intervention such as this, no matter a person’s previous experience.

As Beaumont et al. (2021, p. 912) argue, “introducing exercises into [counselling and psychotherapy] training programmes that help students cultivate compassion may help them become more effective therapists.” This intervention, whether involving a mirror or not, may warrant further research as to its effectiveness among this population, especially since many of the current sample were experienced mindfulness practitioners or wellbeing teachers in some respect, and they found the exercises stimulating and challenging in equal measure. This could, reasonably, be a method for trainee therapists to practice self-reflection and journaling in order to discover blind spots or, as previously argued, “unthought knowns” which may have otherwise gone unnoticed.

6.8 Critical Discussion

One of the major issues is that an intervention of this sort could arguably be considered to participate in, and contribute to, unhelpful medicalised models of mental health (Barker, 2014). For example, in a discourse analysis of mindfulness self-help books, Barker argued that major discourses of mindfulness meditation (such as that of Kabat-Zinn, 2013), portray “our failure to pay attention as the principal reason we are *dis-eased*. The specific culprit is inattention to the present moment” (Barker, 2014, p. 171). This contributes to the problematic medicalisation of human suffering and, arguably, places undue burden on the individual to be ‘more mindful’, rather than, for example, on wider systemic or socio-political issues which are contributing to a person’s stress, illness, dis-ease or suffering. In a similar vein, I was conscious, while writing my own diaries in response to narrators’ journals, that the intervention I had asked them to undertake placed an equally burdensome emphasis on their own need to be more self-compassionate, and

which risked producing experiences of shame in some narrators if they could not feel compassionate for themselves, or did not know how.

This is, I believe, a major issue with self-compassion practices of this nature, and I was especially hit with discomfort upon reading some of the narrators' experiences of the self-love (Day four (Feeling Loved)) meditation, where I realised that asking someone to look at themselves in the mirror and say, for example, "I love you, [name]", could be construed as saying that it is the individual's responsibility to feel loved and, if they could only say to themselves, "I love you" more often, then they would have a better relationship with themselves. While this may be somewhat true, it is also a challenging hypothesis to hold, and one which I wonder might be misconstrued by clinical populations as being told that *they* are the problem, and *they* must be the ones to love themselves – as is similar in theme to the experiences of women who self-harm or who have a label of "BPD" or "EUPD" in NHS services in the UK (MacDonald et al., 2020; Wyatt, 2024). As such, it is important this or similar interventions be seen as exercises in self-exploration, rather than as intervention in improving or 'fixing' one's inner critic – even if this was one of the important findings.

There is further evidence that narrators viewed their "lack" of self-compassion as somewhat problematic or even pathologized the extent to which both my intervention and wider discourses around self-help may be contributing. For example, in an initial analysis, I considered each narrator's overall narrative from Arthur Frank's (1995) typology of illness narratives: the restitution narrative, where there is a move from illness to distress and then to health; the quest narrative, where illness is seen as impetus for change; and, finally, the chaos narrative, which is a narrative only by its lack of narrative resolution. I spent some time considering the narratives in this research from this perspective because they seemed to be understandable from these perspectives – the majority could be characterised as either restitutive or quest narratives, where a lack of self-compassion was viewed as a problem, akin to an illness which self-compassion exercises could – many hoped – 'solve' or 'improve'.

On the surface, a narrative of illness is not dissimilar to that which clients tend to employ in talking therapy, where illness may be 'lack of awareness' instead, and may indeed be helpful for people to view their inner critic or lack of kindness towards themselves as problematic (so that it may be improved). However, an observation I made in one of my written journals speaks towards my discomfort at this intervention being viewed as anything other than a useful exercise; I was reading one of the narrators' comments that they could easily imagine children being asked to do an exercise like this to improve their relationship with themselves:

Researcher: *"It has also made me realise that the idea of talking to oneself in this way could be viewed as a loss of community... how Western and individualist this is... Does it or could it encourage a sense of needing to be self-sufficient? Overly individual and lacking in community? ... By saying that we are responsible for our inner talk and offering ourselves apologies or whatever it may be, I wonder if it is an act of isolating ourselves, or if it is a way that we could deny ourselves other opportunities to receive compassion through relationship. It could easily become a way to place total responsibility on the individual rather than over-arching systemic challenges."*

I include this here as a warning and recommendation for any future use of an intervention of this nature, that asking someone to repeat self-statements to themselves, whether in front of a mirror or with eyes closed, may be a shaming experience if they feel that any of the statements do not match their experience and they have any sense that the meditations are telling them that they *should* feel that way about themselves but that they do not or, for whatever reason, cannot feel that way. It is important to recognise, therefore, that many people may find self-compassion difficult and that it seems to be easier to offer compassion to others. This may be a helpful 'beginning' practice for people, and Counselling Psychology would be wise to consider this before trying to apply self-compassion in a one-size-fits-all manner.

Overall, however, if the intervention is viewed in an exploratory way, and if, for example, it was shortened to include only the most meaningful exercises, then it may serve as a similarly useful adjunct to talking therapy, in the same way as mirror-time (Murray, 1991).

It could equally be useful for trainee counsellors or therapists, health professionals or those for whom empathy is an important everyday skill in their careers, as a self-reflective exercise which might lead to the identification of sore points or blind spots in one's relationship with certain key themes, and which could enhance learning and self-development, both of which are important for Counselling Psychology and related professions.

7 Evaluation

As with all decisions of a methodological nature, there were paths I could have taken which I did not. For example, instead of integrating different Narrative methods, I could have chosen to analyse the diaries from only one perspective, i.e., using either 'orthodox' or 'evocative' analysis, rather than attempting to integrate both. Arguably, this may have led to my analysis being less complex and less reliant on multiple authors' perspectives, leading to a much clearer analysis. This may have led to slightly different findings or may have ensured that I did not 'cloud' my analysis with too many perspectives, a kind of jack-of-all-approaches but master of none. Instead, I repeat my original intentions here: to respond to my research questions in a pragmatic way which respected my participants and their experiences while also giving countenance to the research context – Counselling Psychology – where the *use* of the research findings is more important, no matter the epistemological frictions therein.

Choosing to write and record the meditations myself as researcher is a methodological issue which I briefly discussed in the Methodology chapter, but which deserves further attention. For example, knowing that I was both researcher and narrator of the meditations may have biased some of the participants towards wanting to do a 'good' job and produce the correct kind of feedback. This was something mentioned in two participants' diaries in-passing – not knowing whether they were producing the "right" kind

of feedback about their experiences. However, for both, they were, arguably, more concerned about having changed tone of voice in their diary having used the diary as a *diary*. I demonstrate this, below:

Marika: “*However, the self-doubt is high, probably much higher than usual. For instance, I’m also doubting whether this is the kind of feedback you need.*” (Day 5: Acceptance, 86-88)

Amanda: “*I apologise – think my notes are supposed to be about the meditation.*” (Day 6: Common Humanity, 60-61) and “*Sorry, none of this is helpful for your study.*” (Day 6: Common Humanity, 65)

The above examples were written during periods in both narrators’ journals when they seemed to be feeling especially emotional and were exploring family experiences in an expressive way. This suggests that they were using the diary as a diary, and that their concerns about doing the right kind of feedback may have been a sense of guilt at ‘indulging’ or even, benefitting from the intervention in some way outside of their expectations, *rather than* their being overly biased towards wanting to do a good job as a participant for me, the researcher. Indeed, it could even be argued that their use of the diary to explore difficult feelings was evidence that they were successfully able to ignore that they were taking part in an intervention and that it was only because they felt able to ‘fall into’ the intervention more deeply that they could benefit from journaling *for themselves*, rather than for me.

However, a wider issue relating to this is that many of the participants adapted the practices for themselves in ways which were not asked of them – offering themselves affection, adding sentences, closing their eyes instead of looking at themselves, etc. I argued that these were evidence of their sense of autonomy. There is a counterargument that the adaptation of the meditations calls into question whether all participants completed the same intervention, that is, it is possible to question the experimental conditions under which participants completed the experiment: if most of them, in some way, adapted them slightly, then it is not possible to say that they all completed the same intervention or that the intervention was the variable which ultimately led to these findings.

However, I argue that this is too simplistic and not representative of the actual findings. What was generally found, overall, was that this intervention was helpful in numerous ways for inducing and exploring self-compassion and one's relationship with it and oneself – whether this is despite or because of any small adaptations made by participants over the course of their week is not possible to say without a near-impossible level of experimental control. Indeed, I argue that all participants completed different interventions by virtue of the interpretive nature of knowledge and experience. As seen in the two vignettes and the evidence offered in the Narrative Thematic Analysis, participants experienced the intervention differently simply because they were all different people with different life histories, worldviews, opinions, feelings, and so on. No matter that they all heard the same meditations and words, different words had profound effects on them to the point that it is as if they heard different meditations. Granted, this is simply an extreme phenomenological view of experience and, therefore, of a constructivist view of research, but I argue that understanding knowledge gained through research in this way lessens the impact of a methodological issue such as participant 'interference'. Indeed, as mentioned in the findings related to Autonomy, it is arguably not interference at all, but rather evidence that participants felt capable to take more responsibility for their experiences of the intervention in ways which actually *improved* its effectiveness for them – something which, were they clients of mine, I would be celebrating as demonstrative of a healthy, agentic relationship with themselves and the world.

There are further experimental issues. It is also plausible that the mindfulness dictionary may not measure mindfulness accurately and that my approach to measuring mindfulness using this dictionary was too imprecise. I did not specify which aspect(s) of mindfulness were being measured by the dictionary, i.e., non-judgment, attention to the present moment. However, considering the creators, Collins et al. (2009), used a panel of experts to create and then rate mindfulness-associated words, it is likely that the dictionary was faithfully representing the word use of this sample. Where I could also have improved is by including expert raters to validate my Compassion dictionary, or use the Compassion dictionary to test other texts with expected higher compassion-associated

words. This would have improved the validity of my dictionary and may indeed be a useful follow-up study with uses for other researchers, as in Collins et al. (2009) or Oliver et al. (2008), both of whose dictionaries I used as a result of their validation studies.

Moreover, Lisbeth's inclusion as someone who had already explored Louise Hay's *Mirror Work* and not gone on well with them is an issue because she therefore had a different relationship to this intervention than the other 11 participants who – to my knowledge – had not tried mirror meditation before. That Lisbeth also did not benefit from using the mirror previously and in this research decided to close her eyes also points to her potential inappropriateness as a participant in the sample. Had it been someone who had never used a mirror in this way – as in the other five members of the Mirror group – they may have been less critical of the mirror. This demonstrates that future studies screen their participants for suitability. However, in a study of this nature, where the use of a mirror was withheld from potential participants until they had signed up and received instructions, it was hard to screen anyone who had used meditations of this sort before without alerting them (and potentially biasing them) to the use and impact of a mirror. This issue may have no simple resolution; on the one hand, I could have removed Lisbeth from the analysis having read her journals, but then miss out on her valued experiences of attempting this meditation again (and coming to various realisations for herself through her sustained effort in being more self-compassionate); or I could have re-designed my experiment such that the use of a mirror was not hidden during recruitment, but then remove any possibility of the mirror being a measurable independent variable. As such, I believe including Lisbeth's diary was the best course of action in this research in that she provided valued feedback as someone for whom a mirror would be unlikely to be helpful, but for whom a *verbalised* self-compassion meditation intervention would.

Moreover, three participants in the sample completed the intervention over eight or nine days, again suggesting that experimental control was not completely adequate in this study. Ultimately, it was not possible to ensure all participants completed the intervention in the same number of days since events happen out of people's control. Determining the impact on self-compassion of missing a day and then either catching up two meditations

a day later, or simply beginning again from the missed day later, is difficult in such a small sample. It was one of the aims of this research to explore the impact of practising verbal self-compassion in front of a mirror over the course of seven days, so it is arguable that the three participants who completed them over eight or nine days should not have been included in the sample. Given that I did not receive the number of participants I had originally hoped for, I chose to include these participants despite their difference in timeframe. I could have improved the findings in this study by comparing these participants with the rest of the sample to see if there was a noticeable difference in those completing the intervention over seven days rather than eight or nine. I chose not to because it would have consisted of two groups of three and nine respectively, which would have resulted in too great a difference in the average standard deviations between them. Future studies would benefit from greater experimental control, perhaps by lightly incentivising participants to ensure they complete the intervention in seven days for fear of losing the incentive. Finally, the sample size was very small ($n=12$). Future studies must ensure a larger sample size.

Considering that these were solicited diaries, there is an issue of integrity, namely, to what extent did the participants write what they thought was “right” or “correct”? Since they wrote about meditations which I designed and narrated, there may have been a bias towards pleasing me. Similarly, most, if not all participants had significant experience in meditation and were recruited from wellbeing circles, so they already had a biased view towards self-compassion. This may have led them to over-estimate the impact of the meditations or view them with less scepticism. However, certain observations in their data have reassured me that the narrators were writing genuine accounts of their experiences.

Firstly, most of them offered both praise and critique toward the meditations. Some of them were quite adamant in their dislike of certain aspects of the meditations, for example Laurie’s frustration with having to repeat phrases which seemed to only cause more pain, or Ewan and Chiara’s disagreement with the use of the word ‘suffering’. It is unlikely that participants were overly biased towards being positive if they were also being honest in this way. If anything, this may suggest that many of them were able to exercise autonomy,

and therefore, were more trustworthy in reporting how they felt. This is important as it means that their data represents genuine experiential feedback of the intervention which can be built upon in future studies.

Moreover, many of the narrators were themselves facilitators or teachers of some kind of wellbeing practice. This meant that, at times, they were more evaluative in their writing. This was both an issue of my approach to sampling as well as a useful method of 'piloting' an intervention of this sort for clinical populations. Firstly, I approached mindfulness and meditation groups of which I was part or where I was allowed to advertise a study of this nature; this meant that I had access to people who were interested in taking part in a meditation study of this nature, but also meant that the sample included people who were themselves meditation teachers and that they approached the intervention in a slightly more evaluative way than perhaps a future clinical population would.

My findings therefore need to be considered in this context and that, future studies involving different populations will likely produce different results, and that this is not necessarily a problem, rather evidence that this thesis set out to explore an intervention of this sort with so-called 'experts'. This relates to my second point, that this study has acted as a useful 'pilot' for further research in this area with populations who may not have as much mindfulness experience as this sample, something which is likely if an intervention of this sort is ever to reach a clinical setting incorporated into talking therapies – as discussed previously.

8 Conclusion

This study explored the impact of meditating in front of a mirror during a self-compassion intervention. It involved experienced mindfulness practitioners completing the Self-Compassion Scale before and after completing the intervention and writing journal entries after each exercise. These two data forms encouraged a mixed methods approach to the research using a pragmatic attitude. The findings were numerous and varied. Among the most important findings were those which were unexpected, or which challenged previous research.

For example, this study was the first to show that a mirror, while having the ability to produce meaningful self-encounters, was generally a distraction to both mindfulness and self-compassion when used in this way. This runs counter to certain self-help and popular psychology works which suggest that a mirror can facilitate an improved relationship with oneself and demonstrates that mirrors warrant further clinical research into their uses in wellbeing.

This study was also the first – in the author’s knowledge – to show that verbalising self-compassionate statements during eyes-closed meditation seemed to have more impact than a mirror on mindfulness- and compassion-associated language use. Verbalising self-statements seemed to have a powerful impact on participants’ relationships with themselves, offering ways to encounter themselves differently, sort through their feelings and beliefs about themselves, and providing ways to soothe themselves during periods when their ‘inner critics’ were more active.

This study also demonstrated – again, in the first of its kind – that a self-compassion intervention of this nature reduced controlling-associated language and increased autonomy-associated language across the sample, independent of the use of a mirror or performing meditation with eyes closed. This has strong clinical implications in that word use is known to relate to psychological states. An increased sense of autonomy is related

to improved wellbeing outcomes and demonstrates that this intervention merits further research with clinical populations.

Finally, this research was successful in integrating mixed narrative and linguistic methodologies. It has further demonstrated that, despite the epistemological tensions which exist between quantitative and qualitative research questions and hypotheses, a pragmatic approach to research remains a useful way to explore competing forms of data interpretation. In the case of this research, statistics, Linguistic Inquiry and Word Count (LIWC-22), and Narrative Inquiry all offered different perspectives which has improved our overall understanding of the phenomena under question, namely, the use of a mirror in mantra meditations as a tool for wellbeing.

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Appendices

Appendix A – Qualtrics Survey



Thank you for your interest in this study. We will ask you some questions now to ensure that this study is suitable for you. Firstly, please select any of the following which apply to you.

- ☐ I have had, or continue to have, a serious mental health condition (e.g., schizophrenia, psychosis, eating Disorder, or bipolar Disorder)
- ☐ I believe I have a dependency on alcohol or drugs (not prescribed medication)
- ☐ I am a pregnant woman, in-labour or have recently experienced a stillbirth or miscarriage
- ☐ I am hard of hearing or deaf
- ☐ None of the above



Powered by Qualtrics [↗](#)



Thank you. Now, please tick the box that best describes the way you have felt about your appearance or a specific feature over the past week - including today:

	Not at all	A little	Often	A lot	All the time
I avoid situations or people because of my appearance	☐	☐	☐	☐	☐
I brood about past events of reasons to explain why I look the way I do	☐	☐	☐	☐	☐
I think about how to camouflage or alter my appearance	☐	☐	☐	☐	☐
I am focused on how I feel I look, rather than on my surroundings	☐	☐	☐	☐	☐
I avoid reflective surfaces, photos, or videos of myself	☐	☐	☐	☐	☐
I discuss my appearance with others or question them about it	☐	☐	☐	☐	☐
I try to camouflage or alter aspects of my appearance	☐	☐	☐	☐	☐
I try to prevent people from seeing aspects of my appearance within particular situations (e.g., by changing my posture, avoiding bright lights, etc.)	☐	☐	☐	☐	☐
I compare aspects of my appearance with others	☐	☐	☐	☐	☐





How do you currently describe your gender identity?

☐ I prefer not to disclose

☐ Please specify

Where do you live? (Country only)

What is your name?

What is your email address? (Please double-check for spelling)

Which categories describe you? Select all that apply to you:

☐ White - includes British, Irish, or any European White background

☐ Mixed or Multiple ethnic groups - includes White and Black Caribbean, White and Black African, White and Asian or any other Mixed or Multiple background

☐ Asian or Asian British - includes Indian, Pakistani, Bangladeshi, Chinese or any other Asian background

☐ Black, Black British, African American, Caribbean or African - includes Black British, African American, Caribbean, African or any other Black background

☐ Hispanic, Latino or Spanish Origin - includes Mexican, Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Other race, ethnicity, or origin, please specify:

☐ I prefer not to answer

What is your age in years?

☐ Click to write Choice 1

☐ I prefer not to answer



As you saw from the information page, we are looking for people who have an interest in a self-help or spiritual practice such as mindfulness, meditation, prayer, chanting, or similar. How much experience would you say you have in practices of this nature?

- ☐ None at all
- ☐ A little (less than a year)
- ☐ A moderate amount (1-3 years)
- ☐ A great deal (more than 3 years)



Please would you describe your practice(s) in a few sentences?





Thank you. We think you would be suitable for this study. Before you agree to participate, it is important to know what is being asked of you. Please read the below information and, if you would like to continue to take part in this study, click on the arrow at the bottom of the page.

The purpose of this study

The aim of this study is to explore what it is like to practice speaking compassionately to yourself over the course of a week.

Why have I been invited to take part?

You have been identified as an adult over the age of 18, who is relatively healthy, and who already has an interest in self-help or spiritual practices, such as mindfulness or meditation.

Do I have to take part?

No. Participation is completely voluntary. You should only take part if you want to and understand what is being asked of you. Choosing not to take part will not disadvantage you in any way. You are free to leave this survey, and the study itself, at any point.

The commitments

If you agree to participate, you will be asked to complete some guided meditations relating to self-compassion and writing some short journal entries about how you feel after doing them. We want to be clear about what the commitment will look like for you:

Stage 1

We will ask you to complete a short questionnaire about how compassionate towards yourself you currently feel (which should take about 1-2 minutes), and which you will complete in the next few minutes if you provide signed consent to complete this study on the next page.

Stage 2

We will then ask that you follow the instructions sent in an email, which you will receive at the completion of this survey. These instructions will ask you to listen to, and follow along with, 7 guided meditations (around 10-15 minutes each) over 7 days (i.e., one each day). The guided meditations will be accessible to stream on any device through a secure website. After each meditation, we then ask that you record your reflections about how you found them in a journal, either using a pen/paper, typing or texting onto a computer/device, or using a voice recorder function on a device such as your phone. You don't need to spend more than about 10 minutes on these reflections each time, but we would like you to write about how you feel after each exercise, so that's 7 journal entries over 7 days.

Stage 3

Upon finishing the 7 guided meditations and reflections (i.e., 7 days later), you will then return to the same email given to you at the start of the study, and complete the final questionnaire, which will take no more than a few minutes. Depending on how you have chosen to record your journals, there may be a bit of time needed to upload or send these securely to the research team, but details will be given in the Information Email.

The benefits to you

We anticipate that these exercises will help introduce you to self-compassion (if you are not already aware of it), which can be a powerful way to support yourself and reduce your sense of distress; or that they may help to support, and even develop, an already embedded practice you may have. Of course, we do not know exactly the impact of doing these exercises, but they build on millennia of spiritual traditions of ongoing meditative practices, and you may find these exercises helpful in ways you weren't expecting, or you may feel nothing at all.

Ultimately, we hope these practises may be, at the very least, enjoyable and perhaps somewhat relaxing. However, since you have expressed an interest in self-help and spiritual practices, these exercises may offer you the opportunity to explore yourself in new ways or help to strengthen current practices.

Finally, it is well-known that keeping journals can strengthen emotional growth and reflection, and that by asking you to keep journals, we anticipate that this may be a useful exercise for you in exploring yourself and being more mindful of yourself.

The risks to you

We do not anticipate that there will be any serious risks to your wellbeing by participating in this study. However, some of the exercises focus on intense emotional statements which may be challenging for you depending on your current life circumstances. The exercises may also be triggering in other, unforeseen ways, and it is important that, **if at any point you feel too distressed during the exercises, that you stop immediately and take steps towards self-care.** Moreover, writing in some depth about yourself and your feelings can also be emotionally challenging for some people. This research study has been granted approval by the Psychology Ethics Committee at City, University of London, and has therefore been approved as safe.

What if you decide not to do the study?

This is absolutely fine. You are allowed to step back from doing this study at any point by simply stopping. If, having completed the study, you decide that you would like your data to be removed, please contact the research team (details can be found in your Information Email) and they will remove your data up to 6 weeks after your completion. After this date, however, withdrawal will not be possible as analysis will have begun. However, all data will be treated as confidential and made entirely anonymous.

And if you do decide to complete the study?

Please continue with the survey - it is nearly finished! You will be asked to complete a section about consent and you will then be sent an email with instructions at the completion of this survey. We would then like you to begin the self-compassion practises as soon as possible, and no later than 3 days after completing this survey.

Data privacy statement

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task. Your right to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/>).

City will use your name and contact details to contact you about the research study as necessary. If you wish to receive the results of the study, your contact details will also be kept for this purpose. The only people at City who will have access to your identifiable information will be the researcher. City will keep identifiable information about you from this study for 10 years after the study has finished. You can find out more about how City handles data by visiting <https://www.city.ac.uk/about/governance/legal>.

If you are concerned about how we have processed your personal data, you can contact the Information Commissioner's Office (IOC) <https://ico.org.uk/>.

Will my taking part in the study be kept confidential?

Your data will be processed in accordance with the General Data Protection Regulation 2016 (GDPR). All the information that you provide will be completely confidential and will not be shared with third parties. Electronic data will be securely stored on an encrypted cloud drive. All data will be stored anonymously. It will not be possible to identify participants in the final publication. In accordance with the College's Records and Data Retention Schedule, data will be retained for 10 years from the completion of the study.

Who has reviewed the study?

This study has been approved by City, University of London Psychology Research Ethics Committee (code ETH2223-1801).

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is "What is it like to speak compassionately to yourself for a week?" with Ethics code ETH2223-1801.

You can also write to the Secretary at:

Annah Whyton

Research Integrity Manager

City, University of London

Northampton Square

London

EC1V 0HB

Email: [REDACTED]

Insurance

City holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Further information and contact details

Researcher: Howard Winfield, [REDACTED]

Research Supervisor: Dr Alan Priest, [REDACTED]

Thank you.





Please read the following statements about your consent to participate in this study.

	Yes, I confirm	No, I do not confirm
I confirm that I have read and understood the Participant Information for this study. I have had the opportunity to consider the information and ask questions - which have been answered satisfactorily, if so.	☐	☐
I understand that my participation is voluntary and that I am free to withdraw without giving a reason without being penalised or disadvantaged at any time. I understand that I do not need to notify the research team unless I would like any data submitted to them to be removed from the study.	☐	☐
I agree to my anonymised journal entries being used as part of the results and discussion of this research. I also understand that any use of direct quotes from my journal entries will be totally anonymised.	☐	☐
I agree not to share access to, or redistribute, the guided meditations.	☐	☐
I understand that I will be able to withdraw any my data up to the time of data analysis (6 weeks after submitting my data), and that I know how to do that.	☐	☐
I agree to City, University of London recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR).	☐	☐

Please confirm and sign below using a finger, stylus or mouse/pad on your device.

×

SIGN HERE

clear



Thank you.

This study is about self-compassion - that is, an attitude you may hold towards yourself when you are struggling or suffering. This study involves following 7 guided meditations over 7 days, and writing in a journal about how you found them, but first we would like to know how self-compassionate you feel you are at the moment.

Once you have completed this, **you will be sent an email** containing instructions on how to begin the practices. Please check your Junk folders.

Thank you very much for your time. We hope you enjoy this study.

	Almost never (1)	2	3	4	Almost always (5)
1 When I fail at something important to me, I become consumed by feelings of inadequacy	☐	☐	☐	☐	☐
2 I try to be understanding and patient towards those aspects of my personality I don't like.	☐	☐	☐	☐	☐
3 When something painful happens I try to take a balanced view of the situation.	☐	☐	☐	☐	☐
4 When I'm feeling down, I tend to feel like most other people are probably happier than I am.	☐	☐	☐	☐	☐
5 I try to see my failings as part of the human condition.	☐	☐	☐	☐	☐
6 When I'm going through a very hard time, I give myself the caring and tenderness I need.	☐	☐	☐	☐	☐
7 When something upsets me I try to keep my emotions in balance.	☐	☐	☐	☐	☐
8 When I fail at something that's important to me, I tend to feel alone in my failure.	☐	☐	☐	☐	☐
9 When I'm feeling down I tend to obsess and fixate on everything that's wrong.	☐	☐	☐	☐	☐
10 When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	☐	☐	☐	☐	☐
11 I'm disapproving and judgemental about my own flaws and inadequacies.	☐	☐	☐	☐	☐
12 I'm intolerant and impatient towards those aspects of my personality I don't like.	☐	☐	☐	☐	☐

→



Thank you. This is the final question.

As part of the self-compassion practices, we would like you to complete a journal, spending no more than about 10 minutes after each practice writing about how you are feeling. We are asking you to do this as we would like to understand how you found the practices.

How would you like to write your journal? (Please choose a method which you feel you can do consistently over the course of 7 days, rather than changing between them).

- ☐ Pen/Pencil and paper (available for UK participants only)
- ☐ Typing (e.g., Word, NotePad, Notes app on any device)
- ☐ Voice recording (e.g., using an in-built voice recording app on any device)



Appendix B – Mirror Group Information Email

Dear ,

Thank you for agreeing to participate in this 7-day Self-compassion Study.

The following email contains instructions about what to do next.

What do you do next?

Please read the below instructions.

There are seven exercises in total with different themes each day, all of them relating to self-compassion. After each exercise, we would like you to record your reflections in a journal.

The Exercises

1. You will need a quiet, private space, a comfortable chair, **and a mirror** - such as a bathroom mirror, or any mirror in a space where you will be able to see yourself from at least the shoulders up. If you do not have access to a mirror, please contact the researcher. It may feel uncomfortable or strange at first, but please do your best to look yourself in the eyes, as if you are looking at your best friend, while doing these exercises in front of your mirror.
2. Please go to the exercise each day **by following the above link and listening to the exercise with the corresponding number** (i.e., Day 1: Feeling Seen is called Day 1: Feeling Seen, Day 2: Acknowledging Suffering is called Day 2: Acknowledging Suffering, etc.), making a note of the date you complete the exercise in your journals.
3. **Please sit in a comfortable position facing yourself in the mirror**, and follow-along with the guided meditations in consecutive order over the course of a week, i.e., from Day 1: Feeling Seen to Day 7: Bringing it Together - you do not need to start on a Monday, any day of the week is fine. If you miss or forget a day, don't worry, but please "catch up" the exercise you missed the next day. It is important that you complete the exercises **over 7 days**, so that you can build the practice each day.
4. Please listen to the exercise and follow the instructions. **You may listen with earphones/headphones or on speakers**, whichever you would prefer. **You may do the exercises at any time of day**, but we would recommend not doing them when you are about to sleep as it will be harder for you to concentrate.

5. After each exercise, please record your reflections about how you found it **for no more than about 10 minutes**. This is an opportunity to make note of any feelings or thoughts you had during or after the exercise. To do this, please choose from any of the three options - but please only choose one method:
- Written on paper – pen or pencil reflections on paper. You will then submit them by taking a clear photo of each of the pages and sending to the researcher – this way, you get to keep your journals. **Please make sure to date each entry.**
 - Typed on your computer or device - you can use any text program (Word, NotePad, Google Docs, etc.) to record your journals. You may find it easier to record them in one document. **Please make sure to date each entry.**
 - Recorded by voice - on most mobile phones, tablets and laptops, there is a voice recording facility (e.g., Voice Recorder for Android, Voice Memos on Apple). If you choose to record your reflections using the spoken word, please ensure that you have enough space available on your device to save the recordings. **Please make sure to date each entry either by naming the file with the date recorded or by saying that day's date at the start of the recording.**
6. If, at any point, you begin to feel unduly distressed, **please stop the practices and ensure that you are feeling safe again. There is no need to continue if you do not wish to.** Please see some of the useful contacts (attached to this email) for support. If you are in need of immediate support, **please contact a trusted person you know.** The researcher is not available to provide emotional support.
7. Once you have completed all 7 exercises and journal entries, **please return to this email and follow the instructions below.**

What do you do when you have finished?

Firstly, thank you and congratulations for finishing the study!

1. **Please complete the final questionnaire** which will take only a couple of minutes: [link here to final questionnaire](#).
2. Please then collate your journal entries and send to the researcher using the instructions specific to your method below:

- **Written journals**: please take photos or scan them to the researcher with your name in the email or subject line: [REDACTED]
 - **Typed on your computer or device**: please send the document(s) to the researcher with your name in the email or subject line:
Howard.Winfield@city.ac.uk.
 - **Recorded by voice**: please transfer the recordings by secure file sharing site, WeTransfer, [REDACTED] to [REDACTED]
Depending on the size of your files in total, you may need to send them in more than one batch.
3. Once the researcher has received your journals, you will then receive an email response with what is called “Debrief” information, which will tell you a little bit more about the study and share some further resources about it.
 4. You have now finished this study - thank you! If you have requested to receive the results of this study, you will be contacted with them once publication has occurred (at least 12 months).

Finally, **if at any point you would like to stop, you are free to do so** and need not let the researcher know. However, if you would like to let the researcher know **or would like your data removed from the study, please email the researcher at the email below.**

Thank you again for giving this study your time and commitment. We hope you found it enjoyable and wish you all the best in your future practice.

Lead researcher,

Howard Winfield MSc MPhil BA(Hons)

[REDACTED]

A list of the attachments

- Participant Information Form - containing everything you need to know about this study.
- How We Store Your Data
- How to Complete this Study
- Useful Contacts

Appendix C – Control Group Email

Dear ,

Thank you for agreeing to participate in the 7-day Self-compassion Study.

The following email contains instructions about what to do next and a list of attachments and files.

What do you do next?

Please read the below instructions:

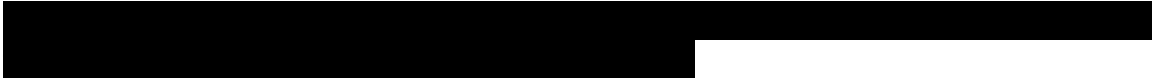
There are seven exercises in total with different themes each day, all of them relating to self-compassion. After each exercise, we would like you to record your reflections in a journal.

The Exercises

Please follow this link to get to the Self-Compassion Exercises - it may help if you save it or add it to your favourites so that you can easily find it again while you're doing the study.

1. You will need a quiet, private space and a comfortable chair.
2. Please go to the exercise each day **by following the above link and listening to the exercise with the corresponding number** (i.e., Day 1: Feeling Seen is called Day 1: Feeling Seen, Day 2: Acknowledging Suffering is called Day 2: Acknowledging Suffering, etc.).
3. Please **listen and follow-along to these exercises while sitting comfortably with your eyes closed.**
4. Please listen to the exercises in consecutive order over the course of a week, i.e., from Day 1: Feeling Seen through to Day 7: Bringing it Together - you do not need to start on a Monday, any day of the week is fine. If you miss or forget a day, don't worry, but please "catch up" the exercise you missed the next day. It is important that you complete the exercises **over 7 days**, so that you can build the practice each day. If the hyperlink to the exercises doesn't work for some reason, please use this link:

[REDACTED]

- 
5. Please listen to the exercise and follow the instructions. **You may listen with earphones/headphones or on speakers**, whichever you would prefer. **You may do the exercises at any time of day**, but we would recommend not doing them when you are about to sleep as it will be harder for you to concentrate.
 6. After each exercise, please record your reflections about how you found it **for no more than about 10 minutes**. This is an opportunity to make note of any feelings or thoughts you had during or after the exercise. To do this, please choose from any of the three options - but please only choose one method:
 - Written on paper – pen or pencil reflections on paper. You will then submit them by taking a clear photo of each of the pages and sending to the researcher – this way, you get to keep your journals. **Please make sure to date each entry.**
 - Typed on your computer or device - you can use any text program (Word, NotePad, Google Docs, etc.) to record your journals. You may find it easier to record them in one document. **Please make sure to date each entry.**
 - Recorded by voice - on most mobile phones, tablets and laptops, there is a voice recording facility (e.g., Voice Recorder for Android, Voice Memos on Apple). If you choose to record your reflections using the spoken word, please ensure that you have enough space available on your device to save the recordings. **Please make sure to date each entry either by naming the file with the date recorded or by saying that day's date at the start of the recording.**
 7. If, at any point, you begin to feel unduly distressed, **please stop the practices and ensure that you are feeling safe again. There is no need to continue if you do not wish to.** Please see some of the useful contacts (attached to this email) for support. If you are in need of immediate support, **please contact a trusted person you know.** The researcher is not available to provide emotional support.
 8. Once you have completed all 7 exercises and journal entries, **please return to this email and follow the instructions below.**

What do you do when you have finished?

Firstly, thank you and congratulations for finishing the study!

5. **Please complete the final questionnaire** which will take only a couple of minutes: [link here to final questionnaire](#).
6. Please then collate your journal entries and send to the researcher using the instructions specific to your method below:
 - **Written journals**: please take photos or scan them to the researcher with your name in the email or subject line: [REDACTED]
 - **Typed on your computer or device**: please send the document(s) to the researcher with your name in the email or subject line:
[REDACTED]
 - **Recorded by voice**: please transfer the recordings by secure file sharing site, WeTransfer, [REDACTED]
Depending on the size of your files in total, you may need to send them in more than one batch.
7. You will receive an email response with what is called “Debrief” information, which will tell you a little bit more about the study and share some further resources about it.
8. You have now finished this study - thank you! If you have requested to receive the results of this study, you will be contacted with them once publication has occurred (at least 12 months).

Finally, **if at any point you would like to stop, you are free to do so** and need not let the researcher know. However, if you would like to let the researcher know or would like your data removed from the study, **please email the researcher at the email below**.

Thank you again for giving this study your time and commitment. We hope you found it enjoyable and wish you all the best in your future practice.

Lead researcher,

Howard Winfield

[REDACTED]

A list of the attachments

- Useful Contacts

Appendix D – Debrief information and Useful Contacts

Dear ,

Thank you again for participating in this study. We hope you found it rewarding in some way.

Now that you have finished, we can tell you a little more about this study. As part of this study, you were randomly allocated to one of two groups when you completed the first questionnaire last week. Both groups were asked to complete exactly the same set of guided meditations and exercises, and to reflect on how you felt after them in your journals. However, one group was asked to complete them while sat facing themselves in a mirror while the other group was asked to complete them while sat with their eyes closed. The reason for this is that we wanted to explore whether using a mirror as part of these exercises had an impact on your sense of self-compassion. We couldn't tell you about this before you started as this would have introduced bias into the study, weakening the results.

In recent years, there has been an increasing interest in the use of mirrors in self-help and therapeutic settings, with theories suggesting that the use of a mirror whilst meditating or practising self-compassion exercises may improve their impact (Carmelita & Cirio, 2021; Well, 2022; Petrocchi et al., 2016). These studies are based on historical use of a mirror in Zen Buddhist settings (Caplow & Moon, 2013) as well as in popular psychology book, *Mirror Work* by Louise Hay (2016), which use mirrors as an opportunity for deep reflection and a space for building a better relationship with oneself. The present study drew upon many of these ideas in order to explore the impact of using a mirror over the course of a week.

This study is part of the requirements for the Doctorate in Counselling Psychology at City, University of London. The results will be made available once they have been published (~12 months). As a reminder, your data will be kept securely and will be totally anonymised in both the thesis and any published material. If you would like to have your data removed from this study, you may do so by contacting the researcher (details at the bottom of this email) **up to 6 weeks after the date of receiving this email**. Unfortunately, after this date, analysis will already have begun and data will not be removable.

If you have felt more distressed as a result of completing this study and are in need of immediate support, please contact a trusted person in your life, or please contact one of the organisations below (or any in the attached document).

Thank you again for choosing to participate,

The researcher.
Howard Winfield
[REDACTED]

Supervised by Dr Alan Priest
[REDACTED]

In case you become unduly distressed during this research, **please contact a trusted person in your life**. Alternatively, if you feel you need immediate support, please contact any of the following organisations found on the following websites:

UK Participants

<https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/useful-contacts/>

Outside-UK

<https://www.helpguide.org/find-help.htm>

Appendix E – Meditation Scripts

1) Being seen

“Hello. Thank you for being here and choosing to practice self-compassion for a week. There are seven practices across seven days. Each practice should last no more than around 10-15 minutes. After each practise, please then write for around 10 minutes or so about how you found that practice. There is no right or wrong way to do this, but hopefully you have chosen your method of recording your reflections – either by pen and paper, on a computer or device, or using a voice recorder.

You may already have a good idea of what compassion and, specifically, self-compassion, is, or you may not. That’s okay. There are a number of definitions, but, generally, the main attitudes we see across traditions are the desire to alleviate suffering, and a willingness to be kind and non-judgmental, towards yourself and others; an open-ness to being more present of our mind’s chatter, be-it through meditation or a mindfulness practice; and an understanding that we are, as beings, all interconnected.

These practices you will be doing over the next week focus on these themes, and they will ask you to adjust your posture, tone of voice and general attitude to one of compassion and to repeat certain phrases – mostly towards yourself. The practices are a bit like guided meditations, if you’ve ever done them; I will ask you to become more conscious of your breathing and your body, and to repeat certain phrases about and towards yourself. I will leave you space to repeat these statements in the silence between me saying them, and I ask that you refer to yourself by your preferred name. So, instead of me saying my name each time, I will occasionally say the word ‘Name’ as a reminder for you to refer to yourself as often as feels natural. Generally, whenever there is a direct reference to yourself, such as, “I know you are suffering” or “I hear you”, try to refer to yourself by name, so that you are really talking to yourself.

Finally, if, during these practises, you feel uncomfortable at any point, remember that you can always stop and come to it again, or stop altogether. I am very grateful to you for agreeing to try these practises over this next week and value your time.

~

Now that I’ve introduced the practices, let’s begin with the first one, making sure that you are sitting comfortably and that you’re not going to be disturbed for the next 10 minutes or so. If you need to make sure that is the case and pause the recording until then, please do. Otherwise, let’s start by just beginning to become conscious of your breath – if you haven’t already. And just taking a few conscious breaths. Perhaps noticing any tension in your body, becoming aware of the different sensations of your

body. Perhaps resting your hands on your lap or your legs... doing whatever it is you do to feel fully settled into this moment. Just feeling the breath emerging and subsiding.

As I said earlier, compassion involves an attitude of kindness and non-judgment... These are qualities we can all foster... perhaps there is someone you know whom you would describe as compassionate... maybe they are someone you admire... You might notice that you can almost see the compassion emanating from them, in the way they hold themselves, or the tone of voice they have, or the way they hold a person's gaze. Perhaps you could try it now... just taking a few breaths and seeing what it might be like to embody that sense of compassion... It may be tricky or it may come naturally... just sitting there, feeling your way into that compassionate stance... I wonder what you notice about yourself, if anything...

I wonder if you might now try and say a few things to yourself from this place... and if you feel no different, that's okay, but perhaps you could just try anyway... It is important when we practise compassion that we are warm with ourselves, rather than critical or judgmental... and that begins by feeling seen... So, perhaps you could start by saying your first name, followed by, 'I see you'... [Name], I see you... I really see you... continuing to refer to yourself... and I want you to know that I will really try my best to see *all* of you... your suffering... your pain... I see you, [name]... and you are safe with me...

And whatever you're feeling right now as you say these things to yourself... just remembering that compassionate stance... to remain aware of your body's reactions with kindness... perhaps remembering the warmth in your voice... or how your face can demonstrate compassion... Perhaps you might feel a smile coming on, perhaps not... You're facing yourself with compassion right now, and whether that's the first time or the thousandth, that's worth celebrating...

Let's try the statements again once more, remembering to yourself by name and seeing if you can hear beyond the sound of my voice and make these words really your own... I see you... I really see you... I want you to know that I see you, right here and now... I know there are things you are struggling with and I want you to know that I see you... I will really try my best to see *all* of you, [name]... I want you to know that you are safe with me...

Thank you for being here today. Take a deep, grounding breath. Remembering your body, your back against the chair perhaps, and take a moment to end this practice in whatever way feels appropriate to you. I am curious how you found this first practice. If you can, perhaps spend 5 or 10 minutes writing down how you found this. If you choose to send your reflections to me, they will of course be treated with the utmost confidentiality. Thank you. See you tomorrow for day two's practice.

2) Alleviating suffering

Hello again. Thank you for being here. Welcome to day two's practice. Yesterday, I introduced some of the main themes of self-compassion and we began to think about our compassionate presence... our tone of voice, our posture, the words we use... all with an attitude of mindfulness and openness to all experience... Today is no different... and we will begin to think about how we approach ourselves when we are suffering... Compassion teaches us that kindness rather than self-criticism is a powerful and loving way to meet ourselves when we are in pain... Perhaps there is something painful in your life at the moment with which you are struggling... Perhaps not... There is no need in this exercise to focus on anything which is difficult or distressing right now... In fact, there is no need to think of anything specific right now at all... Instead, let's get settled into our gentle postures... making sure you are sitting comfortably in the same place you were yesterday and, again, making sure that you are not going to be disturbed for the next five minutes or so...

So, just taking a few deep breaths now and coming to a relaxed position wherever you're sitting... and allowing yourself to become aware of your body... focusing on wherever feels right for you... wherever will allow you to emerge into the present moment...

Just as yesterday I asked you to refer to yourself by your name, please do so again... and just continuing to breathe gently and kindly, whatever you may be feeling or whatever may come up for you... remembering to listen to yourself if you need to pause or stop the recording at any point.

So... [Name], I know that there is suffering in you right now... I know there is pain in you, [Name]... I know that you are doing your best... and I also know that life is challenging... But I am so grateful for how you continue to do what you can for yourself... I am so grateful, [name]... even through your suffering, you are doing the best you can each day... and I want you to know that I am willing to be kinder to you, [name]... I want to be kinder to you... I know that you are suffering in different ways and I know that you are doing your best...

Whatever you may be feeling in this moment, just continuing to breathe and to sit gently, noticing any tension that might have risen in your body... remembering to bring that attitude to compassion in whatever ways that feels right for you... And now as you say more kind things to yourself, really trying to make these statements your own, and seeing if you can believe them a little more this time...

So... repeating again with your name when you can... I know there is pain in you... I know that you are suffering... Life can be so difficult sometimes... there is a lot going on in this world let alone your life... but I am so grateful that you continue to do what you

can for yourself... I am so grateful for you... that despite this suffering, you continue to do the best that you can each day... and I want you to know that I willing to be kinder to you... I want to be kinder to you... because I know that you are suffering... I am going to be kinder to you...

Thank you for being here today. Take a few moments to ground yourself. Remembering your body... your back against the chair perhaps, and just taking a moment to end this practice in whatever way feels appropriate to you. When you are ready, please record your reflections are after this second practice in the same way as yesterday. There is no need to spend more than 10 minutes on this, unless you would like to.

See you tomorrow.

3) Feeling Heard – inspired by Neff, ‘taking care of the caregiver’.

Hello again. Thank you for being here on day three of seven. I wonder how you are finding this process so far. So far, we’ve practiced our compassionate stance and how we can use our body, tone of voice and language to be more kind and non-judgmental to ourselves... Today, we continue in a similar vein by considering the ways in which we take care of ourselves...

So, as always, making sure you are sitting comfortably in the same place, and ensuring that you are going to be free from distractions for the next ten minutes or so...

Let’s begin to focus on our breath again... just coming into the practice now... breathing and settling into the present moment... Maybe that means doing some light stretches, some deeper breaths... moving your head from side to side and returning it to a gentle position... just coming to a place of presence now... As before, let’s demonstrate our compassion by the words we say to ourselves, referring to yourself by name after each statement as best you can... and remaining mindful of your body... so that you can respond with care if need to pause.

So... [Name], I hear you... I hear you, [name]... I want you to know that I am listening to you... I am really trying to listen to you... because I want you to feel safe to express what you are feeling with me... You deserve to be heard... I want you to know that I will listen, I will hear you... I know I may not always have listened to you... and I am sorry if I have not cared enough for you in the past... or if I have ignored your needs or emotions... I want you to know that I am willing to hear you, [name]... I am willing to be gentle, to quieten my mind, so that I can be soft with you and hear you more clearly... I am here for you, [name]... I will always be here for you...

Whatever you may be feeling right now, whatever this practice may be bringing up for you, or not, just remembering to breathe gently and bring your awareness to your body... any tension that may be rising... or emotions which may be coming into or out of focus... just bringing that attitude and stance of compassion to yourself this moment... and now, as before, let's do them again... Maybe you don't really believe these statements, maybe they don't mean anything to you, or maybe you're feeling something from them... But just with that attitude of openness and presence, now really seeing how far you can believe these statements about yourself, whether they're new for you or not... seeing if you can go beyond just listening to my voice... and make them your own... continuing to refer to yourself by name...

Okay, here we go... I hear you... I hear you and want you to know that I am willing to really listen to you more now... You deserve to be heard... I want you to know that I will listen... I will hear you... No matter what you are going through, I want you to feel heard... I am sorry if I have not heard you how you needed me to hear you... of if I have ignored your needs or your emotions... I am sorry... I want you to know that I am willing to hear you... I am willing to be more gentle with you... to quieten my mind so that I can be soft with you and hear you more clearly... I want you to know that I am here for you... I will always be here for you...

Thank you for being here today... Take a few moments to ground yourself... Remembering your body... your back against the chair perhaps, and just taking a moment to end this practice in whatever way feels appropriate to you... When you are ready, please record your reflections after this third practice in the same way as before, spending no more than ten minutes or so.

See you tomorrow.

4) I love you – inspired by Louise Hay

Hello again. Thank you for being here and continuing this practice. Day four (Feeling Loved) and we are over half way into the week's practice... I wonder how you're finding this process... You may be getting used to the procedure now... There is no right or wrong way to do this process... Thank you for continuing to commit to a more compassionate attitude towards yourself... As you might expect, today we continue to practice new ways of speaking to ourselves, continuing to sit in our compassionate stance and to find that softer way of speaking to ourselves... This time, we will begin to talk to ourselves with love... This may be a little more challenging... love can bring up many emotions... so just remember to be gentle with yourself and bring your compassionate self with you into this practice... finding ways through your breath and body to feel safe in the moment... taking a pause if you need...

So, making sure you won't be disturbed for the next ten minutes or so and then just taking a moment to become aware of your breathing, if you haven't already... making

sure you're sitting comfortably in the same place as before... coming into awareness of your spine so that you feel supported... Now, taking a few deeper breaths, down into your abdomen and expanding outwards as you breathe in... and contracting as you breathe out... As we've seen, being compassionate involves our compassionate voice and posture, as well as our words... So, firstly finding that posture and facial expression... being gentle... soft... and don't worry if you're not convinced yet or are struggling to find what feels right... just continuing to do the best you can to show up for yourself...

Now, remembering to refer to yourself by name, let's begin to speak lovingly to ourselves... [Name], I love you... I love you... I really love you... [breathe]... You are so loved, [Name]... I love you... I am so grateful that I get to love you... because you are so loveable... and I am so grateful that I get to learn how to love you even better, [name]... I want you to know that I am willing to learn... because you deserve to feel loved... deeply, deeply loved... and I hope you know that others love you, [Name]... You are so loved... You are so, so loved...

Just continuing to breathe gently... remaining close to our bodies and what may be arising... maintaining that sense of curiosity and openness to this moment... some people may find it challenging to talk about loving themselves... and this isn't a narcissistic sort of love, this is a genuine care and concern for yourself... rooted in empathy... understanding... and kindness...

So, whatever this exercise feels like for you... just keeping in touch with the compassionate stance and breath... and let's go once more into the words, as best as you can being open to them and to really making the words your own... remembering to refer to yourself...

I love you... I *love* you... I really love you... [breathe]... You are so loved, [Name]... I love you... I am so grateful that I get to love you... because you are so loveable... and I am so grateful that I get to learn how to love you even better, [name]... I want you to know that I am willing to learn... because you deserve to feel loved... deeply, deeply loved... and I hope you know that others love you, [Name]... You are so loved... You are so, so loved...

Just taking a few more gentle breaths... remaining open to whatever you're feeling... Making sure that you ground yourself as the practice comes to a close... Perhaps feeling the soles of your feet on the floor... or your hands on your lap... Thank you for being here today. When you are ready, please record your thoughts after this exercise, as you have been doing.

See you tomorrow.

5) Self-acceptance – non-judgement, inner critical voice (insp. Gilbert)

Hello again. Thank you for being here with me on day five of the week's practices. I hope it is providing opportunity for reflection... As with all of these practices, there is a theme which relates to compassion... and this one builds on yesterday's practice about love and begins to think about the nature of that love... When we are compassionate with ourselves, we do our best not to judge ourselves... You may have noticed or already know too-well that we all tend to have an inner critic who shames us or scolds us or else speaks in ways which we could say aren't exactly compassionate... so the challenge in this practice is to bring in a voice of acceptance... being able to accept yourself *as you are* means being able to accept yourself in moments when you might usually be harsh or overly critical... it may even mean accepting that you have an inner critical voice in the first place...

As always, make sure you are comfortable in your usual position and that you won't be disturbed for the next ten minutes or so... becoming aware of your breath... taking a few conscious breaths to begin the practice... allowing the stuff of your day to seep away for these ten minutes and focusing on your body now... perhaps feeling your body against the chair... the weight of your arms or legs... allowing any tension you notice to be released each breath... Finding that compassionate posture... perhaps a lightness to your face muscles... remembering the tone of voice of compassion... So, beginning to speak to those parts of you which you may have trouble accepting... and remembering to refer to yourself...

I accept you, [Name]... every part of you... I know you may feel... that some parts of you are unacceptable... but I want you to know... that you are fundamentally and fully acceptable, [Name]... I want you to know that I accept you unconditionally... I accept you, [Name], in all of your ways... I accept every part of you which you feel is flawed... I know that you may think being critical is helping... but I want you to know... that I am committed... to speaking to you with more acceptance... and understanding... I want to accept you as deeply as I can... in every moment... I accept you...

Just breathing and letting whatever may be coming up to be there, without judgment... this practice... even an opportunity... to accept that you are doing the best you can... just remembering to breathe steadily and gently through this exercise... and once more, perhaps allowing yourself to believe the words... and to forget that you are listening to me... and making these words your own this time... as if you were talking to your best friend... and continuing to refer to yourself...

I accept you... every part of you... I know you may feel... that some parts of you are unacceptable... but I want you to know... that you are fundamentally and fully acceptable... I want you to know that I accept you unconditionally... I accept you, in all of your ways... I accept every part of you which you feel is flawed... I know that you

may think being critical is helping... but I want you to know... that I am committed... to speaking to you with more acceptance... and understanding... I want to accept you as deeply as I can... in every moment... I accept you...

Just taking a few breaths and returning to your body... feeling your weight on the chair... perhaps have a little stretch... Thank you for being here again. Please record how you found that practice, as you have been for the past few days. Thank you.

See you tomorrow.

6) Common Humanity – insp. Neff.

Hello again. Thank you for being here for the penultimate practice in this series of self-compassion practices. By now you may have a sense of what to expect and that the practices remind you of others you've done, or perhaps they are completely new to you. I am interested to hear how you have found the practices and look forward to you sharing your reflections.

Today we continue to practice with a compassionate attitude and stance... but we take our lens a little wider... remembering that part of the commitment to ourselves to alleviate our suffering involves remembering that we are not alone... We may feel that we are alone in our suffering... but we remind ourselves with compassionate living that we are human, and that humans are fallible and imperfect... suffering is part of our shared experience... it is not some personal fault of yours... so today we practice being a warm reminder to ourselves not to apportion blame... and not to take things too personally... We are all in this suffering together... you did not choose to have a brain or a nervous system capable of thought... you did not even choose to be here... but here you are... and here we all are...

As always, let's sit comfortably in the same place and knowing that we won't be disturbed... just becoming aware again of your breathing... the feeling in and out of your body... following it all the way through... perhaps some light stretching of the neck and loosening your shoulders... remembering your compassionate gaze and tone... making sure to refer to yourself as you repeat the phrases...

I know that you are suffering, [Name]... I know that you are frustrated by your flaws... and by the mistakes you have made... which seem to contribute to your suffering... I know it hurts to make mistakes... it hurts to feel that you are not doing enough... or that you have hurt others... but I want you to know... that you are allowed to make mistakes, [Name]... It is okay, [Name]... you are allowed to be imperfect... you are allowed to be frustrated... you are not alone, [Name]... you are a human... you are beautiful... in all of

your many ways... and like everyone else... you are doing the best you can... and some days, that may never feel like enough... and that's okay... you are human...

Just continuing to breathe gently... perhaps allowing yourself to focus again on your body for a moment before beginning again... this time, as before... really trying to make these words your own... and really offering yourself that sense of understanding... that sense of expanding your outlook towards all of human suffering...

So, here we go... remembering to refer to yourself by name... I know that you are suffering... I know that you are frustrated by your flaws... by the mistakes you have made... which seem to contribute to your suffering... I know it hurts to make mistakes... it hurts to feel that you are not doing enough... or that you have hurt others... but I want you to know... that you are allowed to make mistakes... It is okay... you are allowed to be imperfect... you are allowed to be frustrated... you are not alone... you are a human... you are beautiful... in all of your many ways... and like everyone else... you are doing the best you can... and some days, that may never feel like enough... and that's okay... you are human...

Thank you for being here... as always... Maybe take some deep, conscious breaths... allow yourself to return to your body... and when you are ready, record some notes about how you found this penultimate practice, as you have been doing this week.

See you tomorrow.

7) Bringing it together

Hello again, thank you for being here for a final time and for exploring these daily practices this week. I hope you feel you have got something from doing them, and I look forward to reading your reflections about them. As this is the final practice for the week, we will be looking to bring some of these ideas all together... perhaps it is an opportunity for you to reflect on how you felt when you began this process... perhaps there were practices you preferred over others... maybe you found others challenging... I appreciate your openness to returning each day and committing to being more compassionate toward yourself.

Today, we will focus a little more on gratitude... when we bring a sense of gratitude to ourselves... we are reminded that whenever we come to sit in meditation or prayer or mindfulness, whatever the practice... and when we talk with more presence to ourselves, we give space to compassion... which can spread its reach further than just the chair we are sitting on... into our everyday lives and relationships...

As ever, let's make sure we are sitting comfortably and know that we are going to be free of distractions for this final practice... It may feel a little easier to sit into your

compassionate stance... and to bring a sense of warmth to your body... maybe not. Let's just allow whatever is happening for us to be there, without judgment... So, taking a few conscious breaths now... returning to our bodies whatever we were doing before this... whatever we are doing next... allowing our body... and our mind to rest into this moment...

Remembering to refer to yourself, as always... and repeating in the silence between phrases... let's begin by focusing on gratitude towards ourselves, in the same way we might want to tell our best friend... I am so grateful, [Name]... I am so grateful... that you committed to these practices this week... I am so proud of you, [Name]... I know that you did your best this week... ... and for that... I am really grateful... Thank you, [Name]... Thank you for being here... ... Thank you for your presence... ... I love you... I value you, [Name]... I totally accept you... as you are... I see you, [Name]... I hear you... and I want you to know... that I am willing... to continue to treat you with compassion... understanding... warmth... and kindness... I am so grateful, [Name]... for everything that you are...

Just continuing to breathe gently... into your abdomen if that feels comfortable... perhaps reminding yourself of your posture... the softness in your face... whatever these words may be bringing up for you... whatever this entire process has been like for you... just allowing yourself enjoy your own compassionate presence... however you're feeling... and once more, as we go into our final practice together... taking some deep, conscious breaths... seeing how deeply you can give these words and sentiments to yourself... remembering to refer to yourself by name...

I am so grateful... I am so grateful... that you committed to these practices this week... I am so proud of you... I know that you did your best this week... ... and for that... I am really grateful... Thank you... Thank you for being here... ... Thank you for your presence... ... I love you... I value you... I totally accept you... as you are... I see you... I hear you... and I want you to know... that I am willing... to continue to treat you with compassion... understanding... warmth... and kindness... I am so grateful... for everything that you are...

Just allowing yourself to feel where you are in your body... noticing any sensations... and breathing gently... doing whatever you feel you need to do in order to bring this practice to a close...

Thank you for being here and for getting to the end of this week of practice. I really hope you have found this process beneficial in some way for you and I really look forward to hearing from you with your reflections in the coming days... So, as you have been this past week, please record your final reflections... Please return to your original email where you will find instructions on how to upload or send me your reflections... also in that email is a final, very brief questionnaire where I ask you to re-complete the self-

compassion scale now that you have finished the week's practice, where you may be interested in whether you respond differently to questions about self-compassion.

I will be compiling all of the reflections into my research and would be happy to send you the results from this process... Finally, if you are interested in talking at more length about how you found the exercises at a future date and where you would be supporting the development of further practices and research into self-compassion and mindfulness, please let me know by email – you can easily reply to your original email, or wait to hear from me in the coming days with debrief information, and where I will offer you an opportunity to check-in about how you are doing after this week...

Thank you again for being with me this week... I look forward to hearing about how you found these exercises... and wish you all the very best in your ongoing practices.

Appendix F – Extract from Narrator ‘Gwen’, Days 1, 2 and 6, 7.

Day 1: Feeling Seen

Just hearing in the introduction to the study that I would have to speak to myself, made me feel uncomfortable. Especially that I would have to refer to myself by name. I have always struggled to say my name, even when asked it by a stranger. It feels strange to my ears and I feel embarrassed that I even have a name. I’m not sure that that makes sense, but that’s what it feels like. That by having a name, I am more noticeable in the world. I thought that it was because I didn’t like my name, the name that my Grandma chose for me. But that’s not the case, I’m sure that it is a beautiful name and rich in history. It’s just that when related to me, it feels foreign and ugly.

I think that’s how I felt growing up, icky. I always used to say to myself that I needed to sort myself out, in that I needed to be fixed. Once I was fixed, everything would be OK. I felt unworthy. But, I have done a lot of work on myself over the years and so I am better placed now to be able to do this than I would have been a few years ago. I’m not sure that I would have been able to do it then.

Staring myself in the eyes was easier that I imagined too, although I couldn’t help but notice where my middle-aged face is starting to droop around the jowls and the hardness that wasn’t there in my youth. I remembered the cruel comments from 25 years ago, some unknown person telling me that was face was not symmetrical. That obviously stuck.

I found myself distracted by trying to remember how I felt during the session, to note down afterwards, but tried to ignore that and focus. I referred to myself by the shortened version of my name, the one that those who know me best use. The people that I can be my true self around. That felt easier than using my full name.

I’ve always hated the sound of my voice too, something else that goes back to my childhood. I knew that speaking to myself would feel weird, but it was bearable.

By the end of the practise, I started to feel a little emotional, but also very relaxed and sleepy. I’m interested to see where the next week leads.

Day 2: Acknowledging Suffering:

I did the practice a little later than yesterday and I felt a little anxious. Just the energy of the things that I had been doing beforehand and the thoughts of the things that I needed to do afterwards whirring in my brain. But as soon as the meditation started, I began to feel sleepy. I was a little distracted by the length of some of the statements. The longer ones were more difficult to remember and so I was concentrating on getting them right.

As with yesterday, I couldn't help but notice my appearance. The hardness of my face, the ageing. But mid-way though my gaze seemed to soften and that disappeared, replaced with a softness instead. I could see the beauty that lay there, even in my relaxed clothes, with no make-up, messed up hair.

Saying my name still felt awkward but repeating the statements was OK. I was interested by the fact that, when repeating the statements about having struggles in my life, this felt like a lie. While I do have baggage from my earlier life, as we all do, I am so much more fortunate than most. And I am aware of most of them and am working through them with openness and curiosity.

There are still definitely things that are holding me back, I feel like I revealing my true self and I'm excited about that.

Day 6: Common Humanity:

Out of all of the practices so far, this one perhaps resonated the most. I have, especially in my past, spent a lot of time considering all of the mistakes that I have made. Times that I have upset people, intentionally or not, going over and over things that I have said and wondering if I have caused offence. Feeling terrible for gossiping about people and delighting in it in the moment.

An ongoing concern that I have is that I am not doing enough. That I am running out of time and yet I continue to waste it. Despite having a vast mental load to work through every day, every day I lament my lack of progress in a particular area. I know that I am not lazy but I wonder why I am so resistant to do the things that I really want to do, or those things that I know are good for me.

Telling myself that this is OK, that we're all just doing our best and that we are only human felt good. I guess realising that these feelings are not unique to me is freeing, because sometimes I feel like everyone else is doing just fine and that I am the only person who is struggling.

It reminds me that honest communication is as freeing to me as it is to others. That my talking about how I feel, may help somebody else who is suffering in silence. And that is my aim in life, to forge connection and to help others heal. But in order to do that, I need to remember that it's ok for me make mistakes. That to struggle, to have good days and bad is just part of the human condition.

Day 7: Bringing it Together:

I'm proud of myself for sticking with the practices this week. It would have been easy for me, particularly on Friday, not to continue. It didn't matter what time of day I did the

meditations, they made me very sleepy. There were times when I was resistant but I always felt better for having done them.

With regards to today's practice, the phrase that stuck out to me the most was "I accept you". I think that accurately reflects what I most want for myself. To accept myself completely as I am and let go of the need to 'fix'.

Using my name didn't get any easier, but talking to myself in the mirror did. By the final day, I didn't even think about it. Although I still find myself noting my flaws. But, I was aware of it, so that in itself is positive.

I think the biggest lesson that I took from this week is that I have come a long way. I am more compassionate toward myself than I would have been a few years ago. I feel worthy of love and I know that I have a good heart. I'm slowly letting go of the need for perfection in my life and am working towards accepting myself exactly as I am. I'm doing OK and it was nice to have that shown to me so thank you.

Appendix G – "Empathic responding" to Gwen, full read-through and Days 1, 2 and 6, 7

S7 Full read-through

28/05

Nerves, always nerves. Also the name
Important for discussion. This came from
Louise Hay - Should I have said "by
whatever name you call yourself?"

Tone of voice. Sleepiness. Threat?
Softened face eventually. Longer the
Statement, more anxiety-provoking.
Realisation, reflection, reminiscing?
Feeling to be able to see that ~~the~~ others
are suffering like we are: common humanity.
Using a mirror - attunement over time?
Overall, again, a reminder and an
opportunity to engage with yourself.

Day 1

Something more significant about using one's name than I thought. I am looking forward to discussing this. Looking at herself was a ~~peaceful~~ more peaceful act than perhaps she was expecting. But there was a sense of reminiscence, of age and passing of time. I like that she adopted how she referred to herself. This entry felt really reflective and considered; sections of thoughts and times of clear self-compassion in how patient and how peaceful she was - by the end, she was more emotional. I wonder if this is the kind of attunement over time? The physiological change?

Day 2

I wonder why she had become sleepy? My voice? Hypnotic? A sense of what state her mind was in before and during the exercise. Again, the mirror was not a distraction but somewhat of an aid to compassion I think - there is a beautiful transformation from hard to soft; recognition of her own beauty. It was touching; musing this for me or for her? Journals are both I think.

Interested that this meditation also had statements which were perhaps too situation-specific i.e. differing, and this was slightly jarring for her.

She is experienced and there is a sense of having worked through a lot already. Perhaps there is something about these sorts of meditations that help ^{her} ~~you~~ to situate herself now and these statements can act as things which ~~dance off~~ or remind you of how much has now changed.

Day 6

This is a really rich description of her expectations of herself - how she feels she is not doing enough and that she needs to do more, a kind of criticism and judgment of self; how important it seems for her that using common humanity to reduce the shame (?) is for her. She is not alone. Part of the human experience and so ~~crucial~~ crucial in her line of work or purpose. Freeing. Freeing. I wonder if her being able to engage ~~in~~ herself using her tone is important - this coming after the day she used her tone more intentionally, No mention of mirror - used to it?

Day 7

Grateful for her having done this hard work through the sleepiness and the emotional load of doing this anyway. Talking to herself in the mirror really seemed to get easier - did it create the space for an encounter with herself which allowed her to see what was what in her life and what was not? She could begin to accept herself and I wonder ~~if~~ if there were any key points from the week. The practices "showed" her her maybe? As she is now?

Appendix H – Examples of initial transcript coding of Gwen

1 Self-compassion study reflections

2 3 Day 1:

4
5 Just hearing in the introduction to the study that I would have to speak to myself,
6 made me feel uncomfortable. Especially that I would have to refer to myself by
7 name. I have always struggled to say my name, even when asked it by a stranger. It
8 feels strange to my ears and I feel embarrassed that I even have a name. I'm not
9 sure that that makes sense, but that's what it feels like. That by having a name, I am
10 more noticeable in the world. I thought that it was because I didn't like my name, the
11 name that my Grandma chose for me. But that's not the case, I'm sure that it is a
12 beautiful name and rich in history. It's just that when related to me, it feels foreign
13 and ugly.

14
15 I think that's how I felt growing up, icky. I always used to say to myself that I needed
16 to sort myself out, in that I needed to be fixed. Once I was fixed, everything would be
17 OK. I felt unworthy. But, I have done a lot of work on myself over the years and so I
18 am better placed now to be able to do this than I would have been a few years ago.
19 I'm not sure that I would have been able to do it then.

20
21 Staring myself in the eyes was easier than I imagined too, although I couldn't help but
22 notice where my middle-aged face is starting to droop around the jowls and the
23 hardness that wasn't there in my youth. I remembered the cruel comments from 25
24 years ago, some unknown person telling me that my face was not symmetrical.
25 That obviously stuck.

26
27 I found myself distracted by trying to remember how I felt during the session, to note
28 down afterwards, but tried to ignore that and focus. I referred to myself by the
29 shortened version of my name, the one that those who know me best use. The
30 people that I can be my true self around. That felt easier than using my full name.

31
32 I've always hated the sound of my voice too, something else that goes back to my
33 childhood. I knew that speaking to myself would feel weird, but it was bearable.

34
35 By the end of the practice, I started to feel a little emotional, but also very relaxed
36 and sleepy. I'm interested to see where the next week leads.

37 38 Day 2: Tuesday 2nd April 2024

39
40 I did the practice a little later than yesterday and I felt a little anxious. Just the energy
41 of the things that I had been doing beforehand and the thoughts of the things that I
42 needed to do afterwards whirling in my brain. But as soon as the meditation started,
43 I began to feel sleepy. I was a little distracted by the length of some of the
44 statements. The longer ones were more difficult to remember and so I was
45 concentrating on getting them right.

HW Howard Winfield

Mirror was not a distraction.

@mention or reply

HW Howard Winfield

Noticing ageing of face.
Noticing change

@mention or reply

HW Howard Winfield

Seeing face reminder of painful
experiences by others.
Painful words from others
internalised.

@mention or reply

HW Howard Winfield

Having to complete a diary was
distracting.

@mention or reply

HW Howard Winfield

Deciding to refer to herself how she
wants to - empowering. Agency.
Name is important.

June 5, 2024 at 3:08 PM

@mention or reply

HW Howard Winfield

Choosing a name which is powerful
for herself.

@mention or reply

HW Howard Winfield

Sound of own voice is difficult -
distracting?

@mention or reply

Appendix I

Meet the Narrators

The No-Mirror Group (6)

Laurie

Laurie is in her 60s and has some meditation experience. She is in the UK and came to this research via social media recruitment. Laurie has chronic health issues and anxiety which made her more curious about this study as she had heard of the benefits of compassion. She chose to type her journals and reported that she completed the seven meditations over seven days, with no breaks or missing days. Laurie wrote in detail across the seven days, describing her experiences from a particularly embodied perspective, relating to the physical symptoms she experiences daily. She found the practices of talking to herself to be powerful in several ways, as a source of comfort and care when she needed to respond to herself in this way – indeed, she even took up the practices more than once a day some days, returning to them later in the day to repeat them. She also found using her own name to be a powerful addition to these practices, as if by using her name, she listened with more intention. At times, Laurie seemed to use the diary as a diary, exploring her life history and certain memories which were illuminated by these meditations, and occasionally seemed to struggle with a part of herself who refused to believe that she deserved compassion. However, it seemed that by the end of the week, she had found a more compassionate voice and a sense of commitment to continuing these practices.

Marika

Marika is in her 40s and has significant meditation experience. She is a mindfulness teacher, and perhaps this is what enabled her to write with clarity and precision about her mind and body's responses and reactions to the meditations. Marika also has a chronic health condition. She is in the UK and came to the research through

social media recruitment. Marika chose to type her journal entries and completed all seven meditations, though she had a break between Days one and two due to an event out of her control, so she completed the seven meditations over eight days. Marika's narrative was one of curiosity about how the meditations would impact her because she had a good understanding of self-compassion already. She explored how certain statements reminded her of memories from childhood, describing these in intimate detail and how she responded to her emotions in the present using her compassionate stance and tone of voice with herself. She wrote almost as if to demonstrate how compassion can be used when faced with intense emotions because, at times, some of the statements created tension or dissonance on days when she did not feel as deserving of compassion. This was also closely connected to her identity as a mother who compared herself with others and held herself to high standards, something which she recognised through this process. Overall, it was as if Marika was using the meditations and journaling to connect her current sense of herself with overall self-development, calling upon characters such as the 'universe' to demonstrate how some meditations seemed to be especially pertinent on some days.

Amanda

Amanda is in her 50s and has significant meditation experience, also working as a yoga instructor. She is in the UK and came to the research by social media recruitment. Amanda chose to write her journals by hand and completed all seven meditations, and in fact she repeated day six (*Common Humanity*) three times – twice on the sixth day and once more on day seven (*Bringing it Together*). Amanda has experience with self-compassion, so she was curious about how she would find these meditations. Her experience of the first four meditations was of a steadily-building foundation in which she chose particular statements or mantras from each day and included them in her day-to-day life as reminders, something which she said was a comforting and soothing experience. Amanda was often curious about how others who did not have experience of self-compassion might experience these meditations. From the fifth day, Amanda began

to use her journal as more of a diary, exploring in depth her challenging feelings towards her daughter who was experiencing mental health difficulties. It meant that Amanda's narrative became somewhat 'hijacked' by an unfolding situation between them, but that all through it, she used the meditations as ways to anchor herself and apply *in-vivo* some of the themes to her current situation; quite aptly, Amanda described this as being like free therapy, the combination of self-compassion meditation and journaling for an interested audience.

Alice

Alice is in her 20s and has some experience of meditation. She is in the UK and came to the research via social media recruitment. Alice chose to type her journals and completed all seven meditations, though she had two days 'off' between days three and four, so she completed them in nine days. Alice wrote her journals in a systematic way, producing a similar structure each day, exploring the meditations' impact on her and how she responded to the feelings of listening and experiencing talking to herself – which she found novel but eye-opening. She adapted some of the practices for herself, choosing to repeat certain statements over others and finding a sense of increased intention for being compassionate with herself. This was coupled with an almost philosophical exploration of some of the concepts of self-compassion, especially her sense that, having examined it during the meditations, it seems almost ridiculous that we might talk to ourselves in our inner chatter with negativity we would not do towards others – so why not talk to ourselves with kindness? Ultimately, she found this method of engaging herself to be powerful but would not necessarily continue with meditations which incorporate them.

Carmen

Carmen is in her 40s and has significant experience of meditation and is a wellbeing coach. She is in the UK and came to this research via social media recruitment. She completed all seven meditations across seven days without any missed days. Alice

chose to type her journals and was succinct in her writing style, but consistent throughout, writing in an emotive way, conjuring images of her inner parts – her inner child, teenager and young adult. Some of the statements Carmen finds challenging to incorporate into her beliefs about herself, and some of them seeming to resonate with different parts of herself at different times. It seems to emerge in her narrative that she is hoping to integrate these parts so that they all feel connected and understood, and by the end of the week, she wrote that there had been a shift and she felt them all together, as one. Her focus then returned to the present day, looking outwards towards other people in her life, as if emerging from a week of inner work and finishing by moving back out into the world.

Josie

Josie is in her 50s and has some experience of meditation, working as a holistic therapist. She is in the UK and came to this research via snowball method (i.e., word of mouth). She completed all seven meditations across seven days without any gaps. She chose to type her journals and wrote brief sentences for each of them, beginning with some enthusiasm and more in-depth reflections, finishing with more succinct, somewhat pensive writing which might reflect how challenging she found the meditations, especially believing that she was loveable. She has a strong identity as a mother and found herself reflecting on her high expectations and sense of perfectionism as a mother, and how she can often feel that she is disappointing herself and her family. She struggled to apply some of the exercises to her life, finding that she did not believe a lot of them about herself, but that she tried and became open to some of these ideas over time. Overall, she found these meditations eye-opening in how little she tends to offer herself understanding and kindness.

Table 1*Percentage of Compassion-associated words used by participants across daily practices*

Day / Narrator	1	2	3	4	5	6	7	Word Count (Average)	Average
Mirror group participants (n=5)								167	1.44
Gladys	0.00	0.00	0.00	2.56	2.44	0.00	1.96	48	0.99
Ewan	0.99	1.91	3.13	4.69	1.63	1.04	2.64	254	2.29
Lisbeth	1.05	1.39	1.16	2.50	1.43	0.00	2.52	158	1.44
Chiara	0.00	0.65	2.37	3.13	0.84	0.79	1.37	121	1.31
Gwen	0.00	0.00	0.53	2.66	2.21	1.03	1.73	252	1.17
Non-Mirror group participants (n=6)								158	2.54
Amanda	3.73	8.11	4.14	5.00	2.86	1.61	2.76	157	4.03
Carmen	2.13	1.45	2.33	2.99	0.00	0.00	9.62	76	2.74
Laurie	2.96	2.22	0.00	4.20	3.82	0.00	3.77	191	2.42
Marika	1.98	0.68	0.99	0.63	1.81	1.33	0.00	227	1.06
Josie	1.19	1.41	2.83	3.61	5.00	11.54	1.92	78	3.92
Alice	0.48	2.01	0.00	1.32	1.14	1.56	0.77	181	1.04
Sample Average	1.38	1.80	1.59	3.03	2.11	1.72	2.64	158	2.04

Note: The Compassion dictionary scores represent percentages of compassion-associated words in each person's daily journal entry.

Table 2

Percentage of Compassion-associated words (minus the word 'Love') used by participants across daily practices

Day / Narrator	1	2	3	4	5	6	7	Word Count (Average)	Average
Mirror group participants (n=5)								167	1.16
Gladys	0.00	0.00	0.00	0.00	2.44	0.00	1.96	48	0.62
Ewan	0.99	1.91	3.13	0.00	1.63	1.04	2.20	254	1.55
Lisbeth	1.05	1.39	1.16	0.63	1.43	0.00	2.52	158	1.43
Chiara	0.00	0.65	2.37	2.08	0.84	0.79	1.37	121	1.15
Gwen	0.00	0.00	0.53	2.13	2.21	1.03	1.30	252	1.03
Non-Mirror group participants (n=6)								158	2.05
Amanda	3.73	8.11	4.14	1.25	1.71	1.21	3.20	157	3.20
Carmen	2.13	0.00	2.33	2.99	0.00	0.00	7.69	76	2.16
Laurie	2.96	2.22	0.00	4.20	3.82	0.00	3.77	191	2.42
Marika	1.98	0.68	0.99	0.63	1.81	1.33	0.00	227	1.06
Josie	1.19	1.41	2.83	3.61	5.00	11.54	1.92	78	3.27
Alice	0.48	2.01	0.00	0.66	1.14	1.56	0.39	181	0.89
Sample Average	1.38	1.80	1.59	3.03	2.11	1.72	2.64	158	1.62

Table 3 Mindfulness Dictionary Results*Percentage of Mindfulness-associated words used by participants across daily practices*

Day / Narrator	1	2	3	4	5	6	7	Word Count (Average)	Average
Mirror group participants (n=5)								167	5.16
Gladys	0.00	5.88	11.32	0.00	12.2	1.67	9.80	48	5.84
Ewan	4.93	7.25	1.04	3.65	4.89	4.15	4.41	254	4.33
Lisbeth	6.84	9.72	3.49	1.88	6.43	4.26	3.14	158	5.11
Chiara	11.82	3.27	3.55	5.21	4.20	0.79	9.59	121	5.49
Gwen	4.44	6.01	1.05	6.91	5.75	4.79	6.49	252	5.06
Non-Mirror group participants (n=6)								152	6.66
Amanda	8.96	13.51	7.69	3.75	6.86	3.63	9.22	157	7.66
Carmen	10.64	5.80	6.98	4.48	3.03	10.00	7.69	76	6.95
Laurie	8.88	8.89	6.08	5.80	9.16	8.72	11.32	191	8.41
Marika	5.14	5.48	3.96	4.40	5.19	7.11	3.66	227	4.99
Josie	7.74	8.45	2.83	3.61	10.00	11.54	7.69	78	7.41
Alice	3.38	7.38	9.42	0.00	3.41	5.21	3.09	181	4.55
Sample Average	6.62	7.42	5.22	3.61	6.47	5.62	6.92	158	5.98

Note: The Mindfulness dictionary scores represent percentages of Mindfulness-associated words in each person's daily journal entry.

Table 4*Percentage of words relating to Positive Emotion across each participants' journals*

Day / Narrator	1	2	3	4	5	6	7	Word Count (Average)	Average
Mirror group participants (n=5)								167	1.53
Gladys	4.80	0.00	0.00	2.60	0.00	3.30	0.00	48	1.53
Ewan	0.30	0.80	0.50	4.70	1.60	1.00	0.20	254	1.30
Lisbeth	2.60	0.70	0.00	3.10	0.00	0.00	2.50	158	1.27
Chiara	7.30	1.30	0.00	3.10	0.00	0.80	2.70	121	2.17
Gwen	0.30	0.90	0.50	5.30	0.90	1.40	0.00	252	1.33
Non-Mirror group participants (n=6)								152	
Amanda	2.20	2.70	1.20	5.00	1.70	0.40	3.20	157	2.34
Carmen	0.00	1.50	3.50	0.00	1.50	2.00	1.90	76	1.49
Laurie	0.00	1.50	0.60	4.60	1.20	0.50	1.90	191	1.47
Marika	0.40	0.70	1.50	0.60	0.20	0.90	0.60	227	0.70
Josie	0.60	0.00	0.90	3.60	2.50	0.00	0.00	78	1.01
Alice	0.50	2.70	0.00	2.60	0.60	0.50	1.20	181	1.16
Sample Average	1.73	1.16	0.79	3.20	0.93	0.98	1.29	158	1.43

Note: The Mindfulness dictionary scores represent percentages of Mindfulness-associated words in each person's daily journal entry.

Table 5*Percentage of words relating to Negative Emotion across each participants' journal entries*

Day / Narrator	1	2	3	4	5	6	7	Word Count (Average)	Average
Mirror group participants (n=5)								167	1.66
Gladys	0.00	2.00	0.00	0.00	2.40	0.00	7.80	48	1.74
Ewan	0.00	0.00	0.00	0.00	2.20	6.20	2.20	254	1.51
Lisbeth	2.10	2.10	1.20	1.30	2.90	1.40	3.10	158	2.01
Chiara	1.80	3.30	3.60	3.10	0.00	0.00	4.10	121	2.27
Gwen	1.00	0.40	0.50	0.50	0.00	1.70	1.30	252	0.77
Non-Mirror group participants (n=6)								152	1.89
Amanda	0.00	2.70	0.60	1.30	3.40	3.20	4.20	157	2.20
Carmen	2.80	2.90	1.20	0.00	0.00	2.00	3.90	76	1.83
Laurie	4.10	3.00	2.80	0.80	3.10	2.10	7.60	191	3.36
Marika	1.20	3.40	1.00	1.30	0.70	0.90	1.80	227	1.47
Josie	3.60	0.00	1.90	1.20	0.00	0.00	5.80	78	1.79
Alice	1.50	0.00	0.70	0.00	0.00	1.60	1.20	181	0.70
Sample Average	1.64	1.80	1.23	0.86	1.34	1.74	3.91	158	1.78

Table 6*Percentage of words with Positive Tone in participants' daily journals*

Day / Narrator	1	2	3	4	5	6	7	Word Count (Average)	Average
Mirror group participants (n=5)								167	4.72
Gladys	7.14	1.96	1.89	2.56	2.44	5.00	13.73	48	4.96
Ewan	3.29	3.05	5.73	9.38	4.89	2.07	6.15	254	4.94
Lisbeth	6.84	3.47	3.49	3.75	3.57	2.13	4.40	158	3.95
Chiara	10.00	3.92	6.51	4.17	1.68	1.57	10.96	121	5.54
Gwen	3.77	2.15	2.11	8.51	3.54	2.74	6.06	252	4.13
Non-Mirror group participants (n=6)								152	5.13
Amanda	5.97	9.46	7.10	5.00	6.86	4.03	8.29	157	6.67
Carmen	2.84	1.45	5.81	0.00	1.52	6.00	7.69	76	3.62
Laurie	2.96	3.7	3.87	6.72	5.34	4.10	8.81	191	5.07
Marika	2.77	6.16	2.48	4.40	4.29	3.98	4.27	227	4.05
Josie	4.17	5.63	4.72	6.02	10.00	7.69	7.69	78	6.56
Alice	2.42	6.71	5.07	5.92	3.98	4.69	5.02	181	4.83
Sample Average	4.75	4.33	4.43	5.13	4.37	4.00	7.55	158	4.93

Table 7*Percentage of words associated with Negative Tone in participants' daily journals*

Day / Narrator	1	2	3	4	5	6	7	Word Count (Average)	Average
Mirror group participants (n=5)								167	2.23
Gladys	0.00	3.92	0.00	0.00	4.88	1.67	0.00	48	1.49
Ewan	0.33	1.91	0.52	1.56	5.43	8.29	0.22	254	2.61
Lisbeth	5.79	2.08	1.16	1.25	4.29	1.42	2.52	158	2.64
Chiara	1.82	5.88	3.55	3.13	0.00	1.57	2.74	121	2.67
Gwen	1.73	1.72	1.58	2.13	1.77	3.42	0.00	252	1.76
Non-Mirror group participants (n=6)								152	2.56
Amanda	0.00	2.70	0.59	1.25	5.14	4.84	3.23	157	2.53
Carmen	2.84	2.9	2.33	0.00	0.00	4.00	1.92	76	1.99
Laurie	7.10	5.93	3.87	3.36	6.11	5.13	1.89	191	4.77
Marika	3.56	4.79	2.48	1.26	1.81	1.33	0.61	227	2.26
Josie	4.76	2.82	5.66	3.61	0.00	0.00	0.00	78	2.41
Alice	1.45	0.67	0.72	1.32	0.57	3.65	1.16	181	1.36
Sample Average	2.67	3.21	2.04	1.71	2.72	3.21	1.29	158	2.41

Table 10*Percentage of Autonomy-related words in each participants' daily journals*

Day / Narrator	1	2	3	4	5	6	7	Word Count (Average)	Average
Mirror group participants (n=5)								167	0.44
Gladys	0.00	0.00	0.00	0.00	0.00	0.00	1.96	48	0.28
Ewan	0.00	0.00	0.00	1.04	0.54	0.00	0.22	254	0.26
Lisbeth	1.05	0.00	1.16	0.00	0.00	4.26	1.26	158	1.10
Chiara	0.00	0.65	0.00	0.00	0.84	0.00	0.00	121	0.21
Gwen	0.25	0.43	0.00	0.00	0.88	1.03	0.00	252	0.37
Non-Mirror group participants (n=6)								152	0.42
Amanda	1.49	1.35	0.00	0.00	0.00	0.00	0.46	157	0.47
Carmen	2.13	0.00	0.00	0.00	0.00	0.00	0.00	76	0.31
Laurie	0.59	0.74	1.10	0.42	0.00	1.03	0.00	191	0.37
Marika	1.19	0.00	0.99	0.00	0.45	0.00	0.61	227	0.46
Josie	0.00	0.00	1.89	1.20	0.00	0.00	1.92	78	0.72
Alice	0.00	0.00	0.00	0.66	0.00	0.52	0.00	181	0.17
Sample Average	0.43	0.28	0.47	0.30	0.25	0.62	0.58	158	0.43

Table 9*Percentage of Controlling-associated words in participants' daily journals*

Day / Narrator	1	2	3	4	5	6	7	Word Count (Average)	Average
Mirror group participants (n=5)								167	0.69
Gladys	4.76	1.96	0.00	2.56	0.00	1.67	0.00	48	1.56
Ewan	0.66	1.15	1.56	0.00	1.09	0.52	1.32	254	0.90
Lisbeth	1.58	0.69	0.58	1.25	0.71	0.00	0.63	158	0.78
Chiara	0.00	0.00	0.00	0.00	0.00	0.00	0.00	121	0.00
Gwen	1.23	0.00	0.00	0.00	0.00	0.3	0.4	252	0.23
Non-Mirror group participants (n=6)								152	0.63
Amanda	0.00	0.00	0.00	0.00	0.00	0.40	0.00	157	0.06
Carmen	0.00	1.45	0.00	0.00	0.00	10.00	1.92	76	1.91
Laurie	1.18	0.00	0.00	0.00	0.76	0.51	0.00	191	0.35
Marika	0.00	0.00	0.00	0.00	0.23	0.00	1.83	227	0.29
Josie	2.38	0.00	0.94	1.20	0.00	0.00	0.00	78	0.65
Alice	0.48	1.34	0.72	0.00	0.00	1.04	0.00	181	0.51
Sample Average	1.12	0.60	0.35	0.46	0.25	1.32	0.63	158	0.66

Table 10*Percentage of first-person pronoun words across each participants' journal entries*

Day / Narrator	1	2	3	4	5	6	7	Word Count (Average)	Average
Mirror group participants (n=5)								167	16.17
Gladys	21.43	17.65	16.98	17.95	12.20	23.33	25.49	48	19.29
Ewan	20.39	17.18	19.27	10.42	16.85	12.95	13.00	254	15.72
Lisbeth	23.68	11.81	13.95	20.00	18.57	13.48	17.61	158	17.01
Chiara	11.82	14.38	13.61	14.58	15.13	14.17	15.07	121	14.11
Gwen	14.57	12.88	14.21	20.74	11.06	12.33	17.32	252	14.73
Non-Mirror group participants (n=6)								152	13.67
Amanda	14.18	16.22	15.38	17.5	18.29	14.92	9.68	157	15.16
Carmen	14.89	13.04	12.79	8.96	10.61	10.00	13.46	76	11.96
Laurie	13.61	10.37	14.92	16.39	15.27	7.69	18.24	191	13.78
Marika	12.25	8.9	13.86	13.84	13.77	9.78	16.46	227	12.69
Josie	20.83	12.68	14.15	21.69	5.00	15.38	7.69	78	13.92
Alice	14.49	13.42	13.77	12.5	16.48	16.15	15.06	181	14.55
Sample Average	2.67	3.21	2.04	1.71	2.72	3.21	1.29	158	14.81

Part Two: Publishable Paper

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Journal: Journal of Mixed Methods Research
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1 Abstract

The therapeutic use of mirrors has been well-researched in clinical populations. Their wider use for wellbeing remains unclear. This research explored the impact of completing a week-long Self-Compassion intervention in front of a mirror compared with keeping eyes closed. Participants were experienced mindfulness practitioners who completed journals after each exercise. Self-Compassion Scale (SCS) scores were measured pre- and post-intervention; Linguistic Inquiry and Word Count (LIWC-22), statistics, and Narrative Inquiry (NI) were used to analyse participant diaries both quantitatively and qualitatively. There was no statistically significant difference between the average SCS scores between groups; there were statistically significant differences in LIWC-22 data, and integrating NI findings suggested that a mirror was distracting, but not completely without benefit.

2 Keywords

Mirror, Meditation, Self-Compassion, LIWC-22, Narrative Analysis, Pragmatism

3 Introduction

Mixed methods research (MMR) can enhance the value of both quantitative and qualitative research methods (Bryman, 2006; Creswell & Plano Clark, 2011). However, there remain issues with ensuring that MMR integrates approaches rather than simply employed in “parallel” (Hesse-Biber, 2015, xli quoted in Wenger-Trayner et al., 2019, p. 321). Fetters et al. (2013) have argued that integration of mixed methods can happen at multiple levels of research: at the design, method and interpretation and reporting levels, or a combination of some or all of these. This study used an exploratory sequential design where the researcher collected and analysed qualitative data (narratives in the form of daily journals) which were then analysed using quantitative analyses. The study explored the impact of a mirror on participant self-compassion during a week-long self-compassion meditation intervention. Participants wrote journals after each daily exercise. These

journals were analysed using a combination of both “orthodox” and “evocative” methods of narrative inquiry (Bochner & Riggs, 2014, p. 207) to explore the experiences of participants in-depth with a focus on responding empathically to narratives. They were then analysed using the computerised word analysis software, Linguistic Inquiry and Word Count (LIWC-22; Francis & Pennebaker, 1992; Boyd et al., 2021) and statistical analyses (t-tests), to explore wider themes and trends in word use which were less visible through narrative inquiry alone. It is less common for LIWC-22 to be combined with qualitative analyses. Therefore, this study offers a successful method of integrating these methods which can be adapted for use across psychological research involving diaries.

The combination of qualitative and quantitative narrative methods are in tension with each other at several levels, not least in their epistemological foundations. For example, LIWC-22 has been used in numerous studies to demonstrate that word use is a marker of psychological states (Boyd & Schwartz, 2021; Pennebaker & King, 1999; Pennebaker & Stone, 2003; Tauscik & Pennebaker, 2010). This is a rationalist perspective of humanity, suggesting that knowledge is there to be ‘extracted’ from texts. It is in clear tension with qualitative narrative analysis which emerged out of the narrative turn in psychology (e.g., Polkinghorne, 1995) and which views knowledge as constructed, especially knowledge constructed by researchers (Gergen, 1992). The author embodied a pragmatic approach to this research which he argued resolved some of these tensions by focusing on the *utility* of findings for the practices of counselling and psychotherapy over methodological issues (cf. Rorty, 1982; Fishman, 1999; James, 1907; Dewey, 1908).

3.1 Mirrors

Mirrors have fascinated and disturbed humans for millennia. By the Middle Ages in Europe, mirrors were said to be imbued with great symbolism; Jan van Eyck’s *Arnolfini Portrait, Bruges*, 1434 AD showing a central mirror in detail, said to possibly reflect the husband’s piety or the wife’s recent death (Hicks, 2011). In Greek mythology, more famously, Narcissus succumbs to his own mirror image while he gazes into a body of

water – his story later becoming the context for the English word *narcissistic*, to mean one who is said to excessively admire themselves (Oxford English Dictionary).

In psychology's early history, mirrors served as important tools of observation in infant studies (Freud, 1900, 1920). Lacan (1949, 1953) then argued that infants who recognised and played with themselves in a mirror had developed a healthy sense of separation from their mother. This developed into the “mirror mark” test (e.g., Gallup, 1970) argued as evidence for self-awareness and of being in possession of a self-concept (Rochat & Zahavi, 2011). This has since been questioned (Heyes, 1994; Suddendorf and Butler, 2013), and variability among cultural groups suggests that how we respond to ourselves in a mirror relates to our cultural practices with them (Broesch et al., 2011).

In the Global West, we are generally socialised to using a mirror to identify ourselves, and it has been suggested that the same neurological systems used in responding to others is active when looking at ourselves (Tramacere, 2022). This may relate to ‘mirroring’, the attunement between mother and infant (Kernberg et al., 2016; Sima, 2014) which has been argued to have a neurological basis (e.g., Iacoboni, 2009).

3.2 Mirrors in psychological wellbeing

In experimental psychology, mirrors have been used to explore the effects of mirror gazing on various traits such as self-compassion (Petrocchi et al., 2017), self-awareness (Mahoney, 1991), and introspection (Williams et al., 2002). Mirror gazing refers to the act of looking at oneself in a mirror and grew out of Davis and Brock's (1975) study into the use of first-person pronouns after mirror gazing, and Carver and Scheier's (1978) investigations into self-awareness by using a mirror to manipulate self-focus.

In psychopathology, mirror gazing can involve significantly adverse reactions to certain body parts or one's whole body among people with body dysmorphic disorder (BDDs) and eating disorders (EDs) (Veale et al., 2016; Veale & Riley, 2001; Windheim et al., 2011). For this population, Mirror Exposure Therapy (MET) has been shown to improve

symptoms of BDD and EDs using the, “systematic, repetitive viewing of oneself in a mirror with specific guidance” (Griffen et al., 2018, p. 163). Using this method alongside Cognitive Behavioural Therapy (CBT) has seen some success in reducing symptoms (Hilbert et al., 2002; Díaz-Ferrer et al., 2015; Trentowska et al., 2017). It is interesting to note that a mirror can be both ‘cause and cure’ of distress.

Other authors have begun to use mirrors as therapeutic objects. Carmelita and Cirio (2022) have developed *Mindful Interbeing Mirror Therapy*, a therapeutic intervention involving mindful self-reflection at a mirror alongside a trained therapist, and which is claimed to be a “revolutionary method of helping people face life’s challenges” (*Mirror Therapy*, 2024). Similarly, Well (2022) offered *Mirror Meditation*, a book containing exercises using a mirror as therapeutic tool alongside affirmations and mindfulness. Both are (at time of writing) without published data or peer review, which poses challenges to their safe and ethical use considering the power that mirrors can have on a person. Their works build on a self-help intervention by Louise Hay, *Mirror Work* (2016), which offers a set of 21 guided compassionate self-talk exercises to practise while looking at oneself in a mirror. They are said to be an opportunity to heal yourself and your ‘inner child’.

This work also informed that of Petrocchi and colleagues (2017) who found that performing a brief compassionate self-talk exercise whilst facing a mirror increased heart-rate variability (HRV) in healthy participants more than control groups. They asked participants to write four compassionate statements and then say them aloud to themselves in front of a mirror in one short exercise. They theorised that the mirror activated participant mirror neurons, incorporating ideas around the soothe-system put forward by Gilbert (2009) in Compassion-focused Therapy to support this.

3.3 A mirror intervention for Self-Compassion

Contemporary uses of a mirror for wellbeing focus on its usefulness alongside such states as compassion, self-compassion, self-love, and mindfulness. Compassion and self-

compassion are known to be related to positive wellbeing outcomes (Gilbert, 2009; Neff, 2003; Gilbert & Procter, 2006; Neff et al., 2005; Leary et al., 2007; Lutz et al., 2008). Compassion is generally understood as the recognition of one's own or another's distress and offering some way to alleviate it (Gilbert, 2009). This may be aided by talking to oneself in a mirror to promote self-acknowledgement and soothing of suffering through compassionate self-talk.

Similarly, *self-compassion* (Neff, 2003), related to empathy, distress tolerance and kindness towards oneself, utilises philosophies and practices which are rooted in Buddhism. Being able to offer oneself compassion in this form may similarly be aided using a mirror. Self-love (e.g., Hay, 2016) is a generally Western concept associated with self-contact, self-acceptance and self-care (Henschke and Sedlmeier, 2023), and may therefore be aided by direct self-talk in ways which support these. Finally, mindfulness as defined by Kabat-Zinn (2015, p. 1481) is “moment-to-moment, non-judgmental awareness.” It is possible that mindfulness may be aided by the use of a mirror. It may provide insight into beliefs one holds about one's body or face which may not have been as easily noticed without mindful attention. It is thought that mirrors were used by a group of Zen nuns in 13th Century Japan (Caplow & Moon, 2013) and has been re-examined by certain contemporary Zen Buddhists (Zenways, 2024).

However, there remain significant gaps in the research literature relating to the use of mirrors in the context of mindfulness and compassionate self-talk, namely, its impact over a longer period of time as a *practice* and the phenomenological experience of using such a method. This study aimed to address this.

4 Methods

This study employed a sequential exploratory framework (Creswell et al., 2003) to explore the impact of a week-long at-mirror self-compassion intervention on participant self-compassion. It involved two groups: one performing the meditations facing themselves in

a mirror and the other with eyes closed. Pre- and post-intervention measure of self-compassion, using the Self-Compassion Scale (SCS; Neff, 2003). Participants were also asked to complete personal diaries after completing each exercise. Both qualitative and quantitative analyses were performed on the diaries in the form of Narrative Inquiry (NI) and computerised word analysis using Linguistic Inquiry and Word Count (LIWC-22; Francis & Pennebaker, 1992; Boyd et al., 2021). The latter analysis explored word use between groups using in-built dictionaries as well as dictionaries produced by other researchers (Collins et al., 2009; Oliver et al., 2008) and myself. Average scores across various linguistic domains between groups were then analysed using statistics. The results from both analyses were integrated to form a wider understanding of the impact of the mirror on self-compassion.

4.1 Procedure

Seven meditations, each around 10-13 minutes, were scripted by the author. These could be performed seamlessly under both conditions. The author drew upon their experience as a BPS-certified Mindfulness Teacher and knowledge of self-compassion, Compassion-focused Therapy (CfT), and self-help exercises involving mantras as a (trainee) Counselling Psychologist. For an example script, please see the Supplementary Information. These meditations followed the same structure, with participants asked to repeat statements about themselves, referring to themselves by name, as suggested by Hay (2016).

New themes were introduced each day relating to self-compassion, compassion, self-love and self-acceptance. After editing the scripts and sharing one with an experienced CfT therapist and incorporating feedback, then others with colleagues, I had the below meditations with the following main themes:

1. *Feeling Seen*
2. *Acknowledging Suffering*
3. *Feeling Heard*
4. *Feeling Loved*

5. *Acceptance*
6. *Common Humanity*
7. *Bringing it Together*

4.2 Recruitment

Recruitment was purposive to ensure that I found healthy adult participants who were willing and able to complete a week-long meditation and journal practice. I approached mindfulness groups and used social media. Recruitment was completed via a Qualtrics survey which involved blind randomisation at end-stage to ensure that participants were randomly assigned into the Mirror or Control group.

4.3 Exclusion/Inclusion Criteria

Participants needed a good grasp of English to read and hear instructions. Those who were excluded were those for whom a self-compassion and meditation intervention in front of a mirror may have been detrimental or destabilising, including those with a serious mental health condition. Recruits who passed the initial stage of the survey completed the Appearance Anxiety Index (Veale et al., 2014), to screen out individuals who were likely to have Body Dysmorphic Disorder (BDD) as mirrors would have been especially dangerous for them. Participants were also asked to provide basic demographic data. Participants were finally asked to provide brief details of their meditation experience using one of four categories:

- None at all
- A little (less than a year)
- A moderate amount (1-3 years)
- A great deal (more than 3 years)

These categories were arbitrarily chosen. Ultimately, it was more important to ensure anyone who chose “None at all” was excluded, as this form of meditation intervention

would have been too overwhelming for a complete beginner. Participants were also asked to write briefly about their mindfulness experiences in a further question.

4.4 Consent and Ethics

Respondents provided consent to participate via electronic signature. To maintain experimental control, some information was withheld. To preserve any genuine effect of the mirror on self-compassion, the use of a mirror was not mentioned in the participant information section. According to the British Psychological Society Code of Human Research Ethics (2021, p. 23), psychologists “must supply as full information as possible to those taking part in their research, recognising that providing all of that information at the start of the person’s participation may not be possible for methodological reasons.” Since withholding information about the use of a mirror was warranted for the methodology to be valid, it was considered reasonable to ensure the experiment remained controlled.

Participants could withdraw at any time simply by stopping, without reason. Withdrawal was not possible, however, after they completed the full intervention (pre- and post-test questionnaires and submission of journal entries) and analysis had begun. This was at least six weeks after submission of their journal entries. Prior to this deadline, participants were able to request that their data and responses be removed from the study.

4.5 Pre- and post-intervention scores

Participants completed the short-form Self-Compassion Scale (Neff, 2003), a 12-item scale measuring self-compassion, before and after completing the intervention. The scale has high internal validity (Cronbach’s $\alpha = .92$) and consists of six subscales also with high internal validity (Cronbach’s $\alpha = .75$ to $.81$). It is consistent across 18 international samples, giving it high ecological validity and applicability (Pommier et al., 2020; Toth-Kiraly & Neff, 2020).

4.6 LIWC-22 and Journals

Participants were asked to write journals after completing each exercise, with the prompt: *please write about how you are feeling after that exercise, for no more than ten minutes.*

LIWC-22 (pronounced “Luke”) is a software program with a long heritage (Francis & Pennebaker, 1992). It works under the assumption that people’s word usage relates to their psychological states (Boyd & Schwartz, 2021). The software compares words in a text using over 100 reference dictionaries, also providing researchers the ability to prepare their own dictionaries and test internal consistency. However, not all psychological states are easily visible by word use alone. Compassion may be one such state. It was important that the dictionaries I used were therefore related to self-compassion, compassion, and associated words such as kindness, warmth, non-judgment, empathy, understanding, and mindfulness. I sought dictionaries from other researchers, and used LIWC-22’s internal dictionaries to measure Emotion (Positive and Negative) and First-person Pronoun use, as well as the below:

- *Mindfulness dictionary* (Collins et al., 2009) – dictionary measures expert-rated words associated with mindfulness.
- *Self-Determination/Self-Talk* (Oliver et al., 2008) – this dictionary measures autonomy-supportive versus controlling language in the context of Self-Determination Theory (SDT: Deci & Ryan, 1985, 1991), with words which reflect controlling or autonomous self-talk.

I also created a dictionary based on compassion-associated words considering my own experience in this area and Neff’s (2003) Self-Compassion Scale (SCS), including the SCS’s six sub-scales (self-kindness, self-judgment, common humanity, isolation, mindfulness, overidentified). Half are positively coded and the other half are negatively coded. I chose to only use words associated with the positive subscales of the Self-Compassion Scale because the negatively coded subscales did not include verbs or nouns, but rather negations:

- Self-kindness – *loving, caring, tenderness, kind, tolerant, nice*

- Common Humanity – *reminder, inadequate, similarity, human*
- Mindfulness – *balance, balanced, perspective, curiosity, openness*

4.6.1 Internal Consistency

LIWC-22 measures Cronbach's Alpha and Kuder-Richardson Formula 20 (KR-20). Both are trusted metrics for measuring internal consistency. Several words were discovered to be inconsistent with the concept of compassion as it related to these texts. These words were therefore removed from the dictionary. The final Compassion Dictionary became (n=17): *friend, nice, feeling, love/loving, kind, kindness, acceptance/accepting, listen/listening, warmth, care, compassion, compassionate, human, gratitude*.

The internal consistency produced Cronbach's Alpha = 0.31; Kuder-Richardson Formula 20 (KR-20) = 0.4. Both scores were relatively weak. This may be that the texts were limited by word number (12,305 words) and were written by 11 different participants, each with very different experiences and interpretations of the instructions. This meant that the quality of the written diaries differed markedly; some narrators were expressive, others evaluative. This means that a low Cronbach's Alpha and KR-20 score were less an issue with the dictionary as it was an issue with the sample on which it was being used.

4.7 Narrative Inquiry

Approaching a narrative data set can be done from several perspectives, each with their epistemological and ontological assumptions. Broadly, these perspectives fall into two camps – analyses which “think about” narratives and analyses which “think with” narratives (Bochner & Riggs, 2014, p. 207).

The first are those methods which Polkinghorne (1995) defined as *analyses-of-narratives* which treat stories as ‘data’ from which meaning is extrapolated. Texts are broken down into categories and given treatments such as an abstract, evaluation or synopsis (i.e., Labov & Waletzky, 1967). These forms of analysis can be structural, stylistic,

characterological and relational; or they can be thematic, focusing on the content (Riessman, 2008). The second camp is referred to as *narrative analysis*, where the research is itself a story, breaking the norms of academic writing. Frank (1995, p. 23) details this distinction:

“To think about a story is to reduce it to content and then analyze the content... to think with a story is to experience it affecting one’s own life and to find in that effect a certain truth of one’s own life.”

This distinction between the two over-arching forms of Narrative Analysis is further confused by the fact that these methods are also referred to as “narrative inquiry”, and is a term which I prefer in that it can subsume different methodologies but which the researcher must justify for themselves.

Bochner and Riggs (2014) take issue with the ontological differences between “orthodox” narrative analyses which produce themes and generally “adhere to the conventions of academic prose”, and those who write in an “evocative” and appreciative sense of respect for stories (p. 210). I do not make such a distinction, instead choosing to situate myself as a pragmatic researcher who believes in the utility of methods of research in address human problems (Fishman, 1999). There is benefit in using both evocative and orthodox methods of narrative inquiry to develop a sense of the content and themes of a narrative data set.

4.8 Stages of Interpretation

In order to integrate mixed methodologies successfully, I used a three-phase stage of analysis incorporating qualitative narrative analyses and quantitative software analyses (LIWC-22 and statistics).

4.8.1 Phase One

I received participants' diaries after they had completed their week of practise, which meant that I received diaries over a long period of time. Most participants typed their diaries. Those which were handwritten were transcribed. Following Crossley (2007), Muller (1999), and Egerod and Christensen (2009), I carried out a method for analysing their diaries. Crossley (2007) offered a method with six steps. Her framework is generally based on interview data, but is also appropriate for narratives:

- *Step 1:* Reading and familiarisation – which Muller (1999, p. 229) similarly described as “successive readings, critical reflection, and persistent immersion in the text.”

In keeping with my goal to balance evocative and orthodox methods of narrative inquiry, I introduced another method during this step which I call ‘empathic responding’. This was influenced by Frank (1995, 2010) and Elliott (2005) who suggest that interpretation of narratives involves a kind of “imaginative reconstruction” and “empathy” on the part of the researcher (Elliott, 2005, p. 37). After reading each journal entry for each participant, I wrote for around ten minutes myself in response, noting how I felt about their experiences.

- *Step two:* Identifying important concepts to look for (Crawley, 2007); organisation by coding the texts through single-case analysis (Egerod & Christensen, 2009).

This stage was thematic and content-related, involving re-reading each diary at least one week later to identify patterns, motifs, and general experiences. This was mostly descriptive, though it was impossible not to make inferences or interpret, having already become familiar with the diaries through empathic responding.

- *Step three:* Identifying narrative tone and *step four:* identifying narrative themes and images (Crawley, 2007).

I placed these two steps together because I approached the diaries with both tone and themes in mind, rather than separating them. This involved further reading of the diaries, noting and making commentary of narrative elements. Having identified in Step two the motifs and patterns of the diaries, this stage asked: *how did they tell their story?*

- *Step five:* weaving a coherent story together (Crossley, 2007); verification and cross-comparison (Egerod & Christensen, 2009).

At this stage, at least six weeks after beginning the first reading of each diary, I re-storied the participants' stories (Kim, 2015) into a 'vignette', using pseudonyms for each participant. This was so that I could clearly communicate how I felt this person had experienced their week of practice creatively. Each vignette was a story of the participants' week, with a beginning, middle and end.

Although this stage involved comparing the findings from each diary and producing overarching themes across the sample, this was already happening fluidly between steps two and five. However, by this stage, I could easily identify whose diary was whose simply by reading one sentence, demonstrating that I had achieved "saturation".

- *Step six:* writing up as a research report (Crossley, 2007).

I wrote up my findings into themes and sub-themes, using direct quotes from the diaries. As I wrote the findings, I noticed that I was continuing to interpret and re-interpret across the sample. By this stage, I had chosen to refer to my participants as "narrators", in-keeping with tradition in narrative research.

4.8.2 Phase Two – Statistics and Linguistic Inquiry and Word Count (LIWC-22; Boyd et al., 2022)

This phase of the analysis involved running the journal texts through LIWC-22 and organising the data using Microsoft Excel to calculate means and descriptive statistics so that I could explore trends in the sample. I then used statistical analyses to calculate significance of means, both for the LIWC-22 data and for the Self-Compassion Scale scores. An independent samples t-test was performed to compare the averages between the two groups, and a paired samples t-test compared the whole sample's mean scores, pre- and post-intervention, which I used to demonstrate trends and significance of the differences in means.

4.8.3 Phase Three – Integration

Having analysed the journals using Narrative Inquiry, I then used statistical analyses to help make further sense of the data. Following Egerod & Christensen (2009), who suggest that the final stage of a narrative analysis should be the analysis of the sample as a whole, I brought the narrative inquiry, LIWC-22 analysis, and statistical analyses together, comparing findings so that they informed each other and produced more detailed findings for write-up.

5 Results

5.1 Descriptive statistics

There were 12 narrators in total, with an average age of 41. The sample consisted of 11 women and one man. Participants were based in the UK, Europe, or Canada. There were six narrators in the Mirror group. One respondent was removed from the quantitative analyses as she only completed two days of practice. There were six narrators in the

Control group. Three members of this group completed one of the meditations more than once either due to resonance with the meditation or because they missed a day due to outside events.

The journal sample consisted of 77 journal entries (Mirror group = 35, Control = 42), totalling 12,305 words (Mirror group = 5,870 and Control group = 6,435). The average journal entry length was 173 words (range = 48 and 252). The average in the Mirror group was 167 and 179 in the Control. Although LIWC-22 suggests that texts which are between 25-50 words in length should be treated with extra scrutiny, I included journal entries for one of the narrators ('Gladys') whose average was 48 words per entry. This is because she was in the Mirror group and I had already removed one of the narrator's data from the quantitative analyses, leaving only five narrators in this group. I wanted to ensure a roughly equal number between the groups. Secondly, Gladys' journals demonstrated evidence of improved self-compassion, despite their short length, using Narrative Inquiry, and were therefore considered appropriate to be included for analysis.

5.2 Self-Compassion Scale

Of the 12 participants, 11 completed the Self-Compassion Scale (SCS) pre- and post-intervention (Mirror = 5, Control = 6). Only one person did not complete the post-intervention for unknown reasons. They were removed from analysis. An independent samples t-test and a paired samples t-test were performed. For both tests, the assumption of confidence was 95%.

Using a Shapiro-Wilk Test for distribution (Shapiro & Wilk, 1965), $p = 0.927$ and post-test scores were $p = 0.780$ (difference = 0.147). Since the p -values were larger than alpha (0.05), I could not reject the null hypothesis that the sample had a normal distribution. This was likely the result of the very small sample size. As such, t-tests were appropriate methods of analysis to compare the means of two groups.

Using an independent samples t-test to compare averages between groups, the average difference pre- and post-test in the Mirror Group was .300 (SD=0.542) and -0.017 (SD =

.227) in the Control Group. There was a slight improvement in the Mirror group, but not the Control. The standard deviations were not sufficiently similar, so homogeneity of variances was not assumed, using Levene's Test for Equality of Variances (Levene, 1960), $p = .177$ (>0.05). The two-tailed $p = .275$, which was not <0.05 . Therefore, the Null hypothesis could not be rejected, and the use of the mirror was not indicated as having a significant impact on changes in SCS scores. It is likely that the sample size was not large enough to reliably suggest a significant difference.

Using a paired samples t-test to explore whether there was a significant difference in SCS scores in the sample overall, the mean pre-test score was 3.23 (SD = 0.79) and the mean post-test score was 3.36 (SD = 0.93). The significance, two-tailed, was $p = 0.331$ (> 0.05). Therefore, the null hypothesis could not be rejected. Again, this may be the result of the sample size.

5.3 LIWC-22

Using LIWC-22, there were several findings regarding the use of a mirror on participant self-compassion as seen through language.

5.3.1 Compassion Dictionary

An intervention of this kind may improve participants' self-compassion over time. Using my Compassion dictionary, there was a trend in the whole sample towards higher compassion-associated words over time, suggesting that, if language use in a personal journal is reflective of changes in self-compassion, then this intervention was successful. In the Mirror group, the mean was 1.43 words (SD=1.15) and in the Control group, the mean was 2.52 (SD=2.49). To test whether the difference was statistically significant, an independent samples t-test was completed (confidence level = 95%).

Levene's Test demonstrated that the variance between groups was homogenous ($p = 0.013$). The two-tailed $p = 0.021$ (<0.05). Cohen's $d = 0.542$, suggesting a medium effect

size. This suggests that difference between the percentage of compassion words used in the Mirror versus the Control group was statistically significant. This may suggest that the use of a mirror decreased narrators' focus on compassionate language.

5.3.2 Mindfulness Dictionary (Collins et al., 2009)

The mirror may have been a distraction from being mindful. Using Collins et al.'s (2009) mindfulness dictionary, the Mirror group's average was 5.16 (SD=3.24) whereas the Control was higher, with 6.66 (SD=2.91). There was no significant trend of increased Mindfulness-associated words over time. An independent samples t-test (confidence = 95%) explored the significance of difference between the group. Levene's Test demonstrated that the variance between groups was not homogenous ($p = 0.891$). The two-tailed $p = 0.039$ (<0.05) and Cohen's $d = 0.487$.

The mirror may therefore have discouraged mindfulness by its confronting qualities, compared with those in the control group. The difference between the number of Mindfulness words used in the Mirror versus the Control group was statistically significant. This may result from the Control group having had a greater emphasis on mindfulness with their eyes closed.

5.3.3 First-person pronouns

The use of first person singular pronouns ("I", "me", "myself") can be measured in LIWC-22. Their increased use has been found to be related to better outcomes in therapy by Van Staden and Fulford (2004) and Priest et al. (2016). Across the sample, there was a general decrease over time in personal pronoun use. The averages in both groups were: Mirror = 16.17 (SD=3.82) and Control = 13.68 (SD=3.44). To assess the significance of the difference between the groups, I conducted an independent samples t-test. Levene's Test $p = 0.217$, homogeneity cannot be assumed, therefore, the non-homogenous, two-tailed $p = 0.004$ (<0.05). The Cohen's $d = 0.688$, suggesting a medium effect size.

The narrators in the Mirror group used a significantly higher number of first-person singular pronouns compared with the Control group. The results demonstrated that the differences between the two groups in terms of personal pronoun use was statistically significant. The mirror therefore had a significant impact in terms of increasing personal pronouns, potentially as a result of a greater focus on their reflections. This has implications for Counselling Psychology since the increased use of personal pronouns is related to increased agency and certain wellbeing outcomes (e.g., Goulding, 1996; Mühlhäusler and Harré, 1990; Priest et al., 2016).

5.3.4 Self-Determination Dictionary (Oliver et al., 2008)

Average autonomy-associated words increased over time, whereas average controlling-associated words decreased over time, across the whole sample. This suggests that an intervention of this kind can improve participants' autonomy-related language and reduce controlling-related language. This has implications for the practice of Counselling Psychology in developing tools for clients to improve their sense of agency.

Oliver et al.'s (2008) LIWC-22 dictionary included words which reflected controlling or autonomous self-talk. This was influenced by self-determination theory (SDT: Deci and Ryan, 1985, 1991), which argues that human motivation is founded on the meeting of innate psychological needs, such as autonomy, which can be met or thwarted in social contexts.

To test for differences between Mirror and Control groups on both Autonomous and Controlling language, I completed an independent samples t-test (confidence level 95%). For Autonomous words, the Mirror group mean was 0.45 (SD=0.85) and 0.45 in the Control (SD=0.63), therefore there was no difference in averages. For Controlling words, the Mirror group mean was 0.73 (SD=0.99) and 0.65 (SD=1.60) in the Control. Therefore,

the two-tailed $p = 0.79$ (>0.05), suggesting that the differences in Controlling words was not significant.

5.4 Integrating Narrative Inquiry

The findings of the LIWC-22 and statistical analyses were integrated with findings from the Narrative Inquiry to enrich interpretation of the data.

5.4.1 Mindfulness and Compassion

It was generally found that those in the Control group were able to better focus on self-compassion and mindfulness, with most of the narrators within this group experiencing benefits from speaking compassionately to themselves during meditation. For example, certain words had an immediately positive impact on narrators in the Control group from the first meditation:

Carmen: *“Emotionally, I felt a profound sadness while repeating the mantras the first time... During the second set of repetitions, I could also feel... a wave of understanding and compassion.” (Day 1: Feeling Seen, 8-12)*

Carmen’s language was similar to Marika who described how a certain statement (‘I see you, [name]’) invoked a troubling memory which was then, “followed by a kind of heart swelling, a true feeling of compassion” (Day 1: Feeling Seen, 18). Others felt immediate connections with themselves, triggered by statements relating to safety and being heard:

Alice: *“I felt close to tears as I told myself I was safe with me and that I would listen.” (Day 1: Feeling Seen, 10-11)*

Laurie: *“[W]hen I repeated the words, ‘I hear you and I’m willing to listen to you, [name],’ I experienced a surge of emotion and more tears to release the tension.” (Day 3: Feeling Heard, 32-34)*

These examples demonstrate that speaking compassionately towards oneself during meditation invoked emotional responses. This supports the finding that the Control group used more mindfulness- and compassion-associated words than those in the Mirror group and further demonstrates that the mirror may have been a distraction. For example, some of the comments from narrators in the Mirror group demonstrated this distraction:

Chiara: *“I found it hard to acknowledge ‘acceptance’ mantras when looking at myself. I realised my face and inner self I see as different. So when I closed my eyes... I was able to connect with the words about myself on an inner, deeper level. (Day 5: Acceptance, 54-67)*

This was similar to another narrator, Lisbeth, who listened with her “eyes shut” because it “definitely makes it easier” (Day 2: Acknowledging Suffering, 17):

Lisbeth: *“It [using a mirror] didn’t make my voice or intent less sincere, but it seemed to put a lot of extra input into my brain which I didn’t want.” (Day 3: Feeling Heard, 22-24)*

Another narrator in the Mirror group, Gwen, found the mirror distracting, but that this became easier over time: “By the final day, I didn’t even think about it” (Day 7: Bringing it Together, 163-164).

5.4.2 First-person pronouns

Secondly, there was evidence for heightened self-awareness and self-focus in both groups as well as an overall resonance with Day six’s (*Common Humanity*) meditation on *common humanity*. This may account for the decreased use of first-person singular pronouns since an understanding of one’s common humanity is said to reduce one’s over-identification with oneself (e.g., Neff, 2012). With a reduction in over-identification, there is likely to be a reduction in the over-identification with one’s self in linguistic terms (i.e., the use of first-person singular pronouns). In the Narrative Inquiry, this seemed to relate

to narrators noticing their 'inner critic' more readily such that there was often a loosening of their previously critical self-focus.

Marika, for example, noticed her inner critic "being harsher than usual" (Day 5: Acceptance, 79) but also felt able to match this, noting that her "language spoken and internal included quite strong and adamant self-compassion" (Day 6: Common Humanity, 112-113). Lisbeth found that the week's practice reminded her that she can be "very hard" on herself, expecting herself "not to be weak or fallible" (Day 7: Bringing it Together, 64-65), suggesting that she had noticed her own mind's ability to over-identify through self-criticism and judgment. Laurie had a similar realisation, recognising that she is "allowed to accept and have a caring, self-compassionate approach" to herself (Day 6: Common Humanity, 85-86).

5.4.3 Autonomy

Across the sample, irrespective of the presence of a mirror, there was evidence that narrators were demonstrating autonomy and agency. For example, the intervention appeared to offer narrators the ability to sort through their feelings and beliefs about themselves – sometimes deep-seated and unexpected – which helped them consolidate themselves. Alice said what several narrators said clearly:

"[I]t was interesting to see what resonated with me and what I knew was not how I was feeling. This allowed me to sort out how I really felt about myself" (Day 6: Common Humanity, 73-75).

Moreover, certain words or statements resonated more with some than others. For example, Chiara found it "hard to resonate with 'suffering' today" (Day 2: Acknowledging Suffering, 16) and Amanda wondered out loud in her diary about others' experiences of the meditation: "This is true for me but I did think of others who may actually be feeling fine at this time" (Day 2: Acknowledging Suffering, 14-15). These sorts of experiences

demonstrate that the intervention supported participants in sorting through what was true or not for them.

There were also several examples of narrators offering themselves affection or making adaptations to their practices which they felt improved their experiences. Three narrators offered themselves physical gestures – hugs, hands over hearts – unprompted. Others repeated certain statements or words more than others when they found that they resonated more with them. For example, Alice found herself “repeating certain phrases again after the first mention” (Day 4: Feeling Loved, 65), while Lisbeth chose to replace the word “you” [as in ‘I hear you’ or ‘I love you’] with “I”, which she said “felt powerful” (Day 4: Feeling Loved, 54-56).

6 Discussion

This is the first study – of which I am currently aware – which demonstrates that specifically *verbalising* self-statements increases mindfulness- and compassion-associated language use more than doing so in front of a mirror. Verbalising during meditation seemed to help narrators to ‘own’ their statements. This is an important finding for the practice of counselling psychology since meditations of this nature may reasonably be offered in services to support therapeutic aims. Related research exists involving speaking aloud compassionately towards oneself during a Gestalt two-chair exercise (Kirkpatrick, 2005), but this was in the context of a therapeutic relationship, rather than alone or with a mirror. At issue is whether Mindfulness-associated word use is a predictor of actual mindfulness or compassion. This finding is supported by, and seems to validate, previous research regarding the links between language use and psychological states (e.g., Pennebaker and King, 1999; Pennebaker et al., 2003). Interestingly, neuroscientific research has shown that one’s own voice has unique, potentially positive effects on emotional regulation compared with others’ voices (Jo et al., 2024). Further research might explore the impact of verbalising self-compassion.

The mirror seemed to represent a distraction from both mindfulness and self-compassion as evidenced by participants less frequent use of mindfulness and compassion-associated language compared with the Control group. This was demonstrated using both Narrative Inquiry and LIWC software analyses. The mirror did not totally limit narrators' levels of self-compassion, and indeed there were some stand-out positive experiences, but it did appear to be distracting overall. This was an unexpected finding since it was hypothesised that the Mirror group would exhibit higher self-compassion than the Control group, in-keeping with Petrocchi et al. (2017). The findings also suggest that more nuance and greater care than some authors may attest is needed when using a mirror during meditation. Not only did it serve as a distraction, but in some – not all – cases, it was also too confronting for narrators. This has implications for Louise Hay's *Mirror Work* (2016), Well (2022), and Carmelita and Cirio (2022). Even among a sample of generally experienced meditators, using a mirror was not as beneficial as expected.

With or without a mirror, there was evidence that participants experienced increasing feelings of compassion for themselves. Despite this process being a novel experience for most participants, this finding builds on existing research that compassionate self-talk can improve one's sense of kindness and empathy towards oneself, which, in turn, can have wide-ranging benefits (Neff & Germer, 2017; MacBeth & Gumley, 2012; Neff, 2012; Neely et al., 2009).

This intervention further seemed to support narrators in identifying negative self-talk and then providing kinder statements to themselves. Self-compassion is said to reduce negative emotional patterns and self-talk through mindfulness and self-acceptance (Neff, 2003), with Leary et al. (2007) arguing that people who invoke self-compassion are better able to create a temporary distance between themselves and their suffering than those who do not use self-compassion. This distance may also explain the slight decrease in first personal pronoun usage across the sample. This intervention may therefore be further developed to support psychological wellbeing and increase positive self-talk over time, in different settings and with different clinical populations. This is especially useful

since higher levels of self-judgment, criticism and negative self-talk tend to predict more severe psychological difficulties such as depression, anxiety and eating disorders (Warren et al., 2016), and any intervention which involves pro-active participant engagement outside therapy may contribute to the reduction of over-saturation of mental health services (e.g., CQC, 2023).

6.1 Implications for Mixed Method Narrative Research

This research demonstrated that LIWC-22 and Narrative Inquiry can be successfully integrated to produce useful findings for the profession of counselling and psychotherapy practice generally. LIWC-22 enabled the researcher to set findings from a detailed narrative inquiry against several linguistic data sets. This method of analysis rests on a significant body of work which argues that word usage is representative of psychological states (e.g., Pennebaker et al., 2003). However, while this research adds further weight to this argument with respect to compassion and mindfulness word usage, it further adds support to the usefulness of pragmatic psychological research which incorporates qualitative methods of analysis. Using this software allowed me to see over-arching trends between groups and across the sample. This could then be triangulated with further statistical analyses (t-tests), always considering the findings from the narrative inquiry to ensure that the research remained “empathic” and, where possible, “evocative” (Bochner & Riggs, 2014, p. 207).

Following Crossley’s (2007) six-step framework for analysis of narrative data, incorporating both ‘orthodox’ and ‘evocative’ methods of narrative inquiry (Bochner & Riggs, 2014), it was possible to interpret the diaries from a different perspective to LIWC-22, viewing them as both narratives with attendant structure, themes, styles, and so on, and as fundamentally *human* accounts of experience to which we, as human researchers, must respond *with* empathically (Frank, 1995, 2010). The process of narrative inquiry offered in this research enabled a close interpretation of narrative data alongside

statistical analyses, offering insight into the impact of a mirror on the effectiveness of self-compassionate mantra meditations. This was the first such research project of its kind, and demonstrates significant potential in other psychological studies involving narrative data, especially those which necessitate both comparison between groups and close, phenomenological attention to narrative detail.

6.2 Limitations

The narratives collected were written at my request. These are known as *solicited diaries* (Kenten, 2010), and while they are generally viewed as an empowering method (Meth, 2003) where the participant is an observer of their own participation in the research, as well as informant for the researcher, there were several issues with this method which I negotiated.

The diaries were written for a known audience (myself). Narrators may have self-censored throughout the process or written what they felt were appropriate or expected responses. However, this was not necessarily an issue with diaries specifically, but with any qualitative method which involves researcher-participant interaction (Kenten, 2010). Secondly, diaries of this sort are the product of both participant and researcher, representing knowledge which is co-constructed, and which may have inherent bias towards a desired outcome, whether consciously or unconsciously (Elliott, 1997).

The form and structure of a daily diary over the course of a week, with the specific intention of exploring feelings after completing a self-compassion meditation may have given the illusion of a 'grand narrative' from Day one to Day seven, where participants were expecting some form of change simply by participating in a self-compassion intervention. Indeed, those who participated in this research had knowledge of self-compassion already and were thus primed to experience change. This meant that I

treated any especially positive or glowing comments, or where participants made mention of my role as researcher, with scepticism.

Moreover, three participants in the sample completed the intervention over eight or nine days, suggesting that experimental control was not completely adequate in this study. It was not possible to ensure all participants completed the intervention in the same number of days since events happen out of people's control. It was also noted that many participants made their own adaptations to these practices, which, again, calls into question the experimental control I had over this sample. As mentioned previously, the sample was very small and future studies must ensure a larger sample size.

Finally, the Compassion dictionary created for this study demonstrated relatively weak internal consistency. Further validation and testing of the dictionary against other texts is necessary in order to improve this and develop it as a useful dictionary for further research of a similar nature.

6.3 Conclusion

I combined mixed methodologies in a study involving a week-long at-mirror Self-Compassion intervention. Two groups were randomly allocated to two different conditions: completing the meditations facing a mirror (Mirror) and completing the meditations with eyes closed (Control). Self-Compassion Scale (SCS) scores were collected pre- and post-intervention, and participants wrote journal entries after each exercise. Using an integration of statistics, Linguistic Inquiry and Word Count (LIWC-22), and Narrative Inquiry, a novel approach to both diary research and Self-Compassion research was proposed. This study is the first to demonstrate that using a mirror during meditation can be distracting to both mindfulness and self-compassion compared with meditating with eyes closed, but that the mirror offered unique qualities which merit further attention. This research suggests that recent self-help and popular psychology works involving mirror meditation (e.g., Hay, 2017; Carmelita & Cirio, 2022; Well, 2022) require

further research in order to ensure the safe and ethical use of a mirror as a wellbeing tool.

7 Declarations and Statements

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Ethical considerations

The study was approved by the Psychology Research Ethics Review Panel at City St. George's, University of London (ETH234-0287) on September 19, 2023.

Consent to participate

Respondents gave written consent for participation by signature before completing the intervention.

Consent for publication

As part of giving written consent for participation, respondents also gave consent that they understood that their data would be used for research and potentially publication purposes.

Declaration of conflicting interest

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Data availability

All data is available upon request from the author.

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