

Benefits of Self-Compassion in Therapy for Adults with Chronic Lower Back Pain

By

April Langille

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Davis P. Tharayil, Ph.D.
Supervisor
City University of Seattle

Abstract

The purpose of this study is to investigate the benefits of self-compassion in therapy for adults with chronic lower back pain. There is limited scholarly research about the therapeutic effects of self-compassion for adults with chronic lower back pain.. The study is based on a literature review, and a critical analysis of 25 articles was undertaken. Thematic analysis was conducted to identify significant themes from the literature on self-compassion and chronic lower back pain. The synthesis of the research literature revealed that self-compassion in therapy can moderately assist adults with chronic pain in emotional regulation, pain acceptance, and chronic pain management. The research also highlighted the effectiveness of compassion-based therapy interventions for improving the quality of life and daily functioning of adults with chronic lower back pain. From these findings, therapists and researchers are recommended to seek further education and professional development on chronic pain experiences and compassion-based therapeutic interventions.

Keywords: self-compassion, chronic pain, chronic lower back pain, pain experiences, coping, self-kindness, effects, compassion, compassion-focused, therapy, therapeutic intervention, and persistent pain.

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Chapter One: Introduction

The purpose of this study is to investigate the therapeutic effects of self-compassion for adults with chronic lower pain back. The first chapter aims to provide contextual background information and justification for the purpose of this study. The research problem of this study will be defined and an exploration of the current gaps in the research literature about self-compassion and chronic lower back pain, will be conducted. Additionally, the theoretical framework, key terms, and researcher reflexivity practices utilized throughout this literature review will be described.

Chronic pain (CP) has been identified as a prevalent health-related concern affecting many adults worldwide (Davey et al., 2020). Among the various types of chronic pain, non-specific chronic lower back pain is one of the most common pain experiences among adults (Greff Ballejos et al., 2023). This type of chronic pain can include a wide range of physical pain symptoms that can contribute to pain disability and impairment in a person's daily physical, emotional, and social functioning (Driscoll et al., 2021). For example, adults struggling with severe chronic lower back pain have frequently reported disruptions in their ability to engage in social activities, family and household responsibilities, self-care, and occupational commitments (Davey et al., 2020; Dillane et al., 2021). In addition to this, previous research has also found that many adults struggling with chronic lower back pain experience higher levels of emotional distress, including chronic stress, self-criticism, and emotional fatigue (Nicola et al., 2022). Chronic activation of the stress response has been commonly linked to an exacerbation of physical pain and reduced immune system functioning (Davey et al., 2022). Thus, physical and psychological challenges commonly experienced by adults with chronic lower pain can negatively impact a person's health and mental wellbeing and increase the risk of adults developing mental health concerns, including depression and anxiety (Dillane et al., 2021; Mistretta et al., 2023).

Overall, the emotional and physical implications of chronic lower back pain can lead to significant negative impacts on adult physical, emotional, and social functioning, as well as quality of life.

Given the high prevalence of emotional and physical challenges associated with chronic pain, physical healthcare treatments such as physical therapy and medication have been developed over time to support pain management (Austin et al., 2020). In more recent years, individual and group counselling services have become increasingly utilized by adults with chronic pain to help provide psychological support in managing emotional distress related to their chronic pain (Driscoll et al., 2021). In the counselling field, Cognitive Behavioral Therapy (CBT) has been the most predominant and evidence-based therapeutic approach towards chronic pain management, focused on reducing negative thought patterns and implementing behavioral change strategies (Mistretta & Davis, 2021; Nicola et al., 2022). However, in recent years, third-wave therapeutic approaches and interventions have gained clinical attention and have become more popular, including for the treatment of chronic pain and chronic lower back pain symptoms (Mistretta & Davis, 2021).

One emerging third-wave intervention in therapy with growing research support for treating the psychological symptoms of chronic pain is the use of self-compassion (Davey et al., 2020; Mistretta & Davis, 2021). Developed by Kristin Neff (2003), self-compassion involves developing a compassionate and accepting attitude and response to one's pain and suffering (Neff, 2023). According to the self-compassion model, self-compassion consists of three main components such as self-kindness, common humanity, and mindfulness. These components encourage individuals to mindfully acknowledge and respond to their pain with the same kindness and care that they might offer to a close friend or loved one (Neff, 2003, as cited in, Neff, 2023). Sirois (2020) reported that compassionate self-responding can be effective in reducing symptoms of psychopathology in both clinical and nonclinical populations. Additionally, Davey et al. (2020) and Mistretta et al. (2023) have

reported that therapeutic interventions based on self-compassion are commonly utilized in therapy, including psychoeducation, guided meditations, and guided imagery techniques. The authors mentioned that different compassion-based techniques have been used and incorporated into various therapeutic modalities, including Compassion-Focused Therapy (CFT), Acceptance and Commitment Therapy (ACT), and Mindful Self-Compassion Training (MSC). Gillett et al. (2025) mentioned in their research findings that self-compassion can be an effective approach to help adult individuals with chronic pain more effectively manage emotional difficulties related to their chronic pain, such as stress, anxiety, and self-criticism.

Despite promising research findings, the current research literature remains limited about how self-compassion impacts adults' coping abilities with chronic pain and how it is also applied in therapeutic settings for adults with chronic pain, particularly non-specific chronic lower back pain. Much of the existing research on self-compassion for treating chronic pain remains preliminary, without much evidence to demonstrate the effectiveness and effects of self-compassion as a therapeutic intervention for chronic pain management (Mistretta et al., 2023). This limitation is a significant research issue and contributes to a broader research problem in the field of counselling. Addressing this gap in the research literature is essential to expanding and improving the psychological counselling services being provided to the high rates of adults with chronic pain and chronic lower back pain seeking counselling support. Understanding the role of self-compassion in adults' abilities to cope with chronic lower back pain can provide additional insights into how effective compassion-based interventions are for chronic pain management.

Research Problem

Recent research studies have emerged and begun to offer support to self-compassion-based therapeutic interventions in improving the physical functioning and mental well-being of adults with

chronic lower back pain (Gillett et al., 2025). This is important as there has been a lack of diverse therapeutic approaches and interventions tailored to chronic pain populations, beyond CBT. As CBT continues to be a predominant treatment approach to chronic pain management, individuals who do not align with or benefit from the therapy approach may experience reduced engagement and attendance to therapy and may find minimal relief for their distress (Nicola et al., 2022). Without addressing the diverse and therapeutic needs of adults with chronic pain, adults with chronic lower back pain are at a higher risk of receiving inadequate treatment that does not align with their needs, symptoms, and preferences.

Research Question

Based on this information, the main research question that guides this thematic literature review is: What is the effect of self-compassion as a therapeutic intervention on an adult's ability to cope with chronic lower back pain?

Justification and Significance of the Study

Chronic lower back pain affects many adults worldwide, with an increasing report of psychological and emotional symptoms related to their physical pain that can negatively impact an individual's functioning and wellbeing (Maratos & Sheffield, 2020). In response to this high prevalence, more adults with chronic lower back pain are accessing psychotherapy and counselling services to help them physically and emotionally cope with their symptoms (Davey et al., 2020). With the increasing rates of chronic lower back pain and access to psychological counselling services, it has become highly important in the field of counselling to explore a variety of diverse therapeutic approaches and interventions to more effectively support adults with chronic pain concerns.

Further academic research needs to be conducted to give more information and insights on the role of self-compassion in therapy for adults struggling to cope with chronic lower back pain. Further research can also help address the current research gaps about the adaptability of self-compassion interventions for chronic pain populations, and the broader research gaps regarding diverse chronic pain management therapy interventions (Davey et al., 2020; Gillett et al., 2023). In addition to the benefits of further academic research, the research conducted in this thematic literature review can provide insightful knowledge and information that clinicians and counsellors can use and apply in psychological practice to better support and help adults with chronic lower back pain who are accessing therapy services. Through this professional development opportunity, clinicians and counsellors can become better equipped to support and address the diverse therapy needs of adults living with chronic lower back pain (Maratos & Sheffield, 2020; Nicola et al., 2022). Along with this, the insights and knowledge gained from this literature review can help guide and promote positive improvements to therapy services and chronic pain management programs that are being offered in community and clinical settings (Davey et al., 2020). For example, self-compassion exercises can be incorporated and tailored into different therapy programs and treatment protocols to help enhance treatment outcomes and more effectively meet the needs of individuals with chronic pain in improving emotional well-being and pain management (Austin et al., 2020; Kovačević et al., 2024; Maratos & Sheffield, 2020).

Theoretical Framework

This study will be guided by the biopsychosocial model as the main theoretical framework to further understand the diverse and holistic experiences of self-compassion in adults with chronic lower back pain. Developed by Engel (1977), the biopsychosocial model is a framework for understanding the complexities and development of chronic pain concerns (Driscoll et al., 2021). According to the

model, chronic pain is recognized by the complex interactions among various biological, psychological, and social influences in a person's life. For example, the maintenance and development of chronic pain can be attributed to multiple factors such as genetic predispositions, diet, emotional and cognitive health, social upbringing, and the quality of one's social environment (Dillane et al., 2021; Kovačević et al., 2024). Through the consideration of multiple biological, social, and psychological factors, a more holistic and complex understanding of individual chronic pain experiences can emerge.

The biopsychosocial model is relevant and significant as a theoretical framework for this review, as it aligns with the goal of this paper in understanding the diverse and complex effects of chronic lower back pain and self-compassion not only physically, but also emotionally and socially for adults with chronic lower back pain. Social factors are important to consider in examining the effects of self-compassion, as many individuals with non-specific chronic lower back pain can be impacted by social relationships and their social environments (Anderson et al., 2024). These types of social experiences can influence how a person with chronic lower back pain responds to their pain and receive self-compassion-based practices in therapy (Dillane et al., 2021). Overall, incorporating this theoretical framework in this current review can assist with filling the gap in the research literature by offering a more comprehensive and holistic view in evaluating self-compassion in therapy and the effects this has on adults with chronic pain. The use of the biopsychosocial model can also provide further structure and objectivity to interpreting and analyzing the research literature that extensively considers multiple life factors in adults' experiences with chronic lower back pain and compassion-based therapy interventions.

Definition of Key Terms

The key terms identified through the research question of this study include exploring the effects of self-compassion as a therapeutic intervention in assisting adults attempting to cope with chronic lower back pain.

Self-Compassion

According to Neff (2023), self-compassion is described as a person's ability to respond to their pain and suffering with openness, compassion, and understanding. The author reported that there are three core aspects of self-compassion such as self-kindness, mindfulness, and common humanity. Self-kindness is described as responding to oneself with an attitude of understanding and compassion over self-judgment. Mindfulness involves being present and open toward one's inner experiences and pain without avoidance or self-criticism. Common humanity, as the last component of self-compassion, is defined as a person's awareness that pain and suffering are part of the human condition, which helps individuals feel less alone in their suffering. Dillane et al. (2021) reported that self-compassion can help alleviate emotional pain and self-judgment in chronic pain populations, leading to increased functioning and chronic pain management.

Chronic Lower Back Pain

Chronic pain is defined as the persistent presence of moderate to severe physical pain over a three-month period that negatively impacts a person's well-being and daily functioning (Carvalho et al., 2020; Davey et al., 2020; Dillane et al., 2021; Gillett et al., 2023). Similarly, non-specific chronic lower back pain is the presence of ongoing lower back pain without a specific cause (Driscoll et al., 2021). The higher prevalence of chronic lower back pain reported worldwide is associated with higher

risks of adults developing mental health conditions such as depression and anxiety compared to the general population (Gillet et al., 2023).

Therapeutic Intervention

Therapeutic interventions refer to strategies and techniques used in counselling and psychotherapy by licensed counselling professionals to help clients address and manage psychological, emotional, or behavioral concerns (Driscoll et al., 2021). Therapeutic interventions are often implemented and taught by trained therapists and counsellors to clients for them to practice and utilize in their daily lives.

Coping

Coping is defined as an individual's capacity to handle internal and external stressors, including when various life demands exceed the resources an individual has (Dillane et al., 2021). Ewert et al. (2021) identified two different types of coping, such as adaptive and maladaptive coping. According to the authors, adaptive coping involves the use of strategies that promote personal well-being and long-term solutions to problems. The authors have suggested that self-compassion can be an effective adaptive coping strategy for managing symptoms of stress, anxiety, and depression, including chronic pain populations. In contrast, maladaptive coping involves using strategies that may offer short-term benefits but can become increasingly dysfunctional and worsen problems over time in a person's life. In relation to chronic pain, Dillane et al. (2021) reported that maladaptive coping strategies are correlated to high levels of emotional distress, physical pain, and pain disability.

Researcher Reflexivity and Positionality

Personal reflexivity of a researcher is often a fundamental and ongoing component of the research process, to ensure the best ethical and research practices (Canadian Psychological Association [CPA], 2017). Cayir et al. (2022) emphasized the importance of researchers engaging in reflexivity regarding their experiences, positionality, and biases, as these can influence the research process and the interpretation of the research findings. In this current study, the researcher's personal use of self-compassion and former professional training could create potential biases that can influence the evaluation and interpretation of the research articles. In addition to this, the researcher's lack of direct personal experience with chronic lower back pain can affect the selection and interpretation of the research articles. Kovačević et al. (2024) reported that researchers can sometimes favor an academic perspective of chronic pain based on their academic background, which can limit the inclusion of research articles that contain the personal experiences of adults with chronic lower back pain. Similarly, the CPA (2017) states that a researcher's positionality, including their academic identity, can impact the integrity and objectivity of the research findings. In this current study, the continuous engagement of the researcher in personal reflexivity and consultation with their supervisor has helped ensure the reviewed literature is being objectively and critically analyzed. As mentioned by Kovačević et al. (2024), researcher biases can be prevented from impacting the interpretation and methodology of the research study through reflective practices such as reflective journaling and consultation. The authors found that the consistent use of reflective practices during each step of the research process helped enhance researcher accountability and objectivity. Overall, the ethical safeguards and personal reflexive practices of the researcher will help towards the integrity and reliability of the research findings being presented. Add use of triangulation of evidence.

Overview

The purpose of the first chapter in this study is to provide contextual background information about the high prevalence of chronic lower back pain in adult populations and the increasing rise of adults with chronic pain accessing psychological services. The first chapter also highlights the gaps in the research literature about self-compassion and chronic lower back pain, which will be addressed through a thematic literature review. The second chapter will outline the literature search process, including the search methods and selection procedures for the reviewed articles. As well, this second chapter will include a methodological analysis of the reviewed literature articles as they relate to self-compassion in therapy for adults with chronic lower back pain. Chapter three will present a comprehensive understanding of the literature, a synthesis and critical analysis of the literature as well as the findings. An ethical discussion related to the research findings will also be conducted in the second section of Chapter three. Chapter four aims to discuss the clinical, sociocultural, and academic implications of the research findings. The final chapter will offer conclusions from this thematic literature review and provide recommendations for clinical practice and future research.

Chapter Two: Methods

This chapter outlines the procedures for the thematic literature review process in exploring the effects of self-compassion in therapy for adults coping with chronic lower back pain. The methodological strengths and limitations of the reviewed research articles that may have impacted the interpretation of the research findings will be explored and critically analyzed. This critical analysis aims to provide further insight and understanding about the therapeutic impact of self-compassion on adults' ability to cope with chronic lower back pain.

Literature Search Process

To provide an in-depth literature review, 25 research journal articles were collected through various online scholarly databases such as PsychArticles, PsycInfo, Psychology and Behavioural Sciences Collection, City University Library, and Google Scholar. The following keywords that were utilized in this thematic literature review include: self-compassion, chronic pain, chronic lower back pain, pain experiences, coping, self-kindness, effects, compassion, compassion-focused, therapy, therapeutic intervention, and persistent pain. The key terms were searched through various combinations using “AND” and/or “OR”. All of the combination searches included a keyword based on self-compassion and chronic pain.

Inclusion and Exclusion Criteria

Specific exclusion and inclusion criteria were utilized for the selection of research articles for this thematic literature review. Research studies were considered from the following inclusion criteria: adults at or over age 18 years of age, non-specific symptoms of chronic pain, non-specific symptoms of chronic lower back pain, English language, and the use of self-compassion as a therapeutic intervention. Along with this, research articles were included if they were published primarily within the last five years and explored the role of self-compassion in therapy for adults seeking therapy

services to help manage their symptoms related to chronic pain. Research articles over five years were also considered for the literature review, but were critically examined to assess their relevance to the research topic. Research studies were excluded if they were not peer-reviewed in order to ensure proper reliability and credibility of the research findings (CPA, 2017). As well, research studies were also excluded based on the following exclusion criteria: children under 18 years of age, older adults, adults with health conditions or brain injuries, and topics that were outside of the scope of this literature review.

Selection of Articles

The research articles selected for this thematic literature review were all peer-reviewed and based on scholarly, academic journals. Most of the articles were primary research studies and focused on self-compassion in therapy for adults with general chronic and lower back pain. Qualitative and quantitative research studies, mixed methods studies, and systematic reviews were included. Along with this, published and unpublished clinical trials were also incorporated into the review of the literature.

Selection Procedures

Thematic synthesis was utilized to interpret and analyze the research literature and findings to understand the impacts of self-compassion in therapy on adults' ability to cope with chronic lower back pain. Thematic analysis, which involves the development of themes through line-by-line text coding, was utilized in reviewing all of the qualitative articles (Edwards et al., 2021). Quantitative articles were also subject to thematic analysis through research data findings being transformed into textual descriptions coded into themes and compared to qualitative findings. The methodology of the ten research articles selected for this literature review for the capstone research project was also critically analyzed. The critical analysis included reviewing and critiquing the strengths and limitations

of the methodology from the selected research literature. Critiques explored how research study methodology can impact how the findings for this study are interpreted, along with its implications towards research ethics and future research in hopes of addressing gaps in the research literature (Cayir et al., 2022).

Methodological Strengths and Limitations

The core research articles were selected for critical analysis of their methodology strengths and limitations (see Appendix A). The purpose of reviewing the methodological strengths and limitations of these research articles is to offer further insight into the validity and reliability of the research studies and provide areas of caution regarding the interpretation of the research findings. For this capstone project, there were significant strengths that helped provide a comprehensive review of the literature. Out of the nine research articles, there were six quantitative and three qualitative research articles that offered rich descriptions of the topic. Along with this, the inclusion and exclusion criteria for this thematic literature review ensured scholarly credibility and reliability of the research findings, including its relevance to the research topic and inclusion of recent research from the past five years. Despite these strengths, a significant limitation that impacted the literature review process was the lack of specific research on the use of self-compassion in therapy for adults with chronic lower back pain. Previous research was limited to the exploration of self-compassion for chronic pain populations, and specifically, there were limited articles available that directly explored the effects and experiences of self-compassion in adults with chronic lower back pain. The reviewed literature often incorporated diverse chronic pain experiences, which is significant towards developing a more holistic understanding of chronic pain. However, information is limited to the experiences of self-compassion from adults who struggle to cope with chronic lower back pain. Further research is needed to

understand the use of self-compassion as a therapeutic intervention for this population, including how compassion-based interventions as used to help adults cope with their pain symptoms.

Quantitative Studies

Strengths

The quantitative research articles demonstrated key strengths in research design, theoretical underpinnings, and participant recruitment. All quantitative articles utilized concepts from self-compassion and compassion-focused theory to guide the nature of their research study. The consistent use of these frameworks, which are empirically supported and offer clear measures of self-compassion, helps improve the design of the research study. Additionally, research studies conducted by Barchakh et al. (2021) and Torrijos-Zarcero et al. (2021) utilized a biopsychosocial approach to conceptualizing chronic pain, which outlines the interaction between biological, social, and psychological influences. As mentioned by the authors, the adoption of this model helps provide a more comprehensive and holistic view of understanding self-compassion treatment outcomes in chronic pain.

In terms of research design, these articles consistently utilized standardized treatment protocols, including the use of randomized control trials and quasi-experimental designs (Barchakh et al., 2021; Carvalho et al., 2021; Lutz et al., 2020). Reliable assessment measures were also implemented across multiple studies to measure chronic pain and disability outcomes. For example, Torrijos-Zarcero et al. (2021) utilized the Numerical Pain Rating Scale and the Pain Disability Index to assess participant's chronic pain levels. The authors noted that the use of these empirically validated

instruments helps enhance the validity and reliability of the research findings, thereby reducing the potential influence of bias through random sampling procedures.

Another significant strength of the reviewed quantitative studies was the relevant inclusion and exclusion criteria that accounted for multiple confounding variables (Barchakh et al., 2021; Carvalho et al., 2021; Lutz et al., 2020). For example, Lutz et al. (2020) assessed participant medication use and prior experience with self-compassion as risk factors that could negatively impact research participation. Additionally, Torrijos-Zarcero et al. (2021) reported the methodological strengths of using random assignment for assigning participants into treatment and control groups. The authors reported that random assignment procedures, along with larger sample sizes, helped improve the validity and reliability of the research findings relevant to chronic pain populations.

Limitations

Despite the strengths, methodological limitations were present in the six quantitative research articles that can influence the interpretation and generalizability of the research findings. The majority of the research studies appeared to present demographic biases in participants as samples primarily consisted of middle-aged British women, which can reduce the applicability of these research findings to the broader population (Barchakh et al., 2021; Carvalho et al., 2021; Malpus et al., 2022; Torrijos-Zarcero et al., 2021). Another limitation that appeared to be present was the observation of moderate to high attrition rates in studies conducted by Basque et al. (2021) and Carvalho et al. (2021). For example, Basque et al. (2021) utilized a single-group research design to evaluate the outcomes of a six-week online self-compassion educational program without therapist facilitation for 26 participants with chronic pain. The exclusion of therapist instruction and facilitation can likely contribute to the higher rates of participant dropout, which can negatively impact the reliability of these findings.

Another limitation of the quantitative research studies was the use of convenience sampling methods in the majority of the research articles. Convenience sampling can contribute to higher dropout rates and reduce sample representativeness, which can affect the reliability of the results (Barchakh et al., 2021). Another significant limitation of majority of the quantitative studies was the use of only one psychometric instrument to assess self-compassion levels and treatment outcomes. For example, limited psychometric tools are available in the clinical field for assessing self-compassion other than the Self-Compassion Scale (SCS), which is one of the primary assessment tools used by researchers to measure compassion-based outcomes (Basque et al., 2021). The limited use of psychometric assessments on self-compassion can limit the construct validity of assessing self-compassion in adults with chronic pain (Barchakh et al., 2021). Overall, the quantitative research findings appear methodologically efficient in understanding the effects of self-compassion in therapy for adults with chronic pain, however, methodological limitations should be considered when interpreting these findings.

Qualitative Studies

Strengths

All qualitative research studies reviewed utilized interpretative phenomenological analysis (IPA) within a constructivist framework to explore the direct experiences of adults with chronic pain engaging in self-compassion. IPA can be beneficial in providing in-depth insights into the complex and lived experiences of research participants from within their social context (Barnes et al., 2021). All of the qualitative studies demonstrated significant strengths by including strong ethical procedures for minimizing bias and promoting reflexivity throughout the research process. Gooding et al. (2020) specifically utilized triangulation methods and incorporated feedback from group facilitators of five

participants in Britain who completed a 12-week CFT group to improve the integrity of the research findings. Along with this, Barnes et al. (2021) utilized peer debriefing methods throughout their research process, and Gray et al. (2024) utilized multiple ethical procedures to enhance objectivity through supervisor cross-checking and researcher reflective journaling. In addition, all three studies aimed to protect participant anonymity and privacy through secure data storage and transfer procedures.

Limitations

Despite these strengths, methodological limitations appear to be present in the qualitative research articles. Significant limitations included smaller sample sizes and limited demographic diversity among participants, as most were predominantly Caucasian females. According to Gooding et al. (2020), an IPA approach to qualitative research often involves fewer than ten participants to allow for an in-depth analysis of individual experiences. The authors noted that although IPA can allow for meaningful descriptions to emerge, the small sample sizes and reduced sample representativeness may limit the generalizability of the findings. Additionally, limited demographic diversity may undermine the variety of experiences among adults with chronic pain from different genders, cultures, and backgrounds. Gray et al. (2024) reported that limited sample representativeness can also be influenced by the use of purposive sampling that was used during the recruitment of participants in their study. The authors emphasized that purposive sampling can limit the generalizability of the research findings and introduce potential selection bias from researchers when selecting participants for inclusion in a research study.

Overall, the qualitative research findings offer valuable and deeper insights into how adults with chronic pain and chronic lower back pain experience self-compassion in therapy. However,

caution must be exercised when interpreting the research findings due to the methodological limitations identified across certain qualitative research articles.

Chapter Three: Literature Review

The purpose of this chapter is to present a comprehensive overview of the literature and undertake a synthesis as well as critical analysis of the literature. In this chapter, the thematic findings from this literature review will be presented and critically analyzed. Exploring existing research literature will help provide further insight and information on how the therapeutic use of self-compassion impacts an adult individual's ability to cope with chronic lower back pain. At the end of this chapter, ethical considerations and limitations highlighted from this literature review will be presented and discussed.

Thematic Findings and Critical Analysis

In this section, the key themes found from the thematic analysis of the research articles will be presented and critically reviewed. Table 1 provides an overview of the themes discovered from the literature review. These findings aim to answer the main research question of examining the effects of self-compassion in therapy on adults' abilities to cope with chronic back pain.

Table 1

Overview of Themes

Themes	Topic
Theme 1	Self-Compassion and Social Belonging
Theme 2	Self-Compassion and Emotional-Transformation
Theme 3	Strengthening Motivation and Life Satisfaction through Skill Building
Subtheme 1	<i>Self-Efficacy Development</i>
Theme 4	Open Acceptance of Self and Pain
Theme 5	Barriers to Self-Compassion on Physical Pain Improvements
Subtheme 1a	<i>Sociocultural Challenges and Stigma</i>
Subtheme 1b	<i>Role of Shame and Self-Criticism</i>

1. Self-Compassion and Social Belonging

The first theme identified across multiple research articles is that adults with chronic pain often experience an increased sense of social belonging by practicing self-compassion in a therapeutic group environment. Researchers have identified that isolation and loneliness are often experienced by individuals with chronic pain, which can lead to negative social and emotional challenges in functioning (Gray et al., 2024). Impaired social functioning in adults with chronic pain can reflect the sociological component of chronic pain, as perceived from the biopsychosocial model, which recognizes how social environments can impact a person's experiences with chronic pain (Driscoll et al., 2021). Research conducted by Barnes et al. (2021), Brown et al. (2022), and Gooding et al. (2020) found that individuals who participated in compassion-focused therapy groups (CFT) experienced reduced feelings of loneliness and increased understanding and emotional support from group members and facilitators. Similarly, Gray et al. (2024) conducted a qualitative research study to explore the experiences of self-compassion from eight British adults with chronic pain who were recruited to participate in a nine-week group therapy program at a pain management clinic. The authors found that active support and guidance from a trained therapist and group members while learning compassion-based practices helped participants experience greater social inclusion and self-compassion levels after treatment. These research findings, as found by the authors, appear consistent in both in-person and virtual group treatment formats.

From the review of the literature, supportive therapeutic group settings were found to facilitate a sense of belonging, improve emotional well-being, and enhance personal engagement in compassion-based strategies (Penlington et al., 2018). For example, Gooding et al. (2020) and Gray et al. (2024) reported that participants demonstrated increased engagement in self-compassion after recognizing

they were not alone in their physical and emotional challenges with chronic pain. Similarly, Barnes et al. (2021) and Brown et al. (2022) found that adults with chronic lower back pain developed greater empathy and compassion for themselves and others after witnessing group members share their experiences with chronic pain. This experience also helped adult participants experience benefits in using self-compassion to manage the psychological challenges of chronic pain more effectively. Overall, the therapeutic use of self-compassion aimed to address the psychosocial challenges of chronic lower back pain by increasing participant's sense of social connection in group therapy.

The patterns that emerged from the theme of *self-compassion and social belonging* appear consistent with previous research conducted by Neff (2023) on self-compassion theory. In this theory, social belonging aligns with one component of self-compassion known as common humanity, which refers to an individual's ability to recognize that they are not alone in their experiences of pain and suffering. As mentioned by the author, practicing self-compassion within group therapy environments can facilitate increased feelings of social belonging and a sense of common humanity. Building on these theoretical underpinnings, Brown et al. (2021) emphasized that when research findings align with and are supported by preexisting theories and research, the reliability of these findings is strengthened. Similarly, Gooding et al. (2020) and Malpus et al. (2022) demonstrated strong reliability in group treatment outcomes for self-compassion, as both studies utilized standardized compassion-focused treatment protocols to assess the effectiveness of these interventions.

While the current literature appears to support the relationship between self-compassion and social belonging, there are a few important research limitations and gaps that appear to be present. One limitation is the lack of objective and direct assessment measures of social belonging. For example, Gooding et al. (2020) reported that their research findings on social connectedness were based solely

on participants' self-reports, which can have the potential for bias. The authors emphasized the importance of considering the influence of the therapeutic relationship and supportive group effects in the interpretation of their findings. Another limitation that emerged from these findings involves the sampling procedures and the treatment formats used in the reviewed studies, which can impact the generalizability of the research conclusions. For instance, Gooding et al. (2020) and Gray et al. (2024) both utilized purposive sampling procedures in their studies, which can provide in-depth insights into a specific population, but can have a higher risk of sample bias in comparison to random sampling procedures. Both of these authors also noted a lack of pre-existing research examining self-compassion in therapy for adults with chronic pain outside of group therapy formats, which can leave the role of self-compassion and social belonging in individual therapy unexplored. Additionally, Brown et al. (2022) reported that participants in their study requested a two-week extension of an eight-week MSC group to incorporate individual therapy sessions for additional therapeutic support and consolidation of learning. These findings may suggest that exploring the effects and use of self-compassion in individual therapy can provide additional insights, including into the concept of *self-compassion and social belonging*.

2. Self-Compassion and Emotional-Transformation

The second theme discovered from this thematic literature review is the emotional transformation of adults with chronic lower back pain through self-compassion exercises and therapeutic interventions. Valluri et al. (2024) reported that adults who experienced significant difficulties in coping with higher-intensity chronic pain commonly experience challenges in emotional regulation. The authors also mentioned that individuals with chronic pain often experience emotional distress and mental health conditions such as anxiety and depression. In addition, Barnes et al. (2021)

found that individuals with chronic pain often experience pain-related anxiety, including fears of long-term disability and premature death as a result of their chronic pain. Difficulties with managing feelings of anger and frustration about their functional limitations have also been reported by the authors as a common concern in adults with chronic pain. These findings from the authors highlight the complex biopsychosocial interaction of emotional and physical challenges that can negatively impact the functioning and well-being of adults with chronic pain.

From thematic analysis, a pattern of emotional transformation and change was found in research participants with chronic pain across several studies related to using self-compassion in therapy. Six studies have found that MSC and CFT group interventions, including compassion imagery, compassionate letter writing, and the loving kindness meditation, significantly reduced participant symptoms of anxiety, depression, and anger, along with increased emotional regulation (Barchakh et al., 2022; Basque et al., 2021; Greff Ballejos et al., 2023; Malpus et al., 2022; Misterra & Davis, 2021; Torrijos-Zarcero et al., 2021). Additionally, Berry (2020) found that participants in their study experienced neurological improvements in emotional regulation and pain perception from increased self-compassion. Similarly, Lutz et al. (2020) found that increased emotional regulation was associated with increased brain activation in the prefrontal cortex after participants with chronic lower back pain completed self-compassion training. As mentioned by the authors, brain activation in the prefrontal cortex is a common area for cognitive and emotional processing. Alongside this, Gooding et al. (2020) found that participants experienced emotional relief in processing their emotional experiences of chronic pain through practicing self-compassion strategies in therapy. The authors reported that participants developed a kinder attitude towards feeling and recognizing their emotions, which helped towards increased emotional regulation post-treatment and at a one-month follow-up. These findings suggest that self-compassion can provide emotional relief as an emotional regulation

strategy for adults with chronic pain, and consider the biopsychosocial impact that chronic pain can have on a person's emotional experiences.

The findings from this thematic literature review align with previous research in support of self-compassion interventions in promoting and improving emotional well-being (Neff, 2023). Compassion-based interventions utilized in the majority of the core research articles were demonstrated by researchers as evidence-based interventions that have been shown to reduce symptoms of anxiety, depression, and stress in clinical and non-clinical populations (Barchakh et al., 2021; Basque et al., 2021; Greff Ballejos et al., 2023). Most of the reviewed core articles utilized validated psychological measures such as the Self-Compassion Scale (SCS), Patient Health Questionnaire (PHQ-9), and the Depression, Anxiety, and Stress Scale (DASS-21) to assess self-compassion, anxiety, depression, anger, and emotional regulation pre-treatment to post-treatment (Barchakh et al., 2021; Gooding et al., 2020; Lutz et al., 2020). The use of valid psychological measures helps to increase the reliability of these research findings.

Despite these strengths, there are notable limitations to the following thematic findings based on reviewing previous literature about the emotional effects of self-compassion on adults' abilities to cope with chronic pain. The changes reported by participants across multiple quantitative and qualitative research articles can be largely influenced by contextual testing factors, such as testing fatigue, participant motivation, and chronic pain intensity, which can affect the accuracy of the reported changes in participant mood. Along with this, the research conducted by Basque et al. (2021) and Barchakh et al. (2021) displayed limitations to their sample sizes and convenience sampling procedures. The authors utilized convenience sampling to recruit participants, which can influence the higher rates of participant dropout, and limit the generalizability of the findings and diverse sample

representation. Another limitation to these findings is the use of other treatment methods alongside self-compassion interventions, which can confound the research data collected by researchers and impact the interpretation of the research findings. Research conducted by Penlington et al. (2018), Torrijos-Zarcero et al. (2021), and Zheng et al. (2024), incorporated outside treatments alongside self-compassion work in therapy, such as core stability training, physical therapy, and medication management as compared to the remaining articles that did not incorporate physical or medical treatments as part of their inclusion criteria of their studies. While the authors found significant effects from the combination of physical and psychological treatment in improving self-compassion, emotional regulation, and emotional well-being in participants, this combination may confound the contribution and effects of self-compassion on emotional well-being. Similarly, the majority of the core research articles displayed inconsistencies in the length and format of compassion-based practices in their studies, which can influence the interpretation of the effectiveness of self-compassion in these findings. For example, Greff Bellejos et al. (2023) and Malpus et al. (2022) reported that some of the interventions provided to their research participants were based on brief self-compassion training with and without therapist facilitation, compared to other studies that incorporated CFT and MSC group programming ranging from eight to twelve weeks. This variability in treatment protocol and intervention length, as described by these authors, can influence how participants experience self-compassion emotionally and can impact the reliability of the research findings.

3. Strengthening Motivation and Life Satisfaction through Skill Building

The third theme identified across the reviewed literature is the potential of self-compassion practices through active skill-building to strengthen the motivation and life satisfaction in adults with chronic pain. Several studies reported that participants, particularly with chronic lower back pain,

experience increased engagement in life and improvements in quality of life after implementing self-compassion interventions into their daily lives and routines post-therapy (Basque et al., 2021; Carvalho et al., 2021; Greff Ballejos et al., 2023; Penlington et al., 2018). High-quality-of-life participant ratings were reported by researchers, along with increased functioning in different domains of life, including social, physical, and emotional functioning. For example, research conducted by Valluri et al. (2024) reported that nurses with chronic pain experienced increased fulfillment and well-being in life after learning and applying small acts of self-kindness daily, including through compassionate reminders. The authors noted that these improvements helped participants increase engagement in parenting responsibilities, work tasks, and family outing obligations without feeling overwhelmed or stressed. Alongside this, the authors found that adult nurses with chronic pain experienced increased positive changes and satisfaction with their physical, emotional, and social functioning after consistently completing compassion-based skill-building exercises. These findings address the biopsychosocial challenges commonly experienced by many adults with chronic pain and chronic lower back pain. Similarly, Gray et al. (2024) found that participants developed greater motivation to continue practicing different self-compassion strategies, as many participants reported increased awareness of the choice they have in their own lives to take care of themselves and engage in activities meaningfully despite chronic pain. These thematic findings were derived from multiple, validated self-assessment measures that assessed quality of life and daily functioning ratings after completion of compassion skills training and treatment group programming, both virtually and in-person. The authors also mentioned how participants who engaged with psychoeducation and homework on self-compassion, along with compassion-based meditations such as the loving kindness meditation, were helpful in improving their life satisfaction. Overall, from the reviewed literature,

engagement in compassion-based skills can be helpful towards improving life satisfaction and engagement in adults with chronic lower back pain concerns.

Despite these encouraging outcomes, limitations appear to be present that can influence the reliability of these findings. Some studies lacked clear protocols outlining the length of time and effort participants spent practicing self-compassion outside of therapy sessions, which can influence these findings. Alongside this, some researchers facilitated self-help groups for self-compassion with minimal therapeutic guidance, which commonly found higher attrition rates compared to group-facilitated programs. Program type and the variability in self-compassion strategies may have impacted how participants engaged and benefited from self-compassion (Peters et al., 2017). Another limitation of these findings is the limited sample sizes and the use of convenience sampling by some of the researchers. For example, Caravello et al. (2021) recruited 16 participants in their research study through convenience sampling and did not incorporate a control group in assessing the role of self-compassion in ACT for chronic pain difficulties. The limitations of convenience sampling, lack of diverse sample representation, and the exclusion of a control group limit the validity and applicability of the research findings on self-compassion. As found by the authors, the inconsistencies in the structure of the research methodologies and the practice of compassion interventions can influence the interpretation of the research findings.

Self-Efficacy Development

An important sub-theme discovered across the literature was *self-efficacy development* in individuals coping with chronic pain through applying compassion-based strategies to their daily lives. Multiple studies found that participants gained a sense of self-efficacy and confidence in their ability to cope with the symptoms of chronic pain (Ahmadi & Mirmohammadi, 2024; Basque et al., 2021;

Brown et al., 2022; Greff Ballejos et al., 2023). In particular, one study by Penlington et al. (2018) measured self-efficacy using the Pain Self-Efficacy Scale (PSEQ) as positively correlated to self-compassion, with small but increased improvements ($\alpha = .36$) in participant ratings of pain distress and emotional well-being following compassion-based interventions. The researchers found that participants gained confidence in their abilities through developing new expectations and attitudes towards themselves and their actions in life by practicing self-compassion.

Additionally, Ahmadi and Mirmohammadi (2024) and Gooding et al. (2020) found that participants developed a more confident belief in their ability to carry out tasks in their daily life and practice the skills they learned in therapy. The participants in these studies viewed self-compassion as a coping tool to help them make positive emotional and physical changes in their lives. Basque et al. (2021) also found that participants gained insight about how their reactions towards themselves were harsher compared to the way they spoke to loved ones after completing a compassionate letter exercise. Researchers found that participants developed increased appreciation for self-compassion after the letter exercise and, through using compassionate self-responding, developed increased self-efficacy towards improving their physical, social, and emotional well-being. Additionally, participants engaged in self-care and mindfulness practices after treatment and at follow-up, along with increased engagement in school and occupational tasks. The findings suggest that therapy interventions grounded in self-compassion can holistically address the physical pain, emotional distress, and social stressors related to chronic pain. Overall, this subtheme appears to align with previous research outlining the role of self-compassion in helping to promote health-maintaining and self-care behaviors.

Despite the positive research conclusions found, a significant limitation identified from this literature review is the lack of direct assessment tools to measure self-efficacy alongside self-

compassion. From the reviewed literature, only Penlington et al. (2018) directly measured self-efficacy and self-compassion. The authors reported using only one assessment measure of self-efficacy, which can serve as a limitation to the generalizability and reliability of these research findings. Although quality of life was assessed in chronic pain, the authors reported finding a gap to be present in the research literature about the role of self-efficacy in self-compassion for chronic pain populations.

4. Open Acceptance of Self and Pain

Another key theme that emerged from reviewing the literature is the development of pain and self-acceptance among adults with chronic lower back pain who engage in self-compassion through therapy. Several studies reported that adults with chronic lower back pain commonly physically and emotionally avoid their pain (Barnes et al., 2021; Gray et al., 2024). This finding aligns with previous research by Malpus et al. (2022) about the fear avoidance model that was originally developed by Lethem et al. (1983), which explains how the development of avoidance behavior in individuals with chronic lower back pain results from experiencing anxiety and fear about their pain symptoms. As mentioned by the authors, individuals with high levels of chronic lower back pain often avoid activities that evoke physical pain, and often chronic avoidance can lead to negative biopsychosocial consequences such as increased emotional distress, social isolation, and disability from work, recreation, and family activities.

In contrast, multiple researchers found that engagement in self-compassion practices in therapy helped participants with chronic pain develop pain acceptance compared to pain avoidance (Barnes et al., 2021; Gooding et al., 2020; Gray et al., 2024; Torrijos-Zarcero et al., 2021). Pain acceptance was frequently assessed and measured across several studies, as pain acceptance was found to emerge as a significant outcome and effect from self-compassion, including over multiple interventions such as

compassionate imagery and the loving kindness meditation (Barnes et al., 2021; Edwards et al., 2019; Torrijos-Zarcero et al., 2021). The assessment of pain acceptance was done by multiple researchers through the use of the Chronic Pain Acceptance Questionnaire (CPAQ), which has been demonstrated as having high internal consistency and test-retest reliability (Brown et al., 2022; Greff Ballejos et al., 2023). Additionally, Gooding et al. (2020) and Gray et al. (2024) found that through self-compassion, the development of chronic pain acceptance helped participants pre and post therapy to engage more in the present moment, in self-care practices and meaningful activities and relationships, and experience fewer symptoms of pain-related anxiety. The authors also found that participant openness towards their emotions and thoughts without judgment about their chronic pain through self-compassion helped them learn to acknowledge and accommodate their lives living with chronic pain.

Closely found to pain acceptance was the development of self-acceptance as a pattern present across the majority of the core research articles. Several studies found that participants developed open acceptance alongside pain acceptance about their sense of self and embraced their identity more as being separate from their chronic pain after engaging in compassion-based therapy interventions (Barnes et al., 2021; Chaplin et al., 2014). Along with this, Brown et al. (2022) and Edwards et al. (2019) found that participants learned to adopt self-worth, agency, and a renewed sense of self after treating and responding to themselves with compassion. According to the authors, these findings can help provide a deeper and more holistic understanding of how an adult's personal and social identity can be impacted by experiences of chronic pain. In addition, these findings appear to demonstrate how self-compassion can help individuals improve their sense of self-worth and identity in life. Overall, the collective findings from the reviewed literature suggest that self-acceptance and pain acceptance, through practicing self-compassion, can help individuals with chronic lower back pain cope more effectively with their physical, psychological, and emotional symptoms of chronic pain.

Overall, these thematic findings found across this literature review appear aligned with existing previous research outlining the positive correlation between compassionate self-responding and psychological flexibility, which includes emotional acceptance (Edwards et al., 2019). Acceptance, as related to psychological flexibility and outcomes of self-compassion, has been shown in previous research to help reduce negative consequences in daily functioning and improve mental well-being (Davey et al., 2020). Both quantitative and qualitative articles reviewed contributed to the richness of the thematic results found. Multiple quantitative studies provided validated and direct measures of pain acceptance, and all qualitative studies in this review offered in-depth insights into the direct experiences of participants. Findings on pain acceptance were strengthened by researcher reflexivity practices and the use of triangulation methods, which help prevent bias and increase the credibility of these findings (Barnes et al., 2021; Greff Ballejos et al., 2023; Gooding et al., 2020). Self-compassion was also found to contribute to pain and self-acceptance across various therapeutic modalities, such as Compassion-Focused Therapy (CFT), Mindful Self-Compassion (MSC), and Acceptance and Commitment Therapy (ACT). With therapeutic modality, Davey et al. (2020) reported that researchers commonly note the similarities between ACT and self-compassion-based approaches, such as ACT incorporating self-compassion elements into its treatment interventions. Alongside this, Carvalho et al. (2021) reported that ACT interventions focused on present moment awareness and acceptance overlap with mindfulness and self-kindness components of self-compassion. With these similarities, Guiomar et al. (2021) found that ACT with self-compassion can produce greater benefits, including towards pain acceptance, compared to ACT alone. However, an important limitation to these thematic findings is the overlap between ACT and self-compassion interventions and the lack of researcher distinction between the two modalities, as these can blur the direct effects of self-compassion.

5. Complexities and Challenges of Self-Compassion in Pain Management

The fourth theme identified in the literature is the complexities and challenges of using self-compassion as a therapeutic approach in counselling to help with physical pain management and improvement. Across multiple studies, researchers have identified self-compassion as a therapeutic intervention with moderate to large effects on pain-related outcomes and managing physical symptoms of chronic pain. Specifically, five researchers found reductions in pain intensity, pain disability, and improvements in lower back functioning (Ahmadi & Mirmohammadi, 2024; Basque et al., 2021; Berry et al., 2020; Greff Ballejos et al., 2023; Zheng et al., 2024). Improvements in physical pain were consistently found across multiple therapy treatments and modalities, including the benefits of compassionate responding in tolerating physical pain while engaging in different activities (Xi Luo et al., 2020). For example, Berry et al. (2020) found that pain disability was significantly reduced after participants completed brief self-compassion training for chronic lower back pain. Along with this, Penlington et al. (2018) reported that participants completing a CFT group decreased pain-related distress and increased coping of their physical pain symptoms through self-compassion. Participants in these studies also consistently reported high treatment satisfaction in group therapy using self-compassion as a coping strategy for physical pain management. These findings appear highly reliable, as over four studies utilized randomized and/or longitudinal clinical trials and assessments such as the Numeric Pain Rating Scale and the Roland Morris Disability Questionnaire ($\alpha = .90$) that demonstrated high internal consistency for measuring chronic pain (Malpus et al., 2022; Zheng et al., 2024)

In contrast to these positive findings, five researchers reported inconsistent and limited treatment outcomes of self-compassion on managing chronic pain symptoms. For example, some adults with

chronic pain did not experience significant changes or improvements in pain intensity, pain-disability, and pain management following engagement in self-compassion in both group therapy and self-help programs (Berry et al., 2020; Carvalho et al., 2021; Penlington et al., 2018; Torrijos-Zarcero et al., 2021). Similarly, Lutz et al. (2020) also found that the majority of participants experienced no changes in self-criticism and brain activation after completing brief self-compassion training, whereas some experienced a reduction in self-criticism and an increase in self-compassionate responding. Along with this, research conducted by Peters et al. (2017) and Carvalho et al. (2021) found that self-compassion interventions were not significantly more effective than other therapy modalities such as CBT and ACT. They found no significant differences in participant ratings of chronic pain compared to MSC and other therapy programs that incorporated self-compassion and positive psychology. Similar to the inconsistent findings reported across multiple research articles, some studies found that participants did not find self-compassion in therapy helpful towards physical coping with chronic pain, with some reporting negative treatment outcomes. For example, Carvalho et al. (2021) found that participants reported increased ratings of pain intensity ($\alpha = .84$), pain disability ($\alpha = .63$), and uncompassionate self-responses ($\alpha = .97$) towards chronic pain following completion of an ACT with self-compassion intervention. Additionally, Gray et al. (2024) reported that participants felt confused and agitated following engaging in mindfulness and self-compassion exercises. These mixed and complex therapeutic effects and outcomes of self-compassion can create limitations in assessing the effectiveness of self-compassion in therapy for adults with chronic lower back pain.

With these complex and mixed therapeutic effects and preferences with self-compassion, challenges such as individual preferences and mental health, chronic pain type and severity, along with previous therapy experience, can be factors in the inconsistent findings of self-compassion for chronic pain. These biopsychosocial factors are important to consider as they can impact how an individual

responds to and understands self-compassion based on their life experiences and development (Driscoll et al., 2021). Only studies by Berry et al. (2020), Zheng et al. (2024), and Greff Ballejos et al. (2023) focused exclusively on chronic lower back pain, compared to the remaining studies that encompassed chronic lower back pain and different types of chronic pain, including chronic pelvic pain and migraines. Furthermore, some of these authors recruited participants who were engaging in ongoing medical and physical treatments for chronic pain, which can confound results and influence participants' experience of self-compassion and symptom tracking. Gaps in the research literature about the adaptability of self-compassion for chronic pain populations can also affect these outcomes, along with differences in treatment modality and research designs across the reviewed literature. As found by Carvalho et al. (2021), gaps in the research literature can limit the possibility of generalizability and the effects of self-compassion in therapy for adults who attempt to cope with chronic lower back pain.

Sociocultural Challenges and Stigma

A significant sub-theme that emerged from this thematic analysis is the negative influence of sociocultural challenges and stigma underlying participant challenges to engaging with self-compassion for physical and psychological pain management. Over four studies reported that adverse life experiences, including negative interpersonal and healthcare experiences in childhood and adulthood, shaped how participants with chronic pain perceived themselves and their pain experiences (Carvello et al., 2021; Gray et al., 2024; Gooding et al., 2020; Malpus et al., 2022; Torrijos-Zarcero et al., 2021). In particular, Gray et al. (2024) found that participants reported experiencing social stigma about their chronic pain and being taught through family and sociocultural norms that self-compassion, compared to giving compassion to others, is viewed as selfish and arrogant. The authors

found that participants often extended past their boundaries and their pain to help and appease other people, even with negative consequences towards themselves, emotionally and physically, with chronic pain. The authors mentioned that participants often felt socially pressured to fight through their pain, suppress their own needs, and overextend themselves to help support other people. Similarly, Barnes et al. (2021) found that participant discussions around chronic pain in their personal lives were often silenced or avoided within their families and social networks, which negatively impacted their level of engagement in group discussions and self-compassion group exercises in group therapy. Alongside this, Penlington et al. (2018) found that many individuals with chronic pain encountered numerous experiences of invalidation and criticism, within personal relationships and from healthcare providers. The authors mentioned that many participants experienced minimization of their non-specific chronic lower back pain and often experienced difficulties accessing appropriate healthcare services because of this. According to the authors, these social experiences of invalidation and criticism contributed to feelings of mistrust, “masking” of physical symptoms, and difficulty with emotional expression in group therapy due to fears of social judgment. Overall, these findings from the authors align with the biopsychosocial perspective of understanding how social factors such as negative social interactions, stigma, and rejection can impact a person’s physical and emotional experiences with chronic pain.

The reviewed literature related to this sub-theme highlights significant strengths that contribute to a more holistic understanding of chronic pain and the effects of self-compassion. Many studies adopted a biopsychosocial model approach to their studies, which explores and acknowledges the complex interaction of biological, social, and psychological factors that influence chronic pain (Mistretta & Davis, 2021). Utilizing this framework to inform the nature of the research studies helps strengthen the credibility and depth of the research findings, as chronic pain research highlights how

social components can significantly impact chronic pain and therapy experiences. However, there are important limitations to these findings that need to be considered. For example, most studies may lack generalizability to chronic pain and self-compassion, as most participants recruited primarily by convenience sampling across multiple studies were predominantly middle-aged British women, which limits how these sociocultural findings apply to diverse cultures and populations of people (Carvello et al., 2021; Gray et al., 2024; Gooding et al., 2020; Malpus et al., 2022; Torrijos-Zarcero et al., 2021). Together, the strengths and limitations of these findings highlight the need for further research on the complex experiences of self-compassion in therapy from diverse adults with chronic lower back pain.

The Role of Shame and Self-Criticism

Another important sub-theme that emerged across the reviewed literature was the high prevalence of shame and self-criticism among adults with chronic lower back pain, which negatively impacted their ability to engage in self-compassion. Several researchers identified high participant ratings of self-criticism, indicated by uncompassionate self-responding, along with high feelings of shame, hopelessness, and inadequacy about themselves and their chronic pain (Berry et al., 2020; Carvalho et al., 2021; Malpus et al., 2022). Along with this, Brown et al. (2022) found that participants with low self-esteem and high self-criticism reported experiencing difficulty in practicing and engaging in self-compassion therapeutic interventions. Additionally, Gooding et al. (2020) found that participants reported experiencing high discomfort and shame when practicing self-compassion and when sharing their emotional experiences with others in group therapy. These patterns were supported both by subjective reports during qualitative interviews and through objective measures examining self-criticism. As reported by Driscoll et al. (2021), barriers to engaging and practicing self-compassion can be potentially influenced and contributed by the diverse biological, social, and

psychological life experiences of research participants (Driscoll et al., 2021). Despite the research support found from the reviewed literature, limitations appeared present in participant recruitment and selection in some of the research articles that can negatively impact the collection and interpretation of these findings. For example, Malpus et al. (2022) reported using a “striver” criterion for the recruitment of their participants, which was defined as persons with chronic pain with high levels of self-criticism and perfectionism. According to the authors, this criterion was not empirically validated and was assessed through healthcare provider judgment only, which can increase the risk of sampling and clinician bias. Overall, the findings from the reviewed literature demonstrate the challenge of high levels of shame and self-criticism in adult engagement with self-compassion in therapy towards chronic pain management.

Summary

Overall, this literature review revealed mixed yet promising findings that support the use of self-compassion in therapy to help adults with chronic lower back pain manage their symptoms. Additionally, key research gaps were found from reviewing the literature that require further exploration. One predominant research gap was the lack of objective and empirically validated psychological assessments to measure the different therapeutic components of self-compassion. The use of multiple, empirically validated psychological assessment measures helps to identify and improve the validity and reliability of research conclusions (Penlington et al., 2018). Another significant research limitation that emerged from this literature review was related to the use of convenience sampling in the majority of the research studies. Convenience sampling methods can limit the applicability of the research findings and increase the risk of bias impacting the interpretation of research findings (Basque et al., 2021). Lastly, another research limitation that emerged in this literature review was the limited information about the types of compassion-based interventions and

the use of self-compassion in individual therapy. Previous research has shown inconsistencies about the type and structure of compassion-based interventions used in psychological research, along with research on self-compassion and chronic pain being limited to group treatments alone (Gray et al., 2024).

Ethical Considerations

In the counselling psychology field, incorporating ethics in both clinical and research practice is crucial in ensuring practices are being conducted appropriately and benefit other people's welfare. Within therapeutic practice and research, the ethical principles from the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2017) are utilized to ensure that professionals are acting ethically and providing ethical psychological treatments to clients and research participants. Along with this, the ethical guidelines from the Tri-Council Policy Statement: *Ethical Conduct of Research Involving Humans* (Canadian Institutes of Health Research et al., 2022) are upheld by researchers to ensure ethical practice is being followed and maintained. Ethical standards are crucial in clinical research and therapeutic practice, especially when working with chronic pain populations, to ensure fair treatment and protection (CPA, 2017). In this section, key ethical principles from both documents will be incorporated in analyzing the ethical considerations of the research articles. The key ethical principles that will be outlined are informed consent and withdrawal, privacy and confidentiality, deception, debriefing, and conflicts of interest. Ethical considerations about the use of therapeutic interventions and treatment practices found in the reviewed literature will also be critically examined. The critical review and analysis of the ethical standards of the core articles will help further identify the specific effects and impacts of self-compassion in therapy for adults with chronic lower back pain.

Informed Consent and Withdrawal

The *Canadian Code of Ethics* emphasizes *Principle I: Respect for the Dignity of Persons and People* as most significant to ensuring that professionals respect individuals' rights, freedom to informed consent, and freedom of withdrawal from research and treatment participation (CPA, 2017). Similar to this ethical principle, the Tri-Council Policy statement outlines specific ethical standards towards respect for all persons in research, including clients' rights in research to be fully informed about the nature, risks, and benefits of participation before giving informed consent (Canadian Institutes of Health Research et al., 2022).

All of the core research studies except for Lutz et al. (2020) and Greff Ballejos et al. (2023) provided full information about the nature of the research study and gained written informed consent from all research participants before conducting research. In contrast, Lutz et al. (2020) conducted a service evaluation using outcome research data from a medical database on 20 participants with chronic lower back pain who received brief self-compassion training while completing fMRI scans to assess changes in brain activation. While participants in the original research provided written consent, the authors' use of accessing medical database research data was done so without participant consent and ethical board approval. The authors used a registered decision tool in determining the collection of research data, which they deem permissible towards not receiving ethical board approval, but ethical concerns remain without establishing explicit informed consent, which can raise ethical questions regarding the protection of participant rights. Along with this, Greff Ballejos et al. (2023) conducted a systematic literature review about the benefits of self-compassion in adults with chronic lower back pain, where there was no direct contact or informed consent gained from participants. The existing literature reviewed in the author's research indicated that informed consent procedures were obtained

with all participants; however, details about the procedures for informed consent and receiving ethical board approval for the systematic literature review were missing. Aside from the studies conducted by Lutz et al. (2020) and Greff Ballejos et al. (2023), the core research articles reviewed appear to include adequate information about informed consent procedures, including documentation, participant consultation, and ethical board approval.

Privacy and Confidentiality

Protecting participant identifying information and research data by ensuring confidentiality is an important aspect of conducting ethical research, as mentioned in *Principle I: Responsible Caring* in the Canadian Code of Ethics and in the Tri-Council Policy Statement (CPA, 2017; Canadian Institutes of Health Research et al., 2022). From reviewing the literature, six out of ten core research articles have specifically discussed and explained procedures for the protection of client privacy and confidentiality. Along with this, the protection of identity information through data anonymity and by developing pseudonyms in coding for data analysis were mentioned in most of the core research articles (Barnes et al., 2021; Gray et al., 2024; Gooding et al., 2020; Malpus et al., 2022). Qualitative studies conducted by Gooding et al. (2020) and Gray et al. (2024) implemented specific safety measures to protect client data, including the encryption of interview transcripts about participants' experiences with self-compassion and chronic pain and transferring them on a password-protected USB drive. In contrast, research studies developed by Torrijos-Zarcero et al. (2021), Basque et al. (2021), Barchakh et al. (2021), and Lutz et al. (2020) appear to lack specific information about topics of protecting client privacy and confidentiality throughout the research process, which appears to be an ethical concern for the protection of participant welfare. Establishing and communicating specific

steps towards protecting participants' data and information is crucial for conducting ethical and clinical research (CPA, 2017).

Deception

As mentioned in the *Canadian Code of Ethics* under *Principle III: Integrity in Relationships* and the Tri-Council Policy statement, the use of deception towards research participants should be avoided or used minimally if no other alternatives exist and with proper debriefing to prevent potential harm necessary, and proper debriefing to prevent the risk of harm to research participants (CPA, 2017; Canadian Institutes of Health Research et al., 2022). Among the core articles, none appeared to use deception in their research. However, Torrijos-Zarcero et al. (2021) implemented a blind outcome assessment where information about the purpose of their study, treatment allocation, and hypothesis was not revealed until a day before attending their first group therapy session for an eight-week mindful MSC program. According to the authors, the purpose of this deception was to minimize the risks of bias in participants' subject reporting of treatment outcomes, including reporting pain intensity, anxiety, and depressive symptoms. No other forms of deception were observed to be utilized in this study. Overall, none of the core research articles used deception in their research studies, and thus, no ethical concerns involving deception were identified.

Debriefing

Within ethical research, debriefing is to be provided as a transparent way that researchers inform participants about the nature of the research study and offer them support if emotional distress or deception was used within the research study (Canadian Institutes of Health Research et al., 2022). Professionals and researchers *under Principle II: Responsible Caring* in the *Canadian Code of Ethics*

outline the ethical responsibility that researchers have to offset any potential harm or misuse information that could cause potential harm to participants (CPA, 2017). Out of the main research articles, the qualitative studies of Gooding et al. (2020) and Barnes et al. (2021) utilized debriefing with research participants, along with gaining participant feedback about their participation within the research study. In the study conducted by Barnes et al. (2021), the authors investigated the emotional experiences of chronic pain and self-compassion in seven women through the use of focus groups, reflective photo voice, and a semi-structured interview. The researchers in this study invited participants for debriefing after engaging in three parts of the research process to reflect on their experiences during each of the phases. The remaining research articles did not provide information about the use of debriefing procedures in their research process. However, it is important to note that it is not clear if the authors did not include debriefing in their research process, or if it was not stated or explained within the publication of their research article.

Conflicts of Interest

According to the CPA (2017), *Principle III: Integrity in Relationships* and the Tri-Council Policy statement, researchers and professionals in clinical practice must avoid dual relationships and conflicts of interest. Without safeguards for conflicts of interest, the welfare and well-being of researchers and research participants can be put at risk of harm. All articles except for Lutz et al. (2020) explicitly have communicated no possible conflicts of interest being present between participants, therapists, and researchers in their research studies. In the study of Lutz et al. (2020), no description of the authors' position on conflicts of interest was provided, despite participants in this study being adequately screened by two trained clinical psychologists before research participation.

From this information and reviewing the author's research protocol, dual roles or conflicts of interest between researchers and participants appear not to be present in the research study.

Ethical Considerations in Therapeutic Interventions

According to the CPA (2017), ethical procedures and guidelines must be considered and evaluated when providing therapy interventions to clients to ensure that quality client care is being provided. Additionally, therapists and counsellors must ensure full informed consent is obtained from a client before providing therapy services. As reported by the author, this involves a therapist explaining the treatment rationale, benefits, and potential risks with clients, along with discussing confidentiality limitations to protect client safety and well-being. As mentioned by Driscoll et al. (2021), therapists and counselors providing therapy specifically to individuals with chronic pain must ensure consent is obtained and the treatment rationale is being fully provided to maximize ethical treatment outcomes and minimize any potential risk of harm.

Therapist competency is another important ethical consideration when providing therapeutic interventions to chronic pain populations. To maximize the effectiveness of therapy interventions, counsellors and therapists must be adequately trained and competent in chronic pain experiences, pain management, and therapeutic interventions that would be beneficial for clients with these concerns (Driscoll et al., 2021). Maintaining professional competence involves ensuring therapists are committed to building on their education and professional development, including through consultation and supervision (College of Alberta Psychologists [CAP], 2023)

Cultural sensitivity is a significant component of providing ethical therapeutic practice, including when working with clients with chronic pain concerns. Chronic pain is often experienced in the

context of each person's cultural background, beliefs, and values (Anderson et al., 2024). Counsellors and therapists must be considerate of how different cultural norms and practices can influence adult experiences with chronic pain, along with their responsiveness towards therapeutic interventions (Driscoll et al., 2021). Therapists must also adapt and modify their therapeutic approach and interventions to align best with a client's cultural beliefs and values to ensure culturally competent care (CPA, 2017). For example, Neff (2023) describes how compassion-based therapy interventions may need to be adapted to suit different cultural values and frameworks. The author states that self-compassion was developed under a Western societal framework and has been influenced by Buddhist philosophy, which may not align with some clients who adopt different societal values and beliefs. As mentioned by the author, tailoring therapeutic and compassion-based interventions to reflect the diversity of clients is important towards providing ethical and culturally competent care in therapy.

Lastly, client advocacy is another essential ethical consideration for therapists and counsellors when providing therapeutic interventions and when working with chronic pain populations. Individuals with chronic pain may experience systemic barriers, including limited access to healthcare services, reduced insurance benefits and coverage, and social stigma surrounding chronic pain (Gray et al., 2024). Providing ethical and culturally competent care not only involves counsellors providing beneficial therapeutic interventions, but also involves advocating for clients to support continuity of care (CPA, 2017). For example, advocacy can involve therapists and counsellors connecting clients with community resources, collaborating with healthcare professionals, and supporting clients in obtaining accommodations related to occupation, education, and housing (CAP, 2023). Advocacy is especially important for therapists working with clients with chronic pain to ensure individuals are receiving and have access to the supports to support their physical, mental, and emotional well-being (Gray et al., 2024)

Chapter Four: Application to Clinical Practice

Significant clinical insights have emerged from investigating the use of self-compassion as a therapeutic intervention to help adults cope with chronic lower back pain. This chapter focuses on addressing the application of the literature review findings to clinical practice and future research. Specific areas that will be addressed in this chapter include clinical and therapeutic applications, contributions to scientific knowledge, and the well-being of society, along with cultural and diversity considerations.

Clinical/Therapeutic Applications

The current research on the therapeutic effects of self-compassion for adults with chronic lower back pain highlights multiple implications for clinical and therapeutic practices. The findings from this literature review revealed that individuals with chronic pain can frequently experience multiple psychological challenges related to their pain experiences, such as higher levels of emotional dysregulation, pain anxiety, and self-criticism (Torrijos-Zarcero et al., 2021). Along with this, many adults across multiple research studies were reported to experience significant difficulties in physically and emotionally coping with their chronic pain, often leading to avoidance behaviors and uncompassionate responses towards themselves (Barnes et al., 2021; Brown et al., 2022). From these findings, clinicians can deepen their understanding of the diverse biopsychosocial components of chronic pain and how compassionate and uncompassionate self-responding can impact an adult's wellbeing, health, and coping abilities with chronic lower back pain (Gooding et al., 2020). Through awareness and further education, clinicians can strengthen their professional competency about the diverse experiences, symptoms, and challenges associated with chronic pain.

Similarly, the findings from this literature review can be used by clinicians to improve their therapeutic stance and empathy towards clients with chronic pain. Self-compassion interventions, including within-group treatments, were found not only to improve adult emotional responses towards chronic pain, but also to enhance therapeutic rapport (Barchakh et al., 2021; Barnes et al., 2021; Carvalho et al., 2021). This helped participants experience and develop increased compassion and acceptance towards themselves and others with chronic pain (Torrijos-Zarcero et al., 2021). Based on the current findings about self-compassion, clinicians can adapt their therapeutic approach to be more compassionate and accepting towards clients with chronic pain. Therapist modeling of the different elements of self-compassion, such as mindfulness and kindness, can help improve treatment outcomes and therapeutic rapport, and support clients with chronic pain who struggle with self-criticism and shame (Brown et al., 2022; Gooding et al., 2020; Guiomar et al., 2022).

Furthermore, this literature review can support the need for further advancements and modifications to different therapy treatment approaches to better suit the diverse needs and challenges of adults with chronic lower back pain. Self-compassion has been reviewed in the recent literature as a helpful therapeutic intervention for some adults in chronic pain management (Neff, 2023; Valluri et al., 2024). These findings can encourage clinicians to engage in professional development training in self-compassion, such as compassion-focused therapy, to help potentially improve treatment outcomes for clients with chronic pain. A new approach to therapy can be beneficial for clients with chronic pain who resonate with compassion-focused interventions or who have not benefited from other therapeutic approaches (Malpus et al., 2022). Furthermore, clinicians can also be encouraged to incorporate compassion-based interventions, including guided imagery, meditations, and psychoeducation, into their therapy practice. Psychoeducation and experiential exercises based on developing self-compassion skills have been reported as beneficial for clients with chronic pain in fostering increased

emotional regulation and tolerance of their pain experiences (Brown et al., 2022; Gooding et al., 2020; Malpus et al., 2022).

Contributions to Scientific Knowledge

The current literature review can help improve clinical research by reviewing and synthesising further research and similar themes. Specifically, the knowledge and research information collected from this study can help advance research in counselling psychology by promoting future research into the role of self-compassion as a therapeutic intervention. Investigating the various effects of brief and extended compassion-based interventions, both independently and in combination with other therapy modalities, can help fill the research gaps in the clinical field about the use of self-compassion for chronic pain populations (Austin et al., 2019; Greff Ballejos et al., 2023).

The review of the research literature on chronic pain and self-compassion has also highlighted a gap in the longitudinal research. Longitudinal research, as found from this study's findings, can be valuable to understanding the long-term therapeutic impacts of self-compassion on chronic lower back pain management (Sirois, 2020). From the findings of this study, the need for further longitudinal research examining the relationship between self-compassion as a therapeutic intervention and chronic pain management can be highlighted to researchers. Further research can help improve the research literature, the efficacy of self-compassion therapy interventions, and provide professional insight for clinicians in using compassion-based interventions with clients with chronic pain concerns (Carvalho et al., 2020; Ewert et al., 2021; Gray et al., 2024).

Contributions to the Well-being of Society

The findings from this literature review can also positively contribute to the general well-being of society and address the broader needs in chronic pain populations. Specifically, the current research can help bring further awareness and education in the community about the diverse needs and experiences of adults with chronic pain and chronic lower back pain. As emerged from the research findings, adults with chronic lower back pain often experience financial, emotional, and social barriers to receiving and gaining access to therapy services (Gray et al., 2024; Valluri et al., 2024). For example, many individuals have experienced social stigma when discussing their pain experiences and seeking counselling support for their chronic pain concerns, which can negatively impact their sense of agency in their lives (Nicola et al., 2022). Thus, the current findings can help bring community awareness to these social issues and support further advocacy for counselling services for chronic lower back pain, which can help reduce social stigma towards chronic pain and counselling (Malpus et al., 2022).

Similarly, the findings from the current research can create further awareness of compassion-based therapy approaches and interventions for chronic pain, which can inspire clinical and community therapy programs to integrate compassion-based strategies into their programming. The current research has highlighted the high prevalence of adults experiencing chronic lower back pain concerns who need counselling support to help them cope with their distress about their chronic pain symptoms (Nicola et al., 2022). The integration of compassion-based interventions and approaches into different therapy practices and programs can help improve the accessibility of counselling services by offering further approaches to support the mental health needs of adults with chronic pain (Dillane et al., 2021; Sirois et al., 2020). Along with this, these research findings can help aid advocacy towards the development of therapeutic interventions, including compassion-based

strategies, tailored for chronic pain concerns to help address a variety of psychological pain-related symptoms.

Cultural/Diversity Considerations

The review of the literature has highlighted the lack of information about the cultural adaptability of self-compassion interventions and compassion-based research, specifically with chronic pain. Much of the reviewed research has primarily focused on the needs and experiences of middle-aged women living with chronic pain in Western European societies (Barnes et al., 2021; Greff Ballejos et al., 2023; Gray et al., 2024). These cultural factors are important to consider in the application of these research findings, including in clinical research and therapy practices. Research has suggested that the experiences of and impacts from using self-compassion interventions by clients with chronic pain can vary across different cultures, including between individualistic and collectivistic cultures (Ewert et al., 2020). For example, concepts of self-compassion can align with individualistic values such as autonomy and self-care, whereas some collectivistic cultures often view self-criticism as important towards personal improvement to benefit group cohesion and connection (Neff, 2023). Although the current research can provide valuable information, these findings may offer only a Westernized perspective of understanding chronic pain and the role of self-compassion in chronic pain management. This perspective can limit the generalizability of the research findings to other diverse cultures and demographics regarding the use and effects of self-compassion for chronic pain management. Despite these limitations, this study can promote further research to address the gap about the diverse experiences of adults with chronic pain, including how compassion-based interventions can be culturally adapted to fit the cultural values and needs of adults who struggle with chronic lower back pain.

In addition, the reviewed research literature can promote clinicians and researchers to advocate for inclusive and culturally sensitive approaches to working with adults with chronic lower back pain. The current research has highlighted the significant negative impact that social stigma and invalidation about chronic pain can have on a person's mental and emotional well-being (Nicola et al., 2022). Systematic issues, such as ableism, can negatively influence how individuals with non-specific chronic pain are treated within society and healthcare systems (Nicola et al., 2019). For example, many individuals with chronic pain often experience negative attitudes from others towards them and their pain as needing to be fixed, which often can lead to unfair treatment in medical and community health systems (Pszkowska & Stojek, 2022). These social issues and responses from others can contribute to many adults with chronic struggling with self-criticism, low self-esteem, anxiety, and stress, which can also exacerbate pain symptoms (Nicola et al., 2022). These systemic and sociocultural factors must be acknowledged in future research and clinical work by clinicians and researchers, as the physical, emotional, and social life experiences of individuals can shape how a person responds to their pain experiences and their willingness to seek counselling support (Nicola et al., 2019). From the research findings, clinicians and researchers can further develop and practice self-awareness and reflection of their values, beliefs, and biases to prevent the perpetuation of stigma and judgment onto adults with chronic lower back pain (Canadian Psychological Association [CPA], 2017).

Chapter Five: Conclusions and Recommendations

The purpose of this thematic literature review was to address the research question: What is the effect of self-compassion as a therapeutic intervention on an adult's ability to cope with chronic lower back pain? In this final chapter, the conclusions of the research findings based on the synthesis and review of the existing literature will be outlined. Recommendations for future research and clinical/therapeutic practices will also be explored, along with the introduction of future research questions that could further help to investigate the effectiveness of self-compassion interventions for adults with chronic lower back pain.

Conclusions from Literature Analysis

The synthesis of the existing research literature has indicated:

Self-compassion can help improve emotional regulation and reduce feelings of social isolation and loneliness in adults with chronic lower back pain (Barnes et al., 2021). For example, Gooding et al. (2020) found that self-compassion can foster a greater sense of social connection and reduce feelings of loneliness in adults with chronic lower back pain.

There is moderate research support for the therapeutic use of self-compassion to help improve adults' abilities to cope with chronic lower back pain emotionally (Valluri et al., 2024). Adults with chronic lower back pain can experience positive emotional changes from engaging in self-compassion that contribute to reductions in pain-related anxiety, stress, and depressive symptoms (Sirosis, 2020).

Adults with chronic lower back pain can experience increased self-efficacy and engagement in meaningful activities and health-promoting behaviors despite the presence of physical chronic pain (Basque et al., 2021; Carvalho et al., 2021; Greff Ballejos et al., 2023; Penlington et al., 2018). For example, Valluri et al. (2024) found that the participant engagement in compassion-based therapy

exercises helped improve their self-efficacy and confidence in engaging in health-promoting behaviors despite the presence of chronic pain. These outcomes were found to contribute to enhancing daily physical functioning and perceived quality of life in adults with chronic lower back pain.

Engagement in self-compassion practices in therapy can help adults with chronic lower back pain develop compassionate and accepting attitudes towards themselves and their pain experiences (Gray et al., 2024). For example, Brown et al. (2022) found that the development of pain acceptance and self-acceptance helped adults with chronic lower back pain improve their sense of self-worth and reduce moderate levels of self-criticism.

Self-compassion interventions can contribute to moderate improvements in adults' ability to cope and manage the physical symptoms associated with chronic pain (Mistretta et al., 2023). For example, Basque et al. (2021) found that engaging in self-compassion in therapy helped to reduce pain-related disability, along with small reductions in physical pain ratings from pre to post compassion-based treatment.

The effectiveness of self-compassion interventions can be influenced by the complex biopsychosocial factors of the research participants (Penlington et al., 2018). For example, Gray et al. (2024) found that participants' prior negative sociocultural experiences, including social stigma and invalidation, negatively impact their engagement in self-compassion practices. Additionally, the authors found that participants with high levels of self-criticism and shame experienced greater difficulties engaging in and benefiting from self-compassion exercises.

In summary, the reviewed literature has suggested that self-compassion is a promising therapeutic intervention to promote improved mental health, emotional well-being, and physical functioning outcomes for adults with chronic pain. At the same time, the reviewed literature also highlights the

current research gaps in understanding the biopsychosocial experiences of adults with chronic lower back pain who engage in compassion-based therapeutic interventions. Addressing these research gaps through future research can help refine and improve the use of self-compassion in therapy for adults with chronic lower back pain.

Recommendations at the Clinical/Therapeutic Level

From reviewing and synthesizing the previous literature, there are three main recommendations for improving clinical and therapeutic practices related to providing compassion-based interventions for chronic lower back pain populations. These recommendations aim to address further therapist professional development in chronic pain experiences and compassion-based therapy interventions to effectively support and advocate for their clients who struggle with chronic pain concerns.

Understanding of Chronic Lower Back Pain

Multiple biopsychosocial factors can contribute to the development and maintenance of chronic pain and can influence how a person responds to therapy treatments (Nicola et al., 2022). Clinicians and therapists working with adults who experience chronic lower back pain are highly recommended to continue further education and training to fully understand the diverse experiences and symptoms associated with chronic pain (Driscoll et al., 2021). Therapists pursuing further training and professional development about chronic pain and chronic pain management can help improve clinician understanding and competency in providing services to clients (Canadian Psychological Association [CPA], 2017). Clinicians who enhance their knowledge of chronic pain experiences and symptoms can positively contribute to providing more individualized treatment plans and interventions that align best with clients' needs (Gillett et al., 2025). Along with increasing understanding of chronic pain, therapists and clinicians must also practice self-reflection and self-awareness towards their

personal and professional biases about chronic pain and chronic pain management based on their education, culture, and experiences (CPA, 2017).

Advocacy

Previous research has highlighted that many adults with chronic pain and chronic lower back pain have experienced significant systemic and sociocultural barriers to accessing healthcare and counselling services (Nicola et al., 2022). One recommendation for clinicians and therapists is for their increased advocacy efforts to improve accommodations and accessibility of adults with chronic pain receiving the physical and emotional care they need. Therapists can help advocate for their clients with chronic pain by integrating and offering alternative treatment formats in their therapy practice, such as virtual therapy, which can help increase client accommodation and accessibility (Gray et al., 2024). Online individual and group therapy sessions are highly rated and allow clients with mobility, financial, and transportation issues to continue receiving therapy services (Gooding et al., 2020). In particular, research has suggested that online compassion-focused therapy (CFT) groups are as beneficial as in-person CFT group sessions for adults with chronic pain concerns (Barchakh et al., 2021). Therapists and clinicians can also advocate for clients with chronic lower back pain by acting as professional advocates in society and to the local community. Clinicians and therapists can often collaborate with other healthcare providers in a client's network to support continuity of care and to ensure client welfare is protected (College of Alberta Psychologists [CAP], 2023). As mentioned by Dillane et al. (2021), clinicians can also extend advocacy through psychoeducation to the broader community, including extending information about self-compassion and chronic pain experiences into community health and pain management programs. The author reported that community advocacy and

education by clinicians can help improve public awareness of chronic pain, psychological therapies for chronic pain symptoms, and attempt to reduce social stigma surrounding chronic pain.

Specialized Interventions and Training

A significant recommendation for clinicians and therapists is to improve their professional development, therapeutic knowledge, and skills in compassion-focused therapy and other compassion-based therapy interventions, including their relevance and applicability to chronic pain populations. Improving clinician's knowledge and training in new therapeutic approaches and staying up to date with recent research in their area of practice is an important ethical responsibility of counsellors to maintain and enhance their professional competency (CPA, 2017). For therapists working with chronic pain populations, further training and application of compassion-focused therapy interventions can help expand a therapist's practice in helping individuals in therapy cope with chronic lower back pain symptoms (Nicola et al., 2022). For example, Basque et al. (2021) mentioned that therapists, with further therapeutic training, can integrate and incorporate brief compassion-based exercises into their work, such as compassionate letter writing and compassion-based meditations. The authors reported that providing compassion-based coping skills can help adults cope with their physical and emotional chronic pain symptoms. Similarly, Valluri et al. (2024) reported that compassion-based interventions, including the loving kindness meditation and compassionate imagery exercises, can be utilized by therapists with clients with chronic pain and can be adapted to align with a client's treatment goals, preferences, and cultural needs.

Recommendations for Future Research

Chronic lower back pain is a significant health concern for many adults that affects their quality of life and functioning (Austin et al., 2024). While emerging research has suggested that compassion-

based therapeutic interventions can help adults cope with chronic pain symptoms, further research practices are needed to adequately explore the impact and effects of self-compassion in therapy for adults with chronic lower back pain (Malpus et al., 2022).

Improve Demographic Diversity

Further research studies investigating the effectiveness of self-compassion interventions for chronic lower back pain concerns should prioritize researchers recruiting larger and more demographically diverse participant samples. Adults with chronic lower back pain from varying cultural backgrounds may differ in how they experience and benefit from self-compassion interventions (Nicola et al. 2022). Increasing demographic diversity in participant recruitment and sampling can help improve the generalizability of the research findings (Edwards et al., 2019; Gray et al., 2024). Additionally, the inclusion of research participants from diverse cultural backgrounds with chronic lower back pain concerns can provide a more diverse understanding of how compassion interventions impact and are experienced by different cultural groups of adults who struggle with chronic pain (Nicola et al., 2022).

Enhance Sample Sizes and Inclusion Criteria

Based on reviewing the previous research, future research studies investigating chronic lower back pain and self-compassion therapeutic outcomes should incorporate more specific inclusion criteria and larger participant sample sizes. Some of the reviewed research studies incorporated convenience sampling, reported higher attrition rates, and included participants with general chronic pain concerns outside of chronic lower back pain, which limits the applicability of the research findings (Caravello et al., 2021). Larger sample sizes and more specifics on the inclusion criteria of

participants relevant to the research topic can improve the reliability and generalizability of findings from a research study, including on treatment-based outcomes for specific populations and concerns (Basque et al., 2021).

Longitudinal Research

Another recommendation for future research studies is to incorporate longitudinal research designs to more adequately assess the long-term effects of self-compassion training on coping behaviors, functioning, and well-being in adults with chronic lower back pain. Edwards et al. (2019) mentioned that longitudinal research can help improve the research findings on the efficacy and effectiveness of compassion-based interventions by tracking and monitoring participants' symptoms over time. Additionally, the authors reported that tracking compassion-based outcomes over extended periods of time can allow researchers to determine which compassion-based interventions and exercises benefit the most for chronic pain populations.

Recommended Research Questions

Future research exploring the effectiveness and application of self-compassion in therapy for adults with chronic lower back pain can provide a more thorough understanding of compassion-based interventions. Investigating unexplored areas in this field may clarify which approaches are most effective for chronic pain management and coping. From the gaps in the literature potential research questions for future studies related to this topic include:

1. What role does self-compassion and acceptance play in therapy for adults struggling to cope with chronic lower back pain?

2. How can compassion-based therapy interventions be adapted to improve therapy outcomes in clients with chronic lower back pain?
3. What is the effectiveness of compassion-focused therapy for adults struggling with chronic lower back pain?

Examining the role that self-compassion plays in chronic pain management, along with identifying specific compassion-based interventions that can be adapted for chronic lower back pain, can help further define and improve treatment outcomes (Zheng et al., 2024). Additionally, further research distinguishing self-compassion, mindfulness, and acceptance can help increase understanding of the different components of self-compassion and help reduce the compounding of the research results (Berry et al., 2020). Overall, future research on self-compassion and chronic lower back pain can incorporate specific intervention protocols, randomized controlled research designs, and diverse sampling methods to help strengthen the research findings.

Reflections

The purpose of the capstone research project was to investigate the effect of self-compassion as a therapeutic intervention on an adult's ability to cope with chronic lower back pain. Through the review of the existing research, the writer further advanced their academic and clinical knowledge. From a clinical perspective, this capstone project helped develop a deeper understanding of the diverse biopsychosocial experiences of adults with chronic pain and chronic lower back pain. Additionally, further understanding and awareness were developed about the use of self-compassion in therapeutic contexts, and reinforced the importance of the writer in adapting therapeutic interventions to meet the diverse needs of clients. The development of clinical knowledge in these areas will support the

writer's ongoing professional growth and pursuit of further professional development in compassion-based therapeutic approaches and chronic pain management.

From an academic perspective, further awareness about the importance of establishing strong research methodologies to improve the validity and reliability of research findings was developed. The process of critically reviewing the research literature also fostered further motivation for the writer to remain actively informed about new research developments in the counselling field and to contribute to future research examining the role of self-compassion in chronic pain populations. Additionally, the research process also reinforced the importance of the writer's self-reflective practices and the importance of maintaining self-awareness when analyzing the research findings in order to maintain objectivity. Overall, the writer's engagement in reviewing the existing literature on chronic lower back pain and self-compassion contributed to and inspired further professional and academic growth.

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Appendix A

Table of Core Research Articles Used Only for Critiquing in Chapter 2.

Author	Year	Title	Method
Torrijos-Zarcelo et al.	2021	Mindful self-compassion program for chronic pain patients: A randomized controlled trial	Quantitative
Carvalho et al.	2021	Self-compassion in Acceptance and Commitment Therapy	Quantitative
Basque et al.	2021	Increasing access to pain management: Feasibility of a self-compassion psychoeducational website using a minimally monitored delivery model	Quantitative
Gooding et al.	2020	All these things don't take the pain away but they do help you to accept it': making the case for compassion- focused therapy in the management of persistent pain	Qualitative
Barnes et al.	2021	Exploring the emotional experiences of young women with chronic pain: The potential role of self-compassion	Qualitative
Gray et al.	2024	Experience of compassion-based practice in mindfulness for health for individuals with persistent pain	Qualitative
Barchakh et al.	2021	The effectiveness of compassion focused therapy for improving emotional control and reducing the severity of pain in migraine Patients	Quantitative

Lutz et al.	2020	Neural activations during self-related processing in patients with chronic pain and effects of a brief self-compassion training – a pilot study	Quantitative
Malpus et al.	2022	Compassion focused therapy for pain management: ‘3 systems approach’ to understanding why striving and self-criticism are key psychological barriers to regulating activity and improving self-care for people living with persistent pain	Quantitative
