SELF-COMPASSION, RESILIENCE AND PSYCHOLOGICAL WELL-BEING AMONG MALAYSIAN COUNSELLORS

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FACULTY OF EDUCATION
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ABSTRACT

In line with the movement of self-care for both counsellor practitioners and educators, the present study was conducted with the intention to investigate the relationship between self-compassion, resilience and psychological well-being among registered counsellors in Malaysia. Besides, the current research examined the mediating effect of resilience and moderating effects of gender and year of experience on counsellors' psychological well-being.

This study was a cross-sectional quantitative research and data was collected via web-based survey. Based on the list of registered counsellors obtained from the Malaysian Board of Counsellor, an invitation email with the link accessible to the questionnaire was sent and participation was on voluntary basis. Three instruments namely the Self-Compassion Scale, the Connor-Davidson Resilience Scale and the Scale of Psychological Well-Being were utilized. All three instruments reported satisfactory reliability, with CR value of .858 (self-compassion), .908 (resilience) and .898 (psychological well-being).

A total of 408 participants were involved in this study, comprising 109 male counsellors and 299 female counsellors from the 13 states and 2 federal territories of Malaysia. The descriptive analysis showed that, as a group, registered counsellors in Malaysia exhibited high overall self-compassion (M=101.16), high resilience (M=33.26) and high overall psychological well-being (M=198.21).

PLS-SEM served as the main data analysis method for this study, specifically, the Smart-PLS 3.0 software was employed. The inferential analysis demonstrated that (a) self-compassion was significantly and positively related to psychological well-being, β = .499, p < .001; (b) self-compassion was significantly

and positively related to resilience, $\beta = .639$, $p < .001$; (c) resilience was significantly and positively related to psychological well-being, $\beta = .366$, $p < .001$; (d) there was a significant mediating effect of resilience on self-compassion and psychological well-being, $\beta = .234$, $p < .001$, (e) there was a significant moderating effect of gender on self-compassion and psychological well-being, $\beta = .066$, $p < .05$, with stronger relationship reported for female counsellors while there was no significant moderating effect of gender on resilience and psychological well-being $\beta = -.192$, $p > .05$, (f) there were no significant moderating effect of year of experience for both self-compassion, resilience and psychological well-being, with $\beta = .003$, $p > .05$ and $\beta = -.013$, $p > .05$ respectively. Results also revealed that self-compassion has a large effect on counsellors' resilience and psychological well-being whereas resilience has a medium effect on counsellors' psychological well-being. Overall, the research model explained a substantial amount of variance (61.6%) in counsellors' psychological well-being.

As evidenced by the empirical findings of this study, the hypothesized model holds true that self-compassion and resilience related to counsellors' psychological well-being. This study has highlighted the two important human factors, i.e. self-compassion and resilience in the development of counsellors' psychological well-being. Notwithstanding the limitations of this study, the current research has provided invaluable theoretical, practical and research implications. Self-compassion appeared to be a valid and influential construct in enhancing counsellors' resilience and psychological well-being in Eastern setting. Integrating self-compassion and resilience is of central importance in cultivating well-being among counsellors in Malaysia.

BELAS IHSAN, RESILIENSI DAN KESEJAHTERAAN PSIKOLOGI DALAM KALANGAN KAUNSELOR MALAYSIA

ABSTRAK

Selari dengan pergerakan jagaan diri untuk pengamal dan pendidik kaunseling, kajian ini telah dijalankan dengan tujuan menyiasat hubung kait antara belas ihsan, resiliensi dan kesejahteraan psikologi dalam kalangan kaunselor berdaftar di Malaysia. Selain itu, kajian ini memeriksa kesan pengantaraan resiliensi dan kesan penyederhanaan jantina dan tempoh pengalaman terhadap kesejahteraan psikologi kaunselor berdaftar.

Kajian ini merupakan kajian kuantitatif keratan lintang menggunakan pendekatan soal selidik. Data telah dikumpulkan melaluitinjauanmenerusi laman web. Berdasarkan senarai kaunselor berdaftar yang diterima daripada Lembaga Kaunselor Malaysia, e-mel jemputan yang mengandungi pautan soal selidik telah dihantar dan penyertaan adalah secara sukarela. Tiga instrumen iaitu Skala Belas Ihsan, Skala Resiliensi Connor-Davidson dan Skala Kesejahteraan Psikologi telah digunakan. Ketiga-tiga instrumen melaporkan kebolehpercayaan yang memuaskan dengan nilai CR .858 (belas ihsan), .908 (resiliensi) and .898 (kesejahteraan psikologi).

Sebanyak 408 peserta yang terdiri daripada 109 orang kaunselor lelaki dan 299 orang kaunselor wanita daripada 13 buah negeri dan 2 Wilayah Persekutuan di Malaysia telah terlibat dalam kajian ini. Analisisdeskriptif menunjukkan bahawa, sebagai satu kumpulan, kaunselor berdaftar di Malaysia mempamerkan belas ihsan(M=101.16), resiliensi (M=33.26) dan kesejahteraan psikologi (M=198.21) yang tinggi secara keseluruhan.

PLS-SEMmerupakankaedah analisa data utama bagi kajian ini, dan secara khususnya, perisian Smart-PLS 3.0 telah digunakan. Analisisinferens menunjukkan

bahawa (a) belas ihsan berkait secara ketaradan positif terhadap kesejahteraan psikologi, $\beta = .499$, $p < .001$; (b) belas ihsan berkait secara ketaradan positif terhadap daya ketahanan, $\beta = .639$, $p < .001$; (c) resiliensi berkait secara ketaradan positif terhadap kesejahteraan psikologi, $\beta = .366$, $p < .001$; (d) terdapat kesan pengantaraan resiliensi yang ketarat erhadap belas ihsan dan kesejahteraan psikologi, $\beta = .234$, $p < .001$; (e) terdapat kesan penyederhanaan jantina yang ketarat erhadap belas ihsan dan kesejahteraan psikologi, $\beta = .066$, $p < .05$ dan hubung kait yang lebih kuat dilaporkan dalam kalangan kaunselor wanita, manakala tiada kesan penyederhanaan jantina yang ketarat erhadap resiliensi dan kesejahteraan psikologi, $\beta = -.192$, $p > .05$; (f) tiada kesan penyederhanaan tempoh pengalaman yang ketarat erhadap belas ihsan, resiliensi dan kesejahteraan psikologi, dengan $\beta = .003$, $p > .05$ dan $\beta = -.013$, $p > .05$ masing-masing. Keputusan kajian juga mendedahkan bahawa belas ihsan memberi kesan yang besar terhadap resiliensi dan kesejahteraan psikologi para kaunselor, manakala resiliensi memberi kesan sederhana terhadap kesejahteraan psikologi para kaunselor. Secara keseluruhannya, model kajian menjelaskan jumlah varians yang besar (61.6%) dalam kesejahteraan psikologi kaunselor.

Seperti yang ditunjukkan oleh dapatan empirik kajian ini, model hipotesis membuktikan bahawa belas ihsan dan resiliensi berkait dengan kesejahteraan psikologi para kaunselor. Kajian ini menekankan dua faktor insan yang penting iaitu belas ihsan dan resiliensi dalam perkembangan kesejahteraan psikologi para kaunselor. Walaupun terdapat kekangan dalam penyelidikan ini, kajian ini telah memberikan implikasi teori, praktikal dan kajian yang sangat berharga. Belas ihsan merupakan binaan yang bermakna dan berpengaruh dalam memperkasakan resiliensi dan kesejahteraan psikologi para kaunselor dalam budaya ketimuran. Integrasi belas

ihsan dan resiliensi adalah penting dalam memupuk kesejahteraan dalam kalangan kaunselor di Malaysia.

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LIST OF SYMBOLS AND ABBREVIATIONS

ACA	:	American Counseling Association
AVE	:	Average Variance Extracted
CB-SEM	:	Covariance-Based Structural Equation Modeling
CD-RISC	:	Connor-Davidson Resilience Scale
CFA	:	Confirmatory Factor Analysis
CR	:	Composite Reliability
f^2	:	Unit of effect size
HTMT	:	HeteroTrait-MonoTrait
PLS-SEM	:	Partial Least Square Structural Equation Modeling
q^2	:	Effect size of Q^2
Q^2	:	Stone-Geisser's criterion
R^2	:	Coefficients of Determination
SCS	:	Self-Compassion Scale
SEM	:	Structural Equation Modeling
SPWB	:	Scale of Psychological Well-Being
VIF	:	Variation Inflation Factor

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CHAPTER 1: INTRODUCTION

Introduction

This chapter provides an introduction to the scope of this study. It is divided into the following sections: (a) background of the study, (b) statement of problem, (c) purpose of study, (d) research questions, (e) theoretical framework, (f) conceptual framework, (g) significance of study, (h) operational definition of terms, and (i) conclusion.

Background of the Study

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

In Malaysia, the 2015 National Health and Morbidity Survey reported that 29.2 percent or 4.2 million of adults aged 16 and above, suffer from mental health issues (IPH, 2015). Malaysians are at a high risk of developing psychosocial

problems as the country becomes more developed. A broad-based support is needed to support the population at all levels because mental health issues affecting the people are more serious than they appear. The nation's escalating mental health problems indicate that there is an urgent need for more qualified mental health professionals to deliver their services (Lim, 2018). The recent comments made about the quality of Malaysia's mental health services by the Health Ministry's Deputy Director General, Datuk Dr Jeyaindran Sinnadurai, suggest that mental health professionals are currently facing a shortage of workforce, they are under pressure and overburdened (Lim, 2018). Counsellors, hence, appear to be one of the caring professionals needed to helping people with various mental health issues. It can be foreseen that the growing demand for counsellors in Malaysia is escalating as the statistics of mental health issues intensifies. Consequently, their professionalism will also come into question if their services are less than desired.

The development of the counselling service in Malaysia reached its first professional milestone in 1982, with the establishment of the Malaysian Counselling Association, also known as PERKAMA (*Persatuan Kaunseling Malaysia*). Counselling in Malaysia was first recognized for its professionalisation and legitimacy when the parliament enacted the Counsellors Act 1998 (Act 580; Commissioner of Law Revision and *Percetakan National Malaysia Bhd*, 2006) which was meant to regulate the practices of professional counselling (See & Ng, 2010). According to the Malaysian Counsellors Act 1998, the counselling profession has been accredited as a professional service. The quality of these counsellors and the accreditation of the counselling professionals in Malaysia is monitored by the Malaysian Board of Counsellors (Education and Technical Training Committee and Board of Counsellor, 2003).

In the past decade or so, the counselling profession in Malaysia has developed itself from infancy to become more recognised. Currently, it is believed that professional counselling in Malaysia is poised to transition into its pubescence, with many challenges to be resolved (See & Ng, 2010). Haslee Sharil, Lau and Chan (2012) mentioned that it is important for the Malaysian counsellors to practise self-care because counsellors can be easily burned out due to the nature and challenges of the profession. Haslee Sharil (2003) further stressed that counsellors are expected to deliver a one-way care with limited resources, thus, it is time to allocate resources for ensuring the well-being of care providers such as counsellors.

Counsellors are that group of people who are characteristically attuned to caring for others (Baker, 2003). Their profession also puts them at risk occupationally because their work involves issues that are related to one's psychological problems (Shapiro, Brown & Biegel, 2007). During counselling, there will be times where the clients' pain and suffering become absorbed by the counsellor who may also feel the pain and suffering of the clients. Based on this, it is important for counsellors to be able to enter their clients' world without losing their own grip. In other words, they need to be healthy enough to be able to take on the pressures shared by their clients. Counsellors can be very attentive and present in their clients' lives as the counselling process proceeds because being attentive and empathetic is important. Nevertheless, it is also important that counsellors be aware that they have their own life to lead and not to be swayed by the clients' issues (Skovholt, 2016). Predominantly, counsellors need to keep themselves emotionally healthy, only then can they truly be present and effective for their clients. In other words, counsellors need to be assertive about their own wellness and well-being (Skovholt, Grier, & Hanson, 2001).

Since the late 20th century, numerous research have defined the profession of a counsellor as one that is demanding, involving work issues such as a financial constraints, time limitations, overwhelming clients' list, expectations of accountability and evidence-based outcomes, being current with certifications and licensure standards, collaborations with other professionals from different disciplines and many more (Austad, Sherman, Morgan, & Holstein, 1992; Carpenter, 1999; Ivey, Scheffler, & Zazzali, 1998; Langeland, Johnson, & Mawhinney, 1998; Manderscheid, Henderson, Witkin, & Atay, 2000, Scheffler, Ivey & Garrett, 1998). All these issues put pressure on the individual and can cause stress. In today's advancing world filled with technology knowhow, clients have also become more demanding and cost-conscious; hence, counsellors need to deal with more challenges. The physical, emotional and mental challenges of caring for others is to be expected (Osborn, 2004) because these are part of the counsellor's occupation, and as we all know, such aspects of the mental capacity can be draining and exhausting.

Research (Bride & Kintzie, 2011; Bureau of Labor Statistics, 2014; Eby & Rothrauff-Laschober, 2012; Gallon, Gabriel, & Knudsen, 2003; Kim, Ji, & Kao, 2011; Knudsen, Ducharme, & Roman, 2006; Rothrauff, Abraham, Bride, & Roman, 2011; Thompson, Frick, & Trice-Black, 2011) drawn from the past two decades have highlighted the concern on professional mental health practitioners. These studies have highlighted the numerous challenges besieging counsellors such as unrealistic job demands, lack of positive feedback, interpersonal conflicts, lack of supervisory support, overwhelming clients, heavy caseloads, scarce opportunities for professional development, low pay relative to other health care professions, effects of centralised decision making, distributive justice and procedural justice. All these issues can

influence job satisfaction and occupational commitment. Consequently, they add to burnout, secondary traumatic stress, compassion fatigue and turnover rates (Bride & Kintzie, 2011; Bureau of Labor Statistics, 2014; Eby & Rothrauff-Laschober, 2012; Gallon, Gabriel, & Knudsen, 2003; Kim, Ji, & Kao, 2011; Knudsen, Ducharme, & Roman, 2006; Rothrauff, Abraham, Bride, & Roman, 2011; Thompson, Frick, & Trice-Black, 2011).

Given the challenges and issues of mental health care, counsellor vulnerability and impairments (burnout, secondary traumatic stress, compassion fatigue), as well as high turnover rates are not surprising. Coster and Schwebel (1997) said that mental health professionals are vulnerable to vicarious trauma, substance abuse, relational difficulties, and depression. Kaldor and Bullpitt (2001) indicated that burnout happens in all professions but more so for those whose work involves caring for others and helping others such as counsellors, social workers, teachers, nurses, doctors, police, and clergies. Jenaro, Flores and Arias (2007) also found that burnout among mental health practitioners is a common phenomenon. Research have shown that issues concerning burnout, secondary trauma and compassion fatigue have effects on the personal and professional well-being of the people involved in the profession (Figley, 2002; Jenkins & Baird, 2002, Robinson, Clements, & Land, 2003; Sabin-Farrell & Turpin, 2003; Bride, Radey, & Figley, 2007; Stamm, 2010; Mathieu, 2012; Rothschild, 2013).

Horsfall (2010, p.52) asserts that ―It is so easy for those who are carers of others to neglect their own welfare. We give ourselves to other people – listening to their hurts, mending their wounds – yet fail to care for ourselves". In a therapeutic relationship, the helping professionals are themselves the main instrument of the clients‗ healing experience. In order to provide clients with the best possible

treatment, counsellors need to be in the best situation they can be. Thus, the well-being of the helping profession is vital because their well-being is linked to quality service delivery, hence, job satisfaction (Rose & Glass, 2006; Salyers, Rollins, Kelly, Lysaker, & Williams, 2013).

The statement of ―Helping yourself first‖ is then a principle that applies directly to the counselling profession (Counseling Today, 2011). This principle is also reflected in the American Counseling Association‗s (ACA) Code of Ethics which mentions that monitoring one‗s own physical, psychological, social and spiritual well-being, when engaging with clients, is crucial (ACA, 2014). For that reason, to adhere to their ethical principles, it is important that counsellors enhance their own well-being. Counsellors who neglect their own well-being, can sooner or later, run out of energy and become unable to help their clients effectively. All their energy had been drained off and nothing had been done to replenish their own energy. Counsellors who disregard their own needs will also find that their outlook on the profession diminishing very quickly (Counseling Today, 2011). This is not an encouraging phenomenon.

Skovholt (2001) had aptly compared the well-functioning counsellor to a healthy tree. His metaphor suggests that counsellors must work hard at staying healthy, just as a tree must take in sunlight, water, carbon dioxide and withstand external stressors, for it to grow. The analogy of the healthy tree implies that maintaining a balance between one‗s personal and one‗s professional self is an imperative step to take so as to ensure the counsellor‗s well-being (Meyer & Ponton, 2006). Focusing on the healthy tree metaphor, Skovholt (2001) summarises that among the ethical responsibilities of the counsellor, one important aspect is to focus on self-care and competence. These responsibilities have already been outlined in the

Ethical Standards of the American Counseling Association (ACA, 1995) and the American Mental Health Association (AMHCA, 2000). Nonetheless, the code of ethics maintained that it is the ethical obligation of counsellor educators and counsellor managers to promote the well-being of their counselling students and employees (AMHCA, 2000).

However, research (Roach & Young, 2007; Meyer & Ponton, 2006) seems to suggest that counsellors are often the last to ask for help and to acknowledge the urgent need for self-care. Meyer and Ponton (2006) stated that mentally unhealthy counsellors tend to experience more difficulties, both professionally and personally, than their healthy counterparts. Professionally, the counsellor's poor well-being is associated with the counsellor's handling of the negative emotions derived from clients, the boundary issues and early termination. Personally, the counsellor's poor well-being is linked to self-doubt, sadness, avoidance behavior and social isolation (Meyer & Ponton, 2006). To overcome these issues, it is beneficial for the counselling profession to recommend ways to assess the respective counsellor's psychological well-being since an exercise of this nature can help the counsellors to enhance their growth personally (Harris, 2010). In turn, this exercise can also fortify their ability to use themselves professionally in the therapeutic process. Moreover, enabling counsellors to become more aware of the need to increase their psychological well-being will have a significant impact on their personal and professional lives. This can increase their effectiveness in the mental health services (Merryman, 2012).

In the context of a rapidly changing and an ever challenging mental health service industry, the unflinching discussion of the well-being of professional counsellors is warranted and timely. Carl Rogers, the father of the client-centered

therapy in counselling, emphasised that the counsellor's personal wellness is of significant importance to the therapeutic process of helping others. As one of the founders of the humanistic approach to psychology, Rogers (1961) believed that individuals have the basic tendency and strive to self-actualise, that is, to become a fully functioning person. Thus, a counsellor should also experience the process of achieving his/her own optimal functioning of the personal and therapeutic self. However, this essential idea has often been overlooked. To become a fully functioning individual is not something that can be easily taught; it involves a process in which the counsellor him/herself needs to go through in order to achieve it. The concept of a fully functioning individual is the fundamental aspect of this research study: the psychological well-being of counsellors.

Statement of Problem

According to Venart, Vassos and Pitcher-Heet (2007), research has consistently shown that the philosophy or theory which one must follow in conducting a therapy is not as important in assisting clients as the person of the counsellor. In the words of Corey (2005, p.34), ―ultimately, our single most important instrument is the person we are, and our most powerful technique is our ability to model aliveness and realness". Undoubtedly, counsellors bring their own life experiences and their individual qualities to every therapeutic session, other than their theoretical and practical training. In this context, the counsellors' well-being is one of the critical factors for counsellors to remain a healthy helping entity in the caring profession (Counseling Today, 2011)

In any counselling session or therapy, the parties concerned are usually the counsellor and the client. The fact remains that the counsellor is the only other

individual, besides the client, responsible for the success of the therapy (Wampold, 2001). It is important that counsellors take measures to ensure that they are functioning optimally when in a therapeutic exchange or relationship (Linley & Joseph, 2007). Nonetheless, the main issue always revolves around the counsellor – are they aware of their own level of psychological well-being while caring for others? Are they psychologically fit and able to take on the negativities of the session? Taking steps to assess the level of the counsellors' psychological well-being is one pertinent measure to respond to the question.

Typically, in the field of counselling, the focus of the counsellor's development programme is clearly on teaching advanced counselling, psychological theories and counselling techniques. A crucial question remains unanswered: Are these intensive skills' training overlooking the importance of the counsellors' psychological well-being? (Hensley, Smith, & Thompson, 2003). Rogers (1961, p.56) had emphasized that counsellors are able to "create relationships which facilitate the growth of others" only to the extent that they have achieved growth in themselves. Rogers (1995) also argued that the individual should strive to become a fully functioning person. In the counselling session, one of the counsellor's goals is to bring about optimal functioning in the client but little can be found in literature to indicate whether the counsellor has actually reached a similar goal for him/herself (Harris, Martin, & Martin, 2013). The lack of literature highlighting any aspect of the counsellors' psychological well-being merits a research into this gap.

Rogers (1961) said that becoming a fully functioning person requires the individual's need to understand the interaction with the world around him/her and to work on hindered issues in realizing his/her true potential. Being equipped with an accurate level of one's self-perception on one's own psychological well-being is

important for one's optimal development in order to be considered as a fully functioning person (Merryman, 2012). Unfortunately, some professionals show a lack of insight into their own well-being (Lawson, 2007). The process of becoming a fully functioning counsellor cannot solely focus on the building of professional skills; it should also focus on the building of self-care skills so as to promote a healthy balance between one's personal and professional life (Harris, 2010). Based on this, it is believed that enabling a counsellor to be aware of the need to develop his/her psychological well-being adds a new dimension to counsellor development, an area often overlooked in their education.

Research (Buchbinder, 2007) has shown that individuals entering the counselling field normally have unresolved psychological issues. Likewise, Racusin, Abramowitz and Winter (1981) also noted that therapists have reported that professional functioning provides ongoing self-healing for their previously unresolved psychological issues. Unresolved psychological issues can hinder the professional growth of counsellors and possibly cause a negative impact on their counselling effectiveness (Bike, Norcross, & Schatz, 2009). Without doubt, these personal issues in life need to be addressed (Deci & Ryan, 2008). Further to this, counsellors also need to be aware of the need to practice transparency in their capacity as role-models for their clients. This is because during counselling sessions, clients attend not only to their verbal messages but also to their nonverbal gestures (Vassos & Pitcher-Heet, 2007). Clients can read from these signs how effective or efficient their counsellors are. The prevalence of the expanding mental health issues in society today indicates that there is a critical need for counsellors to be competent and effective in providing their counselling services. This is because the society requires the continued assistance of healthy counselling professionals to promote

change through better mental health care (Lawson, 2007; Linley & Joseph, 2007; Patrick, 2007). Counsellor educators are often called upon to identify and address problems that are associated with professional and personal competence (Johnson et al., 2008; Myers, Mobley, & Booth, 2003). These tenets also appear to be the issue which the current study aims to address while examining the psychological well-being of counsellors.

The counsellor's well-being is an important aspect for the counselling service. It influences the effectiveness of the therapeutic relationship (Wheeler, 2007), it accelerates the therapeutic process (Harris, 2010), it directly impacts treatment effectiveness and client well-being (Merryman, 2012) and it certainly promotes and enhances professional competency (Bike, Norcross, & Schatz, 2009; Cashwell, Bentley, & Bigbee, 2007; Coster & Schwebel, 1997; Lambie, Smith &Ieva, 2009; Yager & Tovar-Blank, 2007). Past studies (Lambie, 2006; Lawson, 2007; Young & Lambie, 2007) also note that it adds to the clients' improvements. Thus, it seems obvious that cultivating the psychological well-being of counsellors is essential.

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

To date, there are more than 350 publications which use the scales of psychological well-being to evaluate the concept. More than 150 scientific journals look at a wide range of themes across multiple scientific disciplines (Ryff, 2014). In reviewing the research which focused on psychological well-being, it appears that this area of research also encompass development and aging, personality correlates, family experiences, work and other life engagements, health and biological research, followed by clinical and intervention studies (Ryff, 2014). It appears that the human capacity to experience and sustain their own well-being, despite the challenges that life presents to them, was not given much priority. Given the myriads of health research investigating why people become mentally or physically ill, human resilience has emerged to be an important theme for future direction (Ryff, 2014). For that reason, the current study hopes to contribute to literature by investigating psychological well-being among counsellors along with human resilience.

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

issue by investigating how self-compassion, as character strength, contributes to the psychological well-being of counsellors.

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

Ryff (2010) claims that culture differences play a significant role in psychological well-being. This may need to be explored since most research focusing on psychological well-being had been conducted in the West where the nature and the needs of the group are unlike those of the East (or Asians). Specifically, the understanding of psychological well-being among counsellors in Malaysia remains unknown. Thus, it is of particular importance to investigate the level and influencing factors of the Malaysian counsellors' psychological well-being.

The construct of self-compassion had originated from the East but extensive research had been focusing on this aspect in the West, for the past decade.

Consequently, the construct became more consistent with the work of Western psychologists who came from different disciplines (Neff, 2003a). The relevance of self-compassion in an Asian cultural setting is of interest because individuals from a collectivist culture have been described as having more interdependent sense of self (Markus & Kitayama, 1991). It has also been shown that Asians tend to be more self-critical when compared to the Westerners (Kitayama, Markus, Matsumoto & Norasakkunkit, 1997). This implies that Asians show less self-compassion. In addition, it is unclear whether the development of self-compassion is hindered or helped by gender or cultural norms (Neff, 2003). The dearth of local research focusing on self-compassion and psychological well-being among counsellors thus calls for further research so as to embrace what constitutes as cultural differences and the highest goods in life of counsellors.

One other interesting concern of self-compassion and psychological well-being is whether or not it is affected by gender difference. Most occupations have remained gender-typical, where women are employed in occupations that fit the stereotypes of female gender roles such as caring and supporting jobs while men are typically employed in careers that fit the stereotypes of male gender roles such as physically demanding jobs (Purvanova & Muros, 2010).The counselling profession appears to be one of the occupations that economists call ―pink-collared jobs" or professions long dominated by women (Business Insider, 2015). Counselling jobs demand a high degree of emotional investment (CareerIgniter.com, 2016) and research have suggested that stress or exhaustion or burnout is more likely a female experience (Maslach, Schaufeli, & Leiter, 2001; Matlin, 2004). Females are usually considered to have a more independent sense of self (Cross & Madson, 1997; Gilligan, 1988) and more empathic (Eisenberg & Lennon, 1983; Zahn-Waxler, Cole

& Barrett, 1991), thus, they are expected to be more self-compassionate than men. However, some studies (Leadbeater, Kuperminc, Blatt & Hertzog, 1999; Nolen-Hoeksema, Larson, & Grayson, 1999) showed that women tend to be more self-critical than men. This implies that women may report lower levels of self-compassion. To date, however, research and interventions have not taken potential gender differences into account in terms of understanding self-compassion. This could be a major deficit in understanding its effect on self-compassion (Yarnell et al., 2015). Moreover, Hupper's (2009) review on well-being studies also noted that gender effect was unclear in terms of mental well-being. Thus, it would be interesting to study the effect of gender on self-compassion and psychological well-being in counsellors.

In psychotherapy or counselling, the importance of years of experience on counselling outcomes has been inconsistent over the years (Goldberg, Miller, Nielsen, Rousmaniere, Whipple & Hoyt, 2016). As early as 1970, Meltzoff and Kornreich (1970) noted that years of experience has been a subject of research in psychotherapy. Some studies showed that years of experience has positively related to burnout but negatively related to others (Ackerley et al., 1988, Vredenburgh et al., 1999). Past research (Bickman, 1999; Goldberg et al., 2016; Stein & Lambert, 1995; Tracey, Wampold, Lichtenberg, & Goodyear, 2014) have also looked at how therapists' experience was related to treatment outcomes. To date, however, there has been little empirical evidence to show that one's years of experience is associated to one's well-being. The question is now not whether therapist's experience improves therapeutic competence and outcomes, but whether therapist improves their own well-being, self-compassion and resilience over the course of time.

As a consequence, some key questions need to be addressed in this study. Will self-compassion be a useful construct in enhancing counsellors' psychological well-being? Is the counsellors' self-compassion related to their resilience and psychological well-being? What is the impact of resilience on the counsellors' self-compassion and psychological well-being? Do female and male counsellors have any differences in terms of their self-compassion, resilience and psychological well-being? Do years of experience have an impact on the counsellors' self-compassion, resilience and psychological well-being? The answers to these questions are believed to have a role to play in providing further insights into the relevance of self-compassion and resilience in fostering psychological well-being among counsellors, which hereafter, help them to nurture their personal and professional life.

Purpose of Study

The current study aims to investigate the relationship between self-compassion, resilience and psychological well-being among counsellors in Malaysia. Specifically, the objectives of the study are as follows:

1. To investigate the relationship(s) between self-compassion, resilience and psychological well-being among Malaysian counsellors.

2. To identify the effect of resilience between self-compassion and psychological well-being among Malaysian counsellors.

3. To examine the gender effect on the relationship between self-compassion, resilience and psychological well-being among Malaysian counsellors.

4. To examine the effect of years of experience on the relationship between self-compassion, resilience and psychological well-being among Malaysian counsellors.

Research Questions

Based on the objectives stated, the current study aims to answer the following research questions:

1. What is the relationship between self-compassion, resilience and psychological well-being among counsellors in Malaysia?

2. Is resilience a significant mediator between self-compassion and psychological well-being among counsellors in Malaysia?

3. Is gender a significant moderator between self-compassion and psychological well-being among counsellors in Malaysia?

4. Is years of experience a significant moderator between self-compassion and psychological well-being among counsellors in Malaysia?

Theoretical Framework

The last century has seen research on psychopathology surpassing the promotion of well-being. It was not until the beginning of 1960 that the focus shifted towards human potential movement which has continued until the present. Researchers have been studying growth (Deci, 1975), well-being (Diener, 1984; Ryff, 1989), promotion of wellness (Cowen, 1991) while substantial attention has been given to positive psychology in recent times (Seligman & Csikszentmihalyi 2000). This reflects the growing understanding that well-being is not due to the

absence of mental problem. Well-being research appears to be particularly prominent in current empirical psychology (Ryan & Deci, 2001).

The concept of well-being is consistent with the WHO definition of health as ―a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity‖ (WHO, 2003). It has been argued that it is better to promote well-being in different life circumstances by focusing on the health-enhancing factors instead of the disease-enhancing factors (Seligman, 2003). Likewise, Peterson (2008) also stressed that it is necessary to call for psychological science and practices to be as concerned with strengths as well as weaknesses, to be concerned with making people‘s lives fulfilling as well as healing pathology. The value of positive psychology should be complemented to the problem-focused psychology which has been dominating the field for many decades (Peterson, 2008).

In psychological research, different conceptualisations of well-being have been suggested and there is no standard definition for it (Zessin et al., 2015). Well-being is a complex construct that concerns optimal experience and functioning. There are two prominent standpoints to well-being. The first is the hedonic approach which focusses on subjective happiness and which defines well-being in terms of pursuit of pleasure and pain avoidance. The other is the eudaimonic approach which focusses on meaning and self-realisations. It defines well-being in terms of the degree to which a person is fully functioning (Ryan & Deci, 2001). Alternatively, the two well-explored approaches to well-being are subjective well-being (Diener, 1984) and psychological well-being (Ryff, 1989).

Ryff's Psychological Well-Being. The current study adopts Ryff‘s (1989) psychological well-being as the framework which was developed for the purpose of investigating individuals‘ eudaimonic well-being. It is also one of the most widely

used models for examining the well-being concept. Ryff (1995) described well-being as the attaining of pleasure as well as the striving for accomplishment so as to realize one's true potential. Ryff and Keyes (1995) claimed that psychological well-being is different from subjective well-being, thus a theoretical structure that is made up of a multidimensional construct for investigating psychological well-being was proposed.

Ryff's model (1989) is a multifaceted approach which measures the construct of psychological well-being with six distinct dimensions: autonomy, personal growth, self-acceptance, purpose in life, environmental mastery and positive relations with others. All these dimensions manifest what it means to be psychologically flourishing at one's maximum potential. From the perspective of the specific components, Ryff's framework appears to be different from other hedonic well-being indicators because Ryff (1989) had integrated personal development and self-actualisation as the fundamental elements for defining well-being (Sun, Chan, & Chan, 2016). Subsequently, Ryff and Singer (2008) verified that these six dimensions define psychological well-being both theoretically and operationally. In that regard, Ryff's framework was found to be suitable for examining counsellors' positive functioning since one of the important themes for counsellors is to experience becoming his/her optimum functioning personal and therapeutic self.

As mentioned earlier, counsellors frequently bear witness to others' emotional distress. Expanding on this, research (Beaumont, Durkin, Hollins Martin, & Carson, 2016; Clifford, 2014; Craig & Sprang, 2010; Diaconescu, 2015; Killian, 2008; Star, 2013; Thomas, 2013; Volpe et al., 2014) has also suggested that distress that is related to suffering in an empathic way on a regular basis can lead to increased negative effects such as burnout and compassion fatigue These experiences may be harmful to the counsellors' well-being, especially those who neglect their self-care.

In addition, counsellors' work also involves maintaining an effective therapeutic relationship with clients so as to facilitate the optimal functioning of the clients. Such kinds of therapeutic work may evoke strong feelings of inadequacy, hopelessness, self-doubt and can cause mental health professionals to question themselves (Norcross, 2007). Research (Patsiopoulos & Buchsanan, 2011) looking at constructs such as work-related stress, burnout, secondary traumatic stress and compassion fatigue in the counselling profession has been highlighting the importance of therapist self-care and one of the emerging aspect of therapist self-care noted in literature was the construct of self-compassion.

Neff's Self-Compassion. The concept of self-compassion, when viewed from a Buddhist perspective, refers to a positive self-attitude. It involves being open to one's own suffering, generating the feeling to ease one's suffering and to heal oneself with kindness, taking an understanding, having a nonjudgmental attitude towards one's failures and inadequacies and viewing one's own experience as part of the larger human experience (Neff, 2003a, 2003b).

Accordingly, Kristin Neff (2003a) conceptualised self-compassion as a healthy attitude directed towards oneself. It has three core interrelated components: self-kindness versus self-judgment, common humanity versus isolation and mindfulness versus over-identification, when relating to painful experiences. These components combine and mutually interact to create a self-compassionate frame of mind (Neff & Costigan, 2014). Self-compassion is an important source of eudaimonic happiness (Ryan & Deci, 2001). In the hedonic approach to happiness, seeking enjoyment and avoiding suffering is prevalent but eudaimonic happiness involves looking for the purpose and the meaning of life. Self-compassion does not avoid pain but instead embraces it with kindness and goodwill, thus self-compassion

creates a sense of well-being that is embedded in the experience of being fully human (Neff & Costigan, 2014).

The concept of self-compassion is evocative of Maslow (1971) and Rogers' (1980) perceptions of a healthy personality which gives emphasis to unconditional self-acceptance and striving to reach one's full potential (Neff & Costigan, 2014). Also, the concept of self-compassion resonates with the paradigm of positive psychology. It is associated with the positive psychological strength that assists people to obtain well-being in order to live a fulfilling life (Seligman & Csikszentmihalyi, 2000, Neff & Costigan, 2014).

Self-compassion has received an increased research attention since its first emergence in the year 2003 (Germer & Neff, 2013). A recent meta-analysis conducted by MacBeth and Gumley (2012) clearly showed that greater self-compassion is related to less psychopathology. In reviewing empirical work that involved the correlates of self-compassion, Barnard and Curry (2011) state that self-compassion has consistently been found to be robustly related to well-being. Hence, self-compassion appears to be a meaningful variable with regards to well-being (Zessin et al., 2015). Given that the above research shows evidence which support the practice of self-compassion in addressing psychological issues, it would be interesting to understand the potential influence of self-compassion in promoting counsellors' psychological well-being. It is believed that self-compassion, as an adaptive form of self-relation, may represent an important source that is beneficial to counsellors in responding to the challenges of the profession, thereby enhancing their own psychological well-being.

Recently, McCann and colleagues (2013) reviewed research in the health care profession (doctors, nurses, psychologists, counsellors and social workers). They

were geared towards the positive psychology state. However, most of the studies they reviewed were about handling stress such as coping with stress. There seemed to be a lack of research in examining the predictors of one's positive psychology state. McCann et al. (2013) then proposed that self-compassion may play a role in enhancing counsellors' well-being. For instance, self-compassion may also influence engagement in teams, capability to work successfully and the ability to maintain boundaries with clients (McCann et al., 2013). As a result of this, it would be interesting to investigate how self-compassion may influence the psychological well-being of counsellors. This perspective is assumed to be a sign of moving towards the positive psychology state armed with the goal of identifying factors that emphasized human flourishing and fulfillment rather than the existence of stressors and hurts (Seligman, 2003).

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

In recent years, the professional quality of life for the human service professionals has been gaining research attention (Stamm, 2010). Risks and the protective factors of mental health which include stress, burnout, psychological

distress and secondary trauma stress, have been explored, with potential protective factors encompassing resilience and mindfulness (Shapiro, 2012). In a study of psychological distress, resilience emerged to be a protective factor that buffers the relationship between risk factors and burnout among nurses and doctors (Garcia & Calvo, 2012; Mealer et al., 2012). Additionally, the mediating effect of resilience on life events and the learning burnout of students as well as the moderating effect of resilience on stress and job burnout of teachers have been proven (Wang & Zhang, 2011; Zhang, 2013; Xu, Zhang, Sun & Tian, 2013).

Other studies (Foureur, Besley, Burton, Yu, & Crisp, 2013; Kemper, Mo, & Khayat, 2015) noted that self-compassion was significantly and strongly correlated with health professionals' resilience. It was also found that self-compassion was strongly related to emotional intelligence among nurses and nursing students, thus self-compassion has been considered as a necessary foundation for one's effective empathy and compassion for others (Heffeman, Quinn Griffin, Rita, & Fitzpatrick, 2010). These fundamental elements were believed to be relevant and useful to the counselling professionals who are consistently confronted with psychological distress, emotional pain and traumatic recollections extended by the clients whom they worked with.

Practitioner-focused research (David, 2012) has also recognised the importance of building resilience in promoting psychological well-being. Individuals who possess a higher level of resilience tend to show faster physiological and emotional recovery from stressful life events (Ong, Bergeman, Bisconti & Wallance, 2006). Hence, much research has been directed towards looking at the effective factors in maintaining well-being, one of which is resilience.

Clearly, a more holistic and integrative approach is needed to improve the psychological well-being of counsellors. One possible strategy to include in this approach is to enhance their protective factor (resilience) or trainable quality (self-compassion). Based on the theories presented above, Figure 1.1 denotes the theoretical framework for the current study.

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                    ┌─────────────────────────┐
                    │       Resilience        │
                    │ (Connor & Davidson, 2003)│
                    └─────────────────────────┘
                      ↗                      ↘
┌──────────────────────────┐      ┌──────────────────────────────┐
│     Self Compassion      │      │   Psychological Well-Being   │
│       (Neff, 2003)       │      │         (Ryff, 1989)         │
│                          │ ──→  │                              │
│   Self-kindness          │      │   Autonomy                   │
│                          │      │                              │
│   Self-judgment          │      │   Environment mastery        │
│                          │      │                              │
│   Common humanity        │      │   Personal growth            │
│                          │      │                              │
│   Isolation              │      │   Positive relations with    │
│                          │      │   others                     │
│   Mindfulness            │      │                              │
│                          │      │   Purpose in life            │
│   Over-identification    │      │                              │
│                          │      │   Self-acceptance            │
└──────────────────────────┘      └──────────────────────────────┘
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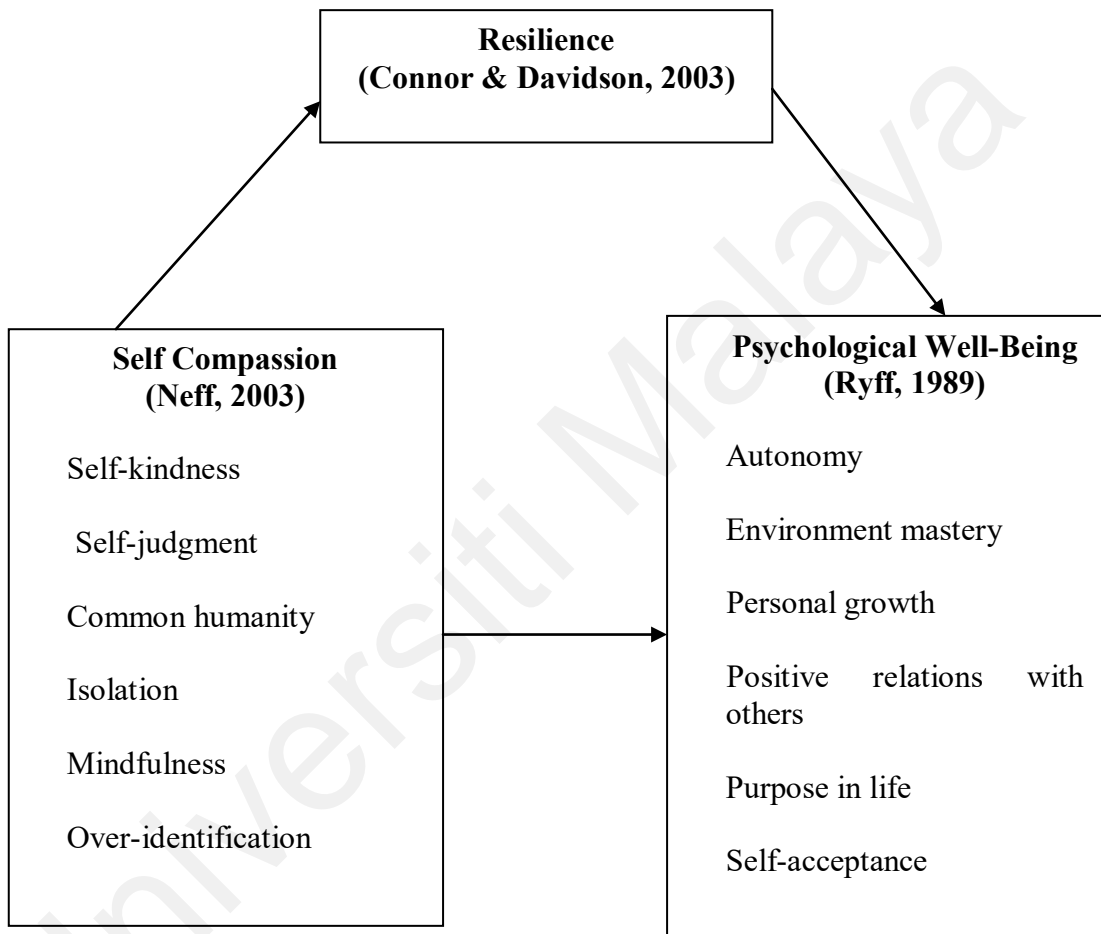
Figure 1.1 Theoretical Framework

Conceptual Framework

Conceptually, individuals with self-compassion have healthier attitudes toward themselves and so they should be less likely to develop negative emotions (Neff & Costigan, 2014). Empirically, self-compassion can prevent individuals from being affected by the negative components of various pathological symptoms such as

depression (Krieger, Berger,& Holtforth, 2016), anxiety (Arimitsu & Hofmann, 2015) and perceived stress (Finlay-Jones, Rees, & Kane, 2015). Additionally, self-compassion is beneficial for increasing life's satisfaction (Yang, Zhang, & Kou, 2016), physical well-being (Hall, Row, Wuensch, & Godley, 2013) and psychological well-being (Felder, Lemon, Shea, Kripke, & Dimidjian, 2016; Hall et al., 2013; Sun et al., 2016; Tarber, Cohn, Casazza, Hastings, & Steele, 2016).

Self-compassion is believed to have the power to shift one's paradigm by changing the way one relates to oneself and one's live. Self-compassion may also free these individuals from the destructive cycle of emotional reactivity. Logical reasoning and empirical evidence have led to the assumption that there is a relationship between self-compassion, resilience and psychological well-being. The relevance of self-compassion for counsellors can be further understood in the context of the unique challenges faced by counsellors as part of their profession. In this context, self-compassion takes effect during setbacks or failures. Resilience, on the other hand, buffers the negative effect of stress; it promotes one's ability to bounce back, following adversity. Resilience also serves as a protective factor in maintaining well-being. Specifically, if a counsellor exhibits a high level of resilience, the counsellors' self-compassionate behavior also increases, thereby enhancing their psychological well-being.

While research (Yarnell et al., 2015) has suggested the strong association between self-compassion and well-being, it appears that gender norms may affect the development of the men and women's self-compassion This provided the reason for Yarnell and colleagues (2015) to propose the reason to hypothesise gender differences in self-compassion. However, there has been no clear direction on how this can be approached. Women have been found to use more negative self-talk in

comparison to men (DeVore, 2013). In addition, women have long been associated with the norm of self-sacrifice by prioritising the needs of others over their own, which in turn, may affect their ability to be compassionate with themselves (Raffaelli & Ontai, 2004). Gentile et al.'s (2009) meta-analysis also suggested that women showed lower levels of self-esteem, hence it is possible that the tendency for women to be self-compassionate is influenced by their tendency to judge themselves negatively. This paves the way for women to be more likely to show a lack of self-compassion when compared to men (Yarnell et al., 2015).

On the other hand, there are also contradictory findings. Neff (2009) states that self-compassion involves actively soothing and comforting oneself when experiencing suffering. These tender qualities were more emphasised for women than for men (Raffaelli & Ontai, 2004). Research (Reilly, Rochlen, & Awad, 2014) has also indicated that conformity to masculine gender norms was related to lower levels of self-compassion. Thus, it is believed that the men and women's conformity to their traditional roles may hinder the development of self-compassion among men. The inconsistent findings shown by these studies imply that generalised statements about whether men or women have higher levels of self-compassion cannot be made. There are global variations showing the differences between men and women's level of self-compassion (Yarnell et al., 2015). Based on this, it can be hypothesised that gender has a moderating effect on the association of self-compassion with psychological well-being, among the counsellors in Malaysia.

Being a counsellor is truly a lifelong journey, one in which accompanies others on the road towards growth. Beginner counsellors have to search for their own identity so as to develop their resilience for this profession. Resilience becomes greater when work has meaning. Since counsellors learn how to cope with their day-

to-day challenges as they progress in this profession, the length of practicing in the counselling profession is believed to have a role to play in affecting the counsellors' well-being, self-compassion and resilience.

As a consequence of the above, the present study was designed with the intention of bringing together self-compassion, resilience and psychological well-being, as a way to understand the positive functioning of counsellors in Malaysia. Figure 1.2 is provided below. It illustrates the *a priori* model for the current research. The proposed model was developed so as to examine the relationship between self-compassion, resilience and psychological well-being. It also examines the mediating effect of resilience and the moderating effects of gender and years of experience on the relationship between self-compassion, resilience and psychological well-being. In keeping with the objectives of this study, the following hypotheses were formulated:

Hypothesis 1: There is a positive significant relationship between self-compassion and psychological well-being among counsellors in Malaysia.

Hypothesis 2: There is a positive significant relationship between self-compassion and resilience among counsellors in Malaysia.

Hypothesis 3: There is a positive significant relationship between resilience and psychological well-being among counsellors in Malaysia.

Hypothesis 4: Resilience is a significant mediator between self-compassion and psychological well-being among counsellors in Malaysia.

Hypothesis 5: Gender is a significant moderator for the relationship between self-compassion, resilience and psychological well-being among counsellors in Malaysia.

Hypothesis 5.1: The relationship between self-compassion and psychological well-being will be stronger for females than males.

Hypothesis 5.2: The relationship between resilience and psychological well-being will be stronger for females than males.

Hypothesis 6: Years of experience is a significant moderator for the relationship between self-compassion, resilience and psychological well-being among counsellors in Malaysia.

Hypothesis 6.1: The relationship between self-compassion and psychological well-being will be stronger for longer years of experience

Hypothesis 6.2: The relationship between resilience and psychological well-being will be stronger for longer years of experience
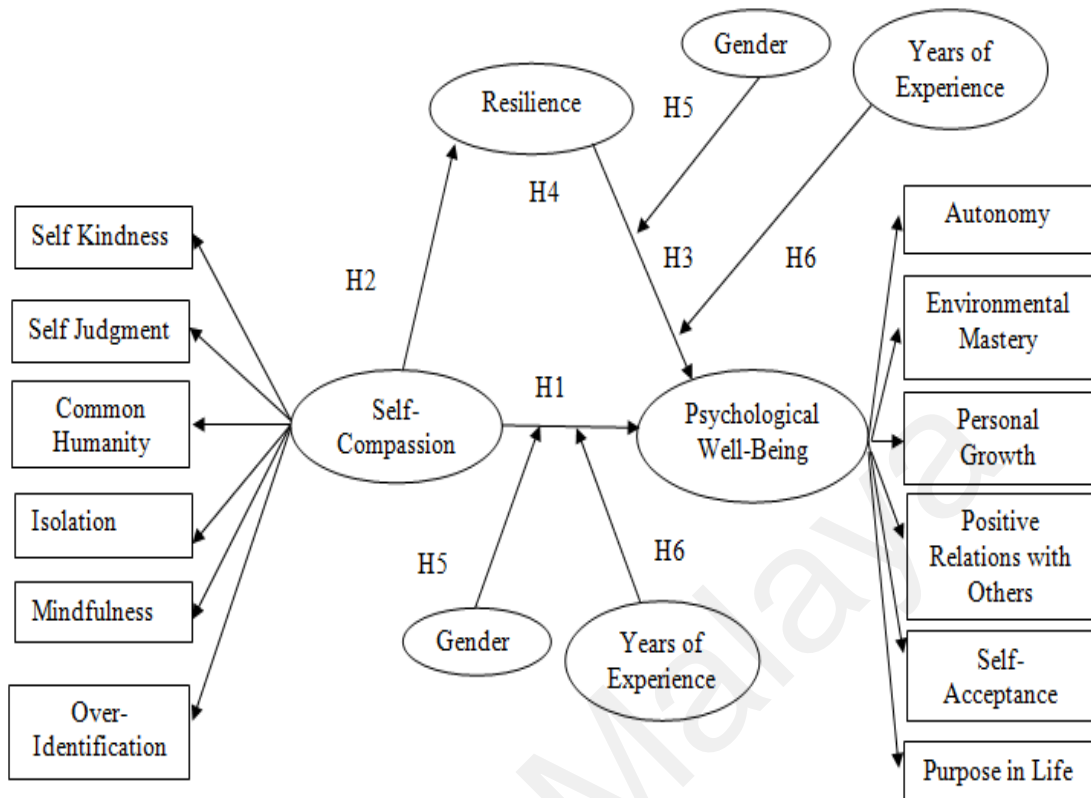
Figure 1.2 The A-Priori Model

Significance of Study

According to Huppert (2009), the science of well-being focusses on human assets rather than deficits. This is a promising area for research and advancement in understanding the behavioral, biological and social pathways that are connected to well-being. The outcome will ultimately benefit individuals, organisations and society. The current study also adds to the stream of research by focusing on the construct of psychological well-being and in that regard, it may serve as one of the few attempts to examine the positive effect of self-compassion on counsellors' psychological well-being. Extending the positive effect of self-compassion to psychological well-being of counsellors contribute to the knowledge and practice of

the phenomenon of psychological well-being, specifically on mental health professions.

In identifying the universal constructs and the cultural specific aspects, Cheung (2012) suggests that cultural analysis could provide divergent cultural perspectives to enhance knowledge and to inform when culture-sensitive approaches should be adopted in practices. This aspect of culture-specific study was targeted at other existing knowledge of self-compassion, resilience and psychological well-being from a non-Western perspective. In relation to this, the present study hopes to enrich the understanding of self-compassion by highlighting the adaptive effects it might have on the population of counsellors in the context of Malaysia.

The findings generated by the current study may be utilized for professional training and development so as to enhance counsellors' psychological well-being. This research should be able to encourage the Malaysian Ministry of Education as well as the local and private universities of Malaysia to improve the current quality of the counselling programmes offered. An understanding of the outcome of this study may be able to raise their awareness of the need to incorporate self-compassion, resilience and psychological well-being into the current syllabus and programmes. In line with the Continuous Professional Development programme implemented by the government's policy for training needs among professionals, it cannot be refuted that the results would prove to be useful to the Malaysian Board of Counsellors for organising relevant trainings, seminars, talks or workshops to promote psychological well-being among counsellors.

The findings of this study could have implications on other issues too such as counsellors' failure for self-care. In this regard, professional counsellors should take pride in their quality of well-being because they are responsible for their personal

and professional growth and development in order to serve their clients well. Counsellor educators can create a culture of self-care in graduate school by promoting the importance of self-compassion, resilience as well as psychological well-being, and this may assist to establish healthy behaviors at the beginning of their career which may enhance wellness and decrease the risk of impairment in the future. Essentially, this practice of the counsellors can help to mitigate the level of burnout whilst increasing their professional longevity. By leading a productive lifestyle through taking care of their psychological well-being, counsellors can transform compassion fatigue into compassion satisfaction, which in turn, decreases the turnover rate or the dropout rate among counsellors in this country.

For these reasons, this explorative study is at utmost importance in order to provide concrete understanding to Malaysian counsellors in the area of psychological well-being as well as to contribute to the counselling field in this particular topic for further research and development.

Operational Definition of Terms

The operational definition for each item used in this study is further explained below.

Psychological Well-Being (PWB)

According to Ryff (1989), psychological well-being is one's optimal psychological functioning and active engagement in a number of existential challenges. Psychological well-being is a multidimensional construct. It comprise of six areas of positive functioning: Autonomy, Positive Relations with Others, Purpose in Life, Personal Growth, Environmental Mastery, and Self-Acceptance. Being able

to thrive in life depends on one's degree to see oneself as competently functioning in these areas. The definitions for the six areas are:

Autonomy stands for the degree to which someone is, ̶self-determining and independent; able to resist social pressures to think and act in certain ways; regulate behavior from within; and evaluate self by personal standards" (Ryff, 1989, p. 1072).

Purpose in Life stands for the degree to which someone, ̶has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; and has aims and objectives for living" (Ryff, 1989, p.1072).

Positive Relations with Others stands for the degree to which someone, ̶has warm, satisfying, trusting relationships with others; is concerned about the welfare of others; is capable of strong empathy, affection, and intimacy; and understands the give and take of human relationships" (Ryff, 1989, p. 1072).

Personal Growth stands for the degree to which someone, ̶has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; and is changing in ways that reflect more self-knowledge and effectiveness" (Ryff, 1989, p. 1072).

Environmental Mastery stands for the degree to which someone, ̶has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; and is able to choose or create contexts suitable to personal needs and values" (Ryff, 1989, p. 1072).

Self-Acceptance stands for the degree to which someone, ̶possesses a positive attitude towards the self; acknowledges and accepts multiple aspects of self

including good and bad qualities; and feels positive about past life" (Ryff, 1989, p. 1072).

In the current study, the individual's psychological well-being is assessed by the Scale of Psychological Well Being which consists of 42-items including the above mentioned six dimensions (Ryff, 2010). This self-reported scale generates separate scores for each dimension as well as a total score to determine the individual's level of psychological well-being. Higher scores indicate higher level of psychological well-being.

Self-Compassion

Self-compassion is conceptualised as having three core components which overlap and mutually interact: self-kindness versus self-judgment, sense of common humanity versus isolation, and mindfulness versus over-identification (Neff, 2011).

Self-Kindness versus Self-Judgment refers to ―being kind and understanding towards oneself in instances of pain or failure rather than being harshly self-critical" (Neff, 2003a, p.223).

Common Humanity versus Isolation refers to ―perceiving one's experiences as part of the larger human experience rather than seeing them as isolating" (Neff, 2003a, p.223).

Mindfulness versus Over-Identification refers to ―holding painful thoughts and feelings in mindful awareness rather than over-identifying with them" (Neff, 2003a, p.223).

For the purpose of this study, the individual's self-compassion is measured by the 26-item Self-Compassion Scale (Neff, 2003). This self-reported instrument gives six subscales' score and an overall score. Higher scores for the self-judgment, isolation and over-identification indicate less self-compassion while lower scores on

these dimensions are indicative of more self-compassion. Higher overall self-compassion scores signify higher overall self-compassion.

Resilience

Resilience is considered as ―the personal qualities that enable one to thrive in the face of adversity‖ (Connor & Davidson, 2003, p.76). In this study, the individual‘s resilience is measured by the 10-item Connor-Davidson Resilience Scale (CD-RISC 10). The CD-RISC 10 yields a total score with higher scores reflecting higher resilience.

Registered Counsellors (KB)

For the purpose of this study, registered counsellors refer to counsellors who are registered with the Malaysia Board of Counsellor. Given that this study garners its population and sample from Malaysia, the definition herein provided is specific to the laws of Malaysia, Act 580, according to the Counsellor Act 1998. Throughout the document, this term will be shortened to registered counsellors.

An individual in Malaysia who is registered under this Act and holds a valid practising certificate that is issued under this Act is termed as a registered counsellor (KB). A counsellor must be registered to practise or operate, or to hold him/herself out as practising or carrying on or operating, or taking up employment, as a counsellor; use the title ―registered counsellor‖ or any title in any language which may be reasonably construed to imply that he/she is a registered counsellor or use or display any sign, board, card or other device representing or implying that he/she is a registered counsellor. A registered counsellor (KB) must hold a bachelor‘s degree or a graduate degree in counselling from an accredited educational institution in which he/she completed at least 120 hours (bachelor‘s degree) or 48 hours (master‘s degree) of graduate credit in counsellor training. Counsellor training instructions

must have occurred in the following areas: counselling theory; counselling techniques; group guidance and counselling; career and guidance counselling; multicultural counselling; life-span development, professional standard and ethics; assessment in counselling services; research in education and statistics for research in education. A registered counsellor (KB) additionally indicates that he/she has participated in a supervised 240 hour practicum and a 480 hour internship. Finally, in order to hold the registered counsellor (KB) status, an individual must have passed an interview conducted by the Malaysian Board of Counsellor.

A person shall be registered as counsellor if he/she satisfies the Board that he/she is a Malaysian citizen or a permanent resident of Malaysia, is not less than twenty-one years of age; is a fit and proper person to be registered as a counsellor and has met the aforementioned criteria for registration and licensure (*Jawatankuasa Teknikal Pendidikan dan Latihan Lembaga Kaunselor*, 2003; Commissioner of Law Revision and *Percetakan Nasional Malaysia Bhd*., 2006).

Conclusion

This chapter has provided the overview of the present study. It has introduced the issues related to the topic under investigation, namely, self-compassion, resilience and psychological well-being. This chapter also highlighted the problem statement and the rationale for conducting the current study. The research purpose and objectives were emphasised, the research questions were indicated together with its underpinning theoretical framework. The a-prior model for the current study was also developed to guide the objectives of this study. It discussed the hypothesis to be tested and to be analysed. The significance of the study was highlighted. The operational definition of terms for the current study were further provided. The

organisation of this thesis follows the following format: Chapter 2 provides the literature review, Chapter 3 describes the research methodology, Chapter 4 focusses on the data analysis and results, and Chapter 5 is the discussion, recommendations and conclusions.

CHAPTER 2: LITERATURE REVIEW

Introduction

The current chapter reviews literature related to psychological well-being, self-compassion, and resilience. It explores the aforementioned concepts of which provides the theoretical framework to examine the relationship between self-compassion, resilience, and psychological well-being among counsellors. Lastly, the conclusion summarizes the chapter.

Psychological Well-Being

Psychological well-being is about well-lived lives; it is the combination of feeling good and functioning effectively (Huppert, 2009). The experience of painful emotions such as failure and grief is a normal part of life; sustainable well-being does not require a person to feel good all the time but requires the ability to manage these negative and painful feelings. Nonetheless, psychological well-being is compromised when negative emotions are tremendous and interfere with individuals' daily functioning (Huppert, 2009).

In general, amplified interest in the study of psychological well-being arose from the recognition that greater attention had been dedicated to human suffering, rather than to human positive function in the field of psychology (Diener, 1984; Ryff, 1989). However, the knowledge of psychological well-being continuously falls behind the knowledge of psychological dysfunction and the disproportion is apparent in the scale of research, in which studies on psychological problems dwarf the literature on positive psychological functioning (Ryff, 2010). Normally, a person is viewed as psychologically sound if he/she does not suffer from mental health

problems such as depression and other forms of psychological problems; this idea fails to fully comprehend the heart of wellness. As a consequence, mental health needs to be defined with the presence of the positive (Ryff, 2010).

In 1989, a model of psychological well-being was first put forth by Ryff in order to address the absence of positive human functioning. For more than two decades, the most fundamental level in the realm of psychological well-being study, that is, the definition of the essential features of psychological well-being had been abandoned, seeing that much of the prior literature was established on conceptions of well-being that involved little theoretical considerations, and thus disregarded key aspects of positive functioning (Ryff, 1989). Psychological well-being was neither comprehensively defined nor measured based on theory, not until a few decades ago. Ryff's (1989) model of psychological well-being is an alternative formulation based on the review and integration of several theoretical domains. This model of psychological well-being had been revisited throughout the years (Ryff, 1995; Ryff, 2010; Ryff, 2014).

The deeper philosophical roots of the new model of well-being resided in Aristotle's formulation of the highest human good, of which he termed eudaimonia in his Nichomachean Ethics in 1947 (Ryff, 2014). The claim that the highest of all human good is not about feeling good or happiness but the activities of the soul striving to achieve the best within us that enhances the significance of this alternative formulation of well-being (Ryff, 2014). The meaning of psychological well-being can be further understood with extensive literature to serve as theoretical guidance, namely, humanistic, existential, developmental, and clinical psychology (Ryff, 2014). The divergent conceptions revealed overlapping themes in what it means to be individuated, self-actualized, and fully-functioning; and these points of convergence

became the basis of the core dimensions of psychological well-being (Ryff, 1989; Ryff, 1995; Ryff, 2010; Ryff, 2014).

The key components of psychological well-being included: 1) the extent to which individuals felt their lives had meaning, purpose, and direction (purpose in life), 2) whether they viewed themselves as living in accord with their own personal convictions (autonomy), 3) the extent to which they were making use of their personal talents and potential (personal growth), 4) how well they were managing their life situations (environmental mastery), 5) the depth of connection they had in ties with significant others (positive relationships), and 6) the knowledge and acceptance they had of themselves, including awareness of personal limitations (self-acceptance) (Ryff, 2014, p.11). The Ryff's (1989) multidimensional construct of psychological well-being later offered a eudaimonic perspective, a noteworthy distinction to the existing indicators that emphasized on feeling happy or satisfied with life, of which reflected a mainly hedonic approach. It serves as a positive functioning framework in numerous scientific research on well-being (Ryan & Deci, 2001).

Following the construct-oriented approach, the measure of psychological well-being was developed with definitions of high and low scores for each dimension and self-report items to operationalize the dimensions. Detailed definitions are presented in Table 2.1. The importance of developing an assessment tool for empirical research, afterwards, directed the focus to issues of psychometric properties, with more than 25 works carried out to evaluate the foundational evidence of instrument reliability and validity (Ryff, 2014). A number of research in different cultural contexts showed that the empirical facts supported the 6-factor psychological well-being model (Bradburn, 1995; Clarke, Marshall, Ryff & Wheaton, 2001; Lin,

2015; Lindfors, Berntsson & Lundberg, 2006; Ryff & Keyes, 1995; Ryff & Singer, 2006; Sirigatti et al., 2009; Springer & Hauser, 2006; Turashvili & Turashvili, 2015; van Dierendonck, Díaz, Rodríguez-Carvajal, Blanco, & Moreno-Jiménez, 2008). On the other hand, some studies showed contrary evidence with complementary critiques that the 6 dimensions are insufficiently distinct and the items are inadequately discriminating towards high levels of well-being (Abbott, Ploubidis, Huppert, Kuh & Croudace, 2010; Burns & Machin, 2009; Kafka & Kozma, 2002; Springer, Hauser, & Freese, 2006). Another study challenged these same critiques, proving that the inconsistent findings on the latent structure were most likely because of the use of excessively short scales rather than the problems posed by the theoretical model (Gallagher, Lopez & Preacher, 2009).

The issues of scale length have received a wide-range of scrutiny. Ryff (2014) pointed out that the balance between the concern for scale lengths such as respondent burden and the goals of sufficient depth of measurement to ensure plausible assessment of the well-being construct needs to be achieved, by using a 14-item scale, or at a minimum, a 7-item scale. Recently, growing evidence seems to support such balance (Li, 2014; Morozink, Friedman, Coe & Ryff, 2010). Additionally, the scales of psychological well-being have been translated into more than 30 different languages, emphasizing their growing popularity in science and practice globally (Ryff, 2014). Altogether, it is of the researcher's interest to validate the scales of psychological well-being in the Asian context by involving it in the current Malaysian study.

Table 2.1

Definitions of Theory-Guided Dimensions of Well-Being

Autonomy

High scorer: Is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behaviour from within; evaluates self by personal standards

Low scorer: Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways

Environmental Mastery

High scorer: Has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values

Low scorer: Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks a sense of control over the external world

Personal Growth

High scorer: Has a feeling of continued development; sees self as growing and expanding; is open to new experiences; realises his or her potential; sees improvement in self and behaviour over time; is changing in ways that reflect more self-knowledge and effectiveness

Low scorer: Has a sense of personal stagnation; lacks a sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviours

Positive Relations with Others

High scorer: Has warm, satisfying, and trusting relationships with others; is concerned about the welfare of others; capable of strong empathy, affection, and intimacy; understands give and take of human relationships

Low scorer: Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others

Purpose in Life

High scorer: Has goals in life and a sense of directedness; feels there is meaning to the present and the past; holds beliefs that give life purpose; has aims and objectives for living

Low scorer: Lacks a sense of meaning in life; has few goals or aims, lacks a sense of direction; does not see the purpose in the past; has no outlooks or beliefs that give life meaning

Self-Acceptance

High scorer: Possesses a positive attitude towards self; acknowledges and accepts multiple aspects of self, including good and bad qualities; feels positive about the past

Low scorer: Feels dissatisfied with self; is disappointed with what has occurred in the past; is troubled about certain personal qualities; wishes to be different than what he or she is

(Ryff, 2014, p.12)

Review of research on psychological well-being. To date, there is plentiful research on psychological well-being across different disciplines which can be organized according to 6 areas of study, namely, personality correlates, family experiences, development and ageing, work and other life engagements, health and biological research, as well as clinical and intervention studies (Ryff, 2014). In existing research, well-being is regularly investigated as the outcome or dependent variable but occasionally, it is studied as the predictor or independent variable. Sometimes, it is also considered as a moderating influence. The diverse applications highlight the extensive utility of well-being constructs in contemporary scientific research (Ryff, 2014). Likewise, the findings are evident in showing that psychological well-being is substantial as it is fundamentally anchored in how individuals negotiate their way in the course of challenges in life. This acknowledgement subsequently makes clear why eudaimonic well-being is of importance and worthy to study (Ryff, 2014).

On the basis of the evidence reviewed on well-being, Huppert (2009) pointed out numerous reasons for the recent flowering of research on mental well-being, including 1) the need to study well-being in its own right, recognizing that well-being is more than the absence of ill-being, 2) the need to differentiate between approaches in promoting psychological well-being, i.e., treating illness when it is present, preventing illness from occurring, and improving well-being or enhancing flourishing, 3) evidence that various drives of well-being and ill-being are different, and 4) the possibility of reducing common mental health problems by increasing flourishing instead of focusing solely on the treatment and prevention of disorder.

In addition, Huppert (2009) offered some conclusions based on the research reviewed, including 1) psychological well-being is associated with creative thinking,

prosocial behaviour, and good physical health, 2) an individual's level of psychological well-being is influenced by his/her early environment, 3) compensation is possible at later stages in life in spite of the negative impact adverse early experience can bring, 4) individuals' actions and attitudes have a greater influence on well-being in comparison to external circumstances, thus interventions which encourage positive actions and attitudes are essential, 5) a universal approach is of importance in enhancing the lives of ordinary people not just people with disorder, and 6) the science of well-being which focuses on individuals' flourishing and human assets rather than deficits is a promising new area of research (Huppert, 2009).

In reviewing past studies on well-being, Huppert (2009) reported that demographic characteristics demonstrate some inconsistent effects for well-being and ill-being. In comparison to men, women show higher rates of symptoms of mental disorders such as anxiety and depression. Yet, the gender effect is ambiguous when it comes to mental well-being (Donovan & Halpern, 2002; Helliwell, 2003; Huppert, Walters, Day, & Elliott, 1989; Ryff & Singer, 1998b; Stephens, Dulberg, & Joubert, 1999). Also, the relationship between age and mental well-being is complex. A U-shaped relationship has been found between age and mental well-being across studies in different cohorts and nations, whereby younger and older people tend to show greater well-being than the middle-aged, while there may be a decline in well-being among the elderly (Blanchflower & Oswald, 2008; Clark & Oswald, 1994). Yet, there is also an interesting corroboration where well-being improves with advancing ages in studies using more refined measures of well-being (Ryff & Singer, 1998b; Stephens et al., 1999). Nonetheless, another study on socio-demographic variables and psychological well-being conducted in the African context provided a

different point of view (Khumalo, Temane, & Wissing, 2012). The results of the study showed that age and gender were not significantly related to well-being but urban living, education, employment, and being married were linked to higher psychological well-being. Further study is needed to examine the impact of age and gender on psychological well-being.

In addition, a considerable amount of research on the helping profession have explored numerous factors that are associated with well-being; for instance, socio-demographic, psychosocial, and workplace predictors like years of experience, support of family and friends, and work satisfaction (Arafa, Nazel, Ibrahim, & MN, 2003), personality (Chung & Harding, 2009), emotional labour and emotional work (Pisaniello, Winefield, & Delfabbro, 2012), coping strategies (Loukzadeh & Mazloom Bafrooi, 2013), profession and workplace expectations (Shier & Graham, 2013), self-esteem and workplace spirituality (Awan & Sitwat, 2014), job satisfaction (Odusanya, 2015), and self-regulation capacity (Simon & Durand-Bush, 2015). All these cross-sectional studies have been conducted all over the world, in Egypt, Iran, Pakistan, Australia, Canada, and the United Kingdom, with a variety of professionals, namely hospital nurses, social workers, staff working with people with intellectual disabilities, psychologists, psychiatrists, psychiatric nurses, and ward attendants working in the psychiatry department of hospitals (Arafa et al., 2003; Awan & Sitwat, 2014; Chung & Harding, 2009; Loukzadeh & Mazloom Bafrooi, 2013; Odusanya, 2015; Pisaniello et al., 2012; Shier & Graham, 2013; Simon & Durand-Bush, 2015).

Several studies that attempted to examine the well-being of caregivers also found relationships between their psychological well-being with a variety of factors; for example, individual attachment and perceived social support for caregivers of

cancer patients in Turkey (Kuscu et al., 2009), gender influence and psychology of hope for parents of differently abled children in India (Gull & Nizami, 2015), coping strategies for parents with Down syndrome children (Hayat & Zafar, 2015), adult attachment with spouses' motives for care giving among cancer caregivers in America (Kim, Carver, Deci, & Kasser, 2008), family quality of life in parents of children with autism spectrum disorders from Spain (Pozo, Sarriá, & Brioso, 2014), and quality of life and knowledge of illness of caregivers of outpatients with schizophrenia in Taiwan (Chen et al., 2004).

Collectively, past studies provide evidence that psychological well-being is a construct worthy for research among the helping profession. However, there is an indication that research on the counselling profession is not large enough. Future research to focus on counsellors' psychological well-being is warranted.

Psychological well-being among counsellors. Counselling can be a very rewarding profession for it assists clients in their journey of change, healing, and growth. It is a tremendous privilege to be part of someone's life journey (Brownlee, 2016). In the counselling career, counsellors encounter clients with incredible emotional pain. The fundamental nature of counselling is to consistently summon the energy to engage with another human's emotions while balancing one's own personal experiences and challenges outside of the job simultaneously (Cummins, Massey & Jones, 2007). Unavoidably, counsellors encounter a lot of challenges throughout their professional life (Cummins et al., 2007). Even prominent historical figures in the counselling field like Carl Rogers mentioned about the difficulty in managing client-care and self-care, ‗I have always been better at caring for and looking after others than I have in caring for myself' (Rogers, 1995, p.80).

Since the 1996 special issue of the Journal of Humanistic Education and Development (now renamed Journal of Humanistic Counselling) addressed counsellor impairment, there has been a shift in focus in the counselling profession, from counsellor impairment to counsellor wellness. Cummins and colleagues (2007) had identified several challenges of the counselling profession, namely personal vulnerability to distress, the counsellor-client relationship, the work environment, and recognition of traumatic stress and supervision. They proposed that the counsellor wellness plan was important to overcome these issues by integrating both personal and professional wellness. Additionally, a study by Puig and colleagues (2012) on mental health professionals' wellness revealed that about 63.5 percent of mental health professionals stated knowing a counsellor whom they would consider as impaired; and 75 percent of them reported impairment of mental health professional as a significant hazard to the profession.

In accordance with the core ethical principles of counselling, counsellors have a responsibility to do no harm, benefit others, and pursue excellence in their profession (American Counselling Association, 2005; American Mental Health Counsellors Association, 2010). According to the ACA Code of Ethics (2014), Standard C.2.g., counsellors are alert to signs of impairment from their own physical, mental or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. The 2014 ACA Code of Ethics requires that counsellors be aware of their personal well-being and ensure that they are not practising if impaired. When counsellors are impaired, they have a reduced ability to provide quality care to their clients (ACA, 2010a). However, counsellors are best able to provide quality therapeutic services when they are psychologically and physically well (Lawson, Venart, Hazler & Kottler, 2007).

The balancing of personal and professional lives by tending to the physical, emotional, and spiritual needs is, therefore, at utmost importance.

In 2004, a study exploring the prevalence of impairment among ACA members was conducted by the ACA. The study revealed that 63.5% of counsellors knew a counsellor who they would consider as impaired and 54.3% of the supervisors, as well as 64.2% of the colleagues, were aware of the counsellors' impairment (ACA, 2010a). Moreover, 75% of the counsellors reported that they believed that impaired counsellors pose a risk to the counselling profession (ACA, 2010a). The ACA Task Force on Counsellor Wellness and Impairment encouraged the counsellors to engage in self-care activities in order to enhance their well-being (ACA, 2010a). In addition, counsellor engagement in self-care is required by the 2005 ACA Code of Ethics (ACA, 2005) and the Council for the Accreditation of Counselling and Related Educational Programs (CACREP). Accredited programs are required to incorporate self-care education into the curriculum (CACREP, 2009). Goncher, Sherman, Barnett, and Haskins (2013) endorse ongoing self-care as a foundational professional competency and an ethical imperative for practice. It has been increasingly recognized as an ethical obligation in pursuing wellness and reducing the risk of burnout (Barnett, Baker, Elman, & Schoener, 2007). Counsellor's well-being, therefore, is at utmost importance for the ethical, effective, and efficient practice of counselling, as well as for the ultimate benefit and welfare of the client (Norcross and Guy, 2007).

Studies grounded on the wellness of the counselling profession have focused on career-sustaining behaviour and self-care. In a sample of 414 North Carolina school counsellors, Stephen (2006) showed that perceptions of the school environment (role ambiguity, role conflict, and climate of support) predicted

emotional exhaustion and depersonalization while coping resources (behavioural problem-solving, social support, and self-efficacy) influenced the association between burnout and school environment. Lawson and Myers (2011) conducted a study on counsellor wellness, professional quality of life, and career sustaining behaviours (CSBs) in a sample of 506 American professional counsellors. They found that greater wellness predicted higher levels of positive professional quality of life. Some career-sustaining behaviours practised by the professional group were also identified as spending time with partner or family, maintaining a sense of humour, maintaining balance between professional and personal lives, maintaining personal identity, maintaining self-awareness, reflecting on positive experiences, engaging in leisure activities, and trying to maintain objectivity about clients (Lawson & Myers, 2011). Also, there were similar findings in Lawson's study (2007) on a group of 501 American counsellors, supporting that the top CSBs mentioned by counsellors were maintaining self-awareness, reflecting on positive experiences, engaging in leisure activities, and trying to maintain objectivity about clients.

Using qualitative analysis, Evans and Payne (2008) explored self-care in a sample of New Zealand high school counsellors. The identified themes including 1) self-care on the job (establishing a resilient mindset for emotional demands and recognizing the _privilege' of working with young people), 2) collegial support – schools (having others to empathize with, keeping things in perspective, and winding down at the end of a difficult day), 3) collegial support – supervision, 4) the influence of work on home life, 5) the influence of home on work life, and 6) holistic self-care with gender differences whereby males speaking only minimally about holistic self-care (Evans & Payne, 2008). These studies indicated that counsellors engage in a wide range of behaviours that influence their well-being. Yet, what

remains unclear from the previously published studies are the individual and contextual characteristics of counsellors that make effective engagement in maintaining well-being possible.

Some studies on counsellors' well-being have involved individual strengths such as self-efficacy (Curry, 2007) and resilience (Machuca, 2010; Sadler-Gerhardt & Stevenson, 2012). In a recent review of the literature on counsellors with regards to the ability in maintaining personal and professional well-being, McCann et al. (2013) pointed out that self-compassion may play a role in enhancing counsellors' well-being. Likewise, a qualitative study conducted by Lewin (2015) explored the holistic factors influencing counsellors' well-being. The phenomenological study yielded several themes including initial attraction to the work (childhood experiences and early exposure to psychology), balance (physical, intellectual, emotional, spiritual, social, and environmental), productivity requirements (attitudes and behaviours), and colleagueship (mutual trust and respect between co-workers, connection with colleagues emotionally, and supervision) in contribution to counsellors' well-being (Lewin, 2015).

Hardiman and Simmonds (2012) conducted a study on 89 Australian counsellors and psychotherapists in terms of spiritual well-being, burnout, and trauma. It was found that there was a strong link between existential well-being and burnout, of which buffered the effect of trauma on emotional exhaustion. In Harris and colleagues' study (2013) of 99 graduate counselling students in Pennsylvania, overall psychological well-being was found to be strongly related to perceived wellness. They also found that three specific subscales of psychological well-being (positive relations with others, environmental mastery, and purpose in life) significantly predicted counselling students' perceived wellness.

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

Self-Compassion

An increasing exchange of ideas between Eastern philosophical thought, particularly Buddhism, and Western psychology brings about innovative ways of understanding mental well-being (Neff, 2003b). In the perspective of Buddhist psychology, behaviour and thinking occur in light of awareness and sensitivity. Self-compassion, one important Buddhist belief that is little known in the Western psychological circles but relevant to understanding the nature of self emerges as an alternative concept in relation to oneself (Neff, 2003a).

To understand self-compassion, it would be best to first understand a more familiar experience – compassion for others. Compassion involves sensitivity to the experience of suffering of others, opening one's awareness to others' pain without avoiding or disconnecting from it, and allowing the feeling of kindness towards

others and a desire to alleviate their suffering to emerge (Wispe, 1991). Compassion also involves extending non-judgmental understanding to others' mistakes or failures and understanding them in the context of the shared human condition. The Tibetan word *tsewa,* translated as compassion, does not distinguish between compassion for self and others (Neff, 2003b).

Self-compassion, in general, is relatively similar to the construct of _compassion' (Gilbert, 2014; Neff, 2012) whereby compassion is extended towards the self in the period of suffering. Self-compassion, thus, involves _being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness' (Neff, 2003, p.87). Self-compassion also involves _offering non-judgmental understanding to one's pain, inadequate and failures, so that one's experience is seen as part of the larger human experience' (Neff, 2003, p.87).

Kristin Neff (2003, 2015) conceptualized self-compassion as comprising three interrelated components that are exhibited during times of pain and failure, each of which has a negative and positive pole that represents compassionate versus uncompassionate. The three basic concepts are: (a) self-kindness versus self-judgment - being kind and understanding towards oneself rather than self-criticism, (b) common humanity versus isolation - seeing one's fallibility as part of the larger human condition and experience rather than as separating and isolating, and (c) mindfulness versus over-identification - holding one's painful thoughts and feelings in a balanced state of awareness rather than avoiding them or over-identifying with them (Neff, 2003a, 2003b).

According to Neff (2003a, 2003b, 2015), self-kindness involves being gentle and understanding towards oneself whereby the self is provided tenderness and

unconditional acceptance instead of harsh self-judgment. It also involves soothing oneself in times of suffering. Common humanity entails acknowledging the collective human experience, understanding that humans make mistakes and all people lead imperfect lives. With common humanity, one takes a broader perspective pertaining to individual shortcomings and personal difficulties, rather than feeling as if ‗I' am the only one who fails or suffers (Neff, 2003a, 2003b, 2015). Mindfulness involves paying attention to one's current experience of suffering in a balanced manner without being overwhelmed by the negative aspects of one's life experience (Neff, 2003a, 2003b, 2015).

Self-kindness versus self-judgment: Self-kindness involves encompassing sensitivity, empathy, patience, and forgiveness to all aspects of oneself, including one's actions, feelings, thoughts, and impulses (Gilbert & Irons, 2005; Neff, 2003a). It also involves affirming oneself even after a failure that one deserves affection, love, and happiness. On the other hand, self-judgment involves being hostile and critical to one's self (Neff, 2003a). People who are kind to themselves tend to view their worth as unconditional (Ellis,1973; Maslow, 1968; Rogers, 1961) whereas people who are self-judgmental tend to reject their own actions, feelings, thoughts, impulses, and worth (Brown, 1998). Self-judgment is every so often relentless (Whelton & Greenberg, 2005) and the pain it causes can equal or exceed the pain of the provoking situation (Germer, 2009). Nonetheless, people tend to be accustomed to self-judgment, so they may be unaware of their own self-judgment, how they could relate differently to themselves, or how self-judgment can be a source of suffering (Brown, 1998). For that reason, it is assumed that part of becoming more self-kind is becoming aware of self-judgment and its harmful impacts (Gilbert & Irons, 2005).

Common humanity versus isolation: Common humanity involves recognizing our connection to others, predominantly in our confusion, sorrows, inadequacies, and flaws. Also, it entails forgiving oneself for being fully human—for being incomplete and imperfect (Neff, 2003a). However, many people, in times of pain, experience cut-off from others. Those who believe that they themselves, their failures, or their emotions are shameful often withdraw, hide their ‗true selves', and feel that they alone struggle with certain imperfections or failures (Barban & Curry, 2011).

Mindfulness versus over-identification: Mindfulness involves being aware of, paying attention to, and being accepting of the present moment (Shapiro, Astin, Bishop & Cordova, 2005; Shapiro, Brown & Biegel, 2007). Mindfulness includes not only one's cognitive attention but also one's affectionate and kind interest on the present experience, as well as observing and labelling thoughts and emotions instead of reacting to them (Kabat-Zinn, 2003). Mindfulness can be thwarted by two opposite alternatives: over-identification and avoidance. Over-identification involves ruminating on one's own weaknesses and subsequently leading to a tunnel vision that prevents one from deeply experiencing the present moment (Gilbert & Procter, 2006; Neff & Vonk, 2009).People who tend to over-identify may enlarge the consequence of failures (Neff et al., 2005). Meanwhile, avoidance of painful experiences, thoughts, and emotions is another extreme (Kabat-Zinn, 2003; Neff, 2003a). It is thought that avoidance exaggerates negative feelings in the long-term and sacrifices increased understanding (Germer, 2009). Overall, over-identifying with or avoiding pain both impede mindfulness, which is believed to help people in understanding and learning their thoughts, emotions, and experiences (Neff, 2003a).

While the various components of self-compassion are conceptually distinct and are experienced in a different way at the phenomenological level, they are

mutually interactive to represent a self-compassionate frame of mind (Neff, 2003a, 2003b). It has been proved that a certain degree of mindfulness is required to allow adequate mental distance from one's negative experiences for the feelings of self-kindness and common humanity to arise. Also, the accepting, detached stance of mindfulness increases self-understanding by reducing self-criticism, thereby improving self-kindness (Neff, 2003a, 2003b). Meanwhile, balanced perspective-taking of mindfulness decreases the egocentrism that triggers separation and isolation, thus increasing the sense of interconnectedness (Neff, 2003a, 2003b). Similarly, self-kindness and the feelings of connectedness can further enhance mindfulness by diminishing the negative emotional experiences to ease the process of maintaining a balanced awareness of emotions (Neff, 2003a, 2003b). Besides, the sense of common humanity helps to put one's experience into perspective and develop one's capability to be mindful of his/her thoughts and feelings so as to not over-identify with them (Neff, 2003a, 2003b). Self-kindness and feelings of common humanity improve one another as well by softening the self-consciousness or self-judgment and strengthening the sense of connection (Neff, 2003a, 2003b).

As said by Neff (2015), self-compassion symbolizes the relative balance of compassionate and uncompassionate responses to suffering; the deficiency of self-compassion is as important as the presence of it. Self-compassion is a dynamic system that shows the synergistic effect of interaction between the essential features of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. In theory, if two individuals with almost the same levels of self-kindness, common humanity, and mindfulness, but the first person showed slightly more self-judgment, isolation, and over-identification than the second, then the first person would be considered as less self-compassionate (Neff, 2015).

Self-compassion does not judge the self as ‗good' or ‗bad', though self-compassion does generate positive emotions towards the self (Neff & Costigan, 2014). Self-compassion is distinct from self-esteem. Self-esteem refers to the degree to which individuals evaluate themselves positively and it is often based on comparisons with others (Harter, 1999, as cited in Neff & Costigan, 2014). Self-esteem tends to rely on success in valued life domains (Crocker, Luhtanen, Cooper & Bouvrette, 2003) and changes along with performance outcomes (Kernis, Paradise, Whitaker, Wheatman & Goldman, 2000). On the contrary, self-compassion is a way of relating to oneself positively but not based on positive judgments or evaluations. Rather, people experience self-compassion as a result of being fully human by having emotional stability in both good and bad times (Neff & Costigan, 2014).

Also, self-compassion is different from self-pity. People with self-pity have a tendency to exaggerate personal suffering and emphasize egocentric feelings of separation from others. They typically become over-identified with their emotions and fail to step back from the situation and adopt a more objective perspective (Neff, 2003). People who are self-compassionate, on the other hand, tend to see the related experiences of self and other without the distortion or disconnection. They are not carried away with their own feelings but there is space for them to recognize their experience (Neff, 2003).

Even though it is possible that individuals adopt a self-compassionate attitude as an excuse for being passive, this is unlikely to occur when feelings of self-compassion are genuine. Self-compassion should not cause passivity, it is the lack of self-compassion that is more likely to lead to passivity (Neff, 2003a; Neff, 2003b). Furthermore, truly having self-compassion involves self-awareness and desire of well-being for oneself. Self-compassion offers the emotional safety needed to see the

self clearly without fear of self-condemnation, thus allowing encouragement of change when necessary and rectifying maladaptive patterns of thoughts, feelings, and behaviours (Neff, 2003a; Neff, 2003b).

Review of research on self-compassion. Over the decades, the construct of self-compassion has been exposed to extensive empirical research. Studies have shown that self-compassion is associated with various constructs such as positive and negative effects (Neff & Vonk, 2009), emotional intelligence and coping strategies (Neff, Hsieh & Dejitterat, 2005), goals, motivation, and achievements (Neff et al., 2005), positive psychological functioning and personality traits (Neff, Rude & Kirkpatrick, 2007), social connections (Neff et al., 2007), anxiety and depression (Neff, Kirkpatrick & Rude, 2007a; Körner, Coroiu, Copeland & Gomez-garibello, 2015; Krieger et al., 2016), attachment (Wei, Liao, Ku & Shaffer, 2011), resilience (Smith, 2015), well-being, flourishing, life satisfaction, and happiness (Brown, Bryant, Brown, Bei & Judd, 2015; Felder et al., 2016; Ferguson, Kowalski, Mack & Sabiston, 2015; Hall et al., 2013; Neff & Faso, 2014; Satici, Uysal & Akin, 2013; Sun et al., 2016; Tarber et al., 2016; Yang et al., 2016).

Lately, there are over 200 journal articles and dissertations examining the topic since the first release of the definition and measure of self-compassion in 2003 (Germer & Neff, 2013).However, it is beyond this literature review to include all the works on self-compassion. To sum up, the large-scale research on self-compassion have proven self-compassion as a revolutionary idea and practical way with profound implications on lives.

Self-compassion among counsellors. Recently, a study on self-compassion, compassion fatigue, burnout, and well-being in student counsellors showed that higher levels of self-compassion and psychological well-being lessen compassion

fatigue and burnout (Beaumont et al., 2016). The practices of self-compassion help student counsellors to manage burnout and compassion fatigue, subsequently improving their professional quality of life. Moreover, in a study of 164 counsellors in America, Ringenbach (2009) found that self-compassion was negatively related to burnout and compassion fatigue but positively associated with compassion satisfaction.

By using the qualitative method, Patsiopoulos and Buchanan (2011) explored how 15 Canadian counsellors practise self-compassion. The three main themes identified were: 1) counsellors' stance in a session, namely acceptance, mindfulness of present experience, genuineness, and attending compassionately, 2) workplace relational ways of being, like participating in a caring and compassionate work team, and 3) maintaining a balance through self-care strategies. Counsellors also mentioned the benefits of practising self-compassion such as an improved overall sense of well-being, ability to work effectively with clients, a balance between client needs and counsellor needs, and the engagement in more proactive and preventive self-care (Patsiopoulos & Buchanan, 2011). Additionally, Solomon and Barden (2016) showed that the integration of self-compassion practice into mentoring program brought benefits to counsellor educators. In particular, self-compassion provides emotional resources needed to nurture others, of which is a necessary foundation for helping professionals. Thus, self-compassion based intervention has proved to be a useful tool in promoting emotional resilience and well-being.

Similarly, a cross-sectional survey study was carried out by Kemper, Mo and Khayat (2015) with the intention to examine the relationship between mindfulness and self-compassion, and resilience and sleep among a group of health professionals, including physicians, nurses, dieticians, social workers, and others. The analyses

revealed that resilience was significantly related to better mental health in terms of mindfulness and self-compassion, while sleep disturbances were strongly associated with less self-compassion and mindfulness. Interestingly, this study provided a prospect for further study to determine whether increasing self-compassion and mindfulness improve health professionals' resilience and sleep, or does building resilience and decreasing sleep disturbances enhance self-compassion and mindfulness.

Although research on self-compassion has grown at an increasing rate, there is still a scarcity of study on the population of therapists (Grant & Kinman, 2012; MacBeth & Gumley, 2012). The gap remains in understanding self-compassion in the helping profession, hence the current study.

Resilience

People react differently to obstacles or failures. While some people show the ability to emerge from the pain, some people seem to be lacking such capacity. What accounts for the marked difference? According to Tugade and Fredrickson (2004), an individual's ability to endure, bounce back, and grow in the midst of adversities can be referred to as resilience.

The word ‗resilience' derives from the Latin verb *resilire*, or ‗to leap back'. According to the Oxford English Dictionary, it is defined as ‗being able to withstand or recover quickly from difficult conditions'. The term ‗resilience', when used in the field of psychology, has been described as the flexibility to adjust to the changing demands of stressful experiences and the ability to bounce back from negative emotional experiences (Block & Block, 1980; Block & Kremen, 1996; Lazarus, 1993). The idea of resilience has also drawn attention from experts in biology,

sociology, psychopathology, and even cognitive neuroscience (Hu, Zhang & Wang, 2014).

Resilience has appeared to be one of the pillars of positive psychology. It has been conceptualized as the adaptation process that adjusts to and overcomes adversity, of which results in bouncing back from setbacks and becoming stronger (Wong, 2011).The concept of resilience is a strength-based approach that helps people to obtain well-being in order to live a fulfilling life (Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002). It involves having sufficient internal and external resources to cope. It as well depends on learning adaptive coping strategies and skills in dealing with hardships in life. Empirical evidence presumes that the differences of one's resilience might be due to the protective factors within the individual and the environment which enable them to thrive (Vanderbilt-Adriance & Shaw, 2008). Ungar and colleagues (2008) also suggested that cultural factor plays a role in influencing one's resilience. Hence, resilience is often described as a complex adjustment process with the cognitive, behavioural, social, and cultural components (Wong, 2011).

To date, there is still a lack of a standardized operational definition for resilience. There are several different definitions of resilience by researchers. According to Masten, Best, and Garmezy (1990, p.425), resilience is defined as _the process, capacity, and outcome of successful adaptation despite challenging circumstances'. Masten and Coatsworth (1998, p.206) refer to resilience as _manifested competence in the context of challenges to adaption'. Besides, Rutter (1999, as cited in Axford, 2007, p.7) suggests that resilience is _the ability to overcome negative effects of adverse life events through the interaction of a wide variety of internal and external factors that relate to risk and protection of the

individual'. Also, Earvolino-Ramirez (2007) describes resilience as the capability to rebound after a loss and is strongly related to positive growth after overcoming a specific challenge.

In addition, Luthar and colleagues (2000, p.543) consider resilience as ‗a construct connoting the maintenance of positive adaptation by individuals despite experience of significant adversity'. Masten (2001, p.228) propose that resilience is ‗a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development'. Moreover, Everalland colleagues (2006, p.462) suggest resilience as ‗an adaptive process whereby the individual willingly makes use of internal and external resources to overcome adversity or threats to development'. Richardson and Waite distinguish resilience in terms of a dynamic process of self-adjustment in the face of hardships and the idea of resilience as a personality trait.

Despite the lack of common agreement concerning the definition of resilience, these definitions of resilience generally refer to marked capability in adapting or developing in the context of significant adversity. In this regard, Masten and Coatsworth (1998) postulate two arguments in explaining the definition of resilience. The first judgment in identifying resilience underlies the component of significant threat in an individual's life, whereas the second judgment concerns the evaluation of the quality of adaptation or development. However, controversies remain regarding the standard in determining if the adaptation is good or bad (Masten, 2001).

With respect to this argument, it can be observed that the contemporary definitions of resilience include three orientations: trait, outcome, and process. Trait orientation proposes that resilience is a personal trait that assists individuals in coping with adversity and attaining good adjustment or growth. Researchers who

support this standpoint perceive resilience as a personality trait that inoculates individuals against the impact of hardships (Connor & Davidson, 2003; Ong, Bergeman, Bisconti, & Wallace, 2006). The outcome-oriented approach views resilience as a function or behavioural outcome that can defeat and help individuals to pull through setbacks (Harvey & Delfabbro, 2004; Masten, 2001), while the process-oriented approach regards resilience as a dynamic process wherein people actively adapt to and recover quickly from difficulties (Fergus & Zimmerman, 2005; Luthar, Cicchetti & Becker, 2000).

It is imperative to highlight the debate pertaining to the definition of resilience because these concepts provide researchers with theoretical boundaries that help to determine the nature and direction of research (Fletcher & Sarkar, 2013). On the contrary, conceptual discrepancies hinder the evaluation and comparison of research findings (Davydov et al., 2010). Also, Masten (2001) proposes that the nature of the study, along with the sample involved, serve as the criterion in developing an operational definition of resilience.

The current study adopted the definition suggested by Conner and Davidson (2003, p.76) whereby resilience is referred to as ‗the personal qualities that enable one to thrive in the face of adversity‘. Resilience is studied as a personal trait in which people demonstrate the capacity to adjust and emerge from grim experiences. It is one‘s ability to maintain equilibrium by coping with and adapting to change and adversity (Zautra, 2009). Past research has revealed that resilience is multidimensional, as the shifting of characteristic relies on the individuals‘ context, age, and culture (Masten, 2001). Nonetheless, Hu and colleagues (2014) argued that as a personality trait, resilience is relatively constant in comparison to external protective factors and provide a moderately stable prediction of an individual‘s

mental health. According to Connor and Davidson (2003), resilience involves the adjustment to adversity with the opportunity for positive growth and development while returning to one's optimal functioning level, of which is known as a process of reintegration. Put simply, resilience is considered as a strength-based understanding about human's experience to flourish.

In the literature of resilience, a framework proposed by Rutter (1985) posits that individuals have protective factors that enable them to modify their response to a harmful situation. Rutter (2013) proposes that resilience is a personal reaction to adverse circumstances and it may be fostered through exposure to social relationships, experiential learning, manageable stressors, and so on. Wagnild and Young (1990) put forward that each individual has the capacity to respond differently to adversity with resilience to achieve their well-being, and how well one responds depends on how strong the resilience core is, i.e., their perseverance, equanimity, purpose, self-reliance, and existential aloneness (Wagnild, 2011).

The prominent theory in resilience literature, the Metatheory of Resilience and Resiliency by Richardson (2002) serves as the theoretical framework for the present study. This theory postulates that individuals strive to achieve equilibrium in three different waves as below:

Wave 1: Resilient Qualities

Wave 2: The Resiliency Process

Wave 3: Innate Resilience

What characteristics mark people who will thrive in the face of risk factors or adversity as opposed to those who succumb to destructive behaviours?' (Richardson, 2002, p.308). This question provides a general idea about the first wave of resiliency in which the primary aim is to explore internal and external resilience

qualities that help people in handling negative circumstances. The recognition of individual strengths is essential as these selective qualities appear to be the important assets in assisting people to cope positively with the setbacks. Consequently, the resilient qualities are usually referred to as protective factors.

The second wave of resilience inquisition involves discovering the process of attaining the identified resilient qualities. Acquiring resilient qualities involves a law of reintegration and disruption. Generally, people strive to balance the state of homeostasis in order to maintain optimal functioning. However, the presence of life stressors tends to interrupt the harmonic balance of homeostasis. Consequently, people might react to the disruptions in one of these few ways. First, people might see the disturbance as an opportunity instead of a threat to grow and increase strengths. Therefore, adapting successfully to hardships results in higher levels of homeostasis in which the individuals demonstrate his/her ability to restore homeostasis and enhance resilience (resilient reintegration). On the other hand, people might return to the baseline homeostasis as an effort to get over the disruption and there is no enhancement of personal strengths in overcoming adversities (reintegration back to homeostasis). Conversely, some people give up hope or motivation when facing difficulties (reintegration with loss), while some individuals might remain in a dysfunctional state owing to the adoption of maladaptive coping strategies to deal with setbacks (dysfunctional reintegration) (Richardson, 2002).

Subsequently, the third wave of resilience inquiry focuses on the exploration of inner motivational forces that foster human self-actualization through a multidisciplinary approach crossing different disciplines such as biology, philosophy, sociology, and psychology. Generally, the inner force is regarded as resilience and humans have the energy or resilience which drives them to transform and change

regardless of the risks involved. As a general idea, _what and where is the energy source or motivation to reintegrate resiliently?' directs the movement of the third wave resiliency inquiry (Richardson, 2002).

The key to resilience is the will to live. According to Frankl (1985), the will to live is the will to meaning, which is often referred to as having meaning and purpose in life and the capacity to transform negatives to positives. Connor (2006) also suggested that having a sense of meaningfulness and faith as additional components to resilience. Therefore, no matter what an individual defines as a difficult circumstance, what matters is the individual's effort to recover or adapt and not to lose his or her hope in that difficult situation. Only then it is possible to discuss resilience.

Review of research on resilience. Research on resilience has increased substantially worldwide over the past two decades (Haskett, Nears, Ward & McPherson, 2006). Recently, the growing interests in resilience research focus on the investigation of both the underlying mechanism of resilience and its benefits to people. Nowadays, resilience is also getting increasing attention from policy to practice with respect to its potential influence on health, well-being, and quality of life (Friedli, 2009).

Most of the early resilience studies focused on high-risk populations such as groups with parental substance abuse, child maltreatment, and poverty (Luthar, Ciccetti & Becker, 2000). Werner and Smith's longitudinal study (1980; 1992 as cited in Riise, 2011) on Hawaiian children marked ground-breaking research in resilience studies. The study lasted for almost half a century by following approximately 700 participants since they were born and many of them were classified as a high-risk group of people. The result demonstrated that one-third of

the participants in the high-risk group were identified as resilient individuals as they showed the capability in emerging from life's adversities (Werner, 1995). Besides, this particular group of individuals reported numerous positive outcomes in life, such as desirable social skills, greater satisfaction in relationships, a higher level of career success, and greater marital stability (Werner & Smith, 2001).

The research on resilience has then been extended to other at-risk groups such as those suffering from depression, anxiety, and post-traumatic stress disorders (e.g., Connor & Davidson, 2003; King, King, Fairbank, Keane & Adams, 1998), young adults as well as the elderly (e.g., Broyles, 2005; Everall, Altrows & Paulson, 2006; Ong, Bergeman, Bisconti & Wallace, 2006). Likewise, the resilience research has been broadened to other non-clinical populations, for instance, university students and mental health practitioners (e.g., Haslee Sharil Lim Abdullah & Sidek Mohd Noah, 2005; Tugade & Fredrickson, 2004). Yet, an extensive review of past research demonstrated that there is still very little resilience study focused on psychologists or counsellors, though there are studies on the nursing (e.g., Bjarnodottir, 2011; Othman Ghazali & Ahmad, 2013) and teaching professions (e.g., Johnson & Down, 2013; Leroux & Theoret, 2014; Pearce & Morrison, 2011).

Resilience among counsellors. The counsellor is a unique and challenging profession which, regardless of the length of practice, requires a great deal of resilience so as to be able to overcome the challenges faced. Fink-Samnick (2009, p.331) claimed that professional resilience for mental health providers is a _commitment to achievebalance between occupational stressors and life challenges, while fostering professional values and career sustainability'. Resilience among mental health professions is developed over time by revolving challenges into growth

opportunities that turn out to be part of the professional's identity and core values (Hodges, Keeley & Grier, 2005).

Empirical studies showed that around 36% of psychologists suffer from depressive symptoms (Gilroy, Carroll & Murra, 2002) and 7% have substance abuse issues (Elliot & Guy, 1993), suggesting that even experts in mental health are not immune to mental illness. Resilience has then been identified as a protecting factor against mental illness (Johnson, Wood, Gooding, Taylor & Tarrier, 2011; Nock et al., 2013). It is the capability to maintain equilibrium by coping with and adjusting to change and difficulty (Zautra, 2009). Resilience can be an important factor in psychologists' success and well-being (Kolar, Treuer & Koh, 2017).

Using the qualitative method of study in a sample of 96 early-career psychologists practising in Australia, Kolar, Treuer,and Koh (2017) explored psychologists' resilience and its contributing factors. Results revealed that organizational culture, leadership, effort-reward imbalance, and emotional labour affect psychologists' resilience while workload management, professional development, socializing, peer support, reflection, and exercise foster resilience. Moreover, it was found that universities play an important role in determining an early-career psychologist's resilience by focusing on work placements, supervision, self-care education, work readiness initiatives, work-integrated learning, career management support, and experience working with multidisciplinary teams. The study was highly beneficial in providing understanding on factors which are perceived to promote or hinder resilience and implications for both educational and workplace settings.

Furthermore, Harker, Pidgeon, Klaassen, and King (2016) conducted a study on the relationship between resilience, mindfulness, burnout, secondary traumatic

stress, and psychological stress among human service professionals. The study surveyed 133 human service professionals working in the fields of psychology, counselling, social work, youth, and foster care work. The results revealed that higher levels of resilience predicted significantly lower levels of burnout, secondary traumatic stress, and psychological distress, while higher levels of mindfulness significantly contributed to lower levels of burnout and psychological distress. Hence, the study concluded that cultivating resilience and mindfulness is imperative in order to buffer or prevent the impact of occupational stress.

In a study of posttraumatic growth and professional resilience to secondary trauma of professional counsellors following Hurricanes Katrina and Rita, Lambert and Lawson (2013) compared the posttraumatic growth and professional resilience, i.e., compassion satisfaction, burnout, and compassion fatigue or vicarious traumatization of this particular group of professional counsellors to a normative sample by anticipating higher levels of posttraumatic growth and professional resilience among counsellors who were not affected by the storms. They also anticipated greater use of self-care behaviours in maintaining overall wellness among counsellors affected by the storms. The study found that all professional counsellors involved in Disaster Mental Health works are susceptible to compassion fatigue whether or not they are personally influenced by the disaster. Besides, they found that counsellors who both volunteered and were personally affected by the crisis showed significantly higher levels of posttraumatic growth compared to those who were not affected by the storms. The practice of self-care activities was also found to be positively related to posttraumatic growth and negatively correlated with burnout, compassion fatigue, and vicarious traumatization. This study recommended that

counsellors examine the self of the physical, emotional, social, spiritual, and intellectual aspects to increase resilience and maintain an optimal wellness level.

Another research was carried out by Haslee Sharil (2003) in order to evaluate Malaysian school counsellors' resilience. A total of 615 school counsellors were involved. Findings indicated that generally, school counsellors in Malaysia were resilient,of which male counsellors reported slightly higher resilience compared to female counsellors. However, 201 out of 615 school counsellors were found to be non-resilient as they reported a value of below 70, the cut-off point for the Resiliency Index. Thus, the researcher suggested that promoting healthy and resilient counsellors is important. With regards to this, it was highlighted that immediate attention is needed, especially for the group of non-resilient counsellors, seeing that they could become more of a liability than an asset to the school counselling service.

Self-Compassion, Resilience, and Psychological Well-Being

With the growing research on self-compassion, one of the most consistent findings is that self-compassion is related to psychological well-being (Neff, 2015). Numerous research on self-compassion and psychological well-being revealed that there were significant relationship among the variables across a variety of population in different cultural context (Brown et al., 2015; Felder et al., 2016; Ferguson et al., 2015; Hall et al., 2013; Neff & Faso, 2014; Sun et al., 2016; Tarber et al., 2016; Yang et al., 2016).

A very insightful meta-analysis conducted by MacBeth and Gumley (2012) on the relationship between self-compassion and psychopathology across 20 studies revealed that there were strong and negative associations between self-compassion and psychopathology variables such as stress, anxiety, and depressive symptoms

with r = -.54, -.51, and -.52 respectively. Although the meta-analysis provided strong evidence for the relationship between compassion and psychopathology, it did not address whether this is due to high levels of positive self-compassion or low levels of negative self-compassion (MacBeth & Gumley, 2012). Hence, the inclusion of self-compassion components in future research would be helpful to identify the active components of self-compassion.

Apart from MacBeth and Gumley's meta-analysis, there is another meta-analysis carried out by Zessin and colleagues (2015) on self-compassion and different forms of well-being that provides a more comprehensive understanding of the connection between self-compassion and mental health. The meta-analysis considered the association of self-compassion with four different forms of well-being: cognitive well-being or often called life satisfaction, positive affective well-being, negative affective well-being, and psychological well-being. Of the 1433 identified articles, 65 articles with 79 samples were included in the quantitative analysis. Findings demonstrated an overall magnitude of the relationship between self-compassion and well-being at r = .47. The analysis also indicated the strongest association between self-compassion and psychological well-being (r = .62), followed by negative affective well-being (r = -.47), cognitive well-being (r = .47), and positive affective well-being. However, the meta-analysis did not focus on every facet of the two constructs completely. The correlations of the subscales of self-compassion and psychological well-being were not analysed, thus the assumptions of the specific relationship between self-compassion and well-being were excluded (Zessin et al., 2015). Future research with subscales is warranted in order to provide new understandings of the relationship between self-compassion and well-being.

In a study of 495 low-income university students, Ergun-Basak and Can (2018) found that self-compassion and social-connectedness directly predicted optimism, and optimism directly predicted psychological resilience. Results also revealed that self-compassion and social connectedness predicted resilience indirectly via optimism. In other words, these low-income students held optimistic with the help of self-compassion and social connectedness, as well as gaining a positive future expectancy, contributed by the development of resiliency (Basak & Can, 2018).

A study by Souri and Hasanirad (2011) on a sample of medical students indicated that resilience is able to predict psychological well-being, of which optimism played a minor mediation role in the relationship between resilience and psychological well-being. The study also argued that resilience might be rooted in their cultural and religious values. Likewise, Christopher (2000) found that resilience and life satisfaction were the strongest predictors of psychological well-being. In addition, a study by Nygren et al. (2005) that investigated the indicators of well-being revealed large correlations between resilience and well-being in a sample of older adults.

Similarly, Taku (2014) conducted a study on a sample of 289 physicians, examining the role of perceived psychological growth in their experience of burnout. Findings of the study demonstrated that perceived growth significantly improved predicted resilience and perceived family support for burnout, indicating that higher growth, resilience, and family support were related to lower levels of burnout. A sense of personal growth appeared to be a key factor for physicians who may be less resilient (Taku, 2014). Moreover, other studies supported that resilience appears to

be a protective factor that buffers the relationship between risk factors and burnout among nurses and doctors (Garcia & Calvo, 2012; Mealer et al., 2012).

A cross-sectional study was conducted by Hao, Hong, Xu, Zhou, and Xie (2015) to explore the relationship between resilience, stress, and burnout on a sample of 541 civil servants in Beijing. Results of the study revealed that resilience played a partial mediating role between work stress and burnout. Resilience was also found to be a moderator between work stress and burnout as it could serve as a buffer to mitigate the adverse effects of work stress. Hao et al. (2015) suggested that resilience could be a positive personality trait for combating burnout of civil servants. Furthermore, the mediating effect of resilience on life events, the learning of burnout of students, as well as the moderating effect of resilience on role stress and job burnout of teachers have been proved (Wang & Zhang, 2011; Zhang, 2013; Xu, Zhang, Sun & Tian, 2013).

Based on existing literature, there appears to be an association between resilience and psychological well-being. While some people are naturally resilient, as their personality may contribute to the prediction of resilience, others may have to work at it (Griffith, 2007; Campbell-Sills et al., 2006) as resilience is said to be co-determined by environmental and personal characteristics (Lew, 2001). Kemper, Mo, and Khayat (2015) suggested that self-compassion might be a worthwhile and innovative approach to help build resilience as it buffers the negative effects of stress and poor mental health. Self-compassion is one of the positive personal features that encourage people to exhibit self-help behaviours when they go through negative circumstances. Self-compassionate people tend to learn from personal experiences and show functional behaviours. It is believed that self-compassion could foster resiliency under adversity.

In search of other related contributions to psychological well-being, Zessin et al. (2015) claimed that there were a small number of available studies with potential moderators on the relationship between self-compassion and well-being. Their meta-analysis on the relationship of self-compassion and well-being focused on the influence of different sample characteristics, namely participants' age or gender, geographical factor, and the psychological construct of self-esteem in the search for potential moderators (Zessin et al., 2015). Results revealed a significant effect on the female proportion in their association between self-compassion and well-being; the age of participants marginally influenced the relationship between self-compassion and psychological well-being; self-esteem and geographical region of samples (European versus North American) showed a significant effect on the relationship between self-compassion and cognitive well-being (Zessin et al., 2015).

Interestingly, the meta-analysis by Zessin et al. (2015) showed some differences between the individual forms of well-being with regards to the influence of different moderators. Yarnell and colleagues (2015), in their meta-analysis on gender differences, reported that males show slightly higher levels of self-compassion than do females. Nevertheless, an explanation may exist within the findings that women usually have higher magnitudes in the similarconstruct of empathy (Konrath, O'Brien & Hsing, 2011), thus enhancing one's self-compassion. Besides, the faster adaption rate of women after a negative experience like bereavement could serve as another explanation (Luhmann et al., 2012). Self-compassion may expedite the process and hence explain the differences between men and women in handling life events.

However, more studies are needed to clarify the findings. The gender perspective sensitizes the fact that the independent variable may not have purely

addictive effects on well-being, thus the possibility of interaction effects needs to be alerted while looking for gender differences (Fuller et al., 2004). Consequently, the current research is needed to examine the influence of the moderator, gender, on the relationship between self-compassion, resilience and psychological well-being.

It is essential to look at the theoretical background behind the constructs of self-compassion, resilience, and psychological well-being in order to understand the relationship between these constructs. Development of an individual's well-being is related to achieving optimal functioning and self-compassion, as a positive attitude could facilitate the process of becoming fully functioning by influencing individuals' appraisal of threatening circumstances (Neff, 2003) and alleviating the negative emotional influence of setbacks (Zessin et al., 2015).

Self-compassion is explicitly assumed to positively influence individuals' well-being. Individuals with a strong sense of well-being focus more on positive circumstances and tend to interpret events more positively (Diener, 1984). Self-compassion could assist in creating such a positive mindset as it helps to make people feel safe and secure (Neff, 2011). Thus, by having a positive mindset, individuals would not harshly or negatively evaluate their mistakes and failures but recollect more positive memories which could enhance the development of well-being.

Resilience and self-compassion seem to accompany each other in adverse events. There seems to be an interactive relationship between these two variables: self-compassion results in resilience and resilience leads to self-compassion. Past literature postulates that resilience reflects individuals' positive attitude towards the adverse situation and therefore considers resilience as an important aspect of self-

compassion. It is also thought that resilience plays a key role in psychological well-being.

Furthermore, balancing the positive and negative experiences of life events influences the development of well-being (Diener, 1984). Appraisals of life situations determine well-being, whereby positive circumstances increases well-being and negative circumstances decreases well-being (Zessin et al., 2015). Self-compassion, in this case, may not intensify positive experiences directly but it may soften the effects of negative experiences. The balance between positive and negative evaluations of life events could result in increased well-being.

Therefore, research on psychological well-being and its ingredients enrich the theoretical foundations of the subjects. Investigating self-compassion, resilience, and psychological well-being not only increases the understanding of well-being itself but also contributes towards promoting the psychological well-being of individuals.

Gender influence on self-compassion, resilience, and psychological well-being. Understanding the factors that influence counsellors' well-being is important because well-being is associated with client satisfaction, client adherence, and treatment outcome to the client's well-being. Counsellors with poor well-being are also at higher risk of professional burnout and counsellor impairment. Moreover, unhappy counsellors are more likely to leave their current practice or choose another career pathway.

Gender differences in psychological well-being appear to be vital because of the many efforts being made in current society to empower all individuals to utilize their full potential and achieve self-actualization (Roothman, Kirsten & Wissing, 2003). However, social stereotypes still remain despite the idea of an ‗equal opportunities' society incorporated in a post-feminist context (Connors, 1990;

Eagly, 1987; Turner & Sterk, 1994). The possible differences between people need to be taken into consideration in promoting psychological well-being, thus empowering all individuals to achieve their full potential (Roothman et al., 2003).

A contributing work was conducted by Graham and Chattopadhyay (2013) in exploring gender differences in reported well-being around the world, both within the country of US and across countries of different development levels with the aim to provide data on gender-specific well-being trends, of which is novel and hopefully useful to others. The analysis was based on the Gallup World Pull which encompassed around 120 countries worldwide since 2005. Their findings revealed that women tend to have higher levels of well-being than men in the world, with the exception of the lower income countries. They also highlighted the association between the changes in gender rights and well-being of women (Graham & Chattopadhyay, 2013).

In addition, Lapa (2015) conducted a study on psychological well-being and physical activity among university students and found that male and female only show a significant difference in term of their self-acceptance. Besides, a study conducted by Khanbani, Aghaee, and Parvar (2014) involving 231 married respondents in Isfahan showed that there were significant differences between men and women in personal growth, environmental mastery, and positive relations with others. However, there were no significant differences between men and women in self-acceptance and autonomy.

In an Australian national survey of well-being by Casey and Rachel (2014), men reported significantly higher overall well-being than women. Moreover, a meta-analysis of gender differences on self-concept and well-being among the elderly suggested that older women reported significantly lower subjective well-

being and less positive self-concept in comparison to men (Pinquart & Sörensen, 2001). Also, a study by Roothman et al. (2003) found that there was no significant gender difference with regards to the aspect of psychological well-being, i.e.,the sense of coherence, satisfaction with life, the effect of balance, emotional intelligence, self-efficacy, and the components of self-concept and fortitude. They further suggested that the results were in line with the gender stereotypes and that the possible influence of cultural differences should be taken into consideration (Roothman et al., 2003).

A few studies on psychological well-being had been conducted in non-Western countries and the results were mixed. Li, Kao, and Wu (2015) carried out a study with a sample of 653 adults in Taiwan and found that women showed significantly less autonomy and more environmentally mastery than men. Besides, men demonstrated a higher correlation to self-acceptance and environmental mastery than women but a lower association of positive relations with others and autonomy than women. Moreover, a cross-sectional, non-experimental quantitative study in the Philippines by Perez (2012) showed that females reported significantly higher scores in term of positive relationship with others and purpose in life, whereas males reported higher autonomy in comparison to female counterparts. Perez (2012) also found that there were no significant gender differences in self-acceptance, environmental mastery, and personal growth. Another study by Fuller, Edwards, Vorakitphokatorn, and Sermsri (2004) in a sample of married men and women in Bangkok, Thailand revealed that men generally reported a higher level of psychological well-being than do married women. All these studies suggested that culture may play a role in explaining the results (Fuller et al., 2004; Li et al., 2015; Perez, 2012). This further suggests the importance of exploring psychological well-

being in different societal contexts as it may or may not be easily portable and applicable from one culture to another.

Interestingly, studies of psychological well-being in Malaysia showed different findings. Johari and Pusphavalli (2010) found that there were no significant differences in self-concept and psychological well-being among adolescents in term of gender. Also, Nurul Aaina and Che Su (2016), in their cross-sectional survey on a sample of flood victims, found that there was no significant difference between male and female in overall psychological well-being or in all the dimensions of psychological well-being. However, these findings contradicted the findings by Joanne and Ferlis (2014) on Malaysian university students which explained that male participants had a higher level of autonomy while female participants scored significantly higher in term of positive relationship with others.

Research on psychological well-being is gaining increasing importance, thus an understanding of how gender differences are manifested may be beneficial in all contexts (Roothman et al., 2003). Numerous research on psychological well-being have been conducted worldwide across different populations, yet, there is a lack of convincing evidence on the population of counsellors with regards to gender influence. Existing literature on the gender effect in relation to psychological well-being demonstrated contradictory results (Casey & Rachel, 2014; Fuller et al., 2004; Graham & Chattopadhyay, 2013; Joanne & Ferlis, 2014; Johari & Pusphavalli, 2010; Khanbani et al., 2014; Lapa, 2015; Li et al., 2015; Nurul Aaina & Che Su, 2016; Perez, 2012; Pinquart & Sörensen, 2001; Roothman et al., 2003). The distinct lack of consensus highlighted the need to further study the role of gender on psychological well-being among the group of counsellors. Understanding the gender differences in psychological well-being is vital as not all individuals are identical.

Having knowledge pertaining to differences between men and women, therefore, contributes to the efforts of empowering individuals to achieve their optimal functioning and self-actualization (Roothman et al., 2003).

In term of demographic correlations, self-compassion also showed interesting results, particularly gender. Neff (2003a) predicted that women tend to show higher common humanity because they have a more interdependent sense of self. On the other hand, she suggested that females would be more self-judgmental and over-identified seeing that they are predisposed to self-criticism (Neff, 2003a). Future work is needed to clarify the opposing hypotheses on gender differences.

Past research had demonstrated contradictory findings on gender differences in self-compassion. Numerous research showed that women reported lower self-compassion than men (Neff, 2003a; Neff & McGehee, 2010; Raes, 2010; Yarnell & Neff, 2012) while others found no significant gender differences on self-compassion (Neff, Pisitsungkagam & Hseih, 2008; Neff & Pommier, 2013). Generalized statements on the subject of gender differences in term of self-compassion, thus cannot be formulated seeing that potential gender differences in self-compassion have not been investigated systematically.

Recently, a meta-analysis of gender differences in self-compassion was undertaken by Yarnell and colleagues (2015) as the first important step to understanding gender role is by experiencing self-compassion. The analysis across 71 studies demonstrated that there was a small but meaningful difference between men and women in term of their average level of self-compassion. The findings showed consistent results with past research, that women were less self-compassionate compared to men as they tend to be more self-criticising and use more negative self-talk, of which this tendency had also been related to a higher

occurrence of depression among women (Yarnell et al., 2015). In spite of the fact that gender differences in self-compassion do exist, the results needed to be interpreted with caution as the majority of variance in self-compassion level among males and females is shared (Hyde, 2005).

On the other hand, the analysis showed interesting finding whereby women also tended to be more compassionate to others than men. This could be explained by the assigned role of caregivers among women in society which emphasizes nurturance and self-sacrifice. Women, in other words, show greater differences between compassion to others and compassion for oneself than men (Neff & Pommier, 2013). Research showed that self-compassion was beneficial in preventing stress and burnout among caregivers (Barnard & Curry, 2011; Neff & Faso, 2014).Thus, it may be helpful to provide training in self-compassion for women in order to balance caring for themselves and others.

Despite the useful results of the meta-analysis by Yarnell and colleagues (2015), the findings were insufficient to explain the global differences between males and females on the topic of self-compassion as there was a lack of sample from another global region for the analysis study. It seems that self-compassion predicted each and everyone's well-being, regardless of gender, age or culture (Akin, 2010; Allen & Leary, 2014; Arimitsu, 2014; Choi, Lee & Lee, 2014; Neff et al., 2008). However, there may be group differences in self-compassion. Henceforth, it is vital to know whether there are significant differences on self-compassion in term of gender to provide practical implication for intervention as to whom and how self-compassion should be fostered (Yarnell et al., 2015). Moreover, one of the limitations of the meta-analysis was the inability to address the differences in the influences of self-compassion, given that the majority of research involved in the

analysis reported only total self-compassion scores but not subscales scores. The understanding of whether women are more likely to be self-judgmental or less likely to feel a shared sense of humanity remains unknown (Yarnell et al., 2015). Further research to understand gender differences by analysing the differences in self-compassion might be fruitful.

Counselling, as a demanding profession, has been reported to be dominated by females (Business Insider, 2015). Thus, it is of particular interest to explore the gender difference in counsellors in order to understand the experience of self-compassion, resilience, and psychological well-being among male and female counsellors, as well as to develop the relevant interventions in order to foster the counsellors' self-compassion, resilience, and psychological well-being effectively. Consequently, it is worth exploring the gender differences components for the current study.

Years of experience influence on self-compassion, resilience, and psychological well-being. Career is important as it can influence an individual's life. People normally spend more than half of their waking hours on working, thus, work matters. According to Lee and colleagues (2014), working conditions affect one's quality of life. It may influence one's other area of life directly or indirectly and bring an impact on one's physical and mental health. Years of experience appears to be one of the important factors of working conditions.

Recently, a national study was conducted by Lee and colleagues (2014) in Korea on working conditions and well-being. A total of 10,019 data were collected and the data from 5995 employed workers were examined for this study. The working condition factors included job types, employment types, employment stability, years employed, working hours, shift work, work condition satisfaction, and

work stress. The length of employment, as one of the working conditions, was divided into the categories of ‗<1 year', ‗1-5 years', ‗5-10 years', and ‗10+ years'. The analysis showed that those with 5-10 years of working experience demonstrated higher well-being in comparison to workers with other lengths of working experience.

A study on burnout among Australian psychologists was conducted by Benedetto and Swadling (2014). The study involved 167 Australian registered psychologists in both private and non-private practice settings. Findings showed that there was a negative relationship between years of experience and burnout, suggesting that the longer the years of experience, the lower the burnout. The study also suggested that mindfulness-related skills and techniques, as well as self-care behaviours, were effective in lowering the levels of burnout among psychologists (Benedetto & Swadling, 2014).

In a study of positive mental health among health professionals in Singapore (Picco, Yuan, Vaingankar, Chang, Abdin, Chua et al., 2017), a total of 462 doctors, nurses, psychologists, pharmacists, occupational therapists, physiotherapists, case managers, and medical social workers were involved. The findings revealed that those with more than 10 years of experience had higher positive mental health, spirituality, global effect, personal growth, and autonomy compared to those with 1-5 years of experience, while those with 6-10 years of experience showed significantly lower positive mental health. The study postulated that this could be a result of career development, job satisfaction, and positive attitudes towards their job and patients.

A study was carried out by Dyrbye, Varkey, Boone, Satele, Sloan, and Shanafelt (2013) to explore physician satisfaction and burnout at different career stages; physicians who had been in practice for 10 years or less, 11 to 20 years, and

21 years or more were considered to be in early, middle, and late career respectively. Results showed that early career physicians had the lowest satisfaction with overall career choice and highest frequency of work-home conflicts and the highest rates of depersonalization whereas middle career physicians had the lowest satisfaction with their speciality choice and work-life balance and the highest rates of emotional exhaustion and burnout. The study suggested that efforts to promote well-being need to be tailored at different career stages.

In a study on burnout among medical students, residents, and early career physicians ($\leq$ 5 years in practice) of a probability-based sample of the general population in America, Dyrbye and colleagues (2014) found that burnout was highest during residency and lowest during physicians' early career stage while depressive symptoms and suicidal ideation were most prevalent during medical school in comparison to residency and early career stage. Findings also revealed that medical students, residents, and early career physicians were more likely to experience burnout when compared to the general population. The study suggested that medical trainees' well-being improved and reached a level typical of the U.S. employed population within the first five years of practice. However, high fatigue occurred at alarmingly high rates among early career physicians, suggesting the need to improve well-being at all career stages. The shift from training to practice can be challenging as physicians need to adjust themselves to a new environment and establish themselves in their profession. However, some research documented contrasting results among physicians in practice, suggesting that early career physicians may experience some relief from stress during practice, compared to their time in training (Shanafelt, Balch, Bechamps et al., 2009; Shanafelt, Boone, Tan et al., 2012).

Another comparison study was conducted by Soares and Chan (2016) on stress and psychological well-being of junior doctors in Australia. The results revealed that junior doctors showed a lower level of stress and better overall mental health compared to their predecessors, American surgical residents, and population norms. However, they were found to have a higher level of stress or poorer mental health if they experienced career-related anxiety or found their clinical posting less enjoyable. This study suggested the issues with the process of transition and the support needed along the career pathway in order to ensure strong development of the profession as a whole.

Although some research has been carried out on the population of the helping profession, there is very little scientific understanding of how years of experience influences counsellors' well-being. Much uncertainty still exists about the relationship between years of experience and counsellors' psychological well-being, self-compassion, and resilience. The lack of convincing evidence about the experiences of counsellors at the different stages of career called forth the current study. It is hoped that the findings will add knowledge about how experiences influence counsellors' well-being over time.

Self-compassion, resilience, and psychological well-being among counsellors. Counsellors are members of ‗high touch' professionals devoted to improving others' lives and they share many professional and personal characteristics (Skovholt et al., 2001). Skovholt and colleagues (2001) claimed that high touch work actively engaged in The Caring Cycle of empathic attachment, active involvement, and feelings of separation. The difficult nature of this work thus makes balancing self-care and other-care a universal struggle among helping professions (Skovholt et al., 2001). Burnout is then the destructive reality when

counsellors are no longer able to attach with the next client because of the emotional exhaustion accumulated over a period of caring for others. It ends the active engagement in The Caring Cycle and brings an end to the competent practice of counsellors when there is a lack of engagement in high touch work (Skovholt et al., 2001).

What's more, Skovholt and colleagues (2001) outlined the hazards of practising professional counselling and psychotherapy that counsellors should be aware of: Hazard 1, clients have an unsolvable problem that must be solved; Hazard 2, all clients are not ‗honours students'; Hazard 3, there is often a readiness gap between counsellors and clients; Hazard 4, the inability to say no; Hazard 5, constant empathy, interpersonal sensitivity, and one-way caring; Hazard 6, elusive measures of success; and Hazard 7, normative failure. Clearly, all these hazards revealed a message in which the intrinsic rewards felt by helping professionals can be profoundly meaningful and fulfilling, but the work is challenging and difficult for reasons frequently beyond the counsellors' control (Skovholt et al., 2001). In order to sustain the personal and professional self, Skovholt and colleagues (2001) described one of the avenues to take care of themselves is to focus on one's own need for balanced wellness.

In consequence, the extensive research on the deleterious aspects of the counselling profession has resulted in a plethora of literature on therapists' self-care (Patsiopoulos & Buchanan, 2011). Self-compassion has then appeared to be the emerging construct in the literature of therapist self-care. Nonetheless, little is known about how therapists utilisation of self-compassion in their practice (Patsiopoulos & Buchanan, 2011). The existing literature on self-compassion demonstrated the potential benefits of the use of self-compassion, namely a buffer against self-critical

attitudes or a preventive method to mental health issues (Patsiopoulos & Buchanan, 2011; MacBeth & Gumley, 2012). Self-compassion cultivates the idea that caring for themselves is important (Neff, 2003; Patsiopoulos & Buchanan, 2011). As such, it may have implications for therapists seeing that it may influence the likelihood of engaging in self-care (Glaittli, 2015).

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

In a review of the literature on resilience in five health professions, namely doctors, nurses, psychologists, counsellors and social workers, McCann et al. (2013) identified the individual and contextual resilience-enhancing qualities for each profession. Studies revealed that psychologists rely on a number of factors to maintain resilience such as age, gender, recreational activities, work-life balance, personal and professional values, and having a sense of purpose. Based on the review, self-compassion had been identified as the characteristic associated with resilience in counsellors. The researchers suggested that self-compassion plays a role

in enhancing well-being among counsellors. Also, they further propose that self-compassion may bring an impact on contextual factors in maintaining well-being.

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

Research among counsellors in Malaysia. Although research on self-compassion, resilience, and psychological well-being among helping profession has been received remarkable attention globally, no single study exists in Malaysia which focuses on the self-compassion or well-being of helping profession, particularly the counsellors.

Studies of psychological well-being have been conducted in the country across different samples, for instance, the predictors of psychological well-being among Malaysian graduates (Panahi, 2016; Panahi, Aida Suraya & Roslan, 2013), psychological well-being program with primary school children (Rozubi & Lau, 2015), career satisfaction and psychological well-being among professional engineers (Rahim & Siti-Rohaida, 2015), self-satisfaction and psychological well-being among academicians (Bavani & Mohan, 2015), Facebook usage and psychological well-being (Naeemi, Tamam, Hj & Bolong, 2014), psychological well-being among flood victims (Che Su, Marzuki, Ariffin & Nurul Aaina, 2014; Nurul Aaina & Che Su, 2016), the socio-demographic and psychological well-being among the elderly (Momtaz, Ibrahim, Hamid & Yahaya, 2011), stress and psychological

well-being among government officers in Malaysia (Jasmani & Abdul Jumaat, 2011), and psychological well-being among adolescent (Johari & Pusphavalli, 2010). Despite the numerous research on the area of well-being, the nature of psychological well-being among therapists, specifically the population of counsellors in the country, remains unknown.

On top of that, explanations of gender differences in psychological well-being have been developed in Western culture and much less is known about gender differences in the context of non-Western culture (Fuller et al., 2004). The limited evidence on the subject of gender differences in well-being available for non-Western context is varied (Fuller et al., 2004; Joanne & Ferlis, 2014; Johari & Pusphavalli, 2010; Li et al., 2015; Nurul Aaina & Che Su, 2016; Perez, 2012; Roothman et al., 2003). A greater understanding of the differences between men and women will further improve the development of psychological well-being among counsellors.

On the other hand, the studies among counsellors in Malaysia included barriers and challenges in the practice of multicultural counselling, multicultural counselling self-efficacy and competency, counsellor self-efficacy, counsellor resilience, counsellor self-care strategies, counselling practicum, counselling performance, and counselling professional ethics (Rafidah, 2013; Aman & Ahmad, 2010; Ab Rahim, Noor Syamilah & Shamsiah, 2011; Harun, Kadir & Noah, 2014; Haslee Sharil, 2003; Haslee Sharil, Lau & Chan, 2012; Wan Marzuki, 2011; Noriah, Amat & Abu Yazid, 2012). Unfortunately, most of the research studies involved school counsellors or counsellors-in-training. Also, Ismail and Othman (2001) pointed out another setback in which most research studies in Malaysia are conducted by student-researchers in the local universities in order to fulfil their

degree or diploma requirements in counselling, thus they have a limited focus on the areas of career and guidance as well as general psychology. To the best of the researcher's knowledge, no previous study has given sufficient consideration to explore the self-compassion, resilience, and psychological well-being among professional counsellors.

Therefore, based on the existing literature, it is obvious that little is known about the association between self-compassion, resilience, and psychological well-being among counsellors. What is also unclear is the impact of self-compassion on psychological well-being in a non-western country. With the steady development of counselling programs in Malaysia, especially doctoral programs, greater emphasis on research focusing on Malaysian mental health issues and counselling practices must take place (See & Ng, 2010). For that reason, the current research to study self-compassion, resilience, and psychological well-being among professional counsellors is believed to be very timely to better understand the counselling profession.

Conclusion

In accordance with the research direction, the present study is essential in examining the influence of a positive attitude, i.e., self-compassion on psychological well-being. Although there has been extensive research suggesting the positive connections between self-compassion and well-being, nevertheless, research has not taken sufficient consideration the potential effects of resilience, as well as the influences of gender and years of experience on self-compassion and psychological well-being, resulting in a discrepancy in understanding. Apparently, the relationship between self-compassion, resilience, and psychological well-being has not been examined among counsellors across their career span. It is not as straightforward to

see if self-compassion is beneficial to men and women equally. The gender issue may become more complicated in a non-western cultural setting. Moreover, the research of self-compassion and psychological well-being in the population of therapists remains insufficient (Grant & Kinman, 2012; MacBeth & Gumley, 2012). Given the gaps of knowledge, the current study is directed at exploring the relationship between self-compassion, resilience, and psychological well-being, the effect of resilience, as well as the influence of gender and years of experience on self-compassion and psychological well-being among professional counsellors prospectively in a Malaysian context. The next chapter, Chapter 3, discusses the methodology used in conducting this research.

CHAPTER 3: RESEARCH METHODOLOGY

Introduction

This chapter details the methodology used to empirically examine the proposed model with the aim to achieve these research objectives: first, to determine the relationship between self-compassion, resilience, and psychological well-being among counsellors; second, to identify the mediating effect of resilience between self-compassion and psychological well-being among counsellors; third, to examine the moderating effect of gender between self-compassion, resilience, and psychological well-being among counsellors, and fourth, to examine the moderating effect of years of experience between self-compassion, resilience, and psychological well-being among counsellors. This chapter begins with the explanation of the research paradigm, followed by the descriptions of the research design, participants, instruments, data collection, and data analysis. A conclusion is presented in the last section.

Research Paradigm

The idea of paradigm was introduced by Thomas Kuhn in the early 1960s and could be referred to as ‗people's value judgments, norms, standards, frames of reference, perspectives, ideologies, myths, theories, and approved procedures that govern their thinking and action'(Gummesson, 2000, p.18). According to Creswell (2003), the design of a research study always begins with the selection of a topic and a research paradigm.

Guba and Lincoln (1994, p.105) viewed paradigm as ‗the basic belief systems or worldview that guides the investigator'. Research paradigm helps researchers to

reflect their primary assumptions of the world and the foundation of knowledge; it helps researchers to identify what type of methodology is suitable for their research (Guba & Lincoln, 1994). Generally, researchers are guided by two main features of the research paradigm, namely positivist (quantitative) and constructivist (qualitative).

Typically, a positivist research paradigm is associated with a quantitative research approach that holds the assumption that there is one true reality that can be discovered by means of rigorous empirical study (Creswell, 2009). Scholars posited that a positivist paradigm is an effective approach when issues are known and can be counted as facts, objects or other measurable entities (Onwuegbuzie, 2002; Smith, 1983). Within this paradigm, researchers view themselves as neutral observers where the outcome of the research is not influenced by their beliefs, values, and biases (Guba & Lincoln, 1994).

On the other hand, a constructivist paradigm undertakes the view whereby researchers are allowed to develop subjective meanings from individuals' experiences towards certain issues with the intention of understanding a certain phenomenon (Creswell, 2009). This research paradigm is often linked with a qualitative research approach. In this paradigm, researchers are encouraged to interact directly with the subjects of the research to interpret their perspectives about a phenomenon.

Justification on the choice of paradigm. The current research employed the positivist ontology, empirical epistemology, and quantitative methodology. The primary reason is that other positivist studies have been conducted in this area by prominent researchers, and thus a methodological framework could be derived from a review of the relevant literature which provides the researcher with a clear

expectation of how a particular phenomenon is likely to behave. The present study sought to confirm, support or challenge the previous findings in a different research context rather than exploring them in an interpretative way. As a consequence, the quantitative paradigm is applied to this research.

Secondly, using the scientific method allows the researcher to test the hypothesised model and rely on objective measures to support the findings. Likewise, Amaratunga et al. (2002) and Cavana (2001) suggested that a quantitative approach involved verification of hypotheses, providing strong reliability and validity. Additionally, data could be replicated for verification purposes in future studies and it provides an avenue of research in the Malaysian context in understanding self-compassion, resilience, and psychological well-being.

Last but not least, the potential participants serve as another concern. Most of the social science research deals with actions and behaviours generated from the human mind and are best interpreted by the respondents. For that reason, the quantitative approach seems the most appropriate to be applied to this research.

Research Design

The present research is referred to as a cross-sectional quantitative study which utilizes a survey design. As indicated by Fraenkel and Wallen (2007), the cross-sectional survey collects information from a sample that has been selected from a predetermined population and is collected at just one point in time. It seems to be a more reasonable option for the current study as it involves a sample of professional counsellors in the country and they are surveyed at approximately the same point in time.

According to Creswell (2012), the survey method is one of the most popular approaches applied in the cross-sectional study, especially when the study involves examining the current attitudes or practices to describe trends of the population. The survey is said to be suitable when asking about respondents' thoughts, feelings, and opinions (Shaughnessy & Zechmeister, 1997), as well as collecting data concerning beliefs, attitudes, and motives (Burns & Bush, 2000). It is particularly useful in exploring the correlates of psychological well-being among counsellors.

In the present study, the predictor or independent variable (IV) is self-compassion, while the criterion or dependent variable (DV) is psychological well-being. Resilience serves as the mediating variable, while gender and years of experience act as the moderating variables for this research.

Participants

A sample in a research study refers to the group of which information is obtained, whereas the larger group to which the researcher wishes to apply the results is the population. However, most populations of interest are large, and thus, of necessity, a sample is often selected to study.

For the current study, the population of interest is the registered counsellors with the Malaysian Board of Counsellors who have practised for at least one (1) year in the field and are currently practising in any setting in the country, namely hospitals, colleges, universities, schools, rehabilitation centres, prisons, government and private organizations, private practices, and so forth. Nonetheless, the accessible population is the list of counsellors registered with the Malaysian Board of Counsellors, as provided by the board. All registered counsellors with the Malaysian

Board of Counsellors are reachable by their contact (email). Hence, the accessible population of registered counsellors is 6723 (Malaysian Board of Counsellors, 2016).

Considering the nature of the population, the current research took a census method for collecting the data, in which all the members of the population are enumerated. In other words, it is a complete count of the population as every counsellor with the Malaysian Board of Counsellor is considered in the collection of data. In social science research, it is often very difficult to compile a complete sampling frame and even in the unlikely occasion the researcher does manage to get a good sampling frame, it is unlikely to achieve 100 percent response rate, non-response appears to be another concern of possible bias (Rowley, 2014). Therefore, the census method is believed to be appropriate for the current study. To recruit the participants, all registered counsellors on the list as provided by the Malaysian Board of Counsellors were approached. Participation in the study was on a voluntary basis. The respondents involved were drawn based on their response.

As regards the data considerations, a rough guideline by Hair et al. (2014) put forward that the minimum sample size analysis should be equivalent to the larger of 10 times the largest number of formative indicators used to measure one construct or 10 times the largest number of structural paths directed at a particular construct in the structural model. However, Hair and colleagues (2014) suggested that researchers should consider the sample size by following more sophisticated recommendations like those proposed by Cohen (1992) which take statistical power and effect sizes into account. Otherwise, researchers should run individual power analyses using programs such as G*Power (Hair et al., 2014).

In order to determine the sample size, the G*Power analysis program was used for the current study seeing that it allows a high-precision power and sample

size analyses (Faul, Erdfelder, Buchner & Lang, 2009). Power analyses have been important for rational statistical decisions. The power of a statistical test refers to the probability that its null hypothesis (H_0) will be rejected while it is in fact false (Faul et al., 2009). Significance tests that lack statistical power are of limited use since they cannot reliably discriminate between null hypothesis (H_0) and the alternative hypothesis (H_1), therefore, power analysis program for personal computers (Goldstein, 1989) appears to be a more efficient, precise, and user-friendly power analysis program which supplemented the power charts (Scheffé, 1959) and power tables (Cohen, 1988) (Faul et al., 2009).

G*Power (Erdfelder, Faul & Buchner, 1996) is a general stand-alone power analysis program for statistical tests commonly used in social, behavioural, and biomedical sciences research. G*Power 3.1 is a major extension of the previous versions and it covers many different statistical tests including statistical power analyses for correlation and regression test problems (Faul et al., 2009). It is an excellent freeware program that runs on widely used computers platforms for both Microsoft and Mac OS X (Faul et al., 2009).

By using G*Power 3.1, a priori power analysis was chosen for the type of power analysis. A priori analyses provide an efficient method of controlling statistical power before a study is actually conducted (Hager, 2006). For test family and statistical test, ―F tests‖ and ―Linear multiple regression: Fixed model, R^2 deviation from zero‖ were employed. With four (4) predictors, power of 0.80 and effect size of 0.15, the estimated sample size for the current study was 85. Moreover, Mitchell and Jolley (2010) suggested that a researcher should draw 25% more than the needed number. Therefore, the minimum number of potential participants recruited for the current study was 107 (1.25% x 85).

Instruments

The survey consisted of three (3) sections: Part A, Demographic Information; Part B, Self-Compassion Scale; Part C, Connor-Davidson Resilience Scale; and Part D, Scale of Psychological Well-Being (refer to Appendix C). Permission to utilize these instruments in the current study was granted from the authors of each instrument (refer to Appendix D, E, F, and G).

Demographic information. Participants' background information such as age, gender, ethnicity, marital status, highest qualification in counselling, household income status, work setting, years of experience, and experience of seeking counselling were collected. Essentially, the primary purpose of the demographic information sheet was to collect data for the participants' profile.

Self-Compassion Scale. The Self-Compassion Scale (Neff, 2003) consists of 26-items with six sub-components: Self-Kindness (5 items), Self-Judgment (5 items), Common Humanity (4 items), Isolation (4 items), Mindfulness (4 items), and Over-Identification (4 items). Items are scored using a Likert scale, ranging from 1 which signifies ‗almost never' to 5 which indicates ‗almost always'. Sample items consist of ‗I'm disapproving and judgmental about my own flaws and inadequacies' and ‗I try to be loving towards myself when I feel emotional pain'. Neff (2015) claimed that the self-compassion mind state represents the relative balance of compassionate and uncompassionate responses to suffering, and for that reason, the SCS assesses the lack of uncompassionate responses as well as the presence of compassionate ones.

The Self-Compassion Scale yielded 6 subscale scores and an overall score. Subscale scores were computed by calculating the mean of subscale item responses. To calculate a total self-compassion score, negative subscale items were reverse-scored before calculating subscale means for self-judgment, isolation, and over-

identification (i.e., 1 = 5, 2 = 4, 3 = 3. 4 = 2, 5 = 1), then a grand mean of all six subscale means was computed. Higher scores on self-judgment, isolation, and over-identification subscales reflected less self-compassion whereas lower scores on these dimensions meant higher self-compassion. A higher overall self-compassion score indicated a higher overall level of self-compassion.

Validity and reliability of the Self-Compassion Scale. The Self-Compassion Scale showed strong psychometric properties with internal consistency reliability reported at .78 for Self-Kindness and .77 for Self-Judgment; .80 for Common Humanity and .79 for Isolation; .75 for Mindfulness and .81 for Over-identification subscales. The internal reliability for overall scale was reported at .92 and test-retest reliability was found to be .93 (Neff, 2003a). Moreover, the Self-Compassion Scale demonstrated evidence of good convergent and discriminant validity with regards to other measures. It has shown statistically significant positive correlations with self-esteem: .55 (Neff, 2003) and .59 (Neff, 2003b), social connectedness (.41), life satisfaction (.45), as well as significant negative correlations with depression (-.51), anxiety (-.65), self-criticism (-.65), and neurotic perfectionism (-.57) (Neff, 2003b).

Connor-Davidson Resilience Scale. The Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) is a self-reported measure which addresses the personality aspects of resilience. Respondents rate the scale based on how they felt over the past month by using a 5-point Likert scale (0 = not true at all, 4 = true nearly all of the time). There are 3 versions of CD-RISC: the full 25-item CD-RISC (or CD-RISC 25), the 10-item (CD-RISC 10), and 2-item (CD-RISC 2) scales.

The original CD-RISC scale consists of 25 items with five factors known as (a) ‚personal competence, high standards, and tenacity‘, (b) ‚trust in one‘s instincts, tolerance of negative effects, and strengthening effects of stress‘, (c) ‚positive

acceptance of change and secure relationships', (d) ‗control', and (e) ‗spiritual influences' (Connor & Davidson, 2003). In addition, CD-RISC is inclusive of several items such as adaptability, optimism, meaning or purpose, self-efficacy, active problem solving, and searching for strength in dealing with difficulty that represents personal qualities closely related to resilience. It has been tested in both clinical and non-clinical samples and the findings demonstrated sound psychometric properties. In the development of CD-RISC, a total of 828 participants that comprised of 577 random community sample, 139 outpatient sample, 43 psychiatric outpatient sample, 44 clinical trials of Posttraumatic Stress Disorder (PTSD), and 25 clinical trials of Generalized Anxiety Disorder (GAD) were involved. Results indicated that a satisfactory overall internal consistency with an alpha coefficient of .89 was achieved through the community sample. Also, high test-retest reliability was established with intraclass correlation coefficients of .87, using 24 participants from both the GAD and PTSD groups (Connor & Davidson, 2003). Therefore, CD-RISC is believed to be useful to assess resilience in a wide range of population.

Besides the full 25-item CD-DISC, there are two simpler versions, the 10-item and 2-item scales. The 2-item version is based on items 1 and 8 with a score range from 0 to 8. It was developed as a measure of ‗bounce back' and adaptability in a sample of a general population of 458 US adults (Vaishnavi et al., 2007). Alternatively, the 10-item version was developed by Drs. Campbell-Sills and Stein (2007) from the University of California, San Diego on the basis of factor analysis in a sample of 1743 undergraduates. The analysis revealed that CD-RISC possessed an unstable four-factor structure in two identical cohorts which resulted in the removing of those items and the emergence of a 10-item scale. Moreover, the CD-RISC has been translated into many different languages such as Arabic, Chinese, Dutch,

French, Japanese, Spanish, Italian, Malay, Thai, and Vietnamese (Davidson & Connor, 2017).

For the current study, the 10-item version (CD-RISC 10) was utilized. The 10-item version comprises items 1, 4, 6, 7, 8, 11, 14, 16, 17, and 19 from the original scale. The examples of items are ‚I am able to adapt when changes occur', ‚I tend to bounce back after illness, injury or other hardships', and ‚I am able to handle unpleasant or painful feelings like sadness, fear, and anger'. Scoring of the scale is based on the total sum of all items, each of which is scored from 0 to 4; the full range is, therefore, from 0 to 40 with higher scores reflecting higher resilience. In term of its interpretation, CD-RISC scores appear to be influenced by two major factors, namely location/region where the data was obtained and the nature of the sample (Davidson & Connor, 2017). With these considerations in mind, median and quartile scores were provided. In a community survey of 764 US adults, a mean score of 31.8 was obtained. The median score for the CD-RISC 10 was 32 (n = 764), with lowest to highest quartiles being 0-29, 30-32, 33-36, and 37-40 (Campbell-Sills et al., 2009). Additionally, for the purpose of the present study, the Malay version of CD-RISC was used. The Malay version of CD-RISC has been used in local research (Low, 2012).

Validity and reliability of the Connor-Davidson Resilience Scale. Campbell-Stills et al. (2007) suggested that the CD-RISC 10 is best seen as reflecting one latent factor of resilience. Hence, the one-factor structure of the CD-RISC 10 has since been replicated in many other studies, for example, Chinese teachers (Wang et al., 2010), Brazilian adults (Lopes & Martins, 2011), US competitive athletes (Gonzalez et al., 2016), Khmer adolescents (Duong & Hurst, 2016), US college students (Munevar et al., 2016), and Chinese parents of children with cancer (Ye et al., 2017).

The CD-RISC-10 has been widely used in different nations and populations which demonstrated strong internal consistency with a Cronbach's alpha above .80. For the 10-item scale, almost all studies have replicated its unifactorial structure in keeping with the original purpose behind (Davidson & Connor, 2017).In term of validity, Campbell-Sills et al. (2009) reported that the CTQ measure of early sexual abuse predicted CD-RISC ($\beta = 0.10$, $p < 0.05$), but no relationship was observed for the emotional and physical neglect measures in their community study of the CD-RISC 10 in Memphis.

Scale of Psychological Well-Being. The Scale of Psychological Well-Being (SPWB) is a structured, self-reported, and theoretically grounded instrument that specifically focuses on measuring the multi-dimensions of psychological well-being, of which comprise of ‗Autonomy', ‗Environmental mastery', ‗Personal growth', ‗Positive relations with others', ‗Purpose in life', and ‗Self-acceptance', with each dimension including equally split items and both positively and negatively phrased items. The response scale is a 6-point continuum, ranging from 1 (completely disagree) to 6 (completely agree). The SPWB was originally developed by Ryff in 1989. There are different versions of the SPWB, namely the 120-item (original parent version), 84-item (long version), 54-item or 42-item (medium version), and 18-item (short version). For the current study, the 42-item version of SPWB (Ryff, 2010) was used.

The original version of SPWB consisted of 120 items which divided equally (approximately) between positive and negative items. It was tested on a group of 321 men and women divided among young, middle-aged, and older adults, whereby respondents rated themselves on each item according to a 6-point scale ranging from strongly agree to strongly disagree (Ryff, 1989). The internal consistency for the

scales were as follows: self-acceptance, .93; positive relations with others, .91; autonomy, .86; environmental mastery, .90; purpose in life, .90; and personal growth, .87. Meanwhile, the test-retest reliability for the 20-item scales over a 6-week period on a subsample of respondents (n = 117) were as follows: self-acceptance, .85; positive relations with others, .83; autonomy, .88; environmental mastery, .81; purpose in life, .82; and personal growth, .81. Correlations of the six dimensions with prior measures of well-being (e.g., life satisfaction, affect balance, self-esteem, internal sense of control, and morale) were significant and positive while correlations with prior measures of ill-being (e.g., depression and external sense of control) were significant and negative, demonstrating good convergent and discriminant validity (Ryff, 1989).

Later, Ryff, Lee, Essex, and Schmutte (1994) developed a more concise version of 84 items based on item-total correlation and guidance of definition by theory. The internal consistency of the 84-item version was: autonomy, .83; environmental mastery, .86; personal growth, .85; positive relations with others, .88; purpose in life, .88; and self-acceptance, .91. Meanwhile, the correlations with the 120-item parent version were as follows: autonomy, .97; environmental mastery, .98; personal growth, .97; positive relations with others, .98; purpose in life, .98; and self-acceptance, .99 (Ryff et al., 1994). The 84-item version of the SPWB was used by Ryff and her colleagues in their own research at the Institute on Aging, University of Wisconsin-Madison (Seifert, 2016). The SPWB was subsequently reduced to a shorter version with the intention to reduce the respondent's burden in completing the inventory (Ryff, 2014). A mid-length version, i.e., a 54-item version was developed for the use of Wisconsin Longitudinal Study while the other shortest version of 18-item was used in a variety of large-scale national and international

surveys. Another 42-item version was employed in a longitudinal follow-up of the US national sample (Ryff, 2014).

The Scale of Psychological Well-Being (SPWB) used in the current study consists of 42 items in total, with 7 items for each dimension. The examples of the items are ‗I have confidence in my opinions, even if they are contrary to the general consensus' (Autonomy), ‗In general, I feel I am in charge of the situation in which I live' (Environmental mastery), ‗I think it is important to have new experiences that challenge how you think about yourself and the world' (Personal growth), ‗People would describe me as a giving person, willing to share my time with others' (Positive relations with others), ‗Some people wander aimlessly through life, but I am not one of them' (Purpose in Life), and ‗I like most aspects of my personality' (Self-acceptance).

The scale is computed by calculating the sum of each set of items. Reverse-items are reverse-coded for computing. For each dimension, a high score indicates that the respondent has a mastery of that area in his or her life. On the contrary, a low score shows that the respondent struggles to feel comfortable with that particular concept. However, there are no cut-points or specific scores in defining high or low well-being, the distinctions are best derived from the distributional information of the data collected. High well-being could be defined as scores that are in the top 25% (quartile) of the distribution, while low well-being could be defined as scores that are in the bottom 25% (quartile) of the distribution. Alternatively, high well-being could be defined as scores that are 1.5 standard deviations above the mean, whereas low well-being isdefined as scores that are 1.5 standard deviations below the mean. A higher overall score indicates a higher overall level of psychological well-being (Ryff, 1989).

Validity and reliability of the Scale of Psychological Well-Being. The SPWB 42-item version demonstrated a mean of 37.14 and a standard deviation of 6.96 with a US national sample. The internal consistency of the 42-item version was reported as follows: autonomy, .71; environmental mastery, .78; personal growth, .75; positive relations with others, .78; purpose in life, .70; and self-acceptance, .84 (Ryff, 2010).

The most important aspect of choosing SPWB 42-item version is the good psychometric properties it portrays. The scales of psychological well-being has received extensive psychometric scrutiny and the issue of scale length has been of interest (Ryff, 2014). The extremely short version of the instrument showed psychometric issues with the individual scales (low alpha coefficients) as the items were not selected to maximize internal consistency but rather to cover the underlying components of each scale (Ryff, 2014). According to Ryff (2014), it is essential to achieve balance between concerns about scale length (i.e., respondent burden) and adequate depth of measurement to ensure reliable assessment of the six constructs of psychological well-being, with increasing evidence supporting the use of 84-item or at minimum,42-item, in order to assure quality assessment of the constructs (Ryff, 2014). As such, the 42-item version was adopted for the current study by taking into consideration the scale length and satisfactory depth of measurement.

In Malaysia, the SPWB had been used by Panahi et al. (2013), Naeemi et al. (2014), and Nurul Aaina and Che Su (2016). The value of alpha obtained by Panahi et al. (2013) ranged between .70 – .75 after removing 2 items from the scale. Naeemi et al. (2014) found the alpha value at .69 for autonomy, .71 for environmental mastery, .83 for personal growth, .85 for positive relationships with others, .82 for self-acceptance, and .69 for purpose in life. Salleh and Mustafa (2016) reported the

Cronbach's alpha as .89 for psychological well-being, .74 for autonomy, .69 for environmental mastery, .63 for positive relations with others, .78 for self-acceptance, .74 for personal growth, and .76 for purpose in life.

Additionally, the validity and reliability of the SPWB, Malay version, had been supported by local research. Based on a local study by Wan Norhayati (2014), the reliability of SPWB, Malay version, was found to be .87. All these studies proved that the SPWB is suitable for use in Malaysia. However, the research done in Malaysia using SPWB had focused on the older version of SPWB. The latest version of SPWB 42-item had been recommended by Ryff, the author of SPWB, in her most recent study (Ryff, 2010; 2014). Based on personal communication (email) between the researcher and the author, the latest version of SPWB 42-item (Ryff, 2010) is, therefore, best chosen for the current study.

Validation of the scales. For the purpose of the current study, both scales (Self-Compassion Scale and Scale of Psychological Well-Being) had undergone translation process and validation by experts. A pilot study was then carried out for this study.

Translation of instruments. Since the Malay language is the official language used in the nation and the study sample consisted of non-English speakers, both the Self-Compassion Scale and the Scale of Psychological Well-Being were translated into the Malay language. The questionnaires went through the translation process in an attempt to minimize any possible variance caused by cultural and linguistic differences (Kim & Han, 2004).

For the current study, the translation of instruments followed the back translation approach (Brislin, 1970). Back translation refers to the process whereby the targeted language is translated back into the source language to verify the

translation made on the instrument. It is one of the most highly recommended and widely used approaches in cross-sectional research (Brislin, 1970).

Firstly, the original questionnaires (English version) were translated into the Malay language by a certified translator who is proficient in both English and Malay. After that, back translation to English was conducted by another language expert without referring to the original questionnaires (English version). A third language expert, subsequently, compared the translated English version with the original English version of the questionnaires.

Advice from panel of experts. Once completed, the translated version of the scales was submitted to the experts in the field of psychology for content validation. The experts were psychology and counselling lecturers who are teaching in both local and private universities in Malaysia. The content validation was conducted with the intention to determine if the content of the instrument is a sufficient sample of the domain of content it is supposed to represent (Wallen & Fraenkel, 2006). Another key part of content validation is the format presentation of the instrument including the suitability of language, clarity of instructions, size of type, and clarity of printing (Wallen & Fraenkel, 2006). These professionals were asked to view and mark the words, items or phrases that seemed strange, sensitive or were not commonly used in the field. Necessary amendments were made until the final Malay language version was produced. Finally, a pilot study was conducted after the completion of the translation process as a pre-test procedure in order to ensure that the potential respondents could understand all procedures and questions.

Pilot study. A pilot study was conducted for the instruments used in this study to identify the comprehension of the respondents to the questionnaires. As suggested by Luckas, Hair, and Ortinau (2004), 50 respondents were recruited in the

pilot study to allow the running of proper statistical testing procedures. Thus, convenience sampling was used in selecting the sample for the pilot study. Feedbackwas obtained from the pilot study, for example, ‗the use of more suitable words‗, ‗the written instructions should be further simplified‗, and ‗the time could be shortened‗. The questionnaires were modified and improved before the data collection was carried out.

Subsequently, the reliability of the measures was analysed based on Cronbach‗s alpha coefficient. The lower acceptance limit of Cronbach‗s alpha is 0.60 to 0.70 (Hair et al., 1998). As demonstrated in Table 3.1, it was found that the Cronbach‗s Alpha for self-compassion, resilience, and psychological well-being were .873, .901, and .918 respectively. Based on the results of the reliability test reported herein, it can be concluded that all self-compassion, resilience, and psychological well-being scales showed a very good level of internal consistency. Normally, the convergent and discriminant validity should be carried out using confirmatory factor analysis succeeding the reliability test. Nonetheless, the assessment was not practical to be conducted because of the small sample size. Therefore, the assessment of validity was conducted after the final data collection.

Table 3.1

The Cronbach's Alpha Coefficient of the Pilot Study (N=50)

Construct	Cronbach‗s Alpha
Self-Compassion	0.873
Resilience	0.901
Psychological Well-Being	0.918

Data Collection

Web-based survey (i.e., Google Docs) was utilized as the source of data collection (Creswell, 2012). The questionnaires were disseminated electronically via email. According to Heppner, Kivlighan, and Wampold (1999), there are a number of advantages using the web-based survey as a means of data collection. First and foremost, web-based research gives the researcher the opportunity to collect data on his or her own without the need for additional staff. Moreover, the dissemination of surveys via the internet can reach farther than surveys that use the face-to-face approach. Web-based methods can make access to samples beyond the reach of methods normally used in psychological research (Gosling et al., 2004). The web-based survey is suitable for the current research especially in collecting data from geographically dispersed counsellors in Malaysia.

Granello and Wheaton (2004) also highlighted other advantages of using online data collection, for example, mail surveys are relatively inexpensive and additional money can be saved through the use of web-based surveys that avoid postal fees. Besides, the turnaround time for receipt of responses is dramatically reduced. Data collection via the internet can yield extensive data quickly (Creswell, 2012). In addition, data entry is facilitated and it lowers the chance of researcher error in keying in responses. Likewise, online data collection tools, like the one utilized here (Google Docs), allow data to be transferred directly into statistical analysis packages (e.g., Statistical Package for the Social Science, version 21.0 (SPSS 21)). Moreover, there is ever more societal acceptance of computer use for data collection (Granello & Wheaton, 2004) and this positive perspective is supported by Creswell (2012) who indicated that web-based survey takes advantage of the extensive use of the web by individuals today. The web-based method allows

the researcher to obtain sample sizes that far exceed those gathered through traditional means (Gosling et al., 2004). The web-based design is also appropriate for this study's use, given that the Malaysian Board of Counsellors keeps the counsellors' directory with email addresses as the main source of contact.

To assist in the dissemination of questionnaires, a listing of the registered counsellors throughout Malaysia was obtained from the Malaysian Board of Counsellors. Registered counsellors were sent an electronic email containing (a) a cover letter explaining the study and (b) a link to the questionnaires to be accessed via Google Docs (refer to Appendix A and Appendix B). The participation was on a voluntary basis. An enclosed disclaimer states that participants who have agreed to answer the survey constituted informed consent for their participation in the study. Participants were given one month to complete and return the questionnaires to the researcher. Follow up email was sent in between. Upon receiving the returned questionnaires, participants were thanked for their participation.

Data Analysis

Before analysing the data, some preliminary steps needed to be carried out in order to ensure that the data are reasonably good and of assured quality for further analysis (Sekaran, 2003). Figure 3.1 illustrates the steps in the data analysis process.
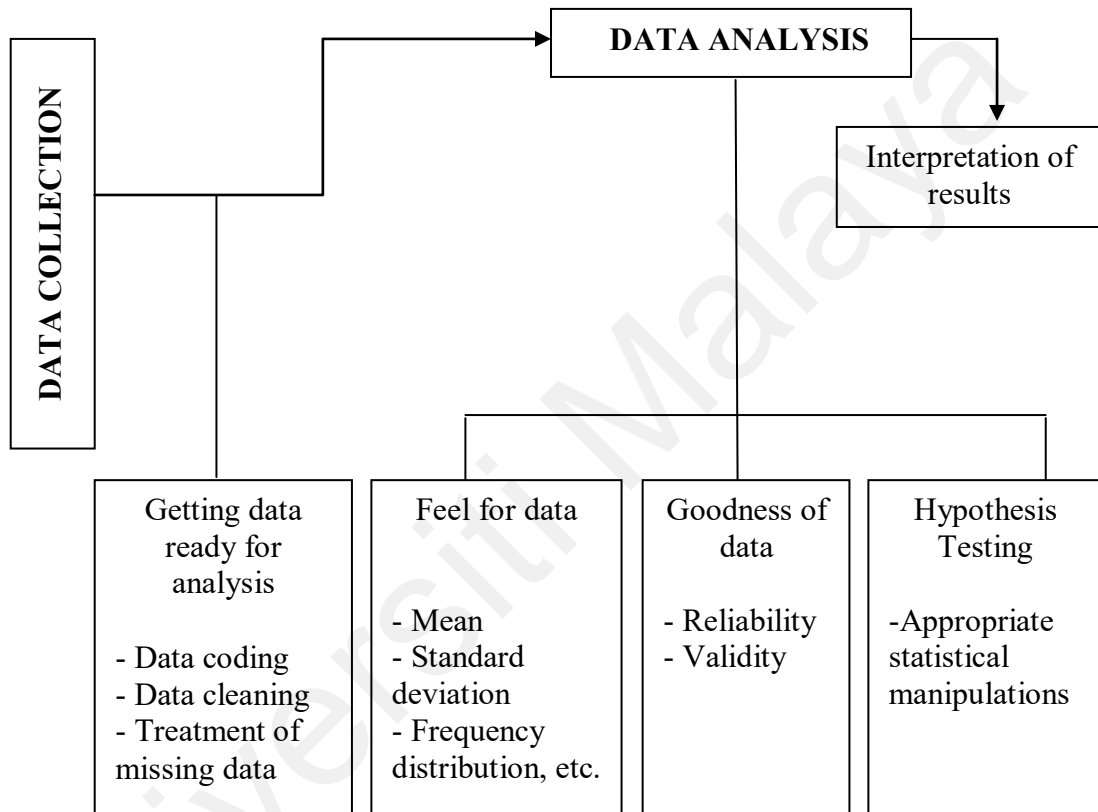
Figure 3.1 Flow Diagram of the Data Analysis Process

The steps in data analysis involve getting the data ready (preparing and organising the data), followed by getting a feel for the data (descriptive analysis), testing the goodness of data, and testing the hypotheses (inferential analysis) (Creswell, 2012; Sekaran, 2003). All steps are discussed in detail in Chapter 4.

Analysing the data. In order to analyse the data, two statistical techniques were adopted. The preliminary data analysis was analysed using the Statistical Package for the Social Sciences (SPSS) 21.0 statistical software to provide

descriptive analyses. Structural Equation Modeling (SEM) using Partial Least Square (PLS) was utilized to test the hypothesised model.

To analyse the descriptive data, Statistical Package for Social Sciences (SPSS) version 21 was employed. This statistical technique was used to screen the data in terms of coding and missing data, as well as to conduct preliminary data analysis including frequency, mean, and standard deviation. These analyses were conducted for each variable to gain the preliminary information about the sample. The preliminary information provides an overview of the data collected in the research.

Structural Equation Modeling (SEM) is the main method of inferential analysis for the current study. Structural Equation Modeling (SEM) is considered as the second generation multivariate data analysis method with its ability in testing theoretically supported and addictive causal models (Chin, 1998; Haenlein & Kaplan, 2004). SEM was conducted using the two-stage approach which includes, firstly, the assessment of the measurement model, and secondly, the assessment of the structural model.

The first stage (assessment of the measurement model) aims to examine the underlying measures. This involved the assessment of unidimensionality, followed by the assessment of reliability and validity of the underlying constructs. The Confirmatory Factor Analysis (CFA) was conducted to ensure the reliability and validity of SCS, CD-RISC, and SPWB. The hypothesised model was then tested in the second stage (assessment of the structural model).

In order to answer Research Question 1, ‗What is the relationship between self-compassion, resilience, and psychological well-being among counsellors in Malaysia?', Research Question 2, ‗Is resilience a significant mediator between self-

compassion and psychological well-being among counsellors in Malaysia?', Research Question 3, ‗Is gender a significant moderator between self-compassion, resilience, and psychological well-being among counsellors in Malaysia?', and Research Question 4, ‗Is years of experience a significant moderator between self-compassion, resilience, and psychological well-being among counsellors in Malaysia?', PLS-SEM was conducted. Table 3.2 summarises the research questions and its data analysis method respectively.

Table 3.2

Research Questions and Data Analysis Method

No	Research Question	Data Analysis
1	What is the relationship between self-compassion, resilience, and psychological well-being among counsellors in Malaysia?	PLS-SEM
2	Is resilience a significant mediator between self-compassion and psychological well-being among counsellors in Malaysia?	PLS-SEM
3	Is gender a significant moderator between self-compassion, resilience, and psychological well-being among counsellors in Malaysia?	PLS-SEM
4	Is years of experience a significant moderator between self-compassion, resilience, and psychological well-being among counsellors in Malaysia?	PLS-SEM

Structural Equation Modeling (SEM). Structural Equation Modeling (SEM) is ˍa statistical methodology that takes a confirmatory (i.e., hypothesis-testing) approach to the analysis of a structural theory bearing on some phenomenon' (Byrne, 2010, p.3). It allows a set of relationships between one or more independent and dependent variables, either continuous or discrete, to be examined (Tabachnick & Fidell, 2001). SEM has become an important tool for analysis in social science research (Hair et al., 2014) and it has been widely used in the social science field (Crockett, 2012; Cheung & Rensvold, 2002).

The two important facets of the SEM are a) the causal processes being studied are represented by a series of structural equations and b) these structural relations can be modelled pictorially for a clearer conceptualization of the theory being studied (Bryne, 2010). The hypothesised model can be tested statistically in a simultaneous analysis of the whole set of variables to determine its consistency with the data (Bryner, 2010). The purpose of the current study is to examine the relationships between self-compassion, resilience, and psychological well-being. Paths between these constructs are able to be investigated simultaneously using SEM. Hence, SEM has been chosen as the data analysis approach for the present study as it serves these purposes.

Moreover, the theoretical constructs for the current study are self-compassion, resilience, and psychological well-being which cannot be observed directly. Within the context of SEM, these constructs are referred to as the latent variables. These latent variables need to be operationalized by observed variables which serve as indicators. SEM is very useful in addressing these latent variables as it can process non-experimental data, able to take measurement errors into account, and handle redundancy between variables (Schumacker & Lomax, 2010).

As a consequence, SEM is often said to be the combination of factor analysis and path analysis (Weston & Gore, 2006). SEM evaluates the interrelationship among constructs, which is similar to the goal of factor analysis, as well as enables hypothesis testing which is similar to path analysis. Furthermore, SEM plays an important role in validating the instruments and testing the association between constructs to determine if the empirical data supports or rejects a hypothesised model (Henseler, Ringle & Sinkovics, 2009).

To date, there are two main streams of SEM, namely covariance-based (CB-SEM) and variance-based or partial least squares (VB-SEM/PLS-SEM). The obvious difference between CB-SEM and PLS-SEM is the former intends to reproduce the theoretical covariance matrix (Hair et al., 2017) and the latter aims to maximize the explained variance of the endogenous latent constructs (Hair et al., 2014).

Covariance-based Structural Equation Modeling (CB-SEM) is a widelyemployedtechnique in the field of SEM using software such as AMOS, LISREL, and MPLUS. CB-SEM is primarily used for theory testing, theory confirmation or comparison of alternative theories. It uses the maximum likelihood (ML) function to minimize the differences between the sample covariance and those predicted by the theoretical model. Usually, it requires a set of assumptions to be fulfilled, including minimum sample size, normally distributed data, and so forth. CB-SEM involves only the reflective measurement model as well as interval and ratio data. It validates a priori model by goodness-of-fit statistics (Hair et al., 2017).

On the other hand, Partial Least Square Structural Equation Modeling (PLS-SEM) is generally used for developing theories in exploratory research, extending an existing theory or for predicting target construct. Nonetheless, it can also be used for confirmatory research. The main objective is to maximize explained variance in the

dependent constructs but also to evaluate the data quality on the basis of measurement model characteristics. It can be used with relatively small or large sample size and data which are to some extent, non-normal. PLS-SEM can handle both reflective and formative models. When CB assumptions are violated with regard to non-normality of distributions or when related methodological matters emerge, PLS-SEM is a good alternative for theory testing (Hair et al., 2017).

However, within the literature, PLS-SEM is viewed as a method that is less rigorous and not suitable for examining relationships between LVs (Rouse & Corbitt, 2008). Despite all of the critiques, recently, PLS-SEM has been applied increasingly in marketing and other business disciplines (Henseler et al., 2009). Scholars are now accepting the PLS-SEM method as a more robust estimation of the structural model (Henseler et al., 2009). PLS-SEM is also viewed as an alternative method when CB-SEM distributional assumptions cannot be met (Hair et al., 2011). Furthermore, the informational and distributional demands required by CB-SEM are viewed as unrealistic for many fields of inquiry, especially in the social sciences (Wold, 1982). Hence, this study agrees with the stance of not viewing both statistical methods as a competitive statistical method, rather, it should be viewed as a complementary method (Joreskog and Wold, 1982). Therefore, in deciding which statistical method is suitable to use, this study followed the rule of thumb proposed by Hair et al. (2011) for selecting between CB-SEM and PLS-SEM (refer to Table 3.3).

Table 3.3

Rule of Thumb for Selecting CB-SEM or PLS-SEM

Research Goals	- If the goal is predicting key target constructs or identifying key ＿driver' constructs, select PLS-SEM.
	- If the goal is theory testing, theory confirmation or comparison of alternative theories, select CB-SEM.
	- If the research is exploratory or an extension of an existing structural theory, select PLS-SEM.

Measurement Model Specification	-	If formative constructs are part of the structural model, select PLS-SEM. Note that formative measures can also be used with CB-SEM but to do so requires accounting for relatively complex and limiting specification rules.
	-	If error terms require additional specification, such as covariation, select CB-SEM
Structural Model	-	If the structural model is complex (many constructs and many indicators), select PLS-SEM.
	-	If the model is non-recursive, select CB-SEM.
Data Characteristic and Algorithm	-	If your data meet the CB-SEM assumptions exactly, for example, with respect to the minimum sample size and the distributional assumptions, select CB-SEM; otherwise, PLS-SEM is a good approximation of CB-SEM results.
	-	Sample size considerations:
		- If the sample size is relatively low, select PLS-SEM. With large data sets, CB-SEM and PLS-SEM results are similar, provided that a large number of indicator variables are used to measure the latent constructs (consistency at large).
	-	PLS-SEM minimum sample size should be equal to the larger of the following: (1) ten times the largest number of formative indicators used to measure one construct; or (2) ten times the largest number of structural paths directed at a particular latent construct in the structural model.
	-	If the data are, to some extent, non-normal, use PLS-SEM; otherwise, under normal data conditions, CB-SEM and PLS-SEM results are highly similar, with CB-SEM providing slightly more precise model estimates.
	-	If CB-SEM requirements cannot be met (e.g., model specification, identification, non-convergence, data distributional assumptions), use PLS-SEM as a good approximation of CB-SEM results.
	-	CB-SEM and PLS-SEM results should be similar. If not, check the model specification to ensure that CB-SEM was approximately applied. If not, PLS-SEM results are a good approximation of CB-SEM results.
Model Evaluation	-	If you need to use latent variable scores in subsequent analyses, PLS-SEM is the best approach.
	-	If your research requires a global goodness-of-fit criterion, CB-SEM is the preferred approach.
	-	If you need to test for measurement model invariance, use CB-SEM.

(Hair, Ringle, and Sarstedt, 2011)

Justification on the choice of PLS-SEM. According to Hair et al. (2011), the selection between CB-SEM and PLS-SEM can be made based on a few criteria such as research objective, type of measurement model specification, the modelling of structural model, data characteristic, and model evaluation. Therefore, based on the above rule of thumb, this study adopts PLS-SEM as the statistical method to assess the research model.

First, the aim of this study is to explain the relationships between exogenous and endogenous constructs according to prior theoretical knowledge. PLS-SEM can also be used for confirmatory theory testing. The ability of PLS-SEM to estimate the connections between the latent variables make this technique the appropriate approach.

Second, the sampling technique and sample size requirement have also been the important aspects of choosing PLS in the current study. Respondents were recruited using purposive sampling for this study whereby the response rate was solely based on the voluntary basis of the registered counsellors from the list who were invited through emails. It is believed that the sample size might be relatively small or large by using this sampling technique. Hence, PLS-SEM appears to be the preferred method of analysis.

Third, the data collected appears to be non-normally distributed to some extent. As discussed earlier, in the situation where CB assumptions are violated pertaining to non-normality of distributions or when related methodological matters emerge, PLS-SEM can be a good alternative (Hair et al., 2017).For that reason, this study opted for PLS-SEM by taking into consideration its assumptions requirement.

Partial Least Square Structural Equation Modeling (PLS-SEM). PLS was originated by Herman Wold in the _60s and _70s (Chin, 1998b) and is a family of alternating least squares algorithms (Henseler et al., 2009). The two important stages in PLS-SEM involve evaluating the measurement model and structural model. The measurement model is referred to as the outer models in the PLS-SEM context and it involves the unidirectional predictive relationships between each latent construct and its observed indicators. Meanwhile, the structural model is referred to as the inner model which shows the paths between the latent constructs. Generally, the aim of model validation is to determine whether both measurement and structural models fulfil the quality criteria for empirical work (Urbach & Ahleman, 2010). Figure 3.2 illustrates the two stages in PLS-SEM.

Stage 1: Evaluation of Measurement Model

Reflective Measurement Model Assessment:

- *Internal Consistency Reliability*
- *Convergent Validity*
- *Discriminant Validity*

Stage 2: Evaluation of Structural Model

Testing hypothesis

- *Coefficients of determination (R²)*
- *Predictive relevance (Q²)*
- *Size and significance of path coefficients*
- *f² effect sizes*
- *q² effect sizes*

Figure 3.2 Two-Stage PLS-SEM

Stage 1: Measurement Model

The purpose of the first stage of analysis (measurement model) is to identify if the specified measurement model is acceptable for further data analysis. The measurement models involved in the current study are reflective measurement models in which indicators are represented as single-headed arrows pointing from the latent construct outward to the indicator variables. The associated coefficients for these relationships are called outer loadings in PLS-SEM.

In assessing measurement models, confirmatory factor analysis (CFA) appears to be the appropriate tool for use in research where hypotheses regarding the grounded theoretical model exist (Bollen, 1989). Thus, for the purpose of the current study, the CFA is used to determine whether the number of factors and the loadings of items have conformed to what is expected based on established research and theory. The item that is loaded weakly on the hypothesised factors is removed from the scale (Dunn, Seaker & Waller, 1994). A factor loading of .50 and above on a specified factor is considered acceptable (Hair, Anderson, Tatham & Black, 1995) and this level is used as the cut off value for this study. Unidimensionality could only be obtained when all items achieve the minimum factor loading (.5). Once the unidimensionality of construct is achieved, assessment of validity and reliability of these constructs is performed (Anderson & Gerbing, 1982; Anderson & Gerbing, 1988; Dunn et al., 1994; Hair et al., 1995).

Reliability and validity are distinct but closely related concepts (Bollen, 1989). An instrument is valid if it measures what it supposed to measure and is reliable if it is consistent and stable (Sekaran, 2000). Zikmund (2003, p.330) defines reliability as ‗the degree to which measures are free from random error and therefore yield consistent results‗. In other words, reliability refers to the extent to which a

measure generates consistent results under repeated measurements on the variable. Typically, the internal consistency reliability is the first criterion to be evaluated (Hair et al., 2014). The common criterion for internal consistency is Cronbach's alpha, which estimates the reliability based on the intercorrelations of the observed indicator variables (Hair et al., 2014). Yet, a more appropriate technique in gauging internal consistency was recommended by Hair et al. (2014), which is referred to as composite reliability, and it is generally interpreted in the same way as Cronbach's alpha. Nunally and Bernstein (1994) suggested that the values of composite reliability between .70 and .90 are acceptable. Composite reliability values below .60 show a lack of internal consistency reliability (Hair et al., 2014). Thus, the cut-off point (.70) is used for the current study to determine the internal consistency of scales.

However, reliability alone is not adequate to consider an instrument as satisfactory (Dunn et al., 1994; Hair et al., 1995). For that reason, validity is required to validate the constructs of the current study. According to Zikmund (2003, p.331), validity is referred to as ‗the ability of a scale to measure what is intended to be measured'. In order to verify the validity of the instruments, construct validity is employed, through analysing both convergent and discriminant validity. Convergent validity examines whether the measures of the same construct are positively correlated while the discriminate validity determines that the construct is truly distinct from other constructs by empirical standards (Hair et al., 2014). For the purpose of the present study, convergent and discriminant validity is assessed by performing CFA.

To demonstrate convergent validity, the item should be loaded highly on one factor with a factor loading of .50 or greater (Hair et al., 1995). The convergent

validity is also supported if the Average Variance Extracted (AVE) value is higher than .50 (Hair et al., 2014). Likewise, the intercorrelations between the factors should not be greater than .85 in order to establish discriminant validity, and the redundant items that show a lack of discriminate validity are deleted (Kline, 2005). Following this, the hypothesised relationships between the underlying theoretical constructs are identified in the structural model (second stage).

Stage 2: Structural Model

A structural model is tested as the second and main stage of analysis once all constructs in the measurement model (stage one) are validated and the satisfactory fit is achieved (Hair et al., 1995; Kline, 2005). The structural model refers to ‗the portion of the model that specifies how the latent variables are related to each other' (Arbuckle, 2005, p.90). In the structural model, the term exogenous is used to describe latent constructs that do not have any structural path relationships pointing at them while the term endogenous refers to the latent target constructs that are explained by other constructs via structural model relationships.

The purpose of the structural model of the current study is to investigate the underlying hypotheses with the intention of answering the research question(s). This stage calculates the final estimates of the outer loadings and path coefficients. The hypothesised relationships can be presented in the path diagram. As illustrated in Figure 3.2, the exogenous variable is self-compassion while the endogenous variables are resilience and psychological well-being. The relationships between these latent variables are assumed and represented by Hypothesis 1, 2, and 3 (H1, H2, and H3). Also included in the model are the mediating effect of resilience on self-compassion and psychological well-being as well as the moderating effect of gender and years of experience between self-compassion, resilience and

psychological well-being which are represented by Hypothesis 4 (H4), Hypothesis 5 (H5) and Hypothesis 6 (H6) respectively.
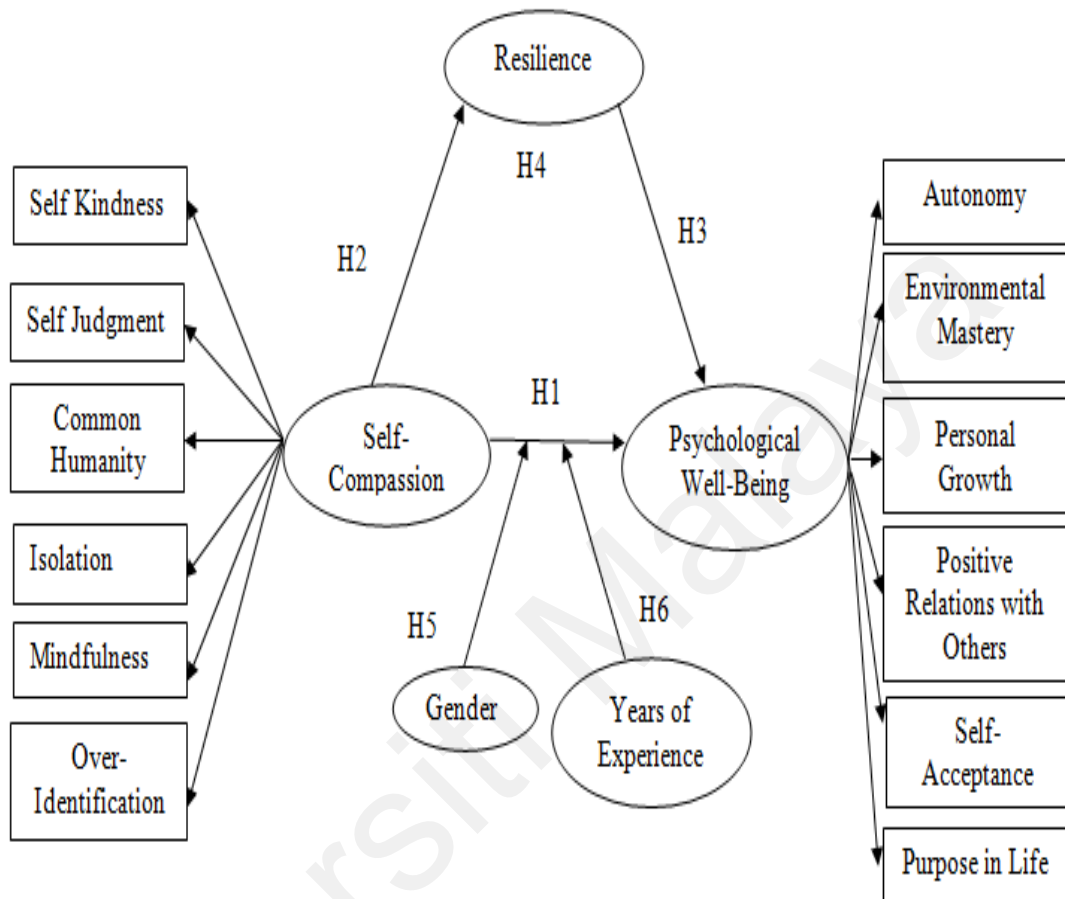
Figure 3.3 The Structural Model for the Current Study

Conclusion

This chapter discussed the methodology used in the present study. It justified the need for quantitative analysis in order to answer the research questions. The population and sampling of participants were identified. The validity and reliability of the instruments used were addressed, together with the process of validation of the translated scales. The pilot study and its findings were explained. Besides, procedures of data collection were specified. The process of data analysis included preparing and organizing the data (data coding, data cleaning, and handling of

missing data) as well as analysing the data (statistical techniques used for descriptive and inferential analyses) were discussed. Specifically, the Partial Least Square SEM (PLS-SEM) is employed for this study. The following chapter reports the results of the data analysis of this study.

CHAPTER 4: DATA ANALYSIS AND RESULTS

Introduction

This chapter presents the results of the data analysed and the tests of the hypotheses. Following the introduction, the next section discusses the response rate. This is followed by a section discussing the preparation and organisation of the data including coding, cleaning and treating missing data prior to the analysis. The next section presents the preliminary data analysis, including the assessment of normality and descriptive analysis. Following this, the subsequent sections report the results of the Structural Equation Modeling (SEM) used for assessing the measurement model and the structural model as well as the results related to the research questions and hypotheses arising from the model. This includes the mediation and moderation analyses. The final section concludes the chapter.

Response Rate

The data used in this study were gathered from 491 registered counsellors in Malaysia. As discussed in Chapter 3 (Research Methodology), a total of 6723 registered counsellors were invited to participate in the study via email. However, only 6457 of their email contacts were valid. Data collection started in August 2017 and completed in December 2017. Of the total of 6457 registered counsellors, 491 registered counsellors responded to the web-based survey. This represented the effective response rate of 7.6%.

Following the recommendation of Sekaran (2003), the questionnaire was excluded if 25% of the items in the questionnaire were left unanswered. However, if only a few items were left blank in the questionnaire, these blank responses could be

managed (Sekaran, 2003). The missing data were considered as missing values (Sekaran, 2000) and these missing data were then resolved. The online survey questionnaire retrieved showed that twenty-one online survey questionnaires returned had more than 25% of the items unanswered. Consequently, these were excluded and this resulted in a sample of 470 usable and completed questionnaires. The response rate is as indicated above is considered appropriate as the samples were large enough for the SEM analysis to be conducted.

Preparing and Organising the Data

Following the retrieval of the questionnaires, data were first and foremost, compiled and then organized (Creswell, 2012; Sekaran, 2003). This process involved coding the data, keying in the data and cleaning the data (Creswell, 2012). Any blank responses noted in some of the questionnaires were addressed based on the recommendations of Sekaran (2003). Following this, the data were coded and then keyed into a software programme for analysis.

Data coding. Data coding involves assigning scores to the responses (Creswell, 2012). The coding procedure was performed by establishing a data file in SPSS. All the responses were then coded with numerical values. Following coding, data were then transferred from the questionnaire to SPSS. Data cleaning then follows.

Data cleaning. Cleaning the data is the process of identifying the data for scores that are outside the accepted range (Creswell, 2012). One way to accomplish this is to use SPSS and have the program ―sort cases‖ in an ascending or a descending order, for each variable to ease the spotting process of out-of-range or misnumbered cases (Creswell, 2012). The step of the inspection of data is important

to free the data from any error before data analysis begins. This process is beneficial for ensuring that data have been correctly entered (Coakes, 2006).

Following cleaning, SPSS analysis was performed by using histograms, boxplots and stem-and-leaf plots to identify if there was any outlier (Mooi & Sarstedt, 2011). An outlier is an extreme response to a particular question (Hair et al., 2014). Outliers could threaten data analysis output by creating unnecessary effect. Therefore, it is important to detect outliers in the early stage of analysis. Based on the analysis, 62 responses were identified as outliers. All of them were subsequently removed from the dataset, leaving the final usable samples to be 408.

Treatment of missing data. Additionally, the database was then assessed for missing data where respondents did not answer some of the questionnaire questions. This occurrence appears to be a common problem in social science research due to the nature of the survey approach used for obtaining data (Hair, Hult, Ringle & Sarstedt, 2014). Missing data generally occurs when respondents fail to answer one or more question(s). When the amount of missing data exceeds 15%, the observation is typically removed from the data file (Hair et al., 2014). In this process, the use of mean value replacement was recommended, especially when there were less than 5% values missing per indicator (Hair et al., 2014). In the current study, the issue of missing values was overcome by using the mean value replacement.

Preliminary Data Analysis

This section describes the assessment of normality, the demographic profile of the respondents and their patterns of self-compassion, resilience and psychological well-being.

Assessment of normality. As a preliminary analysis, data were screened for missing values and outliers. The data were tested for normality subsequently. The purpose was to check if the data were distributed normally. A key assumption in conducting the SEM analysis is that the data are multivariate normal (Arbuckle, 2007) and normality refers to the degree to which the distribution of the sample data corresponds to a normal distribution (Hair, Black, Babin, Anderson, 2010). Based on this, it is essential to ensure that the condition has been addressed before any analysis of data is conducted.

Although the PLS-SEM is a non-parametric statistical method which generally makes no assumption about the data, it is worthwhile to consider the distribution so as to ensure that data were not too far from normal distribution. Extreme non-normality would impact the assessment of the parameter's significance in the structural model evaluation (Hair et al., 2014). In accordance with this requirement, the data in the current study were then assessed for normality.

To verify the normality, three fundamental conditions need to be fulfilled (Kline, 2011, p.60). They are:

1. All the individual univariate distributions are normal

2. The joint distribution of any pair of the variables is bivariate normal, that is, each variable is normally distributed for each value of the other variables.

3. All bivariate scatterplots are linear and the distribution of the residuals is homoscedastic

Despite the above conditions, the multivariate distribution can still be multivariate non-normal, regardless of whether the distribution of observed variables is univariate normal or not (West et al., 1995, as cited in Byrne, 2010). Hair and colleagues (2011) mentioned that the multivariate normality violation would be insignificant if all the variables fulfilled the univariate normality. For that reason, the univariate normality assessments were carried out to assess the multivariate normality.

In this context, a normal distribution refers to the continuous probability distribution that has a bell-shaped distribution. In order to examine the normality, two statistical analyses encompassing the Kolmogorov-Smirnov test and skewness and kurtosis, were employed. Kolmogorov-Smirnov's statistical test assessed the normality of the distribution score. A non-significant result, i.e., Sig. value of more than .05 would indicate normality (Pallant, 2011). Further to this, skewness and kurtosis assessed the extent to which the data deviated from normality (Hair et al., 2010). Skewness evaluates the extent to which a variable's distribution is symmetrical. The distribution is considered as skewed if the distribution stretched towards the right or left tail of the distribution (Hair et al., 2014). Kurtosis, in contrast, assesses whether the distribution was too peaked, i.e., a very narrow distribution with most of the responses being noted in the centre (Hair et al., 2014).

The general guideline for skewness and kurtosis is that if the values fell within the range of ± 1.96 at .05 significance level, the distribution is considered normal (Hair et al., 2010). In other words, the pattern of the responses would be considered normal when both skewness and kurtosis were close to zero. A general

rule of thumb is that if the number was greater than +1 or lower than -1, it would indicate a substantially skewed distribution (Hair et al., 2014).

The results of the Kolmogorov-Smirnov test showed that all the variables were significant (p<.05). This suggests the violation of the assumption of normality. Such an occurrence is quite common in larger samples (Pallent, 2011). The results of the skewness and kurtosis further showed that most of the variables were within the normal range of ± 1 except for R7 and R8 of Resilience. The score of skewness and kurtosis for R7 was -1.2 and 1.3 while the score of skewness and kurtosis for R8 was -1.5 and 3.08 (refer to Table 4.1, 4.2 and 4.3). Nevertheless, both variables were retained as they would not affect much of the significance test results in the structural model evaluation since non-normality issue is less severe in PLS-SEM (Hair et al., 2014). From the data in Figure 4.1, 4.2 and 4.3, it can be seen that the scores of self-compassion, psychological well-being and resilience are not normally distributed. Overall, the results showed that the normality of the data was not assumed, thus further supported the use of the PLS-SEM in the current study.

Table 4.1

Means, Standard Deviations, Minimums, Maximums, Skewness and Kurtosis for Self-Compassion

Item	Min	Max	M	SD	Skewness	Kurtosis
Self-Kindness	15.00	25.00	20.14	2.40	.089	-.506
Self-Judgment	10.00	25.00	17.99	3.27	-.057	-.432
Common Humanity	11.00	20.00	16.27	2.21	-.137	-.464
Isolation	7.00	20.00	14.93	2.95	-.259	-.417
Mindfulness	12.00	20.00	17.03	2.10	-.308	-.459
Over Identification	7.00	20.00	14.80	2.94	-.282	-.465
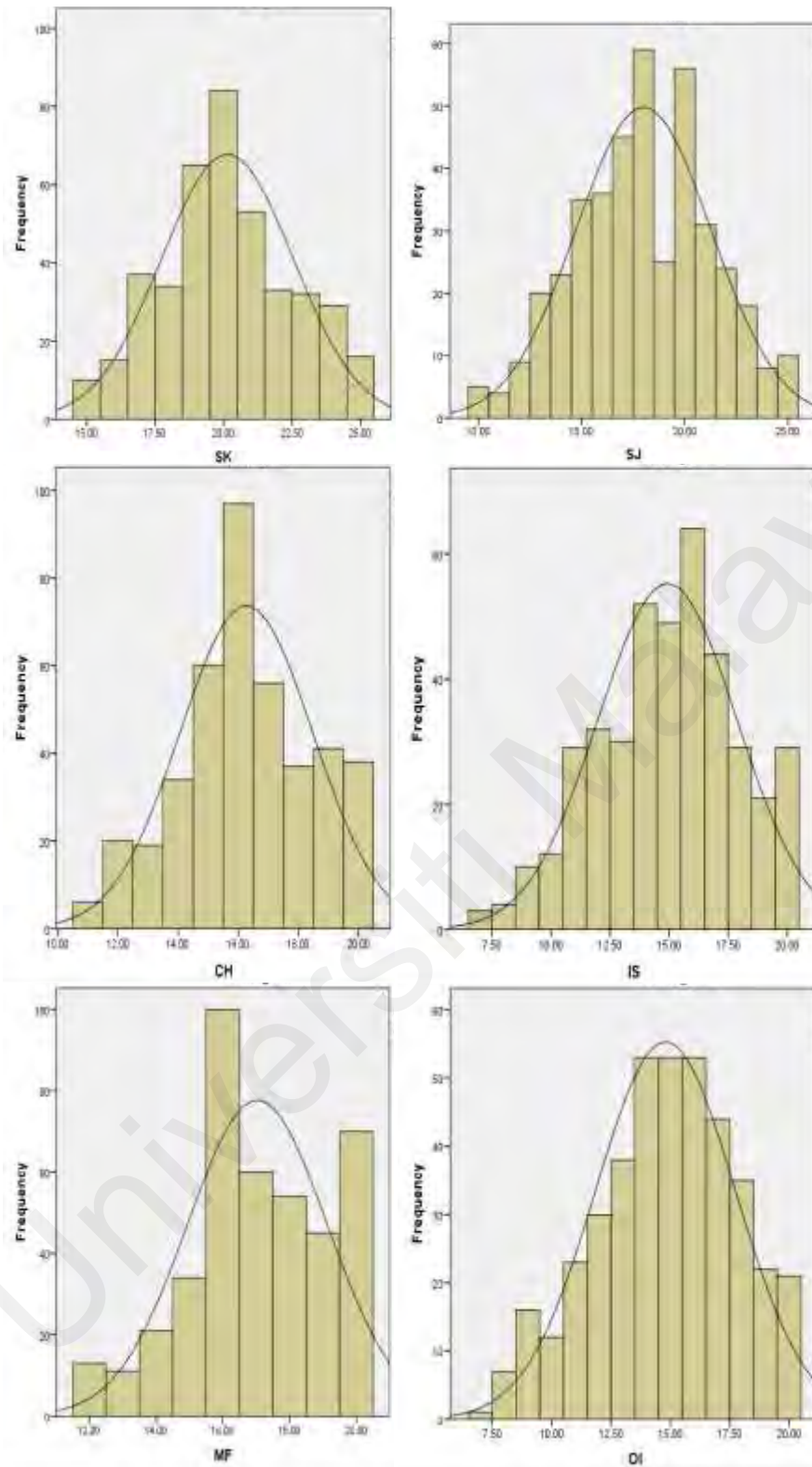
Figure 4.1 Histogram and Normality Plot for Self-Compassion

Table 4.2

Means, Standard Deviations, Minimums, Maximums, Skewness and Kurtosis for Psychological Well-Being

Item	Min	Max	M	SD	Skewness	Kurtosis
Autonomy	18.00	42.00	30.37	4.75	.200	-.201
Environmental Mastery	21.00	42.00	33.15	4.95	-.259	-.571
Personal Growth	23.00	42.00	35.86	4.56	-.587	-.240
Positive Relations with Others	24.00	42.00	33.28	4.09	-.202	-.435
Purpose in Life	24.00	42.00	33.30	3.45	-.328	-.347
Self-Acceptance	23.00	42.00	32.34	3.64	-.242	-.151
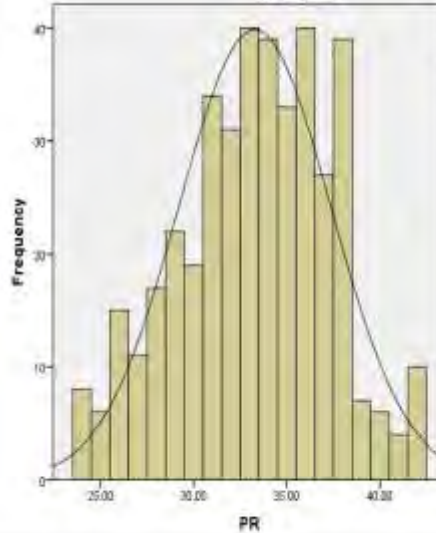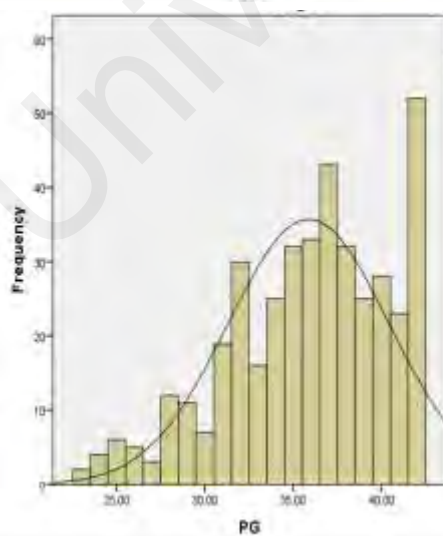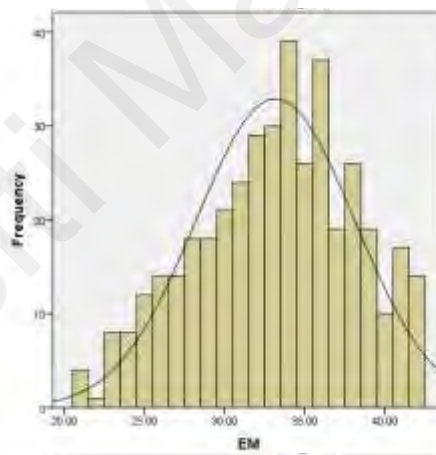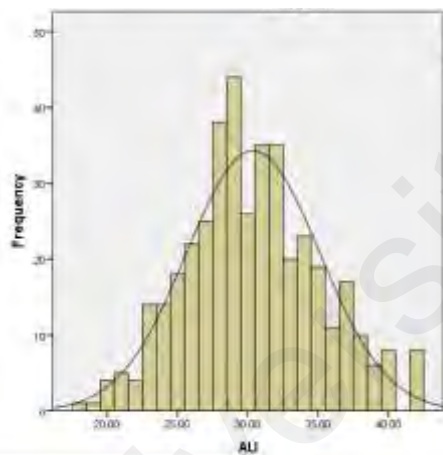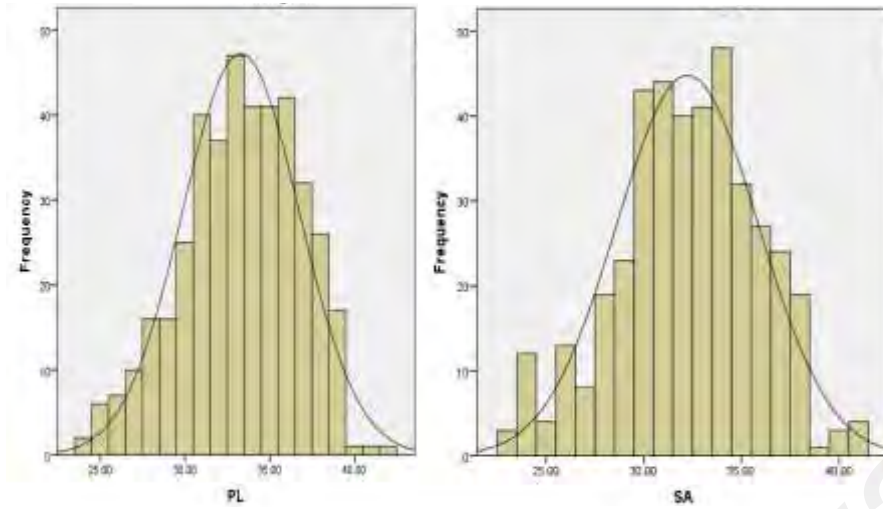
Figure 4.2 Histogram and Normality Plot for Psychological Well-Being

Table 4.3

Means, Standard Deviations, Minimums, Maximums, Skewness and Kurtosis for Resilience

Item	Min	Max	M	SD	Skewness	Kurtosis
R1	0.00	4.00	3.23	0.68	-.750	1.26
R4	0.00	4.00	3.20	0.78	-.856	.834
R6	0.00	4.00	3.00	0.88	-.568	-.199
R7	1.00	4.00	3.59	0.60	-1.298	1.356
R8	0.00	4.00	3.51	0.69	-1.513	3.078
R11	2.00	4.00	3.54	0.57	-.750	-.449
R14	0.00	4.00	3.17	0.71	-.595	.521
R16	1.00	4.00	3.37	0.68	-.667	-.489
R17	1.00	4.00	3.42	0.65	-.735	-.247
R19	0.00	4.00	3.24	0.69	-.573	.315
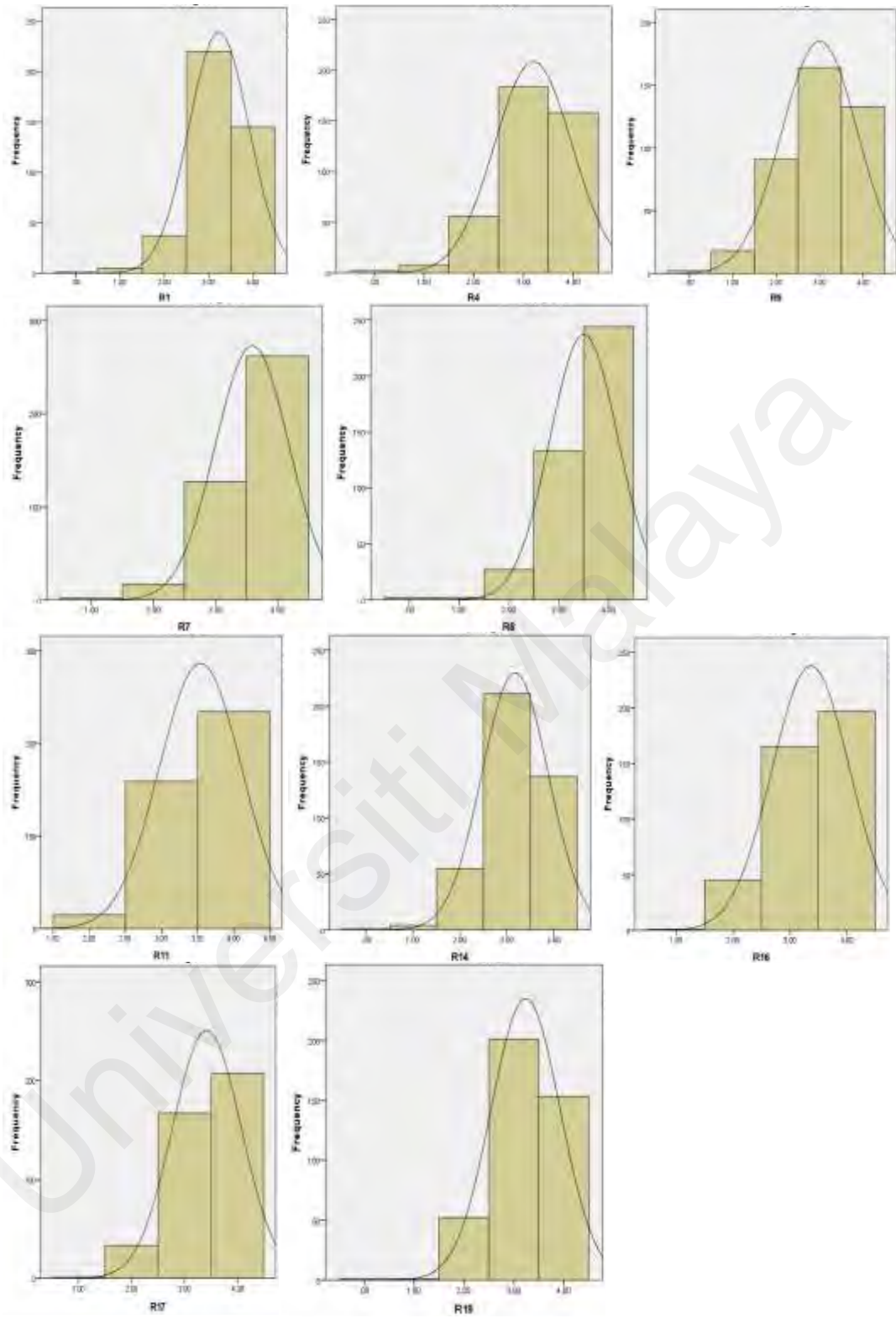
Figure 4.3 Histogram and Normality Plot for Resilience

Item parceling. Parceling is a measurement practice that is regularly used in multivariate approaches in psychometrics, specifically with latent-variable analysis techniques (Little, Cunningham, Sahar & Widaman, 2002). A parcel refers to an aggregate-level indicator which is comprised of the sum or average of two or more items, responses or behaviours.

Both the self-compassion and psychological well-being constructs consist of many indicators: 26 items for self-compassion and 42 items for psychological well-being. Practically speaking, specifying a latent variable with a large number of indicators poses numerous problems. For instance, the model-level consideration is related to Type 1 error and using more indicators will yield relatively larger standard errors of the measurement-level parameter. The ―more items" questions will thus have to deal with the optimal number of indicators needed to justify a latent construct (Little et al., 2002). A consideration that is relevant to the choice of parceling or not parceling is thus dependent on the goal of the study. In this regard, the target constructs of the study must be defined clearly and the measurement operations should follow directly from these constructs' definitions (Little et al., 2002).

The constructs of interest for this study - self-compassion and psychological well-being, are operationally defined by their respective subscales. Thus, using the subscales to represent the constructs of interest should be adequate. In view of this, the researcher used item parcels based on the subscales of the measures to reduce the number of manifest variables in this model. The latent variable of self-compassion was formed by six item parcels which reflect the subscales. The latent variable of psychological well-being was also formed by using six item parcels which reflect the subscales.

Sample characteristics. The samples identified for this study comprise 408 registered counsellors in Malaysia. Their completed survey questions provided the usable data for analysis. The demographics of the respondents including their gender, age, ethnicity, location, work setting and years of experience in counselling were used to describe the sample characteristics.

As shown in Table 4.1, among the 408 respondents, 26.7% (109) were males and 73.3% (299) were females. This highlights the fact that more female counsellors were involved than male counsellors. The age range for the samples was 24 to 70 years old, with the mean age of 35.48 (SD = 8.77). The ethnicity compositions were made up of 72.3% (295/408) Malays, 15.7% (64/408) Chinese, 13.9% (6/408) Indians and 8.1% (33/408) other ethnic groups.

Among all the states and the federal territories located in Malaysia, it appeared that most of the respondents were from Selangor (n=91, 22.3%), followed by Wilayah Persekutuan Kuala Lumpur (n=50, 12.3%), Johor (n=34, 8.3%), Kelantan (n=32, 7.8%), Sarawak (n=32, 7.8%), Kedah (n=28, 6.9%), Perak (n=25, 6.1%), Negeri Sembilan (n=25, 6.1%), Sabah (n=25, 6.1%), Penang (n=19, 4.7%), Terengganu (n=14, 3.4%), Pahang (n=14, 3.4%), Melaka (n=14, 3.4%) and Wilayah Persekutuan Labuan (n=2, 0.5%).

In terms of the respondents' work setting, most had reported to be based in schools (n=156, 38.2%), institutions, colleges and universities (n=123, 30.1%) while other work settings encompass government agencies and organisations (n= 54, 13.2%), followed by hospitals, clinics and rehab centers (n=31, 7.6%), churches, communities and NGOs (n=23, 5.6%) and corporate and industrial organisations (n=14, 3.4%). Only seven of the respondents reported doing their own private practices, representing 1.7% of the samples. Table 4.4 illustrates that the

respondents' experience in counselling ranged from one year to 40 years, with the mean year of 7.73 (SD = 5.91). As such, it is suggested that the samples were representative of the population of registered counsellors in Malaysia.

Table 4.4

Profile of Respondents

Demographic	M (SD)	N (%)
Gender		
Male		109 (26.7)
Female		299 (73.3)
Age	35.48 (8.77)	
Ethnicity		
Malay		295 (72.3)
Chinese		64 (15.7)
Indian		16 (3.9)
Other		33 (8.1)
State		
W.P. Kuala Lumpur		50 (12.3)
W.P Labuan		2 (0.5)
Selangor		91 (22.3)
Negeri Sembilan		25 (6.1)
Pahang		14 (3.4)
Melaka		14 (3.4)
Johor		34 (8.3)
Terengganu		14 (3.4)
Kelantan		32 (7.8)
Perak		25 (6.1)
Kedah		28 (6.9)
Perlis		3 (0.7)
Penang		19 (4.7)
Sabah		25 (6.1)
Sarawak		32 (7.8)
Work Setting		
School		156 (38.2)
Institution/College/University		123 (30.1)
Hospital/Clinic/Rehab Center		31 (7.6)
Government agency/organization		54 (13.2)
Organization/Corporate/Industrial		14 (3.4)
Own Business/Private Practice		7 (1.7)
Community/Church/NGO		23 (5.6)
Years of Experience	7.73 (5.91)	
N = 408		

Descriptive statistics of self-compassion, resilience and psychological well-being. Using the statistical software SPSS 21.0, the descriptive analysis of the constructs in the current study i.e., Self-Compassion, Resilience and Psychological Well-Being, was performed.

As shown in Table 4.5, the mean score for Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness and Over-Identification subscales were 20.14 (SD = 2.40), 17.99 (SD = 3.27), 16.27 (SD = 2.21), 14.93 (SD = 2.95), 17.03 (SD = 2.10), and 14.80 (SD = 2.94) respectively, with a mean of 101.16 (SD = 11.32) for Self-Compassion total score. The results also indicated that, as a group, the respondents exhibited high overall self-compassion (M=101.16). In terms of the six aspects of self-compassion, the respondents indicated the highest level for Self Kindness (M=20.14), followed by Self-Judgment (M=17.99), Mindfulness (M=17.03), Common Humanity (M=16.27), Isolation (M=14.93) and Over-Identification (M=14.80).

Table 4.5

Summary of Self-Compassion Score

Dimension	Min	Max	M	S.D
Self-Compassion	72.00	129.00	101.16	11.32
Self-Kindness	15.00	25.00	20.14	2.40
Self-Judgment	10.00	25.00	17.99	3.27
Common Humanity	11.00	20.00	16.27	2.21
Isolation	7.00	20.00	14.93	2.95
Mindfulness	12.00	20.00	17.03	2.10
Over Identification	7.00	20.00	14.80	2.94

N = 408

Table 4.6 indicates that the mean of Resilience is 33.26 (SD = 4.83). This shows that the counsellors exhibited a high level of resilience.

Table 4.6

Summary of Resilience Score

Dimension	Min	Max	M	S.D
Resilience	20.00	40.00	33.26	4.83

N = 408

Table 4.7 (below) summarises the mean score for the overall Psychological Well-Being as well as Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life and Self-Acceptance where the subscales were 198.21 (SD = 19.67), 30.37 (SD = 4.75), 33.15 (4.95), 35.86 (4.56), 33.28 (SD = 4.09), 33.30 (SD = 3.45) and 32.24 (SD = 3.64) respectively. These results conveyed that the respondents demonstrated high overall psychological well-being, with the highest level assigned to Personal Growth (M=35.86), followed by Purpose in Life (M=33.30), Positive Relations with Others (M=33.28), Environmental Mastery (M=33.15), Self-Acceptance (M=32.24) and Autonomy (M=30.37).

Table 4.7

Summary of Psychological Well-Being Score

Dimension	Min	Max	M	S.D
Psychological Well-Being	145.00	246.00	198.21	19.67
Autonomy	18.00	42.00	30.37	4.75
Environmental Mastery	21.00	42.00	33.15	4.95
Personal Growth	23.00	42.00	35.86	4.56
Positive Relations with Others	24.00	42.00	33.28	4.09
Purpose in Life	24.00	42.00	33.30	3.45
Self-Acceptance	23.00	42.00	32.24	3.64

N = 408

Structural Equation Modeling

Measurement model assessment. In order to assess the reflective measurement model, three main assessment criteria are referred - internal consistency reliability, convergent reliability (indicator reliability/outer loadings and average variance extracted) and discriminant validity.

Internal consistency reliability. Usually, Cronbach's alpha (α) is used to measure the internal consistency of the data. A construct with a high Cronbach's alpha value indicates that the items within the construct have similar range and meaning (Cronbach, 1971). The Cronbach's alpha value offers an estimate of the reliability based on observed indicators' inter-correlation. However, in SEM, it is inappropriate to assume that every indicator will yield the same loadings. Also it is sensitive to the number of items in the construct and it typically underestimates the internal consistency reliability (Hair, Hult, Ringle, & Sarstedt, 2017). Therefore, a

different measure of internal consistency reliability, which is known as composite reliability (CR), is applied so as to accommodate these deficiencies (Gefen, Straub & Boudreau, 2000). Composite reliability appears to be more appropriate as it takes into account the indicators' loadings. To fulfill the satisfactory internal consistency reliability, the acceptable value for CR is between the range of 0.70 to 0.90 (Ramayah, Cheah, Chua, Ting, & Mumtaz, 2018).

Table 4.8 shows that all the three constructs used in the current study, namely: Self-Compassion, Resilience and Psychological Well-Being, have achieved the satisfactory level of the CR with > 0.8. Here, the CR value for each construct ranges from 0.858 to 0.908, which is above the recommended threshold value of 0.7. In addition, the Cronbach's alpha method reported the value of > 0.8 for all the three constructs. These results indicated that all the constructs have achieved satisfactory internal consistency reliability.

Table 4.8

Internal Consistency Reliability

Construct	Cronbach's Alpha	Composite Reliability
Self-Compassion	0.801	0.858
Resilience	0.887	0.908
Psychological Well-Being	0.863	0.898

Convergent validity. Convergent validity indicates the degree to which individual items reflect a construct converging when compared to items measuring other constructs (Urbach & Ahlemann, 2010). This can be regarded as the Average Variance Extracted (AVE) (Hair et al., 2014). According to Hair et al. (2017), the AVE is the degree to which a latent construct explains the variance of its items. Each

construct should account for at least 50 percent of the assigned indicator variance that is, the AVE ≥ 0.50, for it to suggest adequate convergent validity (Bagozzi & Yi, 1988; Fornell & Larcker, 1981; Hair et al., 2017).

Table 4.9 below displays the results which showed that all the constructs, Self-Compassion, Resilience and Psychological Well-Being, have fulfilled the satisfactory level of the AVE of ≥ 0.5, with the value of 0.504, 0.501 and 0.596, respectively. This implies that an adequate convergent validity was achieved for all the three constructs in the current study.

Indicator reliability (outer loadings). Indicator reliability measures the extent to which an indicator or a set of indicators is consistent with what it intends to measure (Urbach & Ahlemann, 2010). Indicator reliability can indicate the proportion of item variance that is explained by the latent variable whereas the loading value of ≥ 0.708 shows that a latent variable is able to explain at least 50 percent of the indicator's variance (Hair, Black, Babin, & Anderson, 2017). Nonetheless, loadings of 0.4, 0.5, 0.6 and 0.7 are acceptable if each of these leads to the Average Variance Extracted (AVE) value that is greater than 0.5 (Hulland, 1999; Byrne, 2016; Hair et al., 2010). Therefore, one should take precaution in deciding the elimination of an indicator i.e., to eliminate an indicator only when the indicator's reliability is low and when the elimination contributes to the increase of the AVE and the CR (Henseler, Ringle, & Sinkovics, 2009).

Table 4.9 shows that there were two (2) indicators of the Self-Compassion construct and four (4) indicators of the Resilience construct with loadings lower than 0.708. However, as said by Ramayah et al. (2018), indicators with loadings lower than 0.708 can be maintained when the minimum of the AVE result of 0.5 is achieved. Thus, no indicator was removed since the AVE result of 0.5 was achieved

for the respective constructs. The results further signified that the measurement models of the study have demonstrated an adequate convergent validity.

Table 4.9

Convergent Validity and Indicator Reliability

Construct	Item	Loadings	AVE
Self-Compassion			0.504
	Self-Kindness	0.708	
	Self-Judgment	0.685	
	Common Humanity	0.595	
	Isolation	0.751	
	Mindfulness	0.795	
	Over Identification	0.708	
Resilience			0.501
	R1	0.624	
	R4	0.668	
	R6	0.493	
	R7	0.766	
	R8	0.657	
	R11	0.756	
	R14	0.723	
	R16	0.784	
	R17	0.794	
	R19	0.760	
Psychological Well-Being			0.596
	Autonomy	0.736	
	Environmental Mastery	0.836	
	Personal Growth	0.804	
	Positive Relation with Others	0.703	
	Purpose in Life	0.716	
	Self-Acceptance	0.826	

Discriminant validity. Discriminant validity indicates the degree to which indicators differentiate across the constructs (Ramayah et al., 2018). In other words, it refers to the extent the constructs were distinct from one another. There are three (3) types of criteria for evaluating discriminant validity.

Cross loading criterion. Cross loading is obtained by correlating each latent variable's component score with all of the other items (Chin, 1998b). The loadings of

the indicators on the designated construct should be higher than the loadings on all the other constructs. If each indicator's loading was higher for its assigned latent variable, in comparison to that of other latent variables, it can be assumed that the indicators of the different latent variables were not identical (Ramayah et al., 2018). Table 4.10 indicates that each indicator loaded higher on its own constructs when compared to other constructs in the model. This highlights that the constructs were distinctly different from each other and the discriminant validity was achieved.

Table 4.10

Discriminant Validity by Comparing the Cross Loadings

	Self-Compassion	Resilience	Psychological Well-Being
SK	**0.708**	0.494	0.479
SJ	**0.685**	0.322	0.480
CH	**0.595**	0.420	0.418
IS	**0.751**	0.419	0.611
MF	**0.795**	0.615	0.561
OI	**0.708**	0.408	0.552
R1	0.517	**0.624**	0.505
R4	0.332	**0.668**	0.406
R6	0.312	**0.493**	0.314
R7	0.507	**0.766**	0.535
R8	0.467	**0.657**	0.408
R11	0.470	**0.756**	0.565
R14	0.452	**0.723**	0.427
R16	0.496	**0.784**	0.557
R17	0.441	**0.794**	0.539
R19	0.469	**0.760**	0.512
AU	0.554	0.535	**0.736**
EM	0.630	0.568	**0.836**
PG	0.567	0.542	**0.804**
PR	0.471	0.435	**0.703**
PL	0.551	0.470	**0.716**
SA	0.604	0.603	**0.826**

Fornell and Larcker's (1981) criterion. Fornell and Larcker's (1981) criterion states that a latent variable should explain more variance with its own indicators than the variance of other latent variables. Therefore, the AVE of a latent

variable should be greater than the squared correlation between the latent variable and all other variables. The average variance shared between each construct and its measure should be greater than the variance shared between the constructs and other constructs, for establishment of discriminate validity. Table 4.11 illustrates that the square root of AVE (diagonal) was larger than the correlations (off-diagonal) for all the constructs. The results thus confirmed that the Fornell and Larcker criterion was fulfilled and all the constructs had exhibited sufficient discriminant validity.

Table 4.11

Discriminant Validity using Fornell and Larcker's Criterion

Constructs	Self-Compassion	Resilience	Psychological Well-Being
Self-Compassion	**0.710**	0.639	0.733
Resilience		**0.708**	0.685
Psychological Well-Being			**0.772**

There are criticisms on the usage of Fornell-Larcker's criterion, hence an alternative approach termed as the Heterotrait-Monotrait (HTMT) ratio of correlations was suggested. In general, the Fornell and Larcker's criterion is still able to perform an evaluation of the discriminant validity but the emerging HTMT is a stringent discriminant criterion which ensures that every construct in a research is truly distinct from one another.

The Heterotrait-Monotrait ratio of correlations (HTMT). The HTMT was suggested by Henseler, Ringle and Sarstedt (2015) for assessing discriminant validity. It refers to the ratio of correlations within the constructs to correlations between the constructs. Henseler et al. (2015) claimed that the HTMT value that is

less than 1 can be considered as an indication of the establishment of discriminant validity. However, three guidelines were suggested for the HTMT criterion.

HTMT .85: This is the stringent criterion as the HTMT values greater than .85 would indicate that there was a problem with discriminant validity (Kline, 2011).

HTMT .90: This is a more conservative criterion where the HTMT value greater than 0.90 would indicate that there is a lack of discriminant validity (Gold, Malhotra & Segars, 2001).

HTMT inference: This criterion is a liberal criterion and is computed by using the bootstrapping technique. Discriminant validity is established when the 90% bootstrap confidence interval of HTMT excludes the value of 1 (Henseler et al., 2015).

As shown in Table 4.12, all values fulfilled the HTMT .90 criterion and the confidence interval did not show a value of 1 on any of the constructs. The results thus confirmed that discriminant validity has been ascertained for all the constructs: Self-Compassion, Resilience and Psychological Well-Being.

Table 4.12

Discriminant Validity using the HTMT Criterion

Constructs	Self Compassion	Resilience	Psychological Well-Being
Self-Compassion		0.743 CI (0.692, 0.793)	0.876 CI (0.835, 0.913)
Resilience			0.772 CI (0.726, 0.819)
Psychological Well-Being			

In short, all the three assessments of discriminant validity showed that there was discriminant validity between all the constructs where: 1) all indicators loaded more strongly on their own construct than on other constructs in the model, 2) the

squared roots of AVE on the diagonals were higher than the values of the inter-constructs on the same rows and columns, and 3) all values were lower than the required threshold value of HTMT .90 and neither lower nor upper confidence interval included a value of 1. Thus, the discriminant validity was established for all the constructs: Self-Compassion, Resilience and Psychological Well-Being.

Overall, the results of the reliability and validity tests conducted on the measurement models were satisfactory. All reliability and validity were assumed and they also confirmed that all the measurement models were valid. The subsequent section discusses the structural model assessment and how the research questions of the present study were answered.

Structural model assessment. The analysis proceeded with the structural model assessment after the measurement model was assessed. Figure 4.4 shows the hypothesised model of the present study. Structural model evaluation is extremely important for demonstrating how data support the underpinning theories applied in this study (Hair et al., 2014). Structural model evaluation also provides the predictability of the model and the relationships of the constructs in developing the counsellors' psychological well-being. Several steps were involved in assessing the structural model using PLS in SEM which include:

1. Assessment of the structural model for Collinearity issues,

2. Assessment of the significance and relevance of the structural model relationships,

3. Assessment of the Level of R^2 (Coefficient of Determination),

4. Assessment of the Level of Effect Size (f^2), and

5. Assessment of the Predictive Relevance (Q^2).
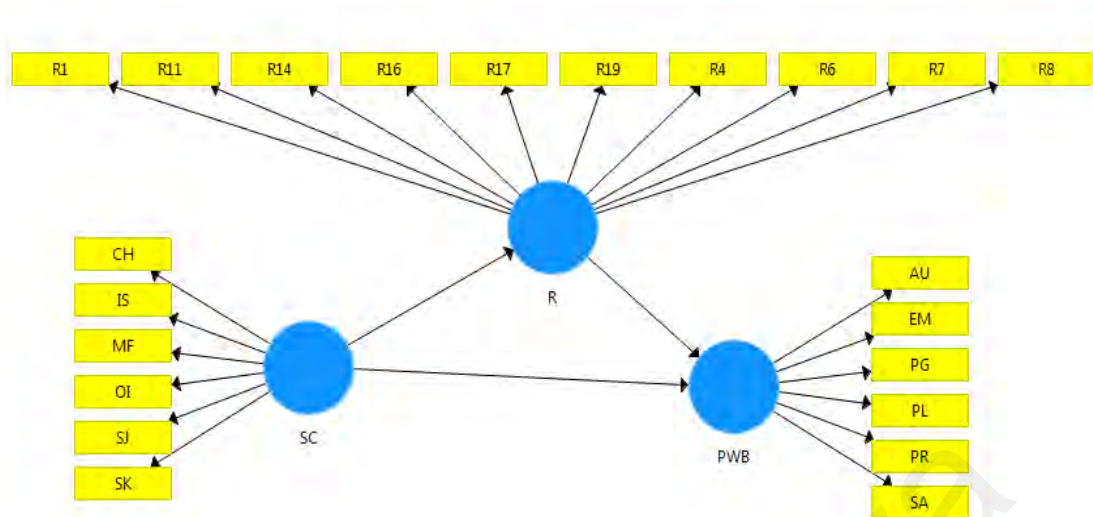
Figure 4.4 Hypothesised Model of Counsellors' Psychological Well-Being

Collinearity. Collinearity arises when two variables that are hypothesised to be causally related measure the same construct (Ramayah et al., 2018). It is important to address the lateral collinearity issue at the beginning stage of assessing the structural model. In order to detect the collinearity issue, the criteria proposed by Hair et al. (2011) needs to be applied, whereby a VIF value of 5 or higher would indicate a potential collinearity problem. As shown in Table 4.13, all the Inner VIF values were less than 5, indicating that lateral multicollinearity was not a concern in this study.

Table 4.13

Collinearity Assessment

Construct	*VIF*
Self-Compassion	1.690
Resilience	1.000
Psychological Well-Being	1.690

Path coefficients. The combination of all the measurement models discussed in the previous sections forms the structural model, as shown in Figure 4.1. The measurement models created the path coefficients of the hypothesised model. This means that the path coefficients represent the hypothesised relationships that link the constructs. The present study investigated the relationship between self-compassion, resilience and psychological well-being among counsellors. Three direct paths were developed based on the proposed model. Path coefficient values were standardised on the range from -1 to +1, with coefficients closer to -1 representing a strong negative association while coefficients closer to +1 reflect a strong positive relationship (Ramayah et al., 2018).

Seeing that the PLS is a non-parametric analysis that does not make assumptions about the distribution of the data, the bootstrap procedure should be considered. The bootstrap results approximate the normality of data and give approximate t-values for the significant testing of the structural path (Wong, 2013). As a result of this, the inflation or deflation of the standard errors due to non-normality issues was avoided. The current study also utilised the complete bootstrapping routine.

The results yielded are demonstrated in Table 4.14. The results showed that Self-Compassion ($\beta = 0.499$, $t = 12.907$, $p < 0.01$) and Resilience ($\beta = 0.366$, $t = 9.150$, $p < 0.01$) were positively related to Psychological Well-Being. Both constructs were significantly important for developing counsellors' psychological well-being. Moreover, the results also revealed that Self-Compassion ($\beta = 0.639$, $t = 23.017$, $p < 0.01$) was positively related to Resilience, indicating that it has a significant impact on the counsellors' resilience. Figure 4.5 illustrated the path coefficients of the hypothesized model.

Table 4.14

Significant Testing Results of the Structural Model Path Coefficients

Path	Std Beta	Std Error	t-value	p-value	Confidence Intervals (BC)	
					LL	UL
Self-Compassion - > Psychological Well-Being	0.499	0.039	12.907	0.000	0.435	0.560
Self-Compassion - > Resilience	0.639	0.028	23.017	0.000	0.586	0.680
Resilience - > Psychological Well-Being	0.366	0.040	9.150	0.000	0.292	0.424

Note: BC = Bias Corrected, UL = Upper Level, LL = Lower Level
* p < 0.05
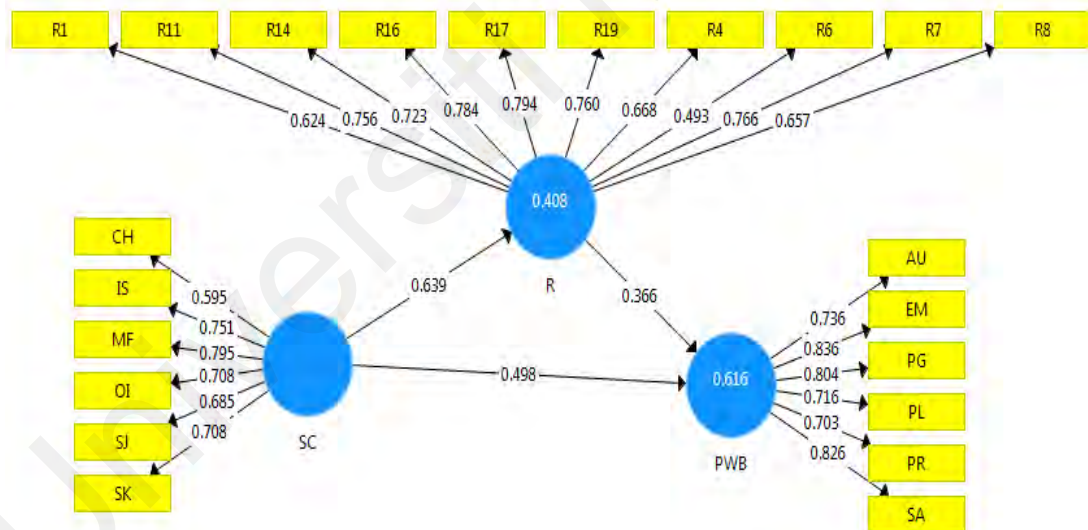
Figure 4.5 Hypothesized Model with Path Coefficients and R² value

Coefficients of determination (R²). R^2 is a measure of the model's predictive accuracy. It can be referred to as the combined effect of exogenous variables on endogenous variables. Put simply, it represents the variance of the endogenous

variables explained by all the exogenous variables related to it. The effect ranges from 0 to 1 with a higher value showing a higher level of predictive accuracy (Ramayah et al., 2018).

Three (3) different rules of thumbs are applied for acceptable R^2: First, R^2 value of 0.26, 0.13 and 0.02 can be described as substantial, moderate or weak, respectively (Cohen, 1988). Second, R^2 value of 0.67, 0.33 and 0.19 can be considered as substantial, moderate or weak, respectively (Chin, 1998). Third, R^2 value of 0.75, 0.50 and 0.25 can be described as substantial, moderate or weak, respectively (Hair et al., 2017).

Table 4.15 below showed that the R^2 value of Psychological Well-Being was 0.616 which reflects a substantial model as it was above the 0.26 value (Cohen, 1988). This indicates that 61.6% of variance in Psychological Well-Being was explained by the constructs investigated in the study. This means that Self-Compassion and Resilience have contributed 61.6% of the development of Psychological Well-Being among counsellors in Malaysia. In addition, the R^2 value of Resilience comprising 0.408 was above the 0.26 value (Cohen, 1988) which indicates that it is a substantial model. This means that 40.8% of variance in Resilience was explained by Self-Compassion. Figure 4.5 (above) illustrated the R^2 values for resilience and psychological well-being.

Table 4.15

Results of R^2 and f^2 values

Path	R^2	f^2
Self Compassion - > Psychological Well-Being	0.616	0.383
Resilience - > Psychological Well-Being		0.207
Self Compassion - > Resilience	0.408	0.690

Effect size (f²). Following the above, the effect size of the constructs was then assessed. The f^2 assesses the relative impact of the predictor construct on an endogenous variable (Cohen, 1988). In other words, it evaluates how strong one exogenous variable is in contributing to a certain endogenous variable in terms of R^2. This study adopted Cohen's (1988) guideline to measure effect size. The values of 0.02, 0.15 and 0.35 represented the small, medium and large effect size, respectively.

It can be observed in Table 4.15 that Self Compassion (0.383) has a large effect while Resilience (0.207) has a medium effect in contributing to the R^2 of Psychological Well-Being. In addition to this, Self Compassion (0.69) was shown to have an equally large effect in producing the R^2 of Resilience.

Predictive relevance assessment (Q²). As suggested by Hair et al. (2014), another important step in evaluating the structural model is to examine Stone and Geisser's Q^2 value, which is also known as the predictive relevance of the path model. Stone and Geisser's Q^2 value can be computed by using the blindfolding procedure in PLS. If the Q^2 value was larger than 0, the model would show the predictive relevance for a certain endogenous construct (Hair et al., 2017; Fornell & Cha, 1994). The results shown in Table 4.16 indicated that the two Q^2 values for Psychological Well-Being ($Q^2 = 0.341$) and Resilience ($Q^2 = 0.187$) were more than 0. This implies that the model has sufficient predictive relevance.

Table 4.16

Results of Q² value

Construct	Q^2
Psychological Well-Being	0.341
Resilience	0.187

Overall, the results have established that the proposed model is valid. For the current study, three paths were developed, based on the proposed structural model. The results have shown that all the three paths were significant and relevant. The proposed model had also derived the R^2 value of 0.616 for Psychological Well-Being which indicates that 61.6% of the counsellors' psychological well-being were explained by the independent variables i.e., Self-Compassion and Resilience. Additionally, the R^2 value of 0.408 for Resilience illustrates that Self-Compassion contributed to 40.8% of the counsellors' resilience. In relation to that, the results also showed that Self Compassion has a large effect on both Resilience and Psychological Well-Being while Resilience has a medium effect on Psychological Well-Being. Last but not least, the results demonstrated that the model has sufficient predictive relevance for Resilience and Psychological Well-Being.

Results Based on Research Questions

Direct relationship between self-compassion, resilience and psychological well-being. The first research question is: "What is the relationship between self-compassion, resilience and psychological well-being among counsellors in Malaysia?" which focused on determining the relationship(s) between self-compassion, resilience and psychological well-being.

As illustrated in Figure 4.4, the main objective of the current study was to investigate the relationship between self-compassion, resilience and psychological well-being among counsellors. Based on the literature, self-compassion and resilience were hypothesised to be associated with the counsellors' psychological well-being. Thus, self-compassion and resilience were expected to directly influence

the counsellors' psychological well-being. The following hypotheses were developed for the current study.

H1: There is a positive significant relationship between self-compassion and psychological well-being among counsellors in Malaysia.

H2: There is a positive significant relationship between self-compassion and resilience among counsellors in Malaysia.

H3: There is a positive significant relationship between resilience and psychological well-being among counsellors in Malaysia.

In order to answer Research Question 1, the path coefficients between the constructs were assessed. Figure 4.5 (above) displays the hypothesised path coefficients while Table 4.17 summarises the path analysis and the decisions made on the hypothesis testing. Based on the analysis, the construct of Self-Compassion showed a positive significant relationship with Psychological Well-Being ($\beta = 0.499$, $t = 12.907$, $p < 0.001$). Hence, H1 was supported. Self-Compassion was positively and significantly related to Resilience ($\beta = 0.639$, $t = 23.017$, $p < 0.001$). Therefore, H2 was also supported. In addition, Resilience was found to be positively and significantly associated with Psychological Well-Being ($\beta = 0.366$, $t = 9.150$, $P < 0.001$). Therefore, H3 was supported. The outcomes drawn from this study demonstrated that self-compassion has a direct effect on both resilience and psychological well-being among the counsellors and likewise, resilience also posited a significant direct effect on the counsellors' psychological well-being.

Following this, further analysis was conducted to investigate if there was any mediation effect contributing to psychological well-being. In other words, to examine the role of the mediator since past literature has proposed that resilience acts as a mediator between self-compassion and psychological well-being.

Table 4.17

Hypothesis Testing

	Hypothesized Path	Std Beta	Std Error	t-value	p-value	Confidence Intervals (BC)		Decision
						LL	UL	
H1	Self-Compassion -> Psychological Well-Being	0.499	0.039	12.907	0.000*	0.435	0.560	Supported
H2	Self-Compassion -> Resilience	0.639	0.028	23.017	0.000*	0.586	0.680	Supported
H3	Resilience-> Psychological Well-Being	0.366	0.040	9.150	0.000*	0.292	0.424	Supported

Note: BC = Bias Corrected, UL = Upper Level, LL = Lower Level
* p < 0.05

Mediating effect of resilience on self-compassion and psychological well-being. The second research question is: ―Is resilience a significant mediator between self-compassion and psychological well-being among counsellors in Malaysia?" The question focused on determining the mediating effect of resilience between self-compassion and psychological well-being.

Henseler et al. (2009) mentioned that another important evaluation of the structural model is the assessment of the direct and indirect relationship between the exogenous (independent) and the endogenous (dependent) variables. A mediating variable is ―the generative mechanism through which the focal independent variable is able to influence the dependent variable" (Baron & Kenny, 1986, p.1173) while mediation refers to the ―existence of a significant intervening mechanism between the antecedent and the consequent variables" (Venkatraman, 1989, p.428). Mediation is known as a special case of ―indirect effect" and it depends on a strong priori theoretical support.
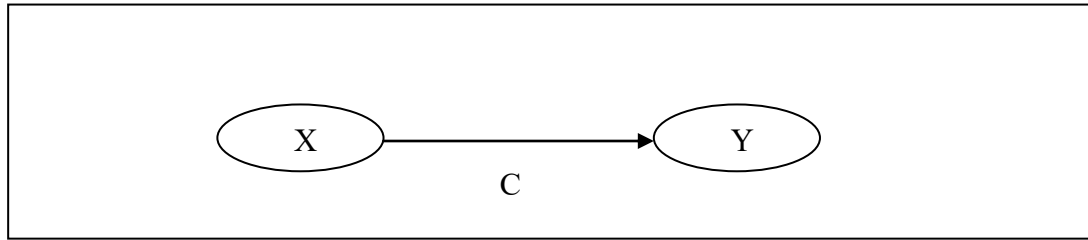
Figure 4.6 Total Effect
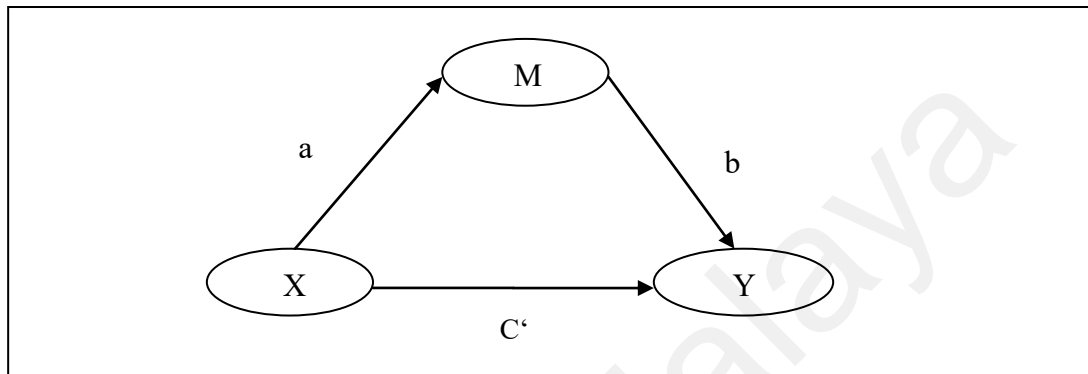
Figure 4.7 Simple Mediation Model

Figure 4.7 illustrates a simple mediation model. The variable X is called the causal variable and the variable Y is called the outcome variable. Path C in Figure 4.6 refers to the ―total effect‖. The effect of X and Y may be mediated by a process or a mediator variable, M. Here, path ‗C‘ refers to the ―direct effect‖ of X on Y and path ‗a*b‘ refers to the ―indirect effect‖ of X on Y. The total effect is the direct effect + indirect effect [c = c‘ + (a x b)]. In estimating the mediating effect in a model, ‗a*b‘ or the indirect effect is considered (Ramayah et al., 2018). The current study had hypothesised that:

H4: Resilience is a significant mediator between self-compassion and psychological well-being among counsellors in Malaysia.

Baron and Kenny‘s (1986) causal procedure method has thus far, been a popular approach used for testing the mediation effect. However, recent developments in quantitative research methods have inferred some limitations of the Baron and Kenny‘s causal procedure approach (Ramayah et al., 2018). In contrast,

the application of bootstrapping for mediation analysis has been well recommended by Hair et al (2013). Nonetheless, Hayes and Rockwood (2016) claimed that what matters most in mediation analysis is the indirect effect. Almost echoing the same issue, Preacher and Hayes (2004; 2008) have described the mediation method as ―bootstrapping the indirect effect".

Bootstrapping is a non-parametric resampling technique. It has been recognised as one of the most rigorous and powerful methods for testing the mediation effect (Hayes, 2009; Shrout & Bolger, 2002; Zhao et al., 2010). Hair et al. (2013, p.223) claims that, ―researchers should follow Preacher and Hayes (2004, 2008) and bootstrap the sampling distribution of the indirect effect, which works for simple and multiple mediator models" when testing mediating effects. This approach is said to be perfectly suited to the PLS-SEM for the reason that it makes no assumption about the variables' distribution or the sampling distribution. Further, it works well even with small sample sizes (Hair et al., 2017; Preacher & Hayes, 2008). As a result of this, Preacher and Hayes' (2004, 2008) mediation method of ―bootstrapping the indirect effect" was used by the current study to analyze the mediation effect.
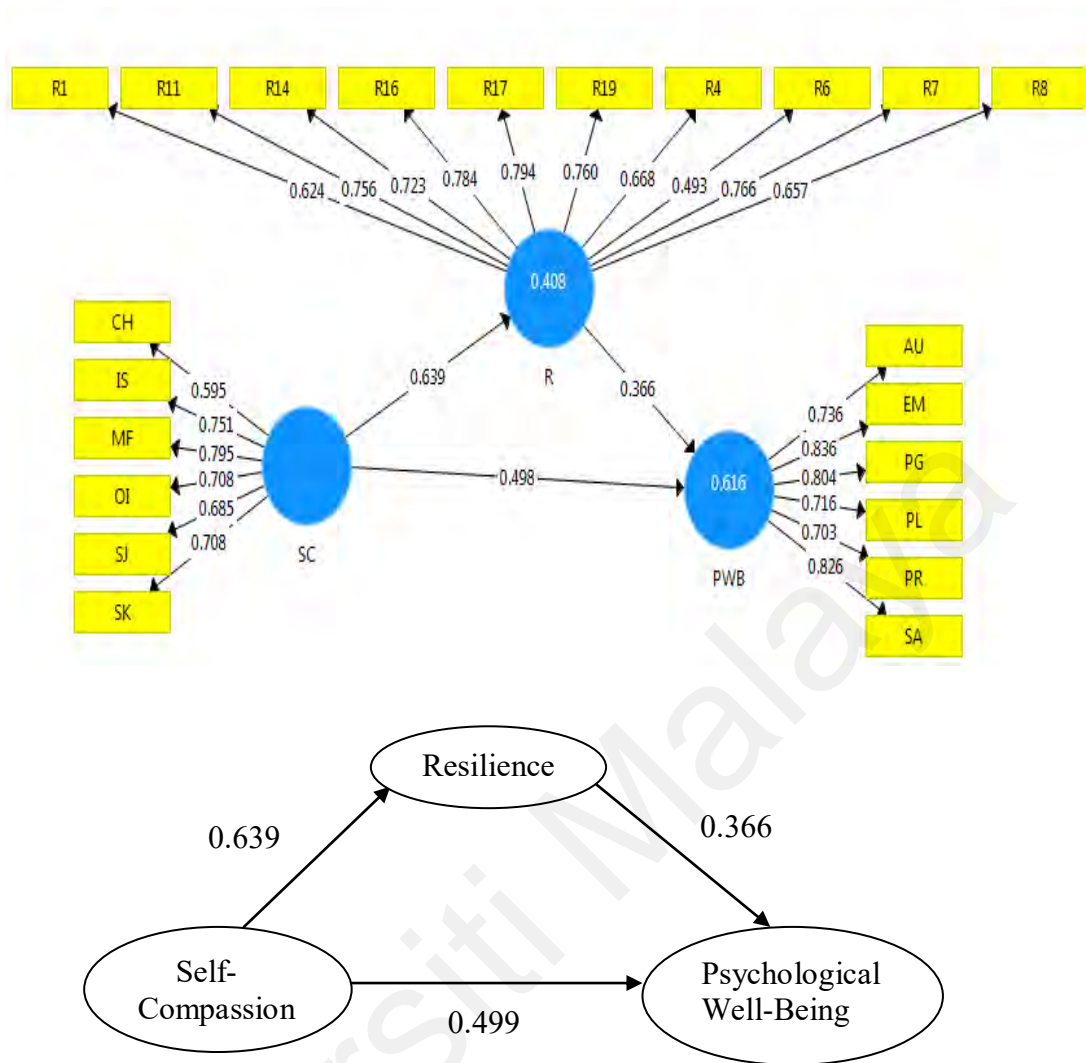
Figure 4.8 Hypothesised Mediation Model

Table 4.18

Hypothesis Testing on Mediation

	Hypothesized Path	Std Beta	Std Error	t-value	p-value	Confidence Intervals (BC)		Decision
						LL	UL	
H4	Self-Compassion ->Resilience-> Psychological Well-Being	0.234	0.028	8.375	0.000*	0.180	0.288	Supported

Note: BC = Bias Corrected, UL = Upper Level, LL = Lower Level
* *p < 0.05*

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Figure 4.8 illustrates the hypothesised mediation model of the counsellors'

psychological well-being. Table 4.18 presents the bootstrapping analysis derived

from the model used. The result indicated that the indirect effects, β=0.234, were

significant with the t-value of 8.375, p <0.01. The indirect effects of 95% Boot CI

Bias Corrected, LL = 0.180, UL = 0.288, do not straddle a 0 in between. This implied

that there was a mediation. Thus, it can be concluded that the mediation effect was

statistically significant. In this regard, Hypothesis 4 which states that Resilience is a

significant mediator between self-compassion and psychological well-being was

supported.

Recent PLS-SEM literature (Hair et al., 2017; Nitzl, Roldan & Cepeda, 2016)

has suggested that it would be useful to extract more information of the mediation

effect by looking into the types of mediation. MacKinnon et al. (2007) also

emphasised on the different types of mediation effects such as Full Mediation and

Partial Mediation of Complementary and Competitive in delivering theoretically

interesting findings. For the current study, Zhao, Lynch and Chen's (2010) mediator

analysis procedure was referred in determining the types of mediation effect for

resilience. This is explained in Figure 4.9.

The mediation analysis of the present study showed that the indirect effect

was significant (β = 0.234, p < 0.01). As displayed in Table 4.17, the direct effect of

Self-Compassion on Psychological Well-Being was significant (β = 0.499, P < 0.01).

The direct effect of Self Compassion on Resilience (β = 0.639, t = 23.017, p < 0.01)

as well as Resilience on Psychological Well Being (β = 0.366, t = 9.150, P < 0.01)

was also significant. Both the direct and indirect effects pointed to the same positive

direction, hence it can be concluded that Resilience showed complementary partial

mediation between Self Compassion and Psychological Well Being. This means that

a portion of the effect of self-compassion on the counsellors' psychological well-being was mediated by resilience while self-compassion also explained a portion of psychological well-being among the counsellors, in the absence of resilience.

Complementary partial mediation has often been referred to as a "positive confounding" or a "consistent" model (Zhao et al., 2010). Therefore, it can be said that counsellors who were more self-compassionate tend to be more resilient. This, in turn, positively influences the development of their psychological well-being.

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                    ┌─────────────────────────┐
                    │ Assessing significance of│
                    │  indirect effect (a x b) │
                    └─────────────────────────┘
           ┌───────────────────────┴───────────────────────┐
           ▼                                                ▼
┌─────────────────────┐                      ┌─────────────────────┐
│  The indirect effect │                      │  The indirect effect │
│    is significant    │                      │   is not significant │
└─────────────────────┘                      └─────────────────────┘
           │                                                │
           ▼                                                ▼
┌─────────────────────┐                      ┌─────────────────────┐
│ Assess the significance│                   │ Assess the significance│
│ of the direct effect (C')│                 │ of the direct effect (C')│
└─────────────────────┘                      └─────────────────────┘
      ┌─────┴─────┐                                ┌─────┴─────┐
      ▼           ▼                                ▼           ▼
┌──────────┐ ┌──────────┐              ┌──────────┐ ┌──────────┐
│The direct │ │The direct │             │The direct │ │The direct │
│effect is  │ │effect is  │             │effect is  │ │effect is  │
│not        │ │significant│             │significant│ │not        │
│significant│ │           │             │           │ │significant│
└──────────┘ └──────────┘              └──────────┘ └──────────┘
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(a)Indirect only   (b) Partial Mediation   (c) Direct only   (d) No effect
(Full Mediation)   (No Mediation)   (No Mediation)

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      ┌─────────────────────────┐
      │ Assess the sign of a x b x c' │
      └─────────────────────────┘
           ┌────────┴────────┐
           ▼                 ▼
     ┌──────────┐      ┌──────────┐
     │ Positive │      │ Negative │
     └──────────┘      └──────────┘
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(i)Complementary   (ii) Competitive
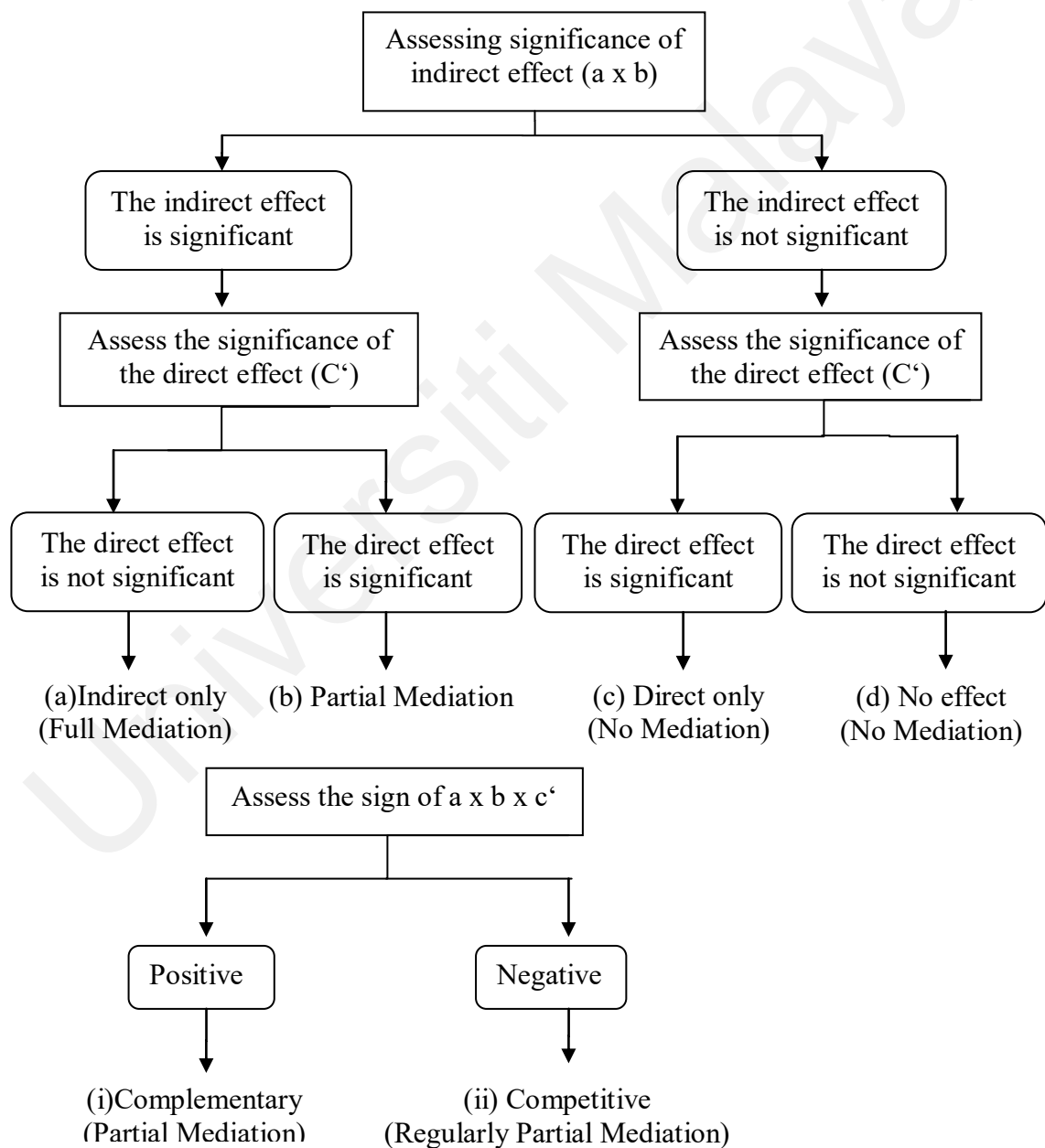(Partial Mediation)   (Regularly Partial Mediation)

Figure 4.9 Mediator Analysis Procedure

Moderating effect of gender on self-compassion, resilience and psychological well-being. The third research question is: ─Is gender a significant moderator between self-compassion, resilience and psychological well-being among counsellors in Malaysia?" The question focused on determining the gender influence on the interactions between self-compassion, resilience and psychological well-being.

As mentioned before, a moderator variable is one that influences the relationship between two variables in such a way that the nature (direction and/or strength) of the predictor's impact on the criterion varies according to the level or value of the moderator (Holmbeck, 1997). The present study investigated the moderating effect of gender on the proposed psychological well-being model. Literature had indicated that gender could be an influencing factor on the counsellors' self-compassion, resilience and psychological well-being. Thus, this study anticipates some differences between the male and female counsellors' psychological well-being model. To answer this research question, Hypothesis 5 was proposed. It states that gender is a significant moderator for the relationship between self-compassion, resilience and psychological well-being among counsellors. It was further broken down to the following sub-hypotheses:

H5.1: The relationship between self-compassion and psychological well-being will be stronger for females than males.

H5.2: The relationship between resilience and psychological well-being will be stronger for females than males.
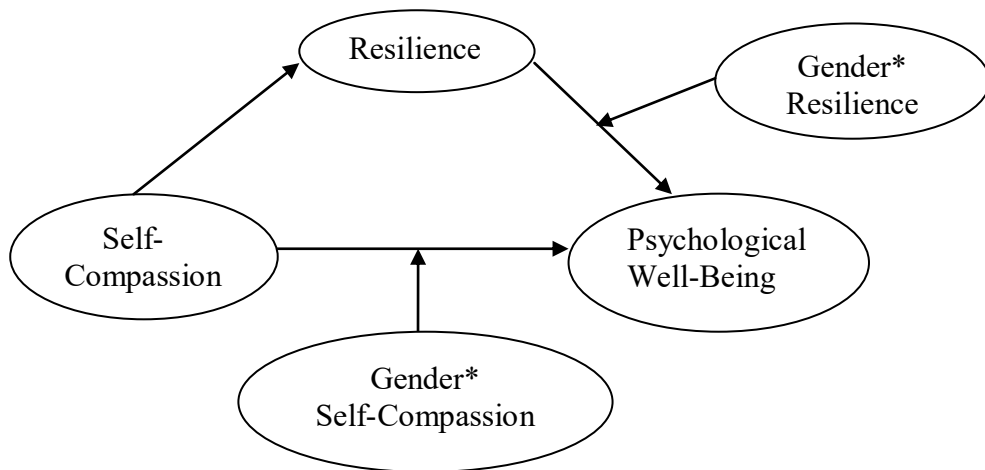
Figure 4.10 Hypothesized Moderation Model (Gender)

Figure 4.10 shows the moderating effect of gender visually. From this visual, it can be concluded that the relationship between self-compassion, resilience and psychological well-being was moderated by gender when there is a significant difference between females and males.

The PLS-SEM uses three approaches to examine the moderation analysis, namely the Product-Indicator Approach (Chin, Marcolin & Newsted, 1996; 2003), the Two-Stage Approach (Henseler et al., 2012, Chin et al., 2003) and the Orthogonalising Approach (Henseler & Chin, 2010). The current study engaged the Product-Indicator Approach.

As a conventional approach, the Product-Indicator Approach is the most widely used technique in numerous studies. It is the best approach to use when all the constructs (Independent Variable & Moderator) are reflective. The Product-Indicator Approach can be used when the moderator variable is categorical or non-continuous but independent variable is a continuous variable. In the present study, all the constructs were reflective. The moderator variable, gender, was also categorical and independent variable, which is Self-Compassion, served as a continuous variable. Based on this, the Product Indicator Approach is believed to be the most suitable

approach for assessing the moderation analysis and results generated are presented in Table 4.19 and further illustrated in Figure 4.11.

Table 4.19

Hypothesis Testing on Moderation (Gender)

Hypothesis	Relationship	Std Beta	Std Error	t-value	p-value
H5.1	Self Compassion*Gender ->Psychological Well-Being	0.066	0.035	1.891	0.029*
H5.2	Resilience*Gender-> Psychological Well-Being	-0.192	0.168	1.147	0.126

* p < 0.05

As noted in Table 4.19 above, there is a positive significant interaction between Self-Compassion*Gender and Psychological Well-Being (β = 0.066, t-value = 1.891, p < 0.05) but there was no significant interaction between Resilience*Gender and Psychological Well-Being (β = -0.192, t-value = 1.147, p > 0.05). Based on the results, it can be deduced that gender acts as a significant moderator between self-compassion and psychological well-being. However, it was not entirely clear how gender differs in term of the group (Male vs Female). Thus, further analysis is required.
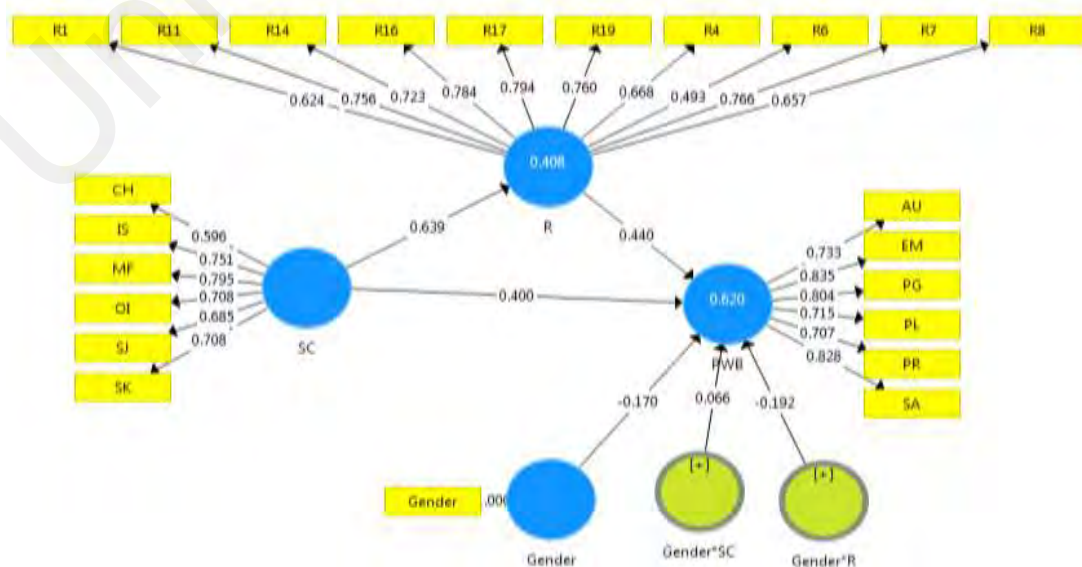

Figure 4.11 *Moderation Effect of Gender*

Simple Slope Analysis. In order to further examine the significant interactions, the Simple Slope Analysis result was referred. With reference to Figure 4.12, the three lines shown in the Simple Slope Analysis represent the relationship between Self-Compassion and Psychological Well-Being. The middle line represents the relationship for an average level of the moderator variable, Gender. To interpret the moderating effect of gender between the relationship of self-compassion and psychological well-being, the other two lines i.e. Gender at -1SD (Male = 0) and Gender at + 1 SD (Female = 1) are important. The interpretation of the interaction plots was to look at the directions and the gradient of the slopes. Figure 4.12 shows that the line labelled for females has a steeper and positive gradient in comparison to males (less steep and positive gradient). This showed that the positive relationship between self-compassion and psychological well-being was stronger for the female group.

Based on the results, it can be concluded that Hypothesis 5.1 which states that the relationship between self-compassion and psychological well-being will be stronger for females when compared to males, was supported. Hypothesis 5.2 which states that the relationship between resilience and psychological well-being will be stronger for females when compared to males, was not supported.
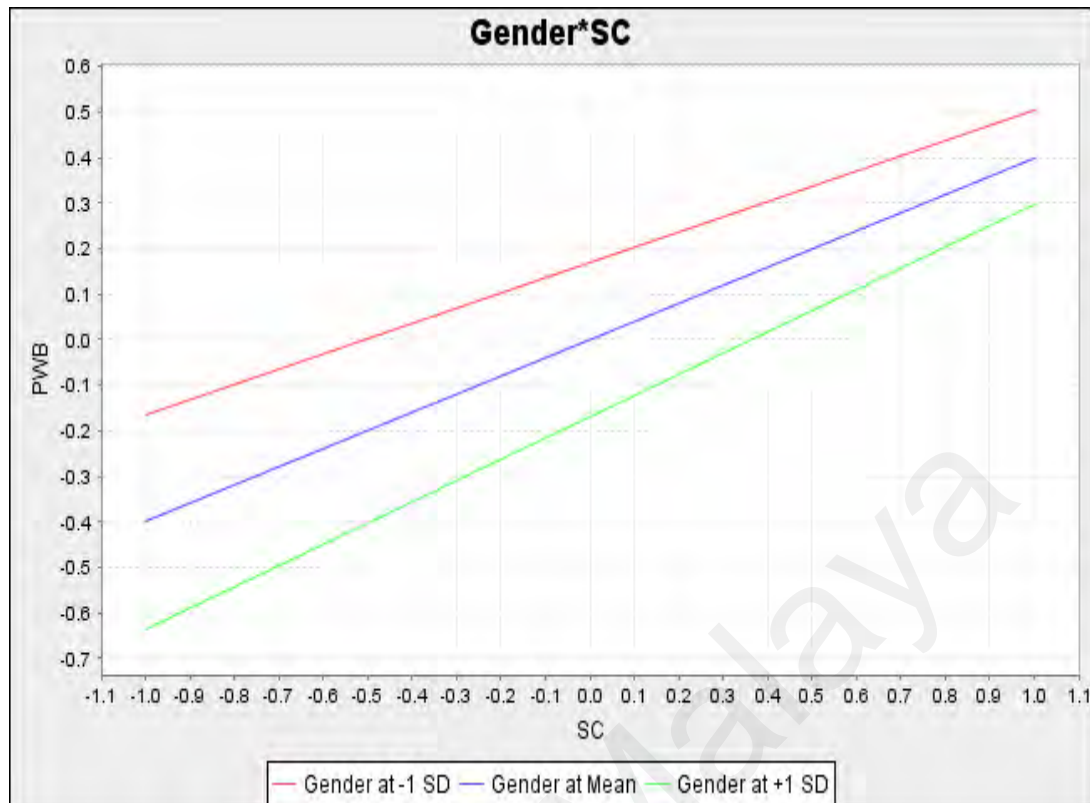
Figure 4.12 Simple Slope Analysis

Multigroup Analysis (PLS-MGA). It has been recognised that heterogenous data structures are often present in PLS path models and this occurrence is a growing interest for researchers who aim to identify and understand such differences (Hair et al, 2014). Heterogeneity exists when two or more groups of respondents demonstrate significant differences in their model relationship. Understanding group-specific effects is not only beneficial, from a practical and theoretical perspective, it also facilitates in obtaining further differentiated results (Hair et al., 2014). In fact, failure to consider heterogeneity can be a threat to the validity of the PLS-SEM results as this can lead to incorrect conclusions (Hair et al., 2014).

Multigroup analysis is used to compare the parameters (path coefficients) between two or more groups of data. Generally, multigroup analysis is used to explore differences which can be traced back to observable characteristics such as

gender. In this situation, it was assumed that there was a categorical moderator variable that influenced the relationships in the PLS path model. The objective of the multigroup analysis was thus to reveal the effect of the categorical moderator variable (Hair et al., 2014).

In the context of this study, Partial Least Square Multigroup Analysis (PLS-MGA) was conducted to further investigate the moderating effects of gender between male and female groups. Path coefficients based on the different samples are always different. In the present study, the path coefficients of the male group will definitely be different from the female group but the main concern of this study was whether these differences were statistically significant. In order to answer this question, multigroup analysis was conducted to test the null hypothesis which states that the path coefficients are not statistically different.

Figures 4.13 and 4.14 show the path model of the male and female groups respectively. In relation to this, the results presented in Table 4.20 revealed that all the paths did not significantly differ across the male and female groups. Based on this, it was concluded that the male and female groups have no significant differences in terms of their self-compassion, resilience and psychological well-being.

Table 4.20

PLS-MGA Results

	Path Coefficient-diff (Male – Female)	p value
Self-Compassion-> Resilience	0.001	0.483
Self-Compassion->Psychological Well-Being	0.007	0.464
Resilience->Psychological Well-Being	0.025	0.390

* p < 0.05
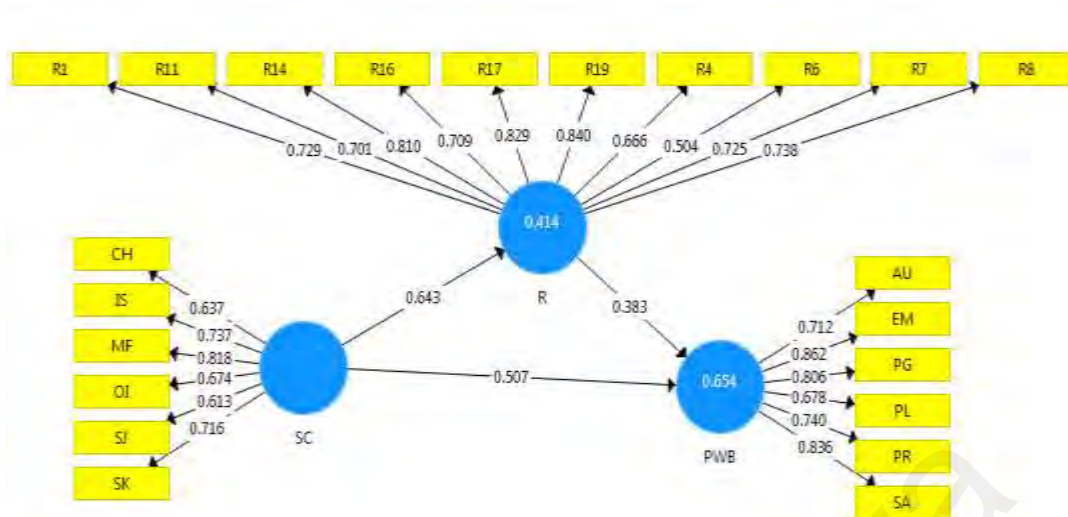
Figure 4.13 Path model of male counsellor group
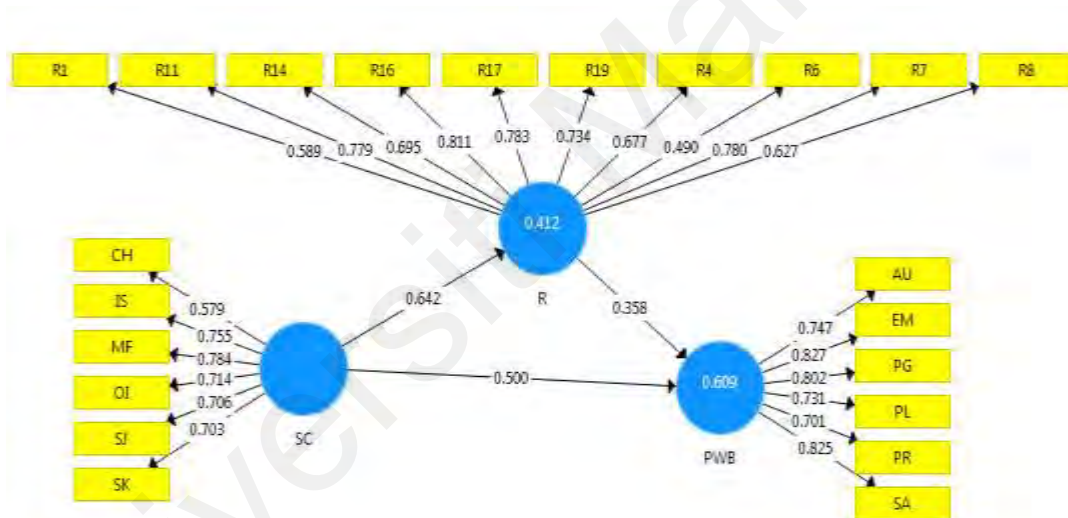
Figure 4.14 Path model of female counsellor group

Moderating effect of years of experience on self-compassion, resilience and psychological well-being. The fourth research question is: ―Is years of experience a significant moderator between self-compassion, resilience and psychological well-being among counsellors in Malaysia?‖ The question focused on determining if years of experience influence the interactions between self-compassion, resilience and psychological well-being.

Years of experience was used as another moderator variable in the current study. Past literature had suggested that years of experience is an influencing factor among the helping profession. Therefore, the current study predicts that there will be a significant effect of years of experience on counsellors' self-compassion, resilience and psychological well-being. To answer the research question, two sub-hypotheses were derived from Hypothesis 6 which states that year of experience is a significant moderator for the relationship between self-compassion, resilience and psychological well-being.

H6.1: The relationship between self-compassion and psychological well-being will be stronger for longer years of experience.

H6.2: The relationship between resilience and psychological well-being will be stronger for longer years of experience.
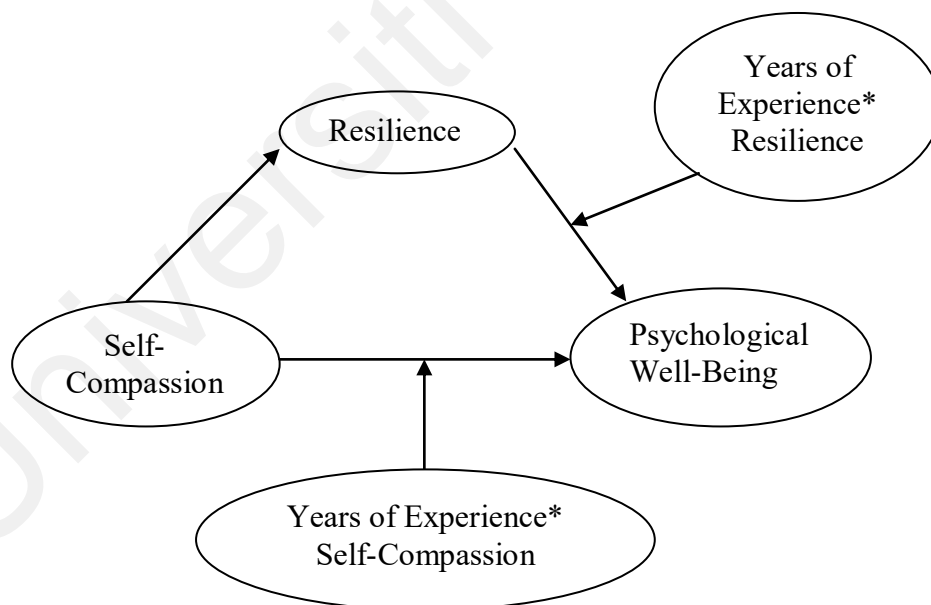

Figure 4.15 Hypothesized Moderation Model (Years of Experience)

Figure 4.15 presents the moderating effect of the years of experience visually. It can be said that the years of experience is a significant moderator when the relationship between self-compassion, resilience and psychological well-being

became stronger as years of experience increased. To answer Research Question 4, the Orthogonalising Approach (see above for description) was selected.

The Orthogonalizing Approach is an extension of the Product Indicator Approach (Ramayah et al., 2018). It is useful when the researcher's interest is to quantify or interpret the strength of the moderating effect (Henseler & Chin, 2010). The Orthogonalising Approach facilitates the interpretation of the moderating effect's strength when compared with the product indicator approach. For this study, self-compassion and resilience served as the reflective exogenous variables while psychological well-being served as the reflective endogenous variable. The moderator variable, i.e. years of experience, was considered a continuous variable. The moderator analysis tests if the relationship between self-compassion, resilience and psychological well-being was actually dependent on the years of experience, or whether the years of experience increased or decreased the interaction between two other variables. Therefore, the Orthogonalising Approach appears to be appropriate for the moderation analysis that will answer this research question. Table 4.21 illustrates; it is further illustrated in Figure 4.16.

Table 4.21

Hypothesis Testing on Moderation (Years of Experience, Continuous)

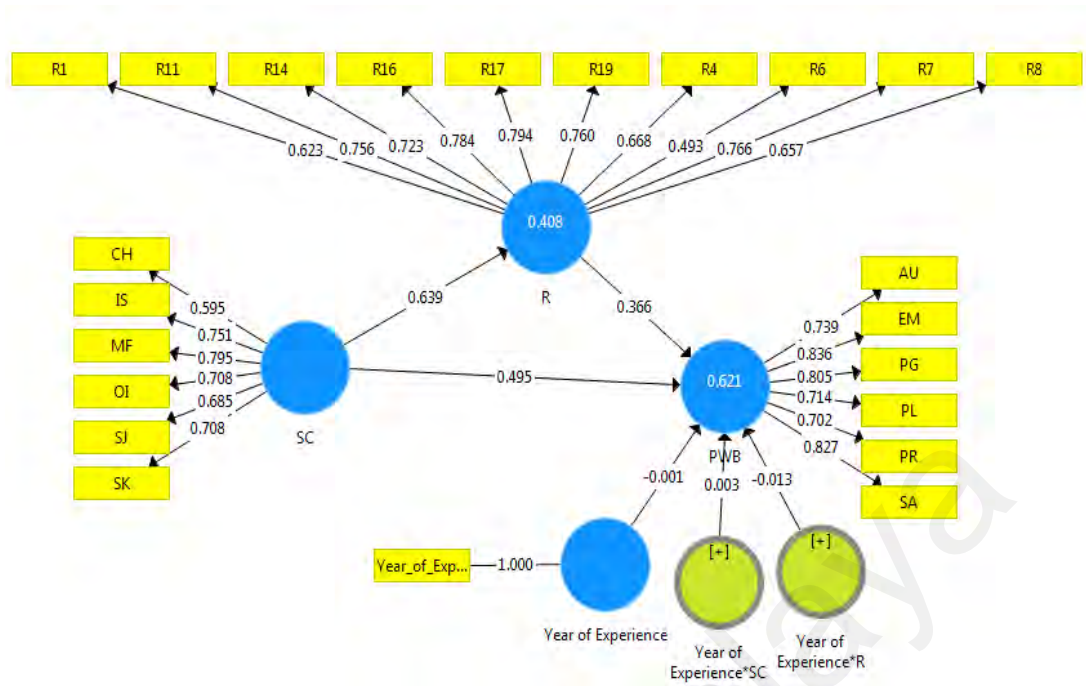| Hypothesis	Relationship	Std Beta	Std Error	t-value	p-value
H6.1	Self-Compassion*Years of Experience ->Psychological Well-Being	0.003	0.002	1.324	0.093
H6.2	Resilience*Years of Experience->Psychological Well-Being	-0.013	0.009	1.538	0.062

* p < 0.05

Figure 4.16 Moderation Effect of Years of Experience (Continuous)

As shown in Table 4.21, there is no significant interaction between Self-Compassion*Years of Experience and Psychological Well-Being (β = 0.003, t-value = 1.324, p > 0.05) as well as Resilience*Years of experience and Psychological Well-Being (β = -0.013, t-value = 1.534, p > 0.05). The results suggested that the association between self-compassion, resilience and psychological well-being did not differ in terms of years of experience. Thus, it can be concluded that the years of experience was not a significant moderator between self-compassion, resilience and psychological well-being. Both Hypothesis 6.1 which states that the relationship between self-compassion and psychological well-being will be stronger for longer years of experience and Hypothesis 6.2 which states that the relationship between resilience and psychological well-being will be stronger for longer years of experience, were not supported.

It is of interest to the researcher to examine if there was any difference between shorter and longer years of experience on the association between self-

compassion, resilience and psychological well-being. For that reason, the researcher ran a further analysis by categorising the years of experience into three different groups: Less Experience (1-5 years), With Some Experience (6-10 years) and With Experience (> 10 years). The moderator variable was then used as a categorical variable. Here, the Product Indicator Approach was chosen to further examine the moderating effect of years of experience. The findings of the moderation analysis are demonstrated in Table 4.19 and further illustrated in Figure 4.17.

As shown in Table 4.22, there was no significant interaction between Self-Compassion*Years of Experience and Psychological Well-Being ($\beta = 0.034$, t-value = 1.256, $p > 0.05$) as well as Resilience*Years of Experience and Psychological Well-Being ($\beta = -0.061$, t-value = 0.591, $p > 0.05$). The result also confirmed that years of experience made no difference on the interaction between self-compassion, resilience and psychological well-being. The outcome further confirmed that years of experience was not a significant moderator between self-compassion, resilience and psychological well-being among Malaysian counsellors.

Table 4.22

Hypothesis Testing on Moderation (Years of Experience, Categorical)

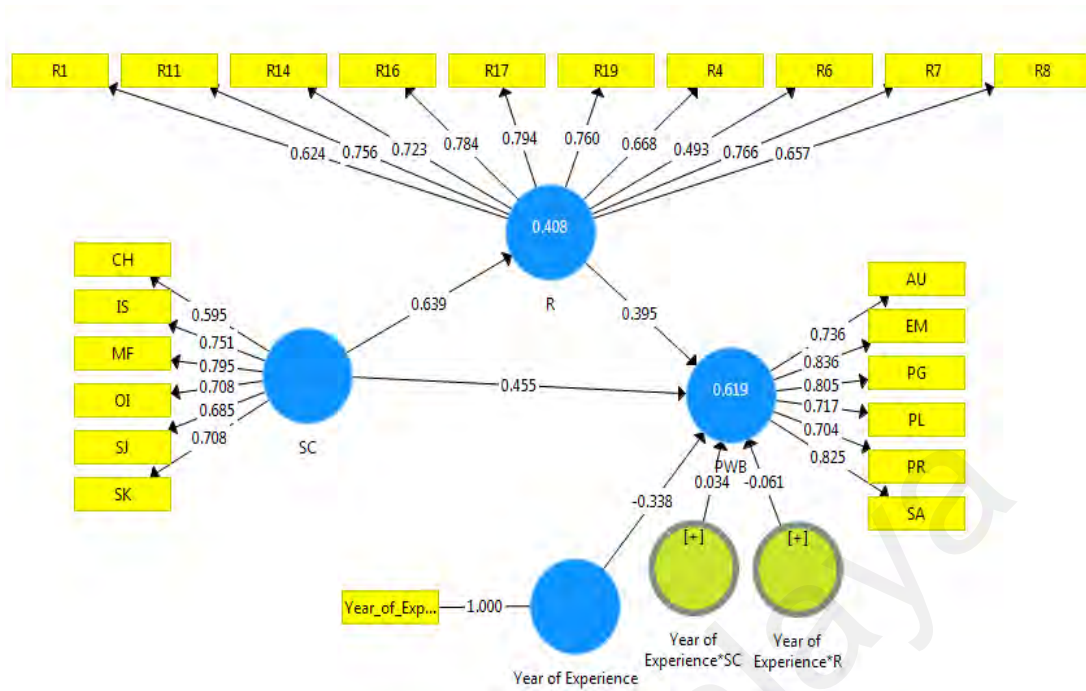| Hypothesis	Relationship	Std Beta	Std Error	t-value	p-value
H6.1	Self-Compassion*Years of Experience ->Psychological Well-Being	0.034	0.027	1.256	0.105
H6.2	Resilience*Years of Experience->Psychological Well-Being	-0.061	0.104	0.591	0.277

* *p < 0.05*

Figure 4.17 Moderation Effect of Years of Experience (Categorical)

Conclusion

The hypothesised model of the counsellors' psychological well-being was evaluated by using the PLS-SEM approach. The measurement model was conducted to examine the indicators of the respective constructs. The structural model was carried out with the intention of assessing the relevance of the model as a whole to represent the counsellors' psychological well-being. The proposed hypotheses, H1 to H3 were supported, showing the significant relationship between self-compassion, resilience and psychological well-being. Further, the mediating analysis demonstrated that resilience acted as a significant mediator between self-compassion and psychological well-being, thereby supporting H4. The moderating effects of gender and years of experience were evaluated for the current model and results revealed that the gender effect significantly influenced self-compassion and psychological well-being but not resilience and psychological well-being, thus H5.1 was supported and H5.2 was not supported. The findings also demonstrated that

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there was no significant moderation effect of years of experience on self-compassion, resilience and psychological well-being, indicating that both H6.1 and H6.2 were not supported. The discussion of the findings, implications, limitations and recommendations of the study are discussed in the subsequent chapter.

CHAPTER 5: DICUSSION, RECOMMENDATIONS AND CONCLUSIONS

Introduction

This chapter presents the discussion and implications of the research findings as well as recommendations for future research. The first section provides a summary of the research findings, the subsequent section presents the discussion of the research findings in accordance with the research questions, followed by the discussion on the implications from the theoretical, practical and research perspective. The limitations of the study are mentioned and then supported by recommendations for future research. This chapter ends with a conclusion drawn based on the research findings.

Summary of Research Findings

As mentioned in Chapter 1, the purpose of this cross-sectional quantitative study was to investigate the relationship between self-compassion, resilience and psychological well-being among registered counsellors in Malaysia. The current study was conducted with the intention to provide evidence for the influence of self-compassion on counsellors' psychological well-being. This study also examined the effect of resilience on self-compassion and psychological well-being. Linked to these intentions, the study further examined the effects of gender and years of experience on the counsellors' self-compassion, resilience and psychological well-being.

The descriptive analysis of this study indicated that counsellors in Malaysia perceive that they have high levels of self-compassion, resilience and psychological well-being. From the counsellors' perspective of looking at the subscales of self-compassion, it appears that self-kindness was the highest, followed by self-judgment,

common humanity, mindfulness, isolation and over-identification. The descriptive analysis also indicated that from the counsellors' perspective of looking at the subscales of psychological well-being, personal growth was the highest, followed by purpose in life, positive relations with others, environmental mastery, self-acceptance and autonomy.

The inferential analysis revealed that there was a statistically significant positive relationship between self-compassion and counsellors' psychological well-being. The relationship between self-compassion and resilience was also found to be significant and positive. The analysis further showed that there was a statistically significant positive association between resilience and psychological well-being.

The current study had empirically tested a model that led to a better understanding of the relationship between self-compassion, resilience and psychological well-being among counsellors in Malaysia. The results of this study largely supported the hypothesised relationship proposed in the model. In particular, the main findings of the current research are summarised below:

1. Self-compassion demonstrated a direct, positive and significant effect on the psychological well-being of counsellors.

2. Self-compassion was positively and significantly related to resilience.

3. Resilience was positively and significantly associated with psychological well-being.

4. Resilience significantly mediated the relationship between self-compassion and psychological well-being among counsellors.

5. Gender significantly moderated the relationship between self-compassion and psychological well-being, with a stronger interaction reported for female counsellors.

6. There was no significant moderating effect of gender on resilience and psychological well-being among counsellors.

7. Years of experience was not a significant moderator on self-compassion, resilience and psychological well-being among counsellors.

Discussion of Research Findings

This study has investigated the relationship between self-compassion, resilience and psychological well-being among counsellors in Malaysia. The research findings indicated that counsellors reported high levels of self-compassion and psychological well-being while their level of resilience was found to be just favourable. Details on the relationship between these constructs as noted in the proposed model are further discussed.

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

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

Further to the above, the findings of this study were consistent with other studies (Brown et al., 2015; Felder et al., 2016; Ferguson et al., 2015; Hall et al., 2013; Neff & Faso, 2014; Sun et al., 2016; Tarber et al., 2016; Yang et al., 2016) which had established the relationship that exists between self-compassion and psychological well-being, across different populations and cultural contexts. The current study showed that there was a meaningful relationship between self-

compassion and psychological well-being among the counsellors in the Malaysian setting. Based on this, it can be deduced that counsellors from a non-Western context appear to appreciate the concept of self-compassion which helped them in enhancing their psychological well-being.

Focussing on the concept of self-compassion, the result of the current study is consistent with previous studies (Beaumont et al., 2016; Patsiopoulos & Buchanan, 2011; Ringenbach, 2009, Solomon & Barden, 2016) that also examined counsellors' self-compassion. Nonetheless, the American study conducted by Ringenbach (2009) indicated that self-compassion was negatively related to burnout and compassion fatigue although self-compassion was positively associated with compassion satisfaction among counsellors. Similarly, Beaumont and colleagues (2016) also found that student counsellors' higher levels of self-compassion and psychological well-being reduced compassion fatigue and burnout and they consequently improved their quality of professional life. In the qualitative study done by Patsiopoulos & Buchanan (2011), it was reported that there was an overall improved sense of well-being among Canadian counsellors who practised self-compassion. The self-compassion traits of counsellor educators were also noted by Solomon and Barden (2016) to be beneficial for the development of the counsellor educators' well-being. These results are consistent with the findings of the current research where self-compassion was also found to significantly contribute to the counsellors' psychological well-being. As mentioned earlier, the fundamental importance of this study is traced to the lack of empirical data noted by literature which examine the concept of self-compassion among the population of therapists (Grant & Kinman, 2012; MacBeth & Gumley, 2012). Based on this inadequacy, the finding of the

present study has, thus addressed a gap in literature with regards to the self-compassion of counsellors.

Moreover, the finding of this study added to the stream of well-being studies among counselling profession which emphasized on the career sustaining behavior and self-care (Evans & Payne, 2008; Lawson, 2007; Lawson & Myers, 2011; Stephen, 2006). This study had found self-compassion to significantly contribute to the counsellors' psychological well-being. This is a healthy alternative for the counsellors to enhance their personal and professional well-being. The concept of self-compassion was not a floating or abstract ideal; it is a powerful tool which can be utilised for dealing with challenges; it can free one from the destructive cycle of the emotional reactivity that so often takes over the counsellors' personal and professional lives. This study thus asserts that self-compassion favorably contributes to the counsellors' psychological well-being.

Overall, the counsellors being investigated had demonstrated a favourable level of self-compassion. Nonetheless, those with high scores on self-compassion tend to derive a more positive mindset. There were a number of attributes gained. First, this positive mindset allowed the counsellors to be less critical and less judgmental but actively kind to themselves (self-kindness) while experiencing moments of suffering. Second, this positive mindset enabled the counsellors to hold their experiences with a balanced awareness (mindfulness). Third, the counsellors were able to recognize the connection between experience of self with others in the experience of life (common humanity) as a result of this positive mindset. Consequently, counsellors imbibed with these qualities are more self-compassionate and more emotional stability, both of which enhance their psychological well-being. The theoretical base of this study affirms that counsellors who are more self-

compassionate tend to be more self-aware in relating to themselves which help them to strive and reach their full potential.

Being in the helping profession, counsellors are committed to caring for others. Their repeated and frequent exposure to clients' negative experiences (sufferings) could make them vulnerable at times, especially if they themselves are psychologically unwell. A self-compassionate attitude implies putting one's own situation into a larger perspective. It involves understanding one's suffering through recognising that human condition involves failures and suffering and that all people, including the self, are worthy of compassion. For instance, self-compassion can help to create the mental process of the counsellor, in which he/she manages to be kind in viewing his/her failures and inadequacies, in recognising that suffering and hardships are shared human experiences. This may be accomplished by consciously adopting a mindful stance toward him/herself and other people. Therefore, this mental effort enhances the feelings of compassion for oneself among the counsellors.

Another outcome of this study is the implication which suggests that counsellors in Malaysia have the capacity to perceive their psychological well-being accurately. Ryff's (1989) notion of psychological well-being include the sense of independence in one's thought process and the way one acts (autonomy), one's ability in managing the environment according to one's needs and values (environmental mastery), one's motivation towards achieving goals in life with objectives for living (purpose in life), one's trusting relationship with others (positive relations with others), one's sense of continuous process of growth and development as a person (personal growth) as well as one's positive attitude towards oneself, including good and bad qualities (self-acceptance). In this regard, the respondents,

who were also counsellors working in Malaysia, had exhibited a high level of psychological well-being.

Of all the aspects of psychological well-being examined, it appears that the counsellors' personal growth had emerged to be the most synonymous to eudaimonia (Ryff & Singer, 2006) in comparison to other aspects of psychological well-being. Ryff (1998) had noted that personal growth reflects one's ability to realise one's potential. This implies that the counsellors being studied have a feeling of continued development; they are open to new experiences; they view themselves as growing and expanding; they see improvement in themselves; they make changes in ways that can reflect more self-knowledge and they also have a sense of realising their full potential (Ryff, 2014). This part of positive functioning among the counsellors is considered as a dynamic process which involves continuously developing one's potential. This outcome is in line with the nature of counsellors who are constantly seeking self-growth. They also view continuous learning as an important element for their career advancement.

However, of all the dimensions of psychological well-being, counsellors in Malaysia had revealed the lowest self-rating for autonomy. Ryff and Singer (2006) mentioned that the full functioning person is often described as one who evaluates him/herself by personal standards. He/she does not really look to others for approval, a concept proposed by Rogers (1961). The individual no longer belongs to the collective beliefs as a result of individuation (Jung, 1933).This concept of autonomy is considered to be the most _Western' of all the dimensions noted in psychological well-being. Therefore, it makes sense that autonomy (as an aspect of psychological well-being) was rated at the lowest level in the Malaysian context since the culture of Malaysians is more collectivist than individualistic. Malaysians value society

approval more than one's own confidence. These views suggest that a more self-oriented aspect such as autonomy may be less significant in the Asian context.

To be psychologically well (psychological well-being) does not mean being merely free from mental issues. Instead, it means to possess a sense of purpose in life, a feeling of continued development and growth, positive relationship with others, positive self-acceptance and autonomy and environmental mastery. In this regard, self-compassion will facilitate the process of the goal achievements by alleviating the negative emotional influence contributed by failures and setbacks.

Resilience as a mediator on self-compassion and psychological well-being among counsellors. Overall, the results of this study had also shown that the respondents showed favourable level of resilience. In comparison, the local study done by Haslee Sharil (2003) showed that a majority of the school counsellors (201 out of 615) were found to be non-resilient. Based on the difference shown in the comparison, it is pertinent for research to look into this disparity. This study further supported the notion that promoting resilience among counsellors is of central importance.

This study had also observed that self-compassion was significantly related to resilience and resilience was significantly associated with psychological well-being. This means that the current findings are consistent with the work of Lambert and Lawson (2013) who had highlighted the need to have professional resilience and self-care in anticipating posttraumatic growth among counsellors. Likewise, Kolar, Treuer and Koh (2017) also found resilience to be an essential factor for psychologists' well-being. Clearly, resilience serves as the protecting factor against mental illness (Johnson et al., 2011; Nock et al., 2013) in addition to Harker et al.,

(2016) who suggested that mindfulness and resilience contribute to lower levels of psychological distress among the human services professionals.

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

Based on this, it is deduced that resilience has a mediating effect on the counsellors' self-compassion and psychological well-being, consistent with the works of Hao et al. (2015), Wang and Zhang (2011), Xu et al. (2013) and Zhang (2013). The direct and indirect effects of the relationship between self-compassion, resilience and psychological well-being were noted to be significant in the model used in this study, indicating that partial mediation exists. Since both the direct and indirect effects pointed in the same direction, resilience can be considered as having complimentary partial mediation. In deduction, it can be concluded that self-compassion is directly and indirectly related to the counsellors' psychological well-being in a positive way due to their resilience.

The current study had also shown that counsellors with higher levels of self-compassion tend to be more resilient and they tend to develop a higher psychological well-being. This assertion is supported by previous studies (Basak & Can, 2018; Foureur et al., 2013) which found that self-compassion predicts one's resilience. Other scholars (Christopher, 2000; Garcia & Calvo, 2012; Mealer et al., 2012; Nygren et al., 2011; Souri & Hasanirad, 2011; Taku, 2013) had revealed that

resilience predicts one's well-being. Having said that, self-compassion showed a greater and direct effect on the counsellors' psychological well-being than the indirect effect of resilience.

In view of this, it can be deduced that self-compassion is a more influential factor followed by resilience. In other words, counsellors who were more self-compassionate were more likely to exhibit resilience, thereby enhancing their psychological well-being when compared to those lacking in self-compassion. Self-compassion has been noted to be a learned skill and can be easily taught and passed on to other therapists (Kabat-Zinn, 1994; Kabat-Zinn & Chapman-Waldrop, 1988; Kabat-Zinn, Massion, Kristeller, & Peterson, 1992; Baer, 2003; Shapiro, Astin, Bishop, & Cordova, 2005, as cited in Petra, 2010). Being compassionate to oneself enables one to build resilience. Life's experiences can put people in multiple crises or deep misfortunes. Such crises can make some people withstand multiple crises while making others collapse in the face of the slightest misfortune. Some people emerge to be stronger than others who suffered the same ordeal. It is resilience that accounts for the marked differences; it supports some of those individuals to adjust to the changing and challenging environment, hence their psychological well-being. In the context of the counsellors, resilience will serve as a very important factor to sustain their psychological well-being.

Despite the various discussion of resilience in the context of adversity, the researcher would like to take another viewpoint by looking resilience beyond adversity. This is in line with scholars like Reivich and Shatte (2002) who maintained that resilience is not just about struggling with hard times. In fact, it is also about improving lives, and making it a primary focus of life whether or not one has experienced great adversity as each person encounters some degree of stress and

challenge in everyday life (Brooks & Goldstein, 2003). It was also highlighted by Morris (2004) who stated that if one lives long enough and pay attention to one's surroundings, one may come to realise that one of the deepest truths about life is that, the inner resilience is the secret to outer results in this world. A spirit that won't be defeated is required especially during challenging times (Morris, 2004).

There is no education like adversity and adversity may build resilience. Resilience is ordinary and all human beings have the capacity to become resilient. Resilience is the foundation of one's positive mental health (Persaud, 2001) and the heart of resilience lies in one's attitude. Based on these claims, it is essential that counsellors take a personal responsibility in developing resilience. They need to identify the strength of their own resilience by examining their daily lives for evidence, by revisiting past adversities in order to uncover useful lessons in helping them to better cope with current events as well as by envisaging future adversities so as to further build their resilience. This is a wake-up call for counsellors to make themselves more resilient in order to lead a better professional and personal life.

Gender as a moderator on self-compassion, resilience and psychological well-being among counsellors. The current study had found that female counsellors rated themselves significantly higher than male counsellors with regards to self-compassion and psychological well-being. Previous studies obtained mixed results concerning gender differences in self-compassion. Some studies reported that females showed lower self-compassion than males (Neff, 2003, Neff & McGehee, 2010) while others showed no significant difference in term of gender effect on self-compassion (Neff, Pisitsungkagarn, & Hsieh, 2008; Yang, 2016).

The finding of this study is thus relevant, in light of prior research which had suggested higher self-compassion among women. A study by Dorian and Killebrew

(2014) revealed that there was a significant impact of mindfulness on the path to self-compassion for female therapists in training. Taking the context of Hong Kong, the importance of self-compassion in facilitating the psychological well-being of boys and girls was noted by Sun, Chan and Chan (2016). This outcome was different from Yarnell et al. (2015) who observed males reporting higher levels of self-compassion than females.

One possible reason attributing to the inconsistency may be the gender-specific socialisation practices (Sun et al., 2016) where individuals have internalised social expectations for gender norms and so they behave accordingly. For instance, the socialisation experiences of females emphasise on sacrificing themselves in order to satisfy the needs of others, instead of their own. This behavior may impair the females' ability in treating themselves with loving-kindness. As a consequence, it caused low level self-compassion. Extending on this, the socialisation experiences for females tend to focus on the importance of gentle qualities such as gentleness, subtleness and quietude, qualities perceived to be calming and soothing (Raffaelli & Ontai, 2004). Thus when these qualities are adopted by females, they become more empathetic in experiencing suffering, thereby increasing their self-compassion. It is argued that these qualities of expression that exist and may be different between the male and female counsellors, are most likely to affect their ability to regard self-compassion as high or low as noted in previous studies (see above).

Gender issues have been a debatable and complicated issue in the non-Western cultural context, especially when viewed in light of today's advanced development. The high level of interdependence in the non-Western culture such as the Asian culture carry differential implications for both men and women with regards to the relationship between self-compassion and psychological well-being.

Such a perspective implies the immense importance of human interconnections (Kitayama & Markus, 2000) which may encourage the practice of self-compassion. In this regard, females tend to benefit more from high levels of common humanity in the social context. The high interdependence sense of self may encourage social conformity. Self-criticism can enable one to have a clear awareness of one's deficits, hence facilitating self-improvement. This practice may become a more adaptive factor for men since they are more dominant when compared to women, as a whole (Suh, Moskowits, Fournier & Zuroff, 2004). In this regard, men can be more inclined towards integrating self-criticism, thus self-judgment can be a more positive factor for Asian males (Sun et al., 2016).

Collectively, it is not surprising to note that self-compassion facilitated the female counsellors' psychological well-being. In a society that values human interactions and in a career that sees therapeutic alliance as the foundation, the strong connection a counsellor has with others can bring more impact to the female counsellors involved in this study. The female counsellors' natural instinct of practicing the soothing qualities of self-compassion thus increased. This is unlike the male counsellors whose traditional social norms were expected to be tough (Eisenberg & Lennon, 1983).

Self-compassion provides the emotional resources needed to nurture oneself and others, a fundamental establishment for counsellors. It involves the ability to comfort and soothe oneself, and to motivate oneself with encouragement when suffering arises. Self-compassion is learned by connecting one's innate compassion for others; and self-compassion also helps one to grow and sustain one's compassion for others. Women, in general, have higher magnitudes in related constructs such as empathy (Konrath, O'Brien & Hsing, 2011), thus self-compassion can be enhanced

among women. This may also be explained by women's general ability to adapt fast following a negative or painful experience (Luhman et al., 2012).

Self-compassion has the paradoxical effect of soothing one's own emotional distress and opening oneself to the pain that may have been unconsciously contained inside. Female counsellors who are more likely to undergo this process exhibited more empathy to their clients, they understand and feel their clients better and this enhances the therapeutic relationship, process and treatments. Such a process also improves the female counsellors' emotional resources in meeting emotional challenges, thereby leading to their better well-being. These elements could explain the difference between male and female counsellors' appreciation for self-compassion.

Years of experience as a moderator on self-compassion, resilience and psychological well-being among counsellors. Years of experience has been taken as a factor enhancing one's skills but the current study found that the length of experience had no significant influence on the counsellors' well-being, self-compassion and resilience. Previous studies (Benedetto & Swadling, 2014; Dyrbye et al., 2013; Dyrbye et al., 2014; Lee at al., 2014, Picco et al., 2017; Soanes & Chan, 2016; Shanafelt et al., 2009; Shanafelt et al., 2012) had mentioned that years of experience carry an influence in helping professionals' well-being at different career stages.

The notable finding of this analysis is the distinct influence of years of experience on Malaysian counsellors. One plausible explanation that may account for this interesting finding is that those who were more sensitive or vulnerable towards stress and burnout, tend to leave the profession quickly while those who were more resilient tend to remain. In addition, counsellors who had worked for several years

may be planning to shift their career pathways or pursue a career that involved no direct therapy. Counsellors may pursue further education to become counselling educators rather than serve as practitioners, or they may choose to leave counselling altogether. This could be as a result of the career choice made at different career stage, career development and progression or job satisfaction, just like other health professionals do (Dyrbye et al., 2013, Picco et al., 2017). However, a longitudinal research may be necessary to verify this occurrence such as tracking the counsellors' well-being across their career span as well as identify the years of experience counsellors have and its impact on their well-being.

Bell and colleagues (2003) have argued that experience is relevant to the increased level of stress among younger counsellors who are more at risk in showing compassion-fatigue related symptoms. The reality of coming into contact with people who are experiencing emotional and psychological issues can cause emotional burdens on counsellors with little experience or no exposure at all. Skovholt (2001) called this inexperience, the gap between ―theory and practice". It has the capacity to cause panic and disillusionment among helping professionals experiencing this for the first time. Further, listening to emotionally demanding stories on a daily basis day also creates stress and affects counsellors negatively.

Harr and Moore (2011) claimed that the lack of practicing-experience may be the possible consequence of one's physical and mental well-being. Novice counsellors may experience high levels of stress, both personally and professionally, when they first embark on their career. They tend to give more attention to their clients' well-being than their own, striking an imbalance between self-care and other-care. Additionally, counsellors need to be genuine and congruent inside and outside of the counselling rooms to build reputation and establish trust (Wilson, Knezevic,

Kibugi, Peterson & Polacek, 2018). This may add to their pressure. Experience takes time to develop and counsellors also require a certain length of time to turn from novice to experienced.

Stressors may differ for the counselling profession across different stages of training and career. Weiss (2004) pointed out that although stress is more prominent for beginner therapists, experienced practitioners are also vulnerable. Novice counsellors may experience more personal distress because of a greater presence of stressors affecting their personal domain caused by issues such as adjustment to the working environment. They tend to struggle more with a low sense of personal accomplishment. With increased levels of experience, career goals may change, hence affecting self-care patterns (Smith, 2015). Experienced counsellors may develop better strategies for coping with challenges over time, therefore, perceive they less stress when compared to their newer counterparts. Seasoned counsellors, nonetheless, may suffer from stress or fatigue as they have more caseloads and work responsibilities while also having to maintain vitality and self-renewal. The demands of their profession, their personal experiences outside the counselling practices and other life-events may accelerate the stress which in turn, influences their well-being.

In spite of the insignificant result of years of experience impacting the counsellors' self-compassion, resilience and psychological well-being, as shown in this study, it is believed that the outcome has contributed to the knowledge on the influence of years of practice among counsellors. Counsellors' well-being is an all-time concern despite the years of practice. The importance of promoting mental well-being as well as building self-compassion and resilience needs to be emphasised among novice as well as experienced counsellors. Individuals who had chosen to become a counsellor need to critically think about their future career-sustaining

behaviors or self-care behaviors. This is because their ongoing health behaviors may affect their stamina as a counsellor.

Yalom (2002) had beautifully described counsellors as ―cradlers of secrets‖. They have the privilege for other people to share and trust them with their innermost thoughts and feelings. Counsellors have the good fortune to participate in their clients‘ lives, hence, counselling is a life-changing profession. The practice of psychotherapy by counsellors permits a unique lifestyle whereby one‘s personal live and one‘s professional role complements each other. The skills used in counselling work can be helpful for assisting others. For a counsellor, all the personal experiences, conversations, learning, travelling, dealings with life provide them with the foundation to enhance their counselling sessions. For that reason, the counsellors‘ wellness is a priority at every stage of their career.

Implications

The findings of this study highlight several noteworthy implications for the counselling profession, especially for counsellor development. The theoretical, practical and research implications are further discussed.

Theoretical implication. The model established for this study highlights the paucity of data which demonstrated the current state of counsellors‘ belief or practice in self-compassion, resilience and psychological well-being. The results of this study had substantiated the meaningful relationship between self-compassion, resilience and psychological well-being. The study also provided evidence to show that the counsellors‘ psychological well-being is a process influenced by self-compassion and resilience. In this regard, the current study had established an empirical base depicting the positive function of the framework which had been integrated with two

concepts, self-compassion and resilience. This study had also explored other possible factors which could contribute to the counsellors' psychological well-being and it was found that self-compassion and resilience has an essential role in influencing the counsellors' positive functioning.

Among all, the current model was developed as a parsimonious yet theoretically and empirically justified model. The substantial predictive ability of the current model can provide useful information for future research when looking at self-compassion, resilience and psychological well-being among counsellors. Based on the statistical significance and effect size, this study concludes that there was notable relationship between self-compassion, resilience and psychological well-being. Thus, it cannot be denied that counsellors with high levels of self-compassion were more likely to reap the benefits of psychological well-being.

Practical implication. Obviously, the findings of the current study are valuable inputs that can inform the prospective interventions designed for professional counsellor training and development to promote psychological well-being among counsellors, just as how they learn to implement their knowledge of counselling theories, techniques and skills. By incorporating the concept of well-being into the formal education system, counsellors can experientially learn evidence-based approaches as well as practical techniques in cultivating the concept of well-being. Doing so can enable them to manage their personal and professional life more effectively and efficiently. It is recommended that the education policy makers endorse the implementation of counselling graduate training programmes and syllabuses that emphasised on counsellors' well-being.

Excellence in education should be the goal and this can start with curriculum integration. Curricular and co-curricular activities that promote personal and

professional well-being may be infused into the undergraduate and postgraduate level of counsellor training and development programme. Just as one course in multicultural counselling does not create a culturally competent counsellor, a limited wellness curriculum does not reinforce the counsellor's healthy well-being. Therefore, focusing on developing counsellors' well-being is important. Nonetheless, integrating wellness into the counselling programmes takes time and effort to proliferate. To overcome some of these limitations, the concept of well-being may be infused into existing coursework such as designing assignments and projects that help students to recognise the importance of well-being. For example, an assignment in an ethics course may include getting students to understand the ethical mandates needed for counsellors' self-care and the potential consequences of neglecting self-care to themselves and their clients. Additionally, the counsellor's well-being can be explored through other courses such as Introduction to Counselling which is the foundational paradigm of counselling. The challenges and resources related to well-being could be discussed, serving as a great avenue for counseling students to learn the importance of well-being on therapeutic relationship, its process and effectiveness.

Apart from the above, counselling programmes may develop a stand-alone well-being course which may be helpful to counsellors-in-preparation. For instance, Harvard University, one of the most prestigious universities in the world, offers the most popular and successful course which teaches their students how to be happy. Likewise, it would be beneficial for universities in Malaysia to develop and offer an elective course on well-being. Further, the concept of well-being can be integrated into the counselling programme as an overarching component of counsellor

development by putting the prerequisite for counselling students to develop their own wellness portfolio that identifies their needs and self-care.

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

Similarly, the concept of ―psychological workout" can be implemented in order to promote a vision of a healthy counsellor who is mentally fit. In many ways, feeling the emotions of others is a courageous undertaking. Self-compassion is essential for self-care (Neff, 2009) and a crucial quality in the healing relationship (Hick & Bien, 2009). Given the high levels of stress that counsellors experience, the need for counsellor educators to promote self-care is vital. By promoting the importance of the counsellors' psychological well-being in graduate schools, counsellor educators help to create a culture of self-care among counsellors. This practice promotes a healthy attitude and behavior during their early career development. Practicing self-care helps counsellors to manage stress, burnout and compassion fatigue more effectively. Consequently, occupational related risks are averted and career longevity is prolonged.

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

This study has also shown that female counsellors tend to have higher self-compassion than male counsellors. Therefore, it may be worthwhile that complimentary self-compassion training be conducted to boost the self-compassion level of male counsellors, especially, so as to enhance their psychological well-being.

The complimentary intervention may help male counsellors learn about self-compassion strategies. As an emphasis, future studies could be conducted to examine the effectiveness of self-compassion training programmes on counsellors' psychological well-being.

Research implication. The concept of self-compassion has existed in Eastern philosophical thoughts for centuries, yet research on this aspect has been confined mainly to the Western context. The current culture-specific study has broadened the existing understanding of self-compassion and well-being from an Asian perspective, in this context, the Malaysian setting. Burgeoning research (CMSC, 2018) has shown that self-compassion is strongly related to well-being and the findings of the current study confirm this claim. This study has also contributed to the stream of research which focused on well-being by extending the positive effects of self-compassion on counsellors' psychological well-being in the context of Malaysia.

Finally, the results of this study support the validity of the Self-Compassion Scale (SCS) as a measure of the construct. Therefore, it can be concluded that SCS is a valid and useful measurement for assessing self-compassion in the context of Malaysia. More research on self-compassion should be conducted to confirm the findings, however. The correlations between self-compassion as measured by the Self-Compassion Scale and other measures namely resilience and psychological well-being, were similar to those found in previous research (Neff, 2003a, Neff, 2003b; Neff et al., 2005). These findings position self-compassion soundly among remarkable determinant of well-being. As such, it is a construct worthy of further verification.

Limitations and Delimitations of Study

The a-priori framework of the current study is assumed to be parsimonious. Prominent philosophers and scientists have emphasised the importance of parsimony throughout history (Vandekerckhove, Matzke & Wagenmakers, 2014). In the Almagest, a famous 2nd-century book on astronomy, Ptolemy wrote: ―We consider it a good principle to explain the phenomena by the simplest hypotheses that can be established, provided this does not contradict the data in an important way". Also, people tend to feel naturally attracted to models and explanations that are easy to understand and communicate (Vandekerckhove et al., 2014). Parsimony is crucial as it helps to eliminate overly complex models which might cause over-fitting of data but allows better prediction and generalisation to new data (Vandekerckhove et al., 2014). This study also applied the principle of parsimony in the current study. The proposed framework was designed with the intention of developing a simpler focus with the least assumptions or variables possible but with greater explanatory power.

Despite the parsimony, this study is also limited in some considerations. The first of these is traced to the exclusive use of the self-reported measures. Data collected through this approach may not be as detailed in comparison to those obtained using other more rigorous approaches such as interviews and observations. Also, there is a likelihood that participants' responses may have been influenced by their mood or emotion at the time they answered the questionnaire. Some participants may have the tendency to provide socially desirable answers rather than reflect on their actual perceptions. Hence, the second limitation is traced to the trustworthiness or honesty of the participants. Nonetheless, self-reported measures are appropriate for the present study given that self-compassion and psychological well-being are relatively abstract concepts which require a sensible degree of self-understanding so

as to be able to report them in a meaningful way (Kollman, 2008, as cited in Low, 2013). In this case, participants appear to be the most knowledgeable of their own attitudes, beliefs and judgments in term of the measured constructs.

The third limitation is related to the method of the web-based survey utilised in the current study. A comparison study between internet data collection method and traditional paper-and-pen method conducted by Gosling, Vazire, Srivastava, and John (2004) revealed that there was no significant difference in the accuracy of participants' responses. The web-based questionnaires were employed as the primary method in this study to collect data due to the intention of reaching out to as many registered counsellors practicing in Malaysia as possible. Nevertheless, every coin has two sides. The lack of accessibility to internet or a computer may be a potential restriction for some potential participants. The internet method also limits the direct contact between researcher and potential participants and this may also restrict the opportunity for potential participants to seek clarifications in spite of the fact that clear instructions were provided. The time constraints faced by respondents is also another limitation since counsellors who participated may have been overworked or they may not have sufficient time to complete the questionnaire. Hence, the willingness rate of the participants served as a potential barrier to this study. In order to overcome this potential limitation, a follow-up email was despatched one week after the first invitation. If the response rate was low, a reminder email would be sent, for example, two weeks after the invitation.

Recommendations for Future Research

With the useful and meaningful findings generated by the current study and the limitations mentioned, there appears to be room for improvement. In view of this, several recommendations are proposed. .

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

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

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

A key point for a eudaimonic view is that not all pleasure-producing desires would result in well-being. For that reason, a eudaimonic perspective would not equate happiness and well-being. Well-being, in this paradigm, would result in a state of authentic aliveness in which people can be who they truly are. Based on this,

future research should take up the challenge by considering the aspects of the good life that are not related to good feelings (King & Hicks, 2007; Tedeschi & Calhoun, 2004, as cited in Kashdan, Biswas-Diener & King, 2008). This can be accomplished by including variables that are often not in the region of well-being research, for instance boredom, guilt, failure, shame and regret. The result attained may provide valuable insights to the contentions of other eudaimonic scholars.

Eudaimonism, also appears to be consonant with the construct of self-compassion. The finding of this study has suggested that female counsellors were more self-compassionate than male counsellors. As a result, it would be interesting for future research to examine the effect of the multiple roles played by female counsellors. This would be an expansion to the understanding of self-compassion and psychological well-being. Self-compassion could be a mediating factor for the development of well-being in female counsellors who often play more than one role as an individual in society. It is expected that a higher level of self-compassion would mediate a more mature level for female counsellors to conduct their behavior.

Of additional interest for further research is the continuance of studying the concept of self-compassion, resilience and psychological well-being by exploring other possible factors. In this regard, future research may consider examining the influence of working experience and work setting on counsellors' self-compassion, resilience and psychological well-being. The result would add to the knowledge of the usefulness and benefits of well-being for novice or inexperienced counsellors.

The current study had shown that psychological well-being is associated with self-compassion and resilience among the targeted counsellors. The outcome thus emphasise that self-compassion can be an entry point for developing counsellors' psychological well-being. In addition, resilience was observed to play an important

role in facilitating self-compassion as a route to psychological well-being. Based on this, it is deduced that one's actions and attitudes may have a great influence in affecting one's well-being. Interventions which encourage these positive actions and attitudes, i.e. self-compassion and resilience, evidently, have an important role to play in enhancing one's well-being. Therefore, it is imperative that future research move from observational to intervention studies to test whether interventions would lead to an increase in the number of people with better well-being.

The science of well-being which emphasises on the positive aspects of psychological well-being or what makes people flourish, is a promising new area of research (Huppert, 2009). Understanding well-being from the bio-psycho-social perspectives will benefit individuals, organisations as well as society. Consequently, future movement in the science of well-being and its application should steer towards different approaches i.e. go beyond targeting the alleviation of ill-being to a focus on personal and interpersonal flourishing.

Conclusion

The ultimate goal of this cross-sectional quantitative study was to investigate the relationship between self-compassion, resilience and psychological well-being. The current study revealed the strong influence of self-compassion in developing counsellors' psychological well-being. It also disclosed that self-compassion has a positive and direct effect on psychological well-being among counsellors. The concept of resilience, however, appeared to play a significant role in mediating the relationship between self-compassion and psychological well-being among counsellors. More focus, thus needs to be given to cultivate self-compassion and resilience among counsellors in order to develop their psychological well-being.

As a helping profession, counsellors are dedicated to caring for others. They receive great satisfaction from these actions but satisfaction in itself may not be sufficient to sustain the careers of these helping professionals. The importance of creating a sustainable balance between caring for clients and caring for oneself has often been neglected by the helping profession. It is believed that the time has come to take a sincere look at the role of well-being in professional psychology (Wise, Hersh, & Gibson, 2012). Rabbi Hillel, the Elder's oft-repeated 2000-years-old quotation, has sensibly captured the essential dialectic and wisdom of care for the self and care for the other: ―If I am not for myself, who will be for me? If I am only for myself, what am I? And, if not now, when?"

Instead of trying to control ourselves and our lives to obtain a perfectionistic ideal, why not embrace life as it is – both the bright side and the dark side? Self-compassion and resilience are precious gifts available to anyone of us as long as we are willing to open up ourselves. After all, who is most likely to know the full extent of the pain and fear we face, to know what we need most? Who is the only person in our life who is available 24/7 to provide us with care and kindness? We ourselves.

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