

Compassionate Pedagogy: Principles and Methods for Allied Health Education

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Abstract

This article explores the potential of compassion and self-compassion as pedagogical concepts for allied health education in universities. Compassion and self-compassion have long histories in philosophy and religion. They are argued as essential to transformational learning, and for cultivating the civic-mindedness and moral dispositions necessary for ethical conduct in a complex multicultural and diverse world. Yet, the neoliberal transformation of universities has created environments characterised by competition and individualism, negatively affecting the well-being of students and educators. Under such conditions, a return to compassion and self-compassion as guiding principles is warranted. In this article, we address the question: What can a pedagogy of compassion and self-compassion bring to the teaching and learning context of allied health education in a university setting? We argue that there is strong evidence that compassion and self-compassion improve learning and the student experience, which can support critical thinking, emotional awareness, and advanced interpersonal skills required in allied health professions.

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Compassion; Self-Compassion; Allied Health; Higher Education; Pedagogy; Curriculum; Social Work; Occupational Therapy.

Introduction

Compassion and self-compassion are increasingly attracting the interest of academic educators as meaningful pedagogical concepts for teaching and learning (Andrew et al., 2023; Gibbs, 2017b). For example, emerging literature evidences the benefits of self-compassion for motivation, learning, and psychological well-being (Breines & Chen, 2012; Cai et al., 2023; Gilbert, 2009b, 2014). Compassion has a long history in the *telos* of higher education. Maxwell (2017) argues that compassion is an ethical virtue that academic institutions historically sought to develop in students as a matter of public good, through education in philosophy, art, literature and politics. Compassion offers a promising basis for cultivating moral dispositions, such as critical reflexivity (Waddington, 2017), cultural competence (Papadopoulos, 2017) and ethical reasoning and virtue (Reilly, 2008)—things that are important for applied helping professions such as occupational therapy and social work, which is our focus and concern in this paper.

Part of the appeal of considering self-compassion and compassion as educational concepts lies in a critical analysis of the global contemporary state of higher education and its contexts. Rustin argues that universities have become overrun by "neoliberal corporate capitalism" (2016, p. 4), which has commodified education into products capitulated as instrumental goods consumed for personal gain (Maxwell, 2017). Under such conditions, education becomes a program of credentialism for pathways to meet industry needs, and students invest in education as a means of social mobility and job security (Tomlinson & Watermeyer, 2022). The neoliberal academy has meant new levels of ranking, performance metrics, competition and scarcity—overwork, job precarity and constant restructuring become the new normal for academic work (Hodgson & Watts, 2020). For academics, there is evidence of widespread burnout, job dissatisfaction and anxiety (Berg et al., 2016). Evidence shows that students too experience stress, exhaustion, mental health difficulties and dissatisfaction with their education, as they struggle to balance study loads, a digital learning environment, a global pandemic, performance and assessment pressures alongside work and family demands, and the challenges of a global cost of living crisis (Beiter et al., 2015; Branson, 2023; Browning et al., 2021).

In our context as allied health educators, students must complete extensive field placement learning (e.g., Australian Association of Social Workers, 2023), which adds a challenge to balancing work demands with placement hours (Gair & Baglow, 2018). In social work in Australia, for example, there is well-documented evidence of widespread student poverty (Morley et al., 2023), and a push for national reforms and government assistance to help students financially survive their education (Clare & O'Connor, 2024). The digitisation and hybridisation of higher education have meant less face-to-face learning and a move away from relational pedagogies, increasing student disconnectedness, isolation and loneliness (Hehir et al., 2021). Furthermore, the emergence of artificial intelligence complicates the teaching and learning environment for students and educators, with unresolved ethical and epistemological questions about the use or misuse of artificial intelligence in higher education (Yang et al., 2024). Students and educators are working together in a global context marked by increasing uncertainty over the conditions of late capitalism, which include existential risks, climate change, and techno-accelerationism associated with AI risk (Davidson, 2022; Jarrett et al., 2024; Yudkowsky, 2023).

Thus, the pressures and concerns facing students and educators alike are considerable. With this context in mind, this paper addresses the question: What can a pedagogy of compassion and self-compassion bring to the teaching and learning context of allied health education in a university setting? The paper proceeds in the following way. First, we define and conceptualise what is meant by compassion and self-compassion. Second, we focus on self-compassion through an articulation of the methods and practices one would undertake to develop a habit and disposition towards self-compassion. Third, using evidence from research studies, we outline three arguments for the merits of a compassionate pedagogy. Finally, the paper describes principles of compassionate pedagogy that educators can develop in their practice, including a framework of critical and ethical pedagogy, and teachable skills such as compassionate listening, self-reflection and self-compassion. We argue that compassion and self-compassion are important and viable pedagogical concepts for allied health education in contemporary contexts.

Conceptualising compassion and self-compassion

Compassion

Compassion is an ancient term that has diverse theoretical, philosophical and religious pedigrees. Aristotle considered compassion to be a moral virtue, aroused in the form of a painful feeling towards another's undeserved suffering (Gibbs, 2017a). In *The Theory of Moral Sentiments*, Adam Smith wrote that compassion is "the emotion which we feel for the misery of others, when we either see it, or are made to conceive it in a very lively manner" (Smith & Haakonssen, 2002, p. 11). In Buddhism, compassion is a key virtue and teaching, focusing on cultivating a disposition to deeply understand that suffering is akin to human experience and that sensitivity towards the suffering of self and others is important for spiritual enlightenment and ethical conduct (Maher, 2017). The philosopher Martha Nussbaum (2001, p. 525) wrote that:

Compassion typically involves seeing oneself as one among others, similarly vulnerable, with similar possibilities for worldly misfortune. One cannot have compassion for others if one is unwilling to acknowledge the reality and the salience of another human life alongside one's own.

What ties these notions of compassion together is (1) recognition and insight into other's suffering, (2) elicitation of feelings towards that suffering as being ontologically or morally underserved, or unjust, (3) recognition that one may similarly suffer (common humanity), (4) commitment to cultivating compassionate actions and dispositions towards others, and in relation with others, as contemporaneously central to one's development as a moral agent—that is, to live a meaningful ethical life, what Aristotle called *eudaimonia* or what Buddhists call *enlightenment*.

Compassion—and relatedly, self-compassion—has been popularised in self-help and positive psychology contexts, arguably because *self*-compassion has mounting evidence for its psychological and other benefits (Wakelin et al., 2022; Wilson et al., 2019; Zessin et al., 2015). Neff (2003, p. 85) defines self-compassion as follows:

(a) self-kindness—being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical, (b) common humanity—perceiving one's experiences as part of the larger human experience rather than seeing them as separating

and isolating, and (c) mindfulness—holding painful thoughts and feelings in balanced awareness rather than over-identifying with them.

In many respects, self-compassion takes the original meaning of compassion and applies it to one's own circumstances—our struggles, pain, sense of failure and other difficulties (Neff, 2023). The focus is on the 'self' because people often have a harsh and unkind inner voice and find it harder to be compassionate to themselves than others.

Approaching oneself with compassion fosters an ability to extend compassion to others more easily (Neff, 2003). Specifically, Neff argues that self-compassion involves being kind to oneself, coupled with a deep appreciation of one's struggles as part of a broader human tapestry, and shared human experience. In summary, the purpose of self-compassion is to locate individual struggles and difficulties in a wider context and normalise them as part of the human condition. In doing so, feelings of distress and suffering are reframed as avenues to improve well-being (Neff, 2023).

Personal self-compassion: Methods and techniques

A key question is how, exactly, do people achieve a state of self-compassion. Furthermore, what are the reported benefits? Self-compassion is said to arise through repeated and intentional practice, and various authors have developed training programs and methods to teach people how to be more self-compassionate (e.g., Neff & Germer, 2019; Germer & Neff, 2019). One prominent training program is the Mindful Self-Compassion (MSC) Program, created by Kristin Neff and Christopher Germer (2019). MSC incorporates two elements: 1) mindfulness, to support awareness of one's suffering, and 2) self-compassion, to teach individuals how to respond to their suffering compassionately (Germer & Neff, 2019). MSC is based somewhat on the Mindfulness-Based Stress Reduction program developed by John Kabat-Zinn (1992), taking an inquiry-based teaching approach into an eight-week group structure. Three other trainings teach selfcompassion skills in a time-limited program format. Compassion Cultivation Training (Jazaieri et al., 2013) and Cognitively-Based Compassion Training (Reddy et al., 2013) were both developed by Tibetan scholars and focus more broadly on cultivating compassion through mindfulness, with modules that focus on self-compassion more specifically. Third, Mindfulness-Based Compassionate Living (Van den Brink & Koster, 2015) was developed by mindfulness teachers in the Netherlands and integrates Buddhist philosophy with the work of Paul Gilbert, Tara Brach and Kristen Neff.

The key strategies that are utilised in most of these programs to support self-compassion include meditations (formal and informal), information provision and exercises (Germer & Neff, 2019; Neff & Germer, 2018). Formal and informal meditations provide an opportunity to practice mindfulness and extend self-compassion to oneself. Informal meditations include the self-compassion break, affectionate breathing, and compassionate letter writing. More formal practices include loving-kindness meditation (Watson, et al., 2023) and compassionate body scans (Neff & Germer, 2018). These programs are also pedagogical, in that they aim to teach a cognitive understanding of self-compassion by providing information with reflection and inquiry-based learning through exercises to support the application of these topics to personal experiences (Germer & Neff, 2019). This can include exercises that elicit difficult emotions and support the abstraction of self-compassion as a concept to everyday life events (Germer & Neff, 2019).

There is emerging evidence to support the effectiveness of such practices to increase self-compassion and improve well-being overall. A systematic review and meta-analysis of literature by Wilson et al., (2019) found that self-compassion therapies were positively associated with improved self-compassion and mental health. A similar meta-analysis of Randomised Control Trials (RCTs) examining self-compassion effects on mental health found positive improvements in a range of mental health indicators (Ferrari, et al., 2019). Other studies have found positive associations between self-compassion, mindfulness and shame reduction (Sedighimornani, et al., 2019), reduced burnout and improved job satisfaction in physicians (Gardiner, et al., 2024), and there is evidence to show that self-compassion serves as a protective factor against racial discrimination (Lui, et al., 2020).

Arguments for a compassionate pedagogy in allied health education

Below we present three arguments for a compassionate pedagogy in allied health education. A compassionate pedagogy can improve student and staff well-being, support motivation and self-improvement, and provide knowledge and skills that apply to work in allied health industries.

Student and staff wellbeing

Currently, both staff and students at universities face significant challenges to their well-being. Many Australian university students experience psychological distress (including depression and anxiety symptoms) at levels that are higher than the general population (Larcombe et al., 2016; Stallman, 2010). In a large study of Australian university students, one in five reported concerns about their mental and emotional state, and most reported experiencing one or more academic stressors such as time management, work/life balance or issues coping with their studies (Sanci et al., 2022). Over one quarter considered dropping out because of these stressors. Most did not meet the recommendations for physical activity or nutrition and two in three local students drank at hazardous levels (Sanci et al., 2022). As discussed earlier, there are many external contributors to student stress that are outside of students' control, including student poverty (Brownfield et al., 2020; Morley et al., 2023), digitisation of classes and less face-to-face learning (Hehir et al., 2021), and advances in technology that add complexity to navigating university studies, including social media (Alt, 2018) and artificial intelligence (Yang et al., 2024). This common experience of stress and overwhelm is an issue, as a sense of psychological well-being has been found to support university students to reach their full potential and go on to find meaning in their lives (Morales-Rodríguez et al., 2020). The emotional experience of students at university is a major contributor to their well-being (Brooker & Vu, 2020). Importantly, research has found that avoiding negative emotional experiences does not support well-being. Rather, supporting students to develop strategies to process negative emotions to overcome important challenges is what supports wellbeing (Brooker & Vu. 2020).

Academic staff also encounter numerous challenges that threaten their well-being and job satisfaction. Academic staff face workload challenges and job-related stress, as they attempt to balance the pressures to publish articles, obtain funding and support students in teaching and supervision roles with ever-diminishing resources to support these tasks (Kinman & Jones, 2008b). Competition is encouraged and common in academia, which results in demotivation (Simons, et al., 2019). Academics often put in high effort for low rewards and are also often

chronically overcommitted, and this imbalance puts staff under immense stress and strain (Kinman & Jones, 2008a). These pressures put academics at risk of engaging in compensatory coping strategies, such as skipping breaks and performing work in personal time, which can harm their health and well-being (Melin et al., 2014).

The cultural shift towards an increased focus on outcomes and performance in the university context has increased pressure on academics to work longer hours and blur the lines between work and home life (Sang et al., 2015). Women are more impacted by these pressures, as they receive more work requests and spend more time on teaching than men (O'Meara et al., 2017), which is likely to impact career progression (Barrett & Barrett, 2011). People of colour also face unique stressors, describing a sense of perceived powerlessness and lack of independence in academic work (Simons, et al., 2019). All these pressures result in high levels of burnout and stress and low levels of well-being (Urbina-Garcia, 2020). Interestingly, research has found that staff well-being is interconnected with student well-being, as when staff are doing well, they are more able to support their students (Brewster et al., 2022).

Thus, as evidenced by the current state of mental health for both students and staff alike in the university context, there is an immense need for measures that support well-being in academia. Whilst it is important that the broader pressures and conditions of academia need to be addressed at a systemic level, until this occurs, self-compassion is a strategy that can be employed at an individual level to support the well-being of staff and students in the university context (Dreisoerner et al., 2023). Self-compassion interventions have been found to support increased life satisfaction and experiences of positive emotions, meaning, and optimism (Zessin et al., 2015). Self-compassion is protective of mental health, as it is related to reduced levels of depression and anxiety and increased resilience (Ferrari et al., 2019; MacBeth & Gumley, 2012). Self-compassion can support healthy self-regulation, by enhancing healthy impulse control and personal growth self-efficacy (Dundas et al., 2017).

Self-compassion can mediate the risks of burnout for health professionals (Hashem & Zeinoun, 2020; McCade et al., 2021), which has implications for both staff and students in coursework and fieldwork. This also has implications for graduated health professionals, as self-compassion may help prevent young, allied health professionals from leaving their professions prematurely, which is currently a significant problem (Hämmig, 2018). Evidence suggests that self-compassion can function as a protective measure (Watson et al., 2023), acting as a moderator to prevent academic burnout and enhance mental health (Cheraghian et al., 2016).

Self-compassion is very helpful for people experiencing self-criticism and shame (Wakelin et al., 2022; Warren et al., 2016), making it highly applicable to the university setting given the environment of competition and frequent negative feedback. For academic staff, self-compassion has been proposed as an antidote to the competitive and high-pressured academic environment (Dreisoerner et al., 2023). For example, staff who engaged in self-compassion writing were found to have greater job satisfaction and work engagement, due to experiencing less negative affect, whereas a control group who engaged in a gratitude-focused practice only did not experience these benefits (Dreisoerner et al., 2023).

Motivation and self-improvement

An often-unstated assumption about higher education learning is that students ought to be motivated towards self-improvement if they are to succeed and excel in their studies. However, motivation towards learning is complex, and many different factors may contribute to how students approach new and challenging tasks in the university context (Kember, 2016). Colloquially, positive self-esteem is touted as an important element that is elemental for motivation, because it is presumed to be linked to abilities to self-regulate one's engagement with the learning environment by developing competencies and agency towards specified goals (Pintrich, 2004). Although self-esteem is ubiquitous in part due to the significant influence of North American psychology on education (Crocker & Park, 2004), aligning motivation with self-esteem is problematic because a short-term fixation on self-esteem encourages social comparison, which can readily falter in the face of difficulties (Neff, 2009; Neff & Vonk, 2009; Watson et al., 2023). Pushing self-esteem is not likely to be supportive of learning in higher education and may make students overly focused on how their grades compare to their peers, rather than focusing on their learning journey (Neff, 2011). A comprehensive critical review of the self-esteem concept concluded that the pursuit of self-esteem undermines and works against competence, motivation and abilities to self-regulate, which are important attributes for learning (Crocker & Park, 2004).

There is, however, evidence to support the claim that self-compassion can support learning through motivation and self-efficacy. A UK study of 109 post-graduate students found that "self-criticism and self-compassion moderated the pathway from extrinsic motivation to intrinsic motivation: higher self-criticism weakened the pathway, while higher self-compassion strengthened it" (Kotera, et al., 2021, p. 10163). Another study using four different experimental designs with undergraduate students concluded that self-compassion was positively associated with increased motivation towards self-improvement across several domains, such as moral transgressions, personal faults and academic failures (Breines & Chen, 2012). An Italian study with 318 teachers found that self-compassion can positively impact teacher job satisfaction and ameliorate burnout, which in turn supports the student learning experience (Moè & Katz, 2020). The authors found that teachers who tend to be more self-degrading are more likely to burn out and use chaotic or controlling motivating styles, whilst those who are more self-compassionate feel more personally accomplished and use more structured and autonomy-supportive motivating styles (Moè & Katz, 2020).

The evidence suggests that self-compassion supports students to focus on mastery-orientated goals (e.g., curiosity and skill development) with failure being an accepted part of the learning process (Crocker & Park, 2004; Neff et al., 2005). This is in comparison to performance-orientated goals, which focus only on the outcome as being either a failure or success and are tied more directly to self-esteem (for example, grades and assessor feedback) (DeLury & Poulin, 2018; Egan et al., 2022). The reason for this is because self-compassion intentionally primes for emotion-focused coping strategies, as it allows students to accept uncomfortable feelings that may arise in moments of difficulty and then address them strategically, rather than engaging in self-rumination, avoidance or distraction (Neff, 2009; Neff et al., 2005).

Compassion for allied health professions

Whilst there is a clear place for promoting self-compassion for both staff and students in the academic context, it is interesting to consider the ripple effects of creating an allied health workforce that has greater levels of self-compassion. Self-compassion has been described as contagious, as it can be developed simply through being exposed to other people who display elements of self-compassion (Ling et al., 2021; Miller & Kelly, 2020). Students who witness self-compassionate accounts of failure are more self-compassionate when writing about their own experience of failure when compared to hearing a self-esteem-enhancing or neutral account of an experience of failure (Miller & Kelly, 2020). Self-compassion has also been found to be enhanced through viewing videos that show common humanity scenarios (Ling et al., 2021). Therefore, if allied health professionals demonstrate self-compassion in their clinical practice, this could support clients to enhance their levels of self-compassion. This could be significant for clients, given the numerous benefits of self-compassion.

Self-compassion is most often used by allied health professionals in mental health, given the impacts of self-compassion are well established in this space. There are some other specific client groups where self-compassion may be particularly pertinent, such as families and children. Self-compassion interventions have been found to enhance mindfulness and reduce parental depression, anxiety and stress (Jefferson et al., 2020). More specifically, it supports young mothers to enhance self-compassionate action, extend self-compassion to others, and reduce post-traumatic stress (Lennard et al., 2021). Supporting self-compassion in caregivers can improve a secure parent-child attachment, and parental relationships founded on self-compassion are likely to support emotional regulation (Lathren et al., 2020). For adolescents, self-compassion has been found to support well-being and reduce psychological distress (Marsh et al., 2018).

Self-compassion is also supportive of people with disabilities. It has been found to support people with an intellectual disability when they have negative experiences in their relationships (Davies et al., 2021). Self-compassion may support self-advocacy in people with disabilities, as it can mediate the challenges that may arise in developing this skill (Stuntzner & Hartley, 2015). Autistic adults report significantly lower levels of self-compassion than non-autistic adults (Cai et al., 2023), so when autistic people engage in self-compassion intervention, this has been found to significantly improve well-being and emotional regulation, and reduce depression and anxiety (Cai et al., 2024). Self-compassion supports parents of children with disabilities too. Self-compassion is associated with better quality of life, reduced stress (Bohadana et al., 2019) and enhanced well-being (Neff & Faso, 2015) for parents of autistic children. It can reduce the damaging impacts of affiliate stigma, or criticism and judgement from others, for parents of autistic children (Wong et al., 2016) and children with intellectual and developmental disabilities (Ivins-Lukse & Lee, 2021). Overall, having a more self-compassionate allied health workforce could mean that this skill could then be developed in clients through direct or indirect means, with potential well-being and mental health benefits for many community members who may need it most.

Discussion

While there is good evidence for including compassion and self-compassion in allied health education, what might be involved in developing a pedagogy rooted in compassion and self-compassion? Practice in allied health professions such as occupational therapy and social work

requires discipline-specific skills, knowledge and competencies, but interleaved into these are arguably very high-level skills in critical thinking, emotional self-awareness, and skills in listening and understanding. The reason for this is that practice demands skills in judgement, decision-making, discretionary reasoning and problem-solving (cognitive domain), as well as emotional self-awareness, reflexivity, empathy and compassion towards others suffering (affective domain).

Higher education has long focussed primarily on cognitive knowledge (such as discipline-specific theories, evidence and methods). Instructional design frameworks for curricula that follow Bloom's revised taxonomy of learning tend to tilt towards cognitive skills such as recall, analysis, evaluation and procedural knowledge (Anderson & Krathwohl, 2001). However, as noted by Boddington (2017), higher education students are increasingly evaluating the quality (and being asked to evaluate the quality) of their education by how supported they feel, and the extent to which educators are responsive and sensitive to their social and emotional needs. The task of education is not merely to attend to cognitive domains of learning, but to address the affective side too (Andrew et al., 2023). This has obvious benefits for professional roles where affective domains of knowledge are applicable. In ethics, for example, it is more accepted nowadays that moral reasoning is not strictly a rational activity (e.g., deontic or utilitarian reasoning), but includes a relational appreciation of the suffering of sentient beings, via a revitalisation of ethics of virtue, care and compassion (White, 2017). Furthermore, a range of humanistic pedagogies familiar to allied health education such as person-centred practice and transformative learning align well with a focus on compassion. Waters and Buchannan's (2017) review of person-centredness in health and human services associated it with compassionate love, and Clouston (2018) argues for a transformative pedagogy rooted in social justice to teach caring values, as a counterpoint to problems associated with reported failings in the UK health and social care sector.

Thus, a pedagogy based on compassion holds the potential to meet professional requirements for practice, as well as relevance for the contemporary context of teaching and learning. Here, we focus on three specific areas of learning. First, is the *cognitive* side of critical thinking. Second, the *affective* side of reflection and emotion. Finally, the *applied* skills of compassionate listening. This holistic approach towards education addresses the thinking, feeling, and doing triad of professional practices in social work, occupational therapy, and allied health (Chenoweth & McAuliffe, 2017; Occupational Therapy Australia, 2014; Occupational Therapy Board of Australia, 2018).

Critical thinking

While critical thinking is often associated with cognitive skills such as argumentation, logical reasoning, skills in evaluating information, and a critical understanding of fallacies and biases in one's thinking, we need to take a much wider conception of critical thinking to include cosmopolitanism and education for global ethical citizenship (Friedman, 2000). Drawing on the work of philosopher Martha Nussbaum, Friedman (2000, pp. 586-587) defines this as educating students "who can interact competently and respectfully with people and cultures from around the globe". Educational strategies here may include intercultural education, deep diversity learning, participatory democracy for social justice (Watts & Hodgson, 2019) and learning about one's interconnectedness to a common humanity. Critical pedagogies inspired by Paulo Freire's (1972) liberation philosophy challenge established power hierarchies in education, and view learners as

active participants in the construction of knowledge through dialogue, reflection, problem-solving and consciousness-raising. Critical pedagogy is also argued as a route for effective critique and resistance to the deleterious effects of neoliberalism (Zembylas, 2021), emphasising relational, embodied and affective knowing as key to developing decolonising principles, human rights and social justice praxis (Zembylas, 2018). For example, research by Ling et al., (2020) found that healthcare workers' levels of compassion increased after they engaged in perspective-taking and viewing common humanity scenarios. Such education helps develop students' critical faculties by making moral connections to the plight of strangers. The link between intercultural education, antiracism and compassion is articulated in the work of Papadopoulos (2017), furthering critical thinking about social injustices.

A specific example of how to support the development of critical thinking with compassion that we mentioned above is perspective-taking (Ling et al., 2020). Perspective-taking occurs when a person can think from the perspective of another individual or group of individuals, to introduce a sense of doubt into their previously held strong convictions. These convictions may be laced with bias, prejudice or falsehoods. As stated by Southworth (2022):

Perspective-taking is a foundational critical thinking skill because it helps to confront cognitive biases, such as myside bias and motivated reasoning, which can result in a state of doubt and ultimately a change in one's beliefs. (p. 51).

Some practical ways to elicit perspective-taking include role-plays, debating in favour of unfamiliar positions, reading novels and authors from different contexts and backgrounds, philosophical study, and learning from lived experience (Southworth, 2022). Perspective-taking introduces "a conflict between the perspective-taking experience and one's beliefs" (Southworth, 2022, p. 58), deepening the level of critical reflection that arises when confronted with novel or unfamiliar experiences.

Critical reflection and emotion

Allied health industries such as occupational therapy and social work are spaces where emotion, suffering, pain, trauma and distress feature in the context of practice. Workers must learn skills in appropriately responding to the distress of others, being able to bear witness to other's suffering, and managing and regulating their emotional repertoires (Horton et al., 2022; Sewell, 2020). Emotions are somatic experiences, but ones that are constructed from culture, language, and prior experience—these form the basis of meaning and interpretation of feeling. In other words, humans actively interpret their experiences and perceptions, ascribe meaning to them, and experience them somatically but also phenomenologically, and this then drives actions and behaviours (Barrett, 2017). Because emotion is a constructed and interpretive phenomenon, critical reflection creates a space for reasoning or contemplation about the affective and somatic side of practice. Sewell (2020) argues that emotional understanding and regulation can be taught and developed, through strategies such as cognitive reappraisal, experiential learning, mindfulness and role-play—all of which elicit opportunities for self-reflection and understanding of the emotional worlds of others.

One example of how self-compassion may support personal emotional regulation for an academic staff member, student or therapist, would be the self-compassion break (Neff & Germer, 2018).

When an individual experiences a situation that brings up difficult emotions, they may take a few minutes to practice a self-compassion break, either in the moment or as soon as possible afterwards. A self-compassion break generally involves three things; 1) creating space to develop awareness of mindfulness that things are hard, 2) recognising that suffering is a part of life and that many other people also struggle, and 3) extending kindness to oneself (Neff & Germer, 2018). This supports the person to recognise and process the distressing emotion and then move forward into productive action.

Another example is fierce self-compassion (Neff, 2021), which may help therapists or academics manage anger in clients or students in a strong but kind way. It involves holding boundaries but also recognising the other person's perspective and emotions to support the situation to move forward, rather than also getting angry and worsening the situation. This can also help students when they are in situations where they feel they have experienced an injustice and are activated by anger. Fierce self-compassion means they can hold a boundary and speak against an issue, without directing anger towards a person in ways that are likely to become unproductive.

Compassionate listening

Compassionate listening is defined as a form of listening, that "brings humanness, patience, and vulnerability to interacting with another human in a meaningful way, potentially alleviating some of his or her suffering" (Huberty et al., 2022, p. 73). This form of listening is built on genuine curiosity and moral concern for others and is focused on developing mutual understanding, rather than being tied to an instrumental or argumentative purpose (Davis & Harrison, 2013). Compassionate listening is proffered as an effective way to dialogue for peace and conflict resolution (Schlueter, 2004) and has been argued as a way to bridge the isolation people can feel when facing serious illness or confronting their mortality (Rehling, 2008). Advanced interpersonal skills such as judicious use of eye contact, body language, accurate paraphrasing and summarising, and offering thoughtful interpretations of the speaker's narrative are key to compassionate listening (Huberty et al., 2022). Such skills can be taught and assessed as part of interpersonal communication training. However, compassionate listening is underpinned by philosophical positions of epistemic and moral equality, which moves interpersonal skills from their technical, professional and instrumental forms to 'other-regarding' orientations concerned with justice, trust, and authentic compassion for shared humanity (Nelson, 2010; Rehling, 2008).

Examples of compassionate listening from CFT (Gilbert, 2009a) include compassionate attention, where the listener supports the re-focusing of attention to strengths and positive qualities, and compassionate reasoning, which involves the listener encouraging a more kind, compassionate and caring inner voice through re-framing thoughts and experiences. Compassionate behaviour is another technique, which is particularly applicable for therapists where clients may be engaging in a new task that elicits fear or feels difficult. The therapist encourages them to take an encouraging and warm tone with themselves, focusing on the effort rather than the outcome.

Conclusion

Integrating compassion and self-compassion into the pedagogy of allied health education is important for responding to the cognitive and emotional demands placed on students and educators in contemporary higher education. Compassion has a long history in the ethical

purpose of education, and the evidence indicates it is effective as a pedagogical approach towards developing qualities such as critical thinking, cultural sensitivity, emotional awareness and advanced ethical interpersonal skills. Self-compassion is found to support learning, motivation and psychological well-being. These qualities are particularly relevant in applied fields like social work and occupational therapy, where practitioners work in complex and emotionally challenging environments that demand ethical practice and the pursuit of social justice. Integrating compassion and self-compassion into educational practices can create more supportive and inclusive learning environments, which promote transformational and critical education in parallel with personal well-being.

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