SELF-COMPASSION AND COUNSELLING SELF-EFFICACY AMONG COUNSELLING PSYCHOLOGY STUDENTS

Dissertation Submitted to Kerala University

in Partial Fulfilment of the Requirements for the award of the Degree of

Master of Science in Counselling Psychology

Submitted by

ANJANA V

(Reg.No. LC24PCP04)

Under the Guidance of

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Loyola College of Social Sciences (Autonomous).

Thiruvananthapuram

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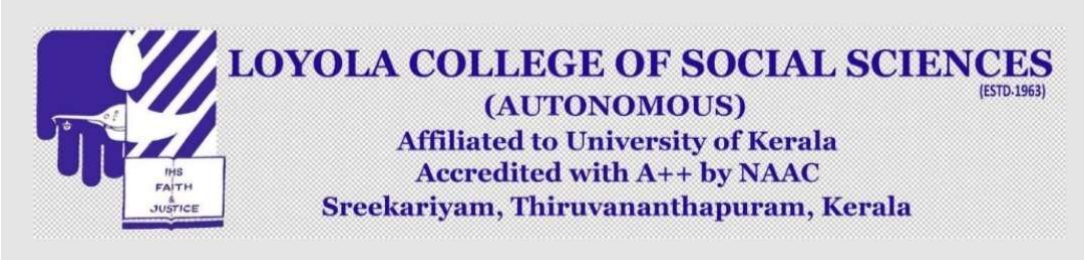

CERTIFICATE

This is to certify that the Dissertation entitled "Self-Compassion and Counselling Self-Efficacy among Counselling Psychology Students" is an authentic work carried out by Anjana V under the guidance of Dr. Pramod S K, Assistant Professor, Department of Counselling Psychology during the fourth semester of the M.Sc. Counselling Psychology programme in the academic year 2024–2026

Head of the Department (In Charge)
Dr Ammu Lukose

Supervisor
Dr. Pramod S K

Submitted for the examination held on: ……

Examiner:

DECLARATION

I,**Anjana V**, do hereby declare that the dissertation titled "Self-Compassion and Counselling Self-Efficacy among Counselling Psychology Students" submitted to the Department of Counselling Psychology, Loyola College of Social Sciences (Autonomous), Sreekariyam, Thiruvananthapuram, under the supervision of Dr. Pramod S K, Assistant Professor, Department of Counselling Psychology, in partial fulfilment of the requirements for the award of the degree of Master of Science (M.Sc.) in Counselling Psychology of Kerala University, is a bona fide work carried out by me during the academic year 2024–2026. I further declare that this dissertation has not been submitted, either in part or in full, to any other University or Institution for the award of any degree, diploma, or other academic qualification.

Place: Sreekariyam Anjana V

Reg no: LC24PCP04

Date:

M. Sc Counselling Psychology

Dedicated to all counselling psychology students who carry academic responsibilities with resilience and compassion

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Abstract

The present study, "Self-Compassion and Counselling Self-Efficacy among Counselling Psychology Students," was undertaken to identify the extent and nature of self-compassion and counselling self-efficacy among counselling psychology students, examine the relationship between these variables, and determine whether self-compassion and counselling self-efficacy differ based on selected demographic variables, namely gender, age, programme of study, and practicum training hours. The study adopted a quantitative research approach with a descriptive correlational research design. The participants comprised 88 counselling psychology students pursuing M.Sc. Counselling Psychology and Postgraduate Diploma in Counselling programmes in Kerala. Purposive sampling was employed to select the participants. Data were collected using a Socio-demographic Questionnaire, the Self-Compassion Scale–Short Form (SCS-SF) developed by Raes et al. (2011), and the Counselling Self-Estimate Inventory (COSE) developed by Larson et al. (1992). Descriptive statistics, Pearson's product-moment correlation, independent samples *t*-test, and one-way analysis of variance (ANOVA) were used for data analysis. The findings revealed that the majority of counselling psychology students demonstrated moderate levels of self-compassion and counselling self-efficacy. A statistically significant positive relationship was found between self-compassion and counselling self-efficacy, indicating that students with higher levels of self-compassion reported greater confidence in their counselling abilities. No statistically significant differences were observed in self-compassion or counselling self-efficacy based on gender, age, programme of study, or practicum training hours. The findings highlight the importance of self-compassion as a psychological resource associated with counselling self-efficacy and suggest that counselling psychology training programmes may strengthen students' emotional resilience, professional competence, and confidence in counselling practice by incorporating strategies that foster self-compassion.

Keywords: *self-compassion, counselling self-efficacy, counselling psychology students*

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Chapter I

Introduction

Mental health is a fundamental component of overall health and well-being and is essential for individuals to realize their abilities, cope effectively with the normal stresses of life, work productively, and contribute meaningfully to their communities (World Health Organization [WHO], 2022).

Over the past few decades, mental health has become one of the most important public health issues globally. The rising rates of depression, anxiety disorders, stress-related conditions, and other psychological problems have led to a greater need for accessible, evidence-based mental health services. This issue is particularly critical for adolescents and young adults, who face various developmental, academic, work-related, and personal challenges as they transition into adulthood. Fast social and technological changes, greater academic competition, shifts in family structures, economic uncertainty, and long-lasting emotional strain have added to the psychological distress experienced by young people around the world. As a result, promoting mental well-being and improving mental health services have become key focuses for governments, healthcare systems, and educational institutions. (Magomedova & Fatima, 2025).

The rising impact of mental health issues has changed the role of mental health professionals. In addition to treating psychological disorders, they are now expected to promote resilience, well-being, preventive care, and positive human functioning. Among these professionals, counselling psychologists have a special role in supporting individuals in educational, healthcare, organizational, and community settings. Counselling psychology aims not just to reduce psychological distress but also to encourage personal growth, improve coping skills, foster resilience, strengthen relationships, and enhance overall quality of life. Effective counselling relies on both theoretical knowledge and technical skills, as well as the counsellor's personal traits, emotional strength, self-awareness, empathy, and ability to build meaningful therapeutic relationships with clients..

The development of these professional skills starts during counsellor education and training. Counselling psychology students go through a tough process. They must combine theoretical knowledge with supervised clinical practice while developing their professional identity, ethical skills, therapeutic abilities, reflective capacity, and emotional maturity. The training period for counselling psychology students is a unique and intense phase. It includes significant academic, personal, and professional pressures. As student clinicians move from classroom theories to real-world clinical placements, they face specific challenges related to their own mental health and psychological well-being. Trainee counsellors often report high performance anxiety, feelings of vulnerability, and fears of making mistakes during their first interactions with clients. If these challenges are not addressed, they can hinder learning, increase self-doubt, and ultimately impact the quality of care they provide. (Vaz & Kamat, 2024).

The importance of preparing psychologically competent counsellors has become increasingly evident in Indian scenario, the demand for mental health services has increased dramatically, resulting in a training environment where postgraduate students are routinely exposed to clients presenting with complex psychological issues early in their field placements (Majumdar et al., 2020).

This exposure places immediate pressure on the mental well-being of the trainee. where mental health problems have become a growing national concern. India has a very large treatment gap due to the increasing prevalence of psychological disorders and the lack of trained mental health professionals, although awareness about mental health is considerably better in the last decade. In response to this growing demand counselling psychologists are taking on greater responsibilities in schools, hospitals, rehabilitation centres, community mental health programmes and private practice. Therefore, counselling psychology students are an important group of future professionals whose personal well-being and professional

competence are essential to strengthening the country's mental healthcare system. (Shinde & Chaturvedi, 2024).

Kerala provides a particularly significant context for understanding these challenges. Despite being recognized for its high literacy rate, favourable health indicators, and advanced human development achievements, the state continues to report a considerable burden of mental health problems. According to the National Mental Health Survey of India, Kerala reported one of the highest prevalences of mental morbidity among the states surveyed. Approximately 11.36% of the state's population was experiencing current mental morbidity, while 14.14% had experienced a mental disorder during their lifetime. The survey also reported comparatively higher rates of neurotic and stress-related disorders and elevated suicide risk, indicating that mental health continues to be a major public health concern within the state (Jyrwa et al., 2023). These findings demonstrate that favourable educational and socioeconomic indicators alone do not protect populations from psychological distress and reinforce the urgent need for competent, accessible, and evidence-based mental health services. (Jyrwa et al., 2024)

The mental health of college students in Kerala is a special concern. The college years are a key developmental time filled with academic pressures, questions about future career options, financial strains, identity formation, relationships, and increasing independence. These challenges often increase the risk of psychological distress for students. A large epidemiological study of 5,784 college students from 58 colleges in Kerala found that 34.8% of students reported significant psychological distress. The study also found significant associations between psychological distress and academic failure, substance use, suicidal behaviour and symptoms of attention-deficit/hyperactivity disorder, suggesting student mental health is a major educational and public health concern in the state. (Jaisoorya et al., 2017). Recent evidence also indicates persistent student stress in Kerala, with one study reporting that

44% of college students identified stress as their primary mental health concern, followed by depression, insomnia, and anxiety. Although counselling services were reportedly available in many institutions, a considerable proportion of students either lacked access to such services or were unaware of them (Mathew et al., 2025). Collectively, these findings show that student psychological well-being remains a significant issue in Kerala's higher education system.

As more students in educational institutions struggle with emotional and psychological problems, counselling services have become a crucial part of student support. The increasing demand on counselling psychology trainees to provide effective psychological support whilst also balancing the academic, emotional and professional demands of their own training results in a heavy burden. Thus, preparing counselling students to respond competently to these challenges requires attention not only to the acquisition of counselling knowledge and technical skills but also to the development of personal psychological strengths that promote resilience, emotional wellness, and professional confidence.

Traditionally, mental health research has focused primarily on identifying risk factors such as stress, anxiety, depression, burnout, and emotional exhaustion. While understanding these challenges remains important, contemporary psychological research has increasingly emphasized a strengths-based perspective that focuses on identifying the psychological resources that enable individuals to adapt successfully, maintain well-being, and perform effectively despite adversity. This shift, influenced by the principles of positive psychology, recognizes that promoting protective factors may be as important as reducing psychological distress in enhancing both personal and professional functioning (Seligman & Csikszentmihalyi, 2000).

This view is particularly relevant when considering counsellor education because the counselling profession requires practitioners to be in constant touch with the emotional

experiences of others, while at the same time maintaining their own psychological well-being. Trauma counselling students can be exposed to emotionally difficult situations during practicum training such as client distress, uncertainty around therapeutic decisions, supervision, and the responsibility for maintaining ethical standards. Such experiences can produce a great deal of emotional distress, especially in the case of new trainees still gaining confidence in their counselling skills. In the Indian training context, these pressures may be compounded by the complexity of client presentations and the often limited availability of consistent, structured clinical supervision (Singh et al., 2026). Consequently, counsellor development depends not only on acquiring theoretical knowledge and technical counselling skills but also on cultivating personal qualities that support emotional resilience, reflective practice, and professional growth.

One psychological resource that has received increasing attention within positive psychology is self-compassion. Based on Neff's (2003) framework, Self-Compassion involves treating oneself with kindness and understanding during times of perceived failure or inadequacy, rather than engaging in harsh self-criticism. For a counselling psychology student, it consists of three core dynamics:

- Self-Kindness: Accepting one's initial clinical mistakes or limitations rather than harshly judging oneself as incompetent.
- Common Humanity: Recognizing that experiencing uncertainty or feeling stuck in a session is a universal aspect of the counselor's learning curve, rather than an isolating personal failure.
- Mindfulness: Observing clinical anxieties and self-doubt in balanced awareness, without over-identifying with them or letting them cause emotional paralysis.

Together, these dimensions enable individuals to acknowledge personal difficulties without becoming overwhelmed by them, thereby promoting adaptive emotional regulation and psychological well-being.

For counselling psychology students, self-compassion may function as an internal protective mechanism during the training process. In practicum settings, trainees are often required to receive feedback, reflect on their limitations, manage difficult client interactions, and continuously evaluate their own performance. Students who respond to these experiences with excessive self-criticism may become overwhelmed by self-doubt, counselling anxiety, or fear of failure, potentially hindering their professional development. Conversely, students who approach such experiences with greater self-compassion may be better able to regulate emotional distress, recover from setbacks, remain open to supervision, and continue developing their counselling competencies. In this way, self-compassion may help students process training stress and evaluate their performance without falling into debilitating self-chiding (Ku-Johari et al., 2022).

Another construct central to counsellor development is counselling self-efficacy. The concept of self-efficacy originates from Bandura's Social Cognitive Theory, which proposes that individuals' beliefs about their capabilities strongly influence their motivation, behaviour, persistence, and performance (Bandura, 1997). Self-efficacy does not refer to actual skill or competence alone but rather to an individual's confidence in their ability to organize and successfully perform the actions required to achieve desired outcomes. According to Bandura (1997), individuals with stronger self-efficacy beliefs are more likely to approach difficult situations as manageable challenges, persist despite obstacles, recover more quickly from setbacks, and demonstrate greater resilience when confronted with stressful experiences.

Within the counselling profession, this concept has been adapted as counselling self-efficacy, referring to counsellors' beliefs regarding their ability to perform counselling tasks effectively (Larson & Daniels, 1998). Counselling self-efficacy encompasses confidence in establishing therapeutic relationships, demonstrating empathy, applying counselling interventions, conducting assessments, maintaining ethical practice, managing counselling sessions, and responding appropriately to diverse client concerns. It is considered a central component of counsellor development because it influences trainees' willingness to engage with clients, apply newly acquired skills, seek supervision constructively, and persist in challenging clinical situations. In practical terms, this includes confidence in basic helping skills, managing session structure, handling difficult client interactions, and maintaining emotional regulation during unexpected clinical situations (Mullen & Lambie, 2016).

Research consistently indicates that counselling self-efficacy contributes positively to professional development and counselling effectiveness. Trainees with stronger counselling self-efficacy generally report lower counselling anxiety, greater confidence during practicum, increased willingness to work with complex cases, stronger therapeutic engagement, and higher perceived counselling competence (Larson & Daniels, 1998). Conversely, students with lower counselling self-efficacy often experience greater uncertainty regarding their professional abilities, avoid challenging counselling situations, and demonstrate increased fear of making mistakes. Since counselling competence develops progressively throughout training, understanding the factors that strengthen counselling self-efficacy is an important consideration within counsellor education.

Understanding the extent and nature of self-compassion and counseling self-efficacy is uniquely critical for Indian counselling psychology students due to specific structural realities within the regional training landscape. In India, an increasing burden of mental health problems

paired with a highly demanding educational transition has dramatically elevated the clinical complexity that post-graduate counselling psychology students encounter during their initial field placements (Singh et al., 2026). When student counselors are exposed to severe client distress without robust psychological defences, their own mental health is put under intense pressure, often resulting in heightened evaluative anxiety and clinical self-doubt (Vaz & Kamat, 2024).

This vulnerability is further exacerbated by systemic training deficits, particularly the severe lack of standardized, ongoing, and ethical clinical supervision within many Indian academic institutions (Singh et al., 2026). In supervision-scarce environments, counseling psychology students lack the external reassurance, immediate corrective feedback, and structural validation typically provided by a credentialed supervisor. Consequently, the development of their clinical confidence relies heavily on internal, intra-psychic mechanisms.

This study is important for counselling psychology students in India, where training environments often combine intense academic demands with early exposure to emotionally complex clinical work. In such settings, the presence or absence of strong internal resources can shape how trainees experience practicum, respond to feedback, and develop as future counsellors. When self-compassion is low, students may respond to mistakes with harsh self-judgment and emotional over-identification, which can weaken their sense of professional competence and reduce counselling self-efficacy (Neff, 2003; Ku-Johari et al., 2022). Conversely, stronger self-compassion may help students regulate training stress, sustain emotional balance, and preserve confidence in their developing counselling abilities, even when external reassurance is limited (Ku-Johari et al., 2022; Vaz & Kamat, 2024).

The present study is grounded in the assumption that personal strengths are as important as professional skills in preparing competent counsellors. Among the many psychological

resources that may support counsellor development, self-compassion and counselling self-efficacy appear especially relevant because they address both the internal emotional world of the trainee and the trainee's perceived competence in performing counselling tasks. Self-compassion may help trainees manage mistakes, criticism, and self-doubt with greater balance, while counselling self-efficacy may strengthen their willingness to engage confidently in therapeutic work. Despite their conceptual relevance, these constructs have rarely been studied together among counselling psychology students in Kerala. Therefore, the present study seeks to understand the extent and nature of self-compassion and counselling self-efficacy among counselling psychology students in Kerala, with the aim of contributing empirical evidence that may inform training, supervision, and student support practices

Statement of the Problem

Counselling psychology students undergo a demanding process of professional training that requires them to integrate theoretical knowledge with counselling skills while managing academic responsibilities, supervised practicum experiences, and emotionally challenging client interactions. These demands may influence both their personal psychological well-being and their confidence in performing counselling responsibilities effectively. Consequently, understanding the psychological resources that support their personal and professional development has become an important concern in counsellor education.

Among the psychological resources considered important for counsellor development, self-compassion and counselling self-efficacy have received increasing attention in psychological research. Self-compassion enables individuals to respond to personal difficulties, mistakes, and setbacks with kindness and balanced awareness, whereas counselling self-efficacy reflects confidence in one's ability to perform counselling tasks effectively. Despite the recognised importance of these constructs, existing research has predominantly examined them separately

or among general student populations, counsellors-in-training, and practising mental health professionals.

Although previous studies have contributed to the understanding of self-compassion and counselling self-efficacy, there remains limited empirical evidence regarding the extent and nature of these constructs among counselling psychology students, particularly in the Indian context. Furthermore, limited research has examined the relationship between self-compassion and counselling self-efficacy or explored whether these variables differ according to demographic characteristics such as gender, age, programme of study, and practicum training hours. This limits the understanding of the personal psychological resources that may support counsellor development during professional training.

Therefore, the present study was undertaken to understand the extent and nature of self-compassion and counselling self-efficacy among counselling psychology students, examine the relationship between these variables, and determine whether self-compassion and counselling self-efficacy differ based on selected demographic characteristics. The findings of the study are expected to contribute to the existing literature by providing empirical evidence on these constructs among counselling psychology students and may inform counsellor education, supervision, and student support practices aimed at promoting both personal well-being and professional competence.

Need and Significance of the Study

This study is important because counselling psychology students are preparing to enter a profession that requires both emotional resilience and strong counselling competence. Training in counselling psychology is often demanding, as students must manage academic pressure, supervised practice, client-related emotional exposure, and performance expectations. In such a context, self-compassion may help students respond to difficulties with kindness rather than

self-criticism, while counselling self-efficacy may shape how confidently they approach counselling tasks. Research in psychology training has shown that student mental-health concerns are common, and studies on self-compassion consistently report links with better psychological adjustment and lower distress. At the same time, counselling self-efficacy has been shown to be an important predictor of skill development, professional growth, and readiness for practice.

The present study is significant because it addresses a gap in the existing literature by examining the relationship between self-compassion and counselling self-efficacy specifically among counselling psychology students. Much of the available research has focused on general college students, trainee therapists, or practicing professionals, rather than students in counselling psychology programs. This makes it difficult to understand how these two variables operate during the formative stage of counsellor development. By studying both the level and relationship of these variables, the research can provide evidence about how self-compassion may support students' confidence in performing counselling duties, managing client concerns, and handling professional challenges.

The findings may also have practical value for counselling psychology education. If self-compassion is found to be associated with stronger counselling self-efficacy, training institutions may consider including structured self-care, reflective practice, and compassion-based interventions in the curriculum. Such support may improve students' resilience, reduce self-doubt, and promote professional readiness. In this way, the study may contribute to both theory and practice in counsellor education by highlighting the importance of personal well-being alongside professional competence.

Objectives of the Study

1. To identify the extent and nature of self-compassion among counselling psychology students.
2. To identify the extent and nature of counselling self-efficacy among counselling psychology students.
3. To examine the relationship between self-compassion and counselling self-efficacy among counselling psychology students
4. To identify whether self-compassion differs based on gender, age, programme of study, and practicum training hours among counselling psychology students.
5. To identify whether the differences in counselling self-efficacy differs based on gender, age, programme of study, and practicum training hours among counselling psychology students.

Hypotheses of the study

H_{o1}: There is no significant difference in self-compassion among counselling psychology students based on gender.

H_{o2}: There is no significant difference in counselling self-efficacy among counselling psychology students based on gender.

H_{o3}: There is no significant difference in self-compassion among counselling psychology students based on age.

H_{o4}: There is no significant difference in counselling self-efficacy among counselling psychology students based on age.

H_{o5}: There is no significant difference in self-compassion among counselling psychology students based on programme of study.

H_{06}: There is no significant difference in counselling self-efficacy among counselling psychology students based on programme of study.

H_{07}: There is no significant difference in self-compassion among counselling psychology students based on practicum training hours.

H_{08}: There is no significant difference in counselling self-efficacy among counselling psychology students based on practicum training hours.

H_{09}: There is no statistically significant relationship between self-compassion and counselling self-efficacy among counselling psychology students.

Chapter II

Review of Literature

2.1. Social Cognitive Theory and Self-Efficacy

The exploration of the fundamental causes behind human behavior has been a subject of inquiry for an extensive period. While some theories argue that environmental factors are the primary drivers of human behavior, Bandura proposed a more nuanced understanding within the framework of Social Cognitive Theory (SCT) (Bandura, 1997; 2018). In contrast to one-sided perspectives, SCT suggests that individuals are not solely passive recipients of environmental stimuli; instead, they actively shape their environment through their actions, thoughts, and feelings. The multifaceted interaction involving the individual, behavior, and environment is termed as triadic codetermination theory within SCT (Bandura, 1977; 1997; 2018). SCT conceptualizes human behavior not as a unidirectional relationship between the individual and their surroundings but as a dynamic system comprising these three elements, perpetually interacting and influencing one another (Bandura, 1977; 1997).

According to the view of SCT, individuals can envision their future, set goals, devise strategies, and regulate their behavior through the mechanisms of foresight, self reactiveness, and self-reflection (Bandura, 2006; 2018), thereby shaping their lives with direction and purpose. According to Bandura (1997), individuals have the capability to adapt and influence their environments through their actions, not only by possessing skills and knowledge but also by exerting self-determining influences involving cognitive, affective, and motivational processes. The capacity for individuals to actively shape their surroundings is termed personal agency within SCT. Central to personal agency is the concept of self-efficacy, defined as peoples' judgments of their capabilities to organize and execute actions necessary to achieve intended outcomes (Bandura, 1986, p. 94). Within SCT, self-efficacy is hypothesized to serve as a key intermediary between possessing skills and performing effective behaviors (Bandura, 1997; Bandura et al., 2003).

Self-efficacy has been widely applied across diverse contexts, including education, career selection, business, and mental and physical health (Schwarzer & Fuchs, 1996). Within the academic context, an increasing body of research revealed a positive correlation between academic self-efficacy and academic performance (Balkıs, 2011; Honicke & Broadbent, 2016; Robbins et al., 2004). Yet, the relationship between academic self-efficacy and performance is not straightforward; instead, academic self-efficacy predicts students' performance indirectly through factors such as self-regulation, effort investment, and effective learning strategies (Honicke & Broadbent, 2016). Studies indicated that highly self-efficacious students tend to perceive learning experiences as enjoyable and expect their abilities to improve through effort. Conversely, students with low self-efficacy are inclined to anticipate future failures instead of successes, find learning experiences stressful, and exhibit avoidance behaviors (Elliot, 1999; Huang, 2016).

In earlier research, Bandura (1977; 1997) posited that individuals with high self efficacy tend to maintain an optimistic perspective regarding their abilities and future prospects. Consequently, they are inclined to select challenging tasks, engage in effective behaviors, invest effort, and demonstrate persistence in the face of obstacles (Schunk & DiBenedetto, 2020). Recent studies have further revealed that students with high levels of academic self-efficacy are more likely to display academic resilience, sustain motivation, exert effort towards achieving long-term objectives, and exhibit decreased intention to discontinue their education even in demanding academic circumstances (Cassidy, 2015; Robbins et al., 2004; Samuel & Burger, 2020). Conversely, individuals with low self-efficacy are more prone to engage in academic procrastination (Balkıs, 2011). From another context, research on teacher self-efficacy also provides evidence for the positive correlations between self-efficacy, effective action, effort expenditure, and persistence. Teachers with high efficacy beliefs are inclined to adopt innovative teaching methods, effectively manage their time, exhibit resilience in the face

of challenges, view their workload as manageable, and experience heightened motivation and job satisfaction (Brown, 2012; Chesnut & Burley, 2015; Lazarides & Warner, 2020; Skaalvik & Skaalvik, 2010). Similarly, in organizational settings, self efficacy serves as a crucial self-regulatory resource for individuals combating job related exhaustion. Individuals with high self-efficacy perceive changes as opportunities rather than stressors, demonstrate sustained effort and persistence in handling work demands, derive satisfaction from their accomplishments, and experience higher job satisfaction (Jimmieson et al., 2004; Shoji et al., 2016). Recent studies also highlighted self-efficacy as a key determinant that facilitates coping mechanisms during challenging circumstances and serves as a protective factor against depression, anxiety, and stress (Burger & Samuel, 2017; Soysa & Wilcomb, 2015). In another study examining the transition from adolescence to young adulthood, Burger and Samuel (2017) discovered that general self-efficacy significantly predicted life satisfaction. Furthermore, analyses of individual changes over time revealed that individuals with elevated levels of self-efficacy and life satisfaction were less susceptible to perceived stress and more resilient in the face of stressful events.

2.1.1. Sources of Self-Efficacy

Bandura (1977) posited that individuals assess their efficacy beliefs through four primary sources of information. Among these, performance accomplishments or mastery experiences stand out as the first and most influential source of self-efficacy. It is commonly understood that mastery experiences impact self-efficacy in such a way that repeated successes elevate it while failures diminish it; however, not every successful experience necessarily boosts individuals' self-efficacy (Bandura, 1977).

The enhancement of self-efficacy depends greatly upon individuals' evaluations of their performances, with the perceived difficulty of the task and expended effort (Bandura, 1986).

Specifically, efficacy beliefs tend to increase when individuals perceive themselves as having overcome a challenging task with considerable effort (Usher & Pajares, 2008). Vicarious experience, or modeling, which refers to observing the performances of others, constitutes the second source influencing self efficacy. This source is particularly significant when individuals are uncertain about their abilities and have limited opportunities to execute the action (Bandura, 1977). Observing a model with similar characteristics to oneself serves to inspire, motivate, and guide individuals in exerting control over their environment through their actions (Bandura, 1997). The third source, verbal or social persuasion also influences self efficacy. Encouragement and realistic feedback, especially during the initial stages of a task, from individuals perceived as trustworthy and knowledgeable are more likely to bolster one's efficacy beliefs (Bandura, 1977). As the final source of self-efficacy, individuals' physiological and emotional states serve as crucial indicators in evaluating their efficacy beliefs. Often, individuals interpret feelings of anxiety, fatigue, or discomfort as indicative of lower levels of self-efficacy (Bandura, 2009). Within this source, Bandura (1997, p. 109) highlights the significance of subjective interpretations of somatic sensations and emotional responses in shaping self efficacy, emphasizing that subjective interpretations hold more importance than objective assessments. For instance, a singer who perceives their anxiety as expected excitement before taking the stage is less likely to attribute their rapid heart rate to diminished self-efficacy (Bandura, 1977; 1997). Particularly in the face of complex and ambiguous tasks, individuals rely on their emotional states. Negative emotions, when cognitively interpreted as indicators of failure, can lead individuals to experience diminished self-efficacy upon subsequent recollection of these emotions (Bandura, 1997, p. 111).

2.2. Social Cognitive Model of Counselor Training (SCMCT) and Counseling Self-Efficacy (CSE)

SCT and self-efficacy have garnered significant attention across various fields, including counseling and counselor training. In the early stages of counselor training, there was a lack of theories to adequately address the complexities of supervisors' roles. Recognizing the need for guidance on which counselor variables to prioritize and enhance within the constraints of limited training time, counselor trainers and supervisors sought a conceptual framework. They realized that solely focusing on counseling behaviors and responses of trainees was insufficient for their development. This realization prompted the emergence of the Social Cognitive Model of Counselor Training (SCMCT), developed by Larson (1998), by adapting SCT principles into the realm of counselor training. Similar to SCT, the fundamental mechanism underlying SCMCT is triadic reciprocality, which underscores the continuous interaction among the individual, behavior, and environment. SCMCT posits that the trainees' personal agency factors, counseling actions, and proximal environment (comprising counseling and supervision) interact dynamically. Larson (1998) employed the metaphor of drama to elucidate this interaction, wherein the counselor trainee serves as the main character, with the supervisor and client also playing supporting roles. According to SCMCT, these three entities – counselor, supervisor, and client – significantly influence the development of trainees' counseling skills.

Alongside the impact of environmental variables on trainees' behavior within counseling and supervision, the SCMCT underscores the pivotal significance of trainees' personal agency factors. These include elements such as outcome expectancies, self-assessment, and affective processes, which are posited as fundamental determinants in their developmental progression toward becoming counselors (Larson & Daniels, 1998). In other words, the model depicts trainees as primary agents who construct their supervision and counseling environment through self-referent thoughts. Central to this model is the concept of "counseling self efficacy (CSE),"

which is hypothesized to mediate the transition from knowing what to do to executing effective counseling actions (Larson, 1998; Larson et al., 1992). CSE is defined as the "trainee's beliefs or judgments about their capabilities to counsel a client effectively in the near future" and is considered a fundamental self referential belief that acts as the causal link between trainees' knowledge and effective counseling performance (Larson & Daniels, 1998, p. 180). Consistent with Larson and Daniels' definition (1998), Lent et al. (2003) defined CSE as the belief in one's capability to execute the behaviors required to assist clients effectively. They also expanded the construct by conceptualizing CSE to include three broad subdomains of self-perceived ability to a) employ structured helping skills (e.g., asking open-ended questions), b) manage routine session tasks (e.g., establishing counseling objectives), and c) handle complex or challenging counseling scenarios (e.g., addressing manipulative behaviors exhibited by a client during sessions).

In the realm of SCMCT, it was proposed that fostering CSE would enhance the acquisition and proficiency of counseling skills, thereby improving counseling effectiveness (Larson, 1998). This proposed correlation between CSE and counseling performance is theoretically rooted in SCT (Bandura, 1986). Beyond the domain of counseling literature, studies indicate a positive correlation between increased self efficacy and improved performance (Schunk & DiBenedetto, 2020). Similarly, various investigations within the CSE literature provide evidence supporting the role of CSE in facilitating the development of counseling skills (Stoltenberg et al., 1998). In a study involving 117 master-level trainees, Kocaerek (2001) discovered that trainees reporting higher levels of CSE were perceived as more proficient by their supervisors. Correspondingly, Prasath et al. (2022) observed that as trainees' CSE levels increased, so did their reported ability to lead groups effectively. Building upon these research findings, some researchers have also postulated that CSE would significantly and positively correlate with client outcomes. As illustrated by Reese et al. (2009), individuals receiving

counseling from trainees who demonstrated significant advancements in their CSE reported improved counseling outcomes. Conversely, Clements-Hickman and Reese (2023) identified a non-significant link between CSE and client outcomes. In conclusion, it is evident that the association between CSE and client outcomes is not straightforward; merely possessing higher CSE does not necessarily result in better outcomes due to the dual and multifaceted nature of the counseling process (Heppner et al., 1998). Rather than directly impacting counseling performance or client outcomes, SCMCT posits that CSE influences desirable results by mediating cognitive, affective, motivational, and decision-making processes (Larson, 1998; Larson et al., 1992). Central to SCMCT is the assumption that counselors with higher CSE levels are more likely to exhibit motivation, persistence, and effort when faced with challenges. They tend to harbor self-enhancing thoughts rather than self-debilitating ones and view their anxieties as stimulating rather than threatening in counseling and/or supervision contexts (Larson, 1998). Numerous empirical studies support these assumptions. For instance, Lent et al. (2003) found that trainees with higher CSE levels have positive expectations regarding their efforts, engage in counseling-related activities, and consider pursuing counseling-related careers in the future. Additionally, several studies have shown a positive correlation between CSE and job satisfaction (Boon, 2015). Gunduz (2012) revealed that CSE negatively predicts burnout among school counselors. Counselors with higher CSE levels experience greater feelings of accomplishment, manage emotional exhaustion effectively (Hines, 2019), and employ efficient problem-solving skills (Al-Darmaki, 2005). Furthermore, Doğanülkü and Kirdök's (2020) findings indicate that CSE significantly and positively predicts occupational commitment among practicing counselors. Research also suggests that counselors with higher CSE levels experience greater psychological well-being and report higher satisfaction with their psychological needs than those with lower CSE levels (Keskin, 2020).

2.2.1. Sources of Counseling Self-Efficacy

According to SCMCT, CSE is influenced by counselor trainees' cognitive assessment of four experiential sources: mastery, modeling, social persuasion, and affective arousal (Larson, 1998). Each of these sources will be critically elucidated in the subsequent section.

Mastery refers to the experience of successfully engaging with clients and is posited by Larson (1998) as the most influential CSE source. This hypothesis has been supported by empirical evidence (Lent et al., 2003; Lent et al., 2009; Mullen et al., 2015; Tang et al., 2004). Lent et al. (2003) conducted a longitudinal study that revealed a significant increase in CSE among master-level counseling students following a 15-week practicum experience. Similarly, a study involving 116 graduate counseling students found a positive association between CSE, counseling-related experience, and practicum duration (Tang et al., 2004). Lent et al. (2009) adopted a more micro-focused approach, examining trainees who conducted five sessions with clients during their initial practicum experience through cognitive assessment. Results showed that trainees' performance, specifically behaviors or strategies perceived as successful or ineffective, was the most frequently cited source of CSE. A longitudinal study involving 179 master-level counselor students demonstrated a significant increase in CSE after completing a counselor preparation program. Data collected at three points indicated that coursework had a greater impact on students' CSE compared to their initial practicum experience. This notable finding suggests that while the majority of confidence is developed through didactic coursework, the increase in CSE during practicum experience is comparatively moderate. Both the SCMCT and the developmental models of counselor training indicate that trainees' confidence in their counseling abilities tends to increase as they gain more experience and develop a sense of mastery and expertise (Skovholt & Rønnestad, 2003). However, this perspective presents challenges for educators as it provides limited guidance on how to enhance the quality of counselor training, potentially leading to stagnation in the training process.

Moreover, the developmental model suggests that premature closure, characterized by an unconscious defensive process involving misattribution of encountered phenomena, can undermine trainees' efficacy beliefs (Rønnestad & Skovholt, 2003). Given the relatively brief duration of practicum experiences in counselor training in Türkiye, potential negative experiences with initial clients during practicum may significantly impact trainees' subsequent experiences, efforts, and persistence in their professional careers. Thus, it becomes apparent that relying solely on mastery experiences to bolster trainees' CSE is insufficient for adequately preparing them to confidently counsel clients upon graduation. According to SCMCT, modeling, as another source of CSE, is defined as the process of observing others who effectively utilize counseling skills (Larson, 1998). These others can include instructors, supervisors, peers, and even self-observation. Consequently, counselor educators have integrated modeling as a teaching tool, especially through video modeling, particularly in the early phases of counselor training, as it offers students an opportunity to observe without the pressure of performance (Larson, 1998; Larson et al., 1999). Empirical findings have indicated that employing video modeling as a pre-practicum training method significantly enhances counselor trainees' CSE (Akçabozan-Kayabol et al., 2022; Aladağ et al., 2014; Hill & Lent, 2006; Larson et al., 1999; Yerin-Güneri et al., 2018). However, Rønnestad and Skovholt (2003) found in their study that trainees frequently feel frustrated due to the limited opportunities to observe experienced practitioners effectively demonstrating counseling skills. Also, a qualitative study conducted by Aladag (2013) in Türkiye found that out of eleven undergraduate programs surveyed, only six incorporated modeling as a teaching method during counseling skills pre practicum training. Thus, it can be inferred that trainees encounter challenges in gaining modeling experience and enhancing their CSE during counselor training. For the practicum experience, Aladağ (2014) identified that observing peers during group supervision significantly contributes to the development of counseling students at both

undergraduate and doctoral levels. Participants indicated that their confidence in applying counseling interventions increased through this modeling experience. Another modeling technique utilized in the practicum experience is the observation of video recordings of counseling sessions (Gonsalvez et al., 2016; Topor et al., 2017). This method has been identified as an effective strategy during supervision sessions, boosting counselor trainees' efficacy beliefs (Koçyiğit-Özyiğit, 2019; Meydan, 2014). Furthermore, by observing their recorded sessions, trainees gain the opportunity for self-reflection, allowing them to identify areas for improvement and evaluate counseling outcomes (Topor et al., 2017).

Social persuasion constitutes another essential source for contributing to CSE, referring to the provision of realistic, supportive encouragement, and the establishment of structured learning environments for trainees (Larson, 1998). Larson (1998) highlighted supervision as a crucial social persuasion mechanism in counselor training. Lohani and Sharma's (2023) systematic review confirmed the positive effect of supervision on trainees' CSE, with significantly higher CSE levels observed among those who received supervision compared to those who did not. Their findings suggest that supervision plays a vital role in enhancing goal setting and providing structure, as demonstrated in Meydan's (2021) study, which found a positive association between goal setting with supervisor support and students' CSE.

Alongside goal setting and structure, feedback emerges as another essential source of social persuasion. Specific, constructive, positive, and adaptable feedback, exemplified in Daniels and Larson's (2001) experimental study, significantly enhanced trainees' CSE. Similarly, Öztürk and Duran (2024) observed that trainees who received satisfactory evaluations and positive feedback from supervisors reported higher CSE levels. While previous research has primarily focused on supervisor feedback, peers also contribute to providing feedback and encouragement during group supervision. Chui et al. (2021) found that perceived positive peer relationships contributed to increasing students' CSE over time. Moreover, as metaphorically

expressed by Larson (1998), clients also play a supportive role during practicum experiences, and their feedback is of essential importance to trainees' CSE levels. As evidenced by Reese et al. (2009), incorporating continuous client feedback into the supervision process significantly improved students' CSE and performance.

While supervision stands as a valuable source for trainees, it can sometimes lead to disruptions in power dynamics, fostering perceptions of supervisors as intimidating evaluators (Chircop-Coleiro et al., 2023; Rønnestad & Skovholt, 1993; Wilson et al., 2016). Considering the dual role of supervisors as instructors for trainees and the linkage between trainees' grades and their performance in practicum courses in Türkiye, it can be argued that trainees may potentially encounter heightened levels of evaluation anxiety, display diminished levels of openness, and manifest increased sensitivity to potential negative feedback during supervision (Rønnestad & Skovholt, 2003). Therefore, considering the elevated anxiety and vulnerability of trainees during practicum experiences, it is crucial for supervisors to establish a supportive and empathetic supervision environment (Rønnestad & Skovholt, 1993). However, in the context of counselor training in Türkiye, the large number of students and limited course hours may hinder the establishment of an effective supervisory relationship between trainees and supervisors. In Türkiye, supervision is predominantly conducted in group settings, with most trainees not receiving personalized feedback during their initial practicum experiences. In a study involving 776 counselor trainees from 20 diverse undergraduate programs in Turkey, Atik (2017) revealed that group supervision emerged as the most prevalent method (44.4%). Among participants engaged in group supervision, most reported drawbacks such as difficulties in self-disclosure, inadequate individualized feedback from supervisors, and prolonged session durations resulting from the large number of participants. As another important source of CSE, SCMCT emphasizes the importance of trainees' affective states, positing that emotional experiences affect CSE through cognitive processes. For instance, the stress experienced by a

trainee while working with clients can either enhance or diminish their CSE, depending on whether it is perceived as challenging and stimulating, or as a failure or threat (Bandura, 1977; Larson, 1998). Essentially, trainees play an active role in assigning meaning to their experiences. Anxiety, a significant emotional experience, particularly during initial practicum experiences, has been extensively studied for its relationship with CSE. Empirical evidence consistently demonstrated a negative association between anxiety and CSE (Al-Darmaki, 2005; Karaırmak, 2018; Larson et al., 1992; Lent et al., 2003; Özden, 2023;). Qualitative studies allowed for deeper exploration and provided insights into the relationship between anxiety and CSE. For example, a study by Bischoff and Barton (2002) revealed that trainees perceive anxiety as an indicator of their CSE levels, with those experiencing anxiety often interpreting it as a sign of low CSE. In another study by Lent et al. (2009), trainees cited affective states as the second most frequently mentioned source of CSE following performance accomplishments. This finding is noteworthy as both SCT and SCMCT traditionally place less emphasis on affective states compared to mastery, modeling, and social persuasion. From a developmental perspective, anxiety is considered an inevitable aspect of counselor training that typically diminishes over time with increased experience (Skovholt & Rønnestad, 2003). However, unmanaged anxiety among counselor trainees during practicum can have negative effects on their counseling performance and supervision processes (Bernard & Goodyear, 2019). Furthermore, in line with Bandura's assertion, early experiences significantly shape one's efficacy beliefs, influencing the amount of effort and persistence in further related activities.

Therefore, anxiety, as an affective state influencing the interpretation of other sources, is a critical determinant of CSE that requires attention early in the counselor training process. In conclusion, central to the SCMCT is the concept of CSE is identified as crucial for motivation, persistence, and performance for both practicing counselors and counselor trainees. Empirical studies have shown a positive correlation between high CSE and improved counseling skills,

job satisfaction, reduced burnout, and enhanced psychological well-being. Various educational experiences during counselor training, such as direct counseling experience, observing effective counseling skills, and receiving feedback and encouragement from supervisors or peers, significantly influence trainees' efficacy beliefs. Additionally, SCMCT emphasized that the meanings trainees assign to their physiological and affective states including various internal and self-reflective variables, are also crucial for shaping CSE. Based on this understanding and the purpose of the current study, the independent variables related to counselor trainees' internal factors, namely mindfulness, self-compassion, and anxiety, and their associations with CSE, will be presented in the following literature review.

2.3. Self-Compassion

Simply put, self-compassion is cultivating a kind and healthy attitude toward oneself during challenging experiences (Neff, 2003). The etymological analysis of "compassion" reveals its Latin roots: cum, signifying "with," and passus, denoting "to suffer." Compassion, as posited by Goetz et al. (2010), involves sensitivity to the suffering of others and a concurrent profound motivation to alleviate their pain kindly. In essence, self-compassion is a form of inward-directed compassion, denoting a kind response and attempt to help one's suffering, whether it originates from external life challenges or internal factors, such as personal weaknesses or failures (Neff, 2023; Neff & Germer, 2017). Neff (2016) conceptualized self-compassion as a multifaceted construct involving three interrelated components: self-kindness, common humanity, and mindfulness. These three components refer to how individuals respond to the suffering (with understanding and kindness or judgment), perceive the suffering (as a part of shared human imperfection and experience or in isolation), and pay attention to their suffering (mindfully or with excessive identification). Self-kindness involves soothing oneself, akin to the support of an empathic friend, during life challenges or personal shortcomings, in contrast to adopting a judgmental or critical stance (Neff, 2023; Neff & Germer, 2017). Contrary to the

irrational assumption that others are faring well in times of personal suffering, the common humanity acknowledges that pain and personal shortcomings are inherent to being human, and everyone experiences varying degrees of suffering (Neff, 2023). Furthermore, to extend kindness to one's self and perceive the suffering as a shared human experience, an initial requirement is the willingness to attend to and acknowledge the pain. Thus, mindfulness, the last component of self-compassion, emerges as both a prerequisite and fundamental element for the compassionate mitigation of suffering. Rather than excessively identifying with the suffering or avoiding it, mindfulness enables a clear perspective, prompting individuals to recognize the necessity of caring for themselves (Neff, 2003; Neff, 2023). The phrases taught in the Mindful Self Compassion course to repeat during moments of distress highlight the mindfulness, common humanity, and self-kindness components of self-compassion, respectively: "This is a moment of suffering. Suffering is a part of life. May I be kind to myself?" Within the Western cultural context, prevailing misconceptions surround the concept of self-compassion, with a common fallacy suggesting that it fosters vulnerability rather than resilience. Contrary to that, empirical evidence underscores self compassion as a powerful source of resilience across diverse life challenges (Neff, 2023). Research illustrates that self-compassionate people are better adjusted during difficult life transitions, such as break ups (Zhang & Chen, 2017), divorces (Chau et al., 2022), and transition to university (Naidoo & Oosthuizen, 2023). Furthermore, self-compassion emerges as an essential tool for coping with health adversities, including chronic pain (Edwards et al., 2019), breast cancer (Arambasic et al., 2019), positive HIV status (Skinta et al., 2019), and diabetes (Friis et al., 2016). Additionally, greater self-compassion is linked to less depression, anxiety, stress, and rumination (Bugay-Sökmez et al., 2023; De Souza et al., 2020; Pérez-Aranda et al., 2021) and more happiness, hope, and life satisfaction (Çağlayan-Mülazım & Eldeleklioğlu, 2016; Yang et al., 2016).

Another prevalent misconception about self-compassion is the belief that it increases self-indulgent behaviors due to its emphasis on self-kindness. However, self compassionate individuals avoid immediate pleasure at the cost of long-term harm and tend to evaluate the things that are healthier for them in the long run and are more likely to engage in health-enhancing behaviors (Neff, 2023; Sirois et al., 2015). Research indicates that self-compassion is linked to increased physical exercise (Wong et al., 2021), diminished smoking (Kelly et al., 2010), and reduced alcohol consumption (Garner et al., 2020). Another common misinterpretation of self-compassion is that it hampers motivation and personal development. On the contrary, self-compassion serves as an essential source of intrinsic motivation that stems from the desire for the self's growth rather than driven by the fear of inadequacy or external social comparisons (Neff et al., 2005). Notably, self-compassionate individuals are less likely to procrastinate (Sirois, 2014) and have less fear of failure (Mosewich et al., 2011). Instead of harsh self-criticism in times of personal shortcomings and excessive identification with failures, a compassionate self-attitude provides nurturing encouragement, facilitating the ability to learn from mistakes and promote personal improvement (Neff, 2023). Lastly, since self-compassion involves taking care of oneself kindly, it is sometimes misunderstood as it implies being selfish or self-centered. Previous research proves that self-compassion benefits interpersonal relationships (Neff & Germer, 2017). Studies revealed positive associations between self-compassion and forgiveness (Oral & Arslan, 2017), the tendency to apologize (Vazeou-Nieuwenhuis & Schumann, 2018), willingness to offer help, empathy (Welp & Brown, 2014), and romantic relationship satisfaction (Barutçu-Yıldırım et al., 2021). Recent experimental studies have also demonstrated that self-compassion is a skill that can be learned and cultivated (Ferrari et al., 2019; Neff, 2023). Various interventions such as Compassion Focused Therapy (CFT; Gilbert, 2010) and Mindful Self-Compassion (MSC; Germer & Neff, 2013) training aim to enhance self-compassion. A meta-analysis investigated the effectiveness

of 27 randomized controlled trials found that self-compassion-based interventions lead to significant increases in self-compassion, mindfulness, positive affect, and life satisfaction and decreases in rumination, self-criticism, anxiety, and depression (Ferrari et al., 2019). Beyond CFT and MSC, third-wave therapies like Mindfulness-Based Cognitive Therapy, DBT, and ACT also underscore self-compassion, suggesting a commonality in their underlying constructs and goals, thereby forming a family of self-compassion related therapies. A meta-analysis comprising 22 randomized controlled studies, by Wilson et al. (2019), revealed that self-compassion related therapies (Mindfulness-Based Cognitive Therapy, DBT, and ACT) exhibited substantial improvements in self-compassion while diminishing levels of depression and anxiety with medium effect sizes.

2.3.1. Self-Compassion among Counselors Self-compassion, which has been evidenced to correlate with various positive and functional variables across diverse samples, holds considerable significance for counselors as well. Correlational research among practicing mental health workers underscored the crucial role of self-compassion by demonstrating the negative associations between self-compassion and stress, burnout, and depression (Finlay Jones et al., 2015; Kotera et al., 2021; McCade et al., 2021). An experimental study conducted by Eriksson et al. (2018) demonstrated the effectiveness of a web-based mindful self-compassion intervention in reducing stress and burnout among a group of practicing psychologists. Qualitative inquiries also explored the experiential aspects of self-compassion, revealing its transformative effect on counselors. Quaglia et al. (2022) and Patsiopoulos and Buchanan (2011) demonstrate that self compassion fosters emotional regulation, and acceptance of limitations, reduces self critical tendencies and negative self-talk, and empowers counselors to extend compassion for their clients. These qualitative findings highlight the profound impact of self-compassion on counselors' internal experiences and professional practices.

2.3.2. Self-Compassion among Counselor Trainees In counselor education, the significance of self-compassion is also increasingly recognized. Numerous scholars advocate for integrating self-compassion into counselor training programs as a crucial self-care tool, aiming to equip counselor trainees with the emotional resilience necessary for effective practice (Coastan & Lawrence, 2019; Nelson et al., 2018). These scholars contend that cultivating self compassion during counselor training is imperative to teach counselor trainees how to care for themselves and extend the same acceptance, openness, and kindness to their clients (Coastan, 2017). Affirming the significance of integrating self-compassion into counselor training, correlational studies illustrated a positive association between elevated self compassion levels, well-being, and compassion satisfaction while revealing a negative association with burnout among counselor trainees (Beaumont et al., 2016; Fulton, 2018). Experimental studies by Beaumont et al. (2017) and Finlay-Jones et al. (2017) illustrated the positive impact of self-compassion interventions in increasing self-compassion and happiness and reducing self-critical judgment, depression, stress, and emotion regulation difficulties among counselor trainees.

These interventions offer promising avenues for cultivating self-compassion among counselor trainees and preparing them for the challenges of their future professional endeavors. 2.4.3. Self-Compassion and Counseling Self-Efficacy Counselor training literature also investigated the associations between self compassion and trainees' efficacy beliefs related to their counseling skills. As stated earlier, self-compassion offers a constructive model for self-reflection and engagement. This paradigm acknowledges the applicability of compassion not only in response to external adversities but also in the face of internal personal failures or inadequacies (Neff & McGehee, 2010). Consequently, it establishes a robust basis for self-evaluation, fostering resilience and enabling individuals to maintain a positive self-perception even in the presence of failures or the potential for such failures (Neff et al., 2018). Through its three components, it is theorized that self-compassion provides an understanding attitude

toward one's performance or failures, an interpretation of imperfection as a part of a shared human experience, and prevents individuals from overly identifying with their failures, ensuring that their self-concept and efficacy beliefs are not solely contingent on performance outcomes (Neff & McGehee, 2010). Empirical evidence supported these notions by revealing that self-compassionate individuals are less likely to engage in negative self-talk (Grzybowski & Brinthaupt, 2022), have self-critical judgment (Zhang et al., 2019), maladaptive perfectionistic tendencies (Linnet & Kibowski, 2020), and fear of failure (Mosewich et al., 2011). Various correlational and experimental inquiries have sought to establish the association between self-compassion and self-efficacy. Iskender's (2009) correlational study revealed positive associations between positive components of self-compassion and self-efficacy among university students. Conversely, negative facets of self-compassion were found to be negatively associated with self-efficacy. A subsequent study by Manavipour and Seidan (2016) among university students replicated Iskender's (2009) findings, identifying mindfulness as the sole significant predictor of self-efficacy. A meta-analysis by Liao et al. (2021), including 60 studies, affirmed these correlations, highlighting that self-kindness, common humanity, and mindfulness exhibited positive associations with self-efficacy. Furthermore, an experimental study by Smeets et al. (2014) revealed that a 3-week self-compassion intervention significantly improved female psychology students' self-efficacy. Based on previous studies focused on the association between self-compassion and self-efficacy, researchers have begun investigating the relationship between self compassion and counselor trainees' efficacy beliefs. Hill et al. (2007) identified the developmental characteristics of counseling trainees in their qualitative analysis conducted among doctoral trainees. Counseling trainees engage in self-criticism regarding their perceived inadequacies, experience a compulsion for perfection, and have many concerns about their counseling abilities during their initial pre-practicum experiences. These experiences related to personal and professional self highlight the significance of self-

compassion in balancing their efficacy beliefs about counseling practice. Recognizing the potential impact of counselor trainees' self-perception on their confidence in counseling abilities has prompted further research, with scholars such as Hung (2015), Pudalov (2016), and Ergin (2023) exploring the associations between self-compassion and CSE. Hung (2015) conducted a correlational analysis involving 466 counseling trainees, revealing that self-compassion significantly predicted session management and counseling challenges self-efficacy. In contrast to the results obtained by Hung (2015), Pudalov (2016) showed that the self compassion of counseling trainees did not emerge as a significant predictor of CSE. Pudalov's (2016) investigation revealed that self-compassion, when combined with hope, demonstrated a synergistic influence, significantly predicting the self-efficacy levels of the trainees. A recent study revealed a significant moderate and positive association between self-compassion and CSE among school counselors (Ergin, 2023).

Crego et al. (2022) conducted a systematic review titled *"The Benefits of Self-Compassion in Mental Health Professionals: A Systematic Review of Empirical Research"* to review empirical evidence on the benefits of self-compassion among mental health professionals and to organize findings related to professional well-being and effectiveness. The review included 24 empirical studies involving mental health professionals, including psychologists, counsellors, psychotherapists, and trainees from various countries. The studies were identified through the APA PsycINFO database and comprised experimental, quasi-experimental, cross-sectional, qualitative, and review research designs. The findings revealed that self-compassion was associated with better mental health and psychological well-being, lower levels of burnout, compassion fatigue, occupational stress, and secondary traumatization. Furthermore, self-compassion was found to enhance therapeutic competence and professional efficacy. The review highlighted the importance of fostering self-compassion among mental health professionals to promote their well-being and improve the quality of professional practice.

Tsai (2015) conducted a study titled *"Trainee's Anxiety and Counseling Self-Efficacy in Counseling Sessions"* to develop and validate the Trainee's Anxiety in Clinical Work (TACW) Scale and examine how trainee anxiety, self-compassion, and supervisory working alliance influence counselling self-efficacy. The study included 235 counsellor trainees recruited nationally across the United States, with the research conducted at Iowa State University, USA. A longitudinal quantitative research design was employed. Exploratory and Confirmatory Factor Analyses were used to validate the TACW Scale, while cross-lagged panel modelling and hierarchical regression analyses were conducted to examine the relationships among trainee anxiety, self-compassion, supervisory working alliance, and counselling self-efficacy. The findings revealed that higher levels of self-compassion and stronger supervisory working alliance were associated with reduced trainee anxiety, which subsequently enhanced counselling self-efficacy. Conversely, higher anxiety was associated with lower counselling self-efficacy, while effective supervision helped maintain trainees' confidence in their counselling abilities despite experiencing anxiety. The study highlighted the importance of self-compassion and supportive supervision in promoting counselling self-efficacy among counsellor trainees.

Chan et al. (2020) conducted a randomized controlled crossover trial titled *"Impact of Mindfulness-Based Cognitive Therapy on Counseling Self-Efficacy: A Randomized Controlled Crossover Trial"* to examine the effects of an eight-week Mindfulness-Based Cognitive Therapy (MBCT) programme on counselling self-efficacy among counselling trainees. The study included 50 undergraduate counselling trainees from Hong Kong Shue Yan University, Hong Kong. A randomized controlled crossover trial research design was employed, in which participants completed an eight-week MBCT programme. The study assessed mindfulness using the Five Facet Mindfulness Questionnaire (FFMQ), self-compassion using the Self-Compassion Scale–Short Form (SCS-SF), empathy using the Interpersonal Reactivity Index

(IRI), psychological distress using the Depression Anxiety Stress Scales-21 (DASS-21), and counselling self-efficacy using the Counselling Self-Estimate Inventory (CASES). The findings revealed that the MBCT programme significantly improved participants' mindfulness, self-compassion, empathy, and counselling self-efficacy while reducing psychological distress. Furthermore, mindfulness emerged as the strongest predictor of counselling self-efficacy. The study emphasized the effectiveness of mindfulness-based interventions in enhancing both personal and professional competencies among counselling trainees.

Clarke et al. (2026) conducted a study titled *"Self-Compassion as a Buffer: Mitigating Impostor Phenomenon and Promoting Resilience During Counselor Development"* to examine whether self-compassion mediates the relationship between impostor phenomenon, resilience, and mental health among counsellors-in-training. The study included 281 counsellors-in-training from CACREP-accredited counselling programmes across 37 states in the United States and the District of Columbia. A quantitative survey research design was employed using the Self-Compassion Scale–Short Form (SCS-SF), the Abbreviated Resilience Scale (ARS-6), the Clance Impostor Phenomenon Scale (CIPS-10), and the Patient Health Questionnaire (PHQ-4). Data were analysed using mediation analysis and Multivariate Analysis of Variance (MANOVA). The findings revealed that self-compassion fully mediated the relationship between impostor phenomenon and resilience as well as depression, and partially mediated the relationship between impostor phenomenon and anxiety. Furthermore, higher levels of self-compassion were associated with greater resilience and better mental health among counsellors-in-training. The study highlighted the protective role of self-compassion in promoting psychological well-being and resilience during counsellor development.

Coaston (2017) published a conceptual article titled *"Self-Care Through Self-Compassion: A Balm for Burnout"* to explore how self-compassion can be integrated into self-care practices to reduce counsellor burnout and enhance overall wellness. The article was theoretical in nature and did not involve research participants. It was based on a comprehensive review of the literature and a theoretical discussion of self-compassion, mindfulness, burnout, and self-care practices among counsellors. The discussion highlighted the role of self-compassion and mindfulness in fostering emotional resilience, reducing the negative effects of occupational stress, and preventing burnout in counselling professionals. The article concluded that integrating self-compassion into self-care practices can protect counsellors from burnout while enhancing their professional effectiveness, psychological well-being, and overall wellness.

Latorre (2020) conducted a study titled *"The Importance of Mindfulness and Self-Compassion in Clinical Training: Outcomes Related to Self-Assessed Competency and Self-Efficacy in Psychologists-in-Training"* to examine the predictive value of mindfulness and self-compassion for counsellor self-efficacy and self-assessed professional competency among psychologists-in-training. The study included 192 counselling and clinical psychology doctoral trainees from the United States. A quantitative research design was employed using the Mindful Attention Awareness Scale (MAAS), the Self-Compassion Scale–Short Form (SCS-SF), the Counselor Self-Efficacy Scale (CSES), and the Professional Competencies Scale–Revised (PCS-R). Stepwise linear regression analyses were conducted to examine the predictive relationships among mindfulness, self-compassion, counsellor self-efficacy, and professional competency. The findings revealed that higher levels of mindfulness were associated with greater self-compassion. Furthermore, self-compassion significantly predicted higher counsellor self-efficacy and self-assessed professional competency and mediated the relationship between mindfulness and these professional outcomes. The study emphasized the

importance of cultivating mindfulness and self-compassion during clinical training to enhance counselling self-efficacy and professional competence among psychologists-in-training.

Ekici (2024) conducted a study titled *"The Relationship Between Mindfulness and Counseling Self-Efficacy Among Counselor Trainees: Mediating Roles of Self-Compassion and Anxiety"* to investigate the relationship between mindfulness and counselling self-efficacy among counsellor trainees and examine the mediating roles of self-compassion and anxiety. The study included 301 final-year counsellor trainees from Guidance and Psychological Counselling programmes in Türkiye. A correlational research design was employed using the Mindful Attention Awareness Scale (MAAS), the Self-Compassion Scale–Short Form (SCS-SF), the Depression Anxiety Stress Scales–Anxiety subscale (DASS-Anxiety), and the Counselling Self-Estimate Inventory (CASES). The data were analysed using Structural Equation Modeling (SEM) and mediation analysis to examine the relationships among the study variables. The findings revealed that mindfulness positively predicted counselling self-efficacy. Furthermore, self-compassion and anxiety were found to partially mediate the relationship between mindfulness and counselling self-efficacy, whereas the serial mediation effect of self-compassion and anxiety was not statistically significant. The study highlighted the important role of self-compassion in enhancing counselling self-efficacy among counsellor trainees and suggested that interventions promoting mindfulness and self-compassion may contribute to the professional development of future counsellors.

Mustafa et al. (2023**)** conducted a study titled *"The Effect of Mindfulness and Self-Compassion Towards Counselor Self-Efficacy of University Students"* to examine the effects of mindfulness and self-compassion on counsellor self-efficacy among university students. The study included 89 university students undergoing counselling internships in Malaysia. A quantitative survey research design was employed. Data were collected using the Five-Facet Mindfulness Questionnaire (FFMQ), the Self-Compassion Scale (SCS), and the Counseling Self-Estimate

Inventory (COSE). The data were analysed using multiple regression analysis to determine the predictive effects of mindfulness and self-compassion on counsellor self-efficacy. The findings revealed that both mindfulness and self-compassion were significant predictors of counsellor self-efficacy. In particular, self-compassion positively predicted counsellor self-efficacy ($\beta = .291$, $p < .001$), indicating that higher levels of self-compassion were associated with greater confidence in counselling abilities. The study emphasized the importance of cultivating mindfulness and self-compassion among counselling trainees to enhance their counselling self-efficacy and professional development.

McCullagh and Unsworth **(2022)** conducted a study titled *"Counselor Self-Efficacy, Mindfulness, and Self-Compassion among Counselor Trainees"* to examine the relationship between mindfulness and counsellor self-efficacy and to investigate whether self-compassion mediates this relationship among counsellor trainees. The study included 213 mental health providers-in-training. A quantitative correlational research design was employed. Data were analysed using **regression and mediation analyses** to examine the predictive relationship between mindfulness and counsellor self-efficacy and the mediating role of self-compassion. The findings revealed that mindfulness was a significant positive predictor of counsellor self-efficacy. However, self-compassion did not significantly mediate the relationship between mindfulness and counsellor self-efficacy. The study emphasized the potential value of incorporating mindfulness-based interventions into counsellor training programmes to strengthen trainees' confidence in their counselling abilities and support their professional development.

Nas (2025) conducted a study titled *"Moderating Effect of Self-Compassion on Compassion Fatigue and Satisfaction Among Counselors"* to investigate the relationship between compassion fatigue and compassion satisfaction among counsellors and to examine the moderating role of self-compassion in this relationship. The study included 367 counsellors

from Türkiye, with a mean age of 36.56 years, of whom 52% were female. A cross-sectional quantitative research design was employed, and data were collected through an online survey. Pearson correlation and moderation analyses were conducted to examine the relationships among compassion fatigue, compassion satisfaction, and self-compassion. The findings revealed a significant negative relationship between compassion fatigue and compassion satisfaction ($r = -.77$), while self-compassion was strongly negatively correlated with compassion fatigue ($r = -.68$) and positively correlated with compassion satisfaction ($r = .70$). Furthermore, self-compassion significantly moderated the relationship between compassion fatigue and compassion satisfaction, suggesting that higher levels of self-compassion buffered the adverse effects of compassion fatigue and promoted greater compassion satisfaction. The study highlighted the protective role of self-compassion in enhancing counsellors' professional well-being and recommended interventions to strengthen self-compassion among counselling professionals.

Stutts (2024**)** published a review article titled *"Increasing Self-Compassion: Review of the Literature and Recommendations"* to examine the concept of self-compassion, methods of assessing self-compassion, and evidence-based interventions for enhancing self-compassion. The article synthesized findings from previous empirical studies and meta-analyses focusing primarily on college students and other adult populations. The review discussed the theoretical foundations of self-compassion, its three core components—self-kindness, common humanity, and mindfulness—and their corresponding negative counterparts. The findings indicated that higher levels of self-compassion were consistently associated with lower levels of depression, anxiety, stress, and other forms of psychopathology, as well as greater psychological well-being, emotional resilience, and adaptive coping. The review also highlighted that self-compassion functions as a protective factor by reducing self-criticism and buffering the effects of stress, failure, and rejection. Furthermore, various interventions, including mindfulness

meditation, loving-kindness meditation, and self-compassion-focused exercises, were found to effectively enhance self-compassion and improve psychological health. The review emphasized the importance of incorporating self-compassion interventions into educational and mental health settings to promote emotional well-being and resilience.

Kotera et al. (2024) conducted a study titled *"Comparing the Mental Health of Healthcare Students: Mental Health Shame and Self-Compassion in Counselling, Occupational Therapy, Nursing and Social Work Students"* to compare the levels of mental health problems, mental health shame, and self-compassion among healthcare students from different disciplines and to identify the predictors of mental health problems within each group. The study included **344** healthcare students from the United Kingdom, comprising students from counselling, occupational therapy, nursing, and social work programmes. A cross-sectional quantitative research design was employed using the Depression Anxiety Stress Scale-21 (DASS-21), the Attitudes Towards Mental Health Problems Scale (ATMHPS), and the Self-Compassion Scale–Short Form (SCS-SF). Data were analysed using Multivariate Analysis of Variance (MANOVA) and multiple regression analyses. The findings revealed that counselling and nursing students reported significantly higher levels of depression than occupational therapy students, while nursing students reported higher anxiety than occupational therapy and social work students. Occupational therapy students demonstrated more positive attitudes towards mental health, whereas nursing students reported greater self-reflected shame than counselling students. Across all healthcare disciplines, self-compassion emerged as the strongest predictor of better mental health, although its effect size varied among the groups, with the strongest effect observed among nursing students and the weakest among social work students. The study highlighted the protective role of self-compassion in promoting psychological well-being among healthcare students and emphasized the need for discipline-specific interventions to enhance self-compassion and improve students' mental health.

Al-Darmaki (2004) conducted a study titled *"Counselor Training, Anxiety, and Counseling Self-Efficacy: Implications for Training Psychology Students from the United Arab Emirates University"* to examine the impact of counsellor training on counselling self-efficacy and state and trait anxiety among undergraduate psychology students. The study included 113 undergraduate psychology students from the United Arab Emirates University. The experimental group consisted of 73 students (65 females and 8 males) who were undertaking their first counselling practicum, while the control group comprised 40 female students who had not yet participated in practicum training. A quasi-experimental pre-test–post-test research design was employed using the Counseling Self-Estimate Inventory (COSE) and the State-Trait Anxiety Inventory (STAI). Data were analysed using Analysis of Covariance (ANCOVA) to compare changes in counselling self-efficacy and anxiety between the two groups. The findings revealed significant differences between the experimental and control groups, indicating that practicum training significantly increased counselling self-efficacy while reducing both state and trait anxiety among psychology students. The study emphasized the importance of supervised counselling training in enhancing trainees' confidence in their counselling abilities and reducing anxiety during professional development.

Verma and Tiwari (2017) conducted a comparative study titled *Self-Compassion as the Predictor of Flourishing of the Students* to examine the influence of self-compassion and gender on human flourishing among undergraduate and postgraduate students. The study included 500 participants, comprising an equal number of male and female students aged between 17 and 25 years. The researchers used the Self-Compassion Scale (Neff, 2003) and the Mental Health Continuum–Short Form (Keyes, 2005) to assess self-compassion and flourishing, respectively. The findings revealed no significant gender differences in self-compassion or flourishing. However, participants with higher levels of self-compassion reported significantly greater flourishing than those with lower levels of self-compassion.

Furthermore, the positive dimensions of self-compassion, namely self-kindness, common humanity, and mindfulness, showed significant positive correlations with various dimensions of flourishing, including hedonic well-being, social well-being, psychological well-being, and overall human flourishing. In contrast, self-judgement was negatively associated with flourishing. Regression analysis further demonstrated that the positive components of self-compassion significantly predicted flourishing. The study concluded that self-compassion is an important psychological resource that enhances students' well-being and promotes optimal psychological functioning.

Research Gap

The review of literature indicates that self-compassion and counselling self-efficacy have emerged as important constructs in counsellor education and professional development. Previous studies have consistently demonstrated that self-compassion is associated with better psychological well-being, resilience, emotional regulation, and reduced burnout, while counselling self-efficacy has been linked to greater professional confidence, counselling competence, and effective therapeutic practice. Several studies have also reported a positive relationship between self-compassion and counselling self-efficacy, suggesting that trainees who respond to personal difficulties with greater self-kindness and emotional balance tend to feel more confident in their counselling abilities.

Despite this growing body of literature, several important gaps remain. Most existing studies have been conducted in Western countries and have primarily focused on practising counsellors, psychologists, mental health professionals, or counsellors-in-training as broad groups. Comparatively limited empirical research has examined these constructs among postgraduate counselling psychology students, who are in a critical stage of developing both personal well-being and professional competence. Within the Indian context, research

examining self-compassion and counselling self-efficacy among counselling psychology students is particularly scarce. Moreover, very few studies have investigated these two constructs simultaneously to understand how they are related during counsellor training. Existing literature has also paid limited attention to examining whether self-compassion and counselling self-efficacy differ across demographic characteristics such as gender, age, programme of study, and practicum training experience.

These gaps highlight the need for further research examining both self-compassion and counselling self-efficacy among counselling psychology students within the Indian higher education context. Accordingly, the present study investigates the extent and nature of self-compassion and counselling self-efficacy, examines the relationship between these variables, and explores differences based on selected demographic variables among counselling psychology students. By focusing on students enrolled in counselling psychology programmes in Kerala, the study provides context-specific evidence that contributes to the broader understanding of counsellor development and may inform counsellor education, supervision, and student support practices.

Chapter III

Methodology

Research methodology is a crucial part of any study because it provides the systematic framework for investigating the research problem. It includes the research design, selection of participants, sampling technique, tools for data collection, and methods of data analysis. As Kothari (2004) explained, methodology offers the scientific basis for selecting the most appropriate methods and procedures to address a specific research problem. In other words, it does not give direct answers, but it guides the researcher in choosing the correct approach to obtain valid and meaningful results.

The present study focuses on self-compassion and counselling self-efficacy among counselling psychology students. Since the study aims to examine the nature of these variables and the relationship between them, a quantitative research approach is appropriate. Quantitative methods allow the researcher to measure the variables objectively and analyze the data statistically. This helps in identifying patterns, differences, and relationships among the study variables in a clear and structured manner.

The research process begins with the formulation of objectives and hypotheses, followed by the selection of suitable participants and research tools. The data collected from counselling psychology students are then analyzed to determine the extent of self-compassion, the level of counselling self-efficacy, and the relationship between the two. The study may also examine whether these variables differ according to demographic characteristics. The findings obtained through this process are expected to contribute to a better understanding of student development in counselling psychology and provide useful implications for training and professional preparation.

This chapter presents the methodology adopted for the study, including the research design, population, sample, sampling method, tools used for data collection, and statistical techniques employed for data analysis.

Aim of the Study

To examine the nature of self-compassion and counselling self-efficacy and to explore the relationship between these variables among counselling psychology students, while also identifying differences based on selected demographic variables

Variables Under Study

Self-Compassion

Theoretical Definition

Self-compassion refers to treating oneself with kindness, understanding, and acceptance during times of failure, suffering, or personal inadequacy rather than engaging in self-criticism. It involves recognizing that difficulties and imperfections are part of the shared human experience and maintaining a balanced, mindful awareness of painful thoughts and emotions instead of over-identifying with them. Self-compassion comprises three core components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification (Neff, 2003).

Operational Definition

In the present study, self-compassion refers to the degree to which counselling psychology students demonstrate kindness, understanding, and acceptance toward themselves while coping with academic, personal, and professional challenges encountered during their training. It reflects their ability to respond to setbacks with self-kindness, recognize such experiences as part of common humanity, and maintain a balanced awareness of their emotions. Self-compassion will be measured using the Self-Compassion Scale–Short Form (SCS-SF) developed by Raes et al. (2011).

Counselling Self-Efficacy

Theoretical Definition

Counselling self-efficacy refers to an individual's beliefs or judgments regarding their capability to effectively perform counselling-related tasks and facilitate positive client outcomes. Rooted in Bandura's Social Cognitive Theory, counselling self-efficacy reflects counsellors' confidence in applying counselling knowledge, interpersonal skills, and professional competencies during the counselling process. Higher counselling self-efficacy is associated with greater confidence, effective clinical performance, and professional competence (Larson & Daniels, 1998).

Operational Definition

In the present study, counselling self-efficacy refers to the confidence of counselling psychology students in their ability to perform essential counselling skills and responsibilities effectively during their professional training. It includes their perceived competence in establishing therapeutic relationships, demonstrating counselling skills, managing counselling sessions, and addressing clients' concerns. Counselling self-efficacy will be measured using the Counselor Self-Estimate Inventory (COSE) developed by Larson et al. (1992).

Research design

The present study employed a quantitative research approach with a descriptive research design. A descriptive design was considered appropriate as the primary aim of the study was to understand the extent and nature of self-compassion and counselling self-efficacy among counselling psychology students. The design also allowed the investigator to examine the association between the two variables and to explore variations based on selected demographic factors.

Self-Compassion Scale – Short Form (SCS-SF)

The Self-Compassion Scale – Short Form (SCS-SF), developed by Raes, Pommier, Neff, and Van Gucht (2011), is a 12-item self-report instrument designed to assess the degree to which individuals relate to themselves with kindness, understanding, and acceptance during moments of suffering, failure, or perceived personal inadequacy. It was constructed as a brief alternative to Neff's (2003) original 26-item Self-Compassion Scale by selecting two items from each of the original six subscales that showed the strongest correlation with the full-length scale. It captures six key dimensions of self-compassion, organised into three bipolar components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Self-kindness reflects the tendency to be warm and understanding toward oneself rather than harshly self-critical during difficult times; common humanity reflects the recognition that suffering and personal shortcomings are part of the shared human experience rather than something isolating; and mindfulness reflects the ability to hold painful thoughts and feelings in balanced awareness rather than becoming over-identified with or suppressing them. The scale is widely used in studies examining self-compassion and its role in psychological well-being, resilience, and professional development, particularly among students and trainees in helping professions.

Each item is rated on a 5-point Likert scale with the following response options: 1 = Almost Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Almost Always. Items belonging to the negatively worded subscales (self-judgment, isolation, and over-identification) are reverse-scored prior to computing the total score, so that a higher score consistently reflects greater self-compassion. The total score is obtained by calculating the mean of all 12 items and ranges from 1 to 5, with scores categorised as follows: 1.00–2.50 = Low self-compassion, 2.51–3.50 = Moderate self-compassion, and 3.51–5.00 = High self-compassion. The SCS-SF has demonstrated strong reliability and validity across research populations, with its total score

showing a near-perfect correlation with the original long-form scale, making it a reliable and time-efficient tool for measuring self-compassion in both clinical and non-clinical populations.

Participants

The participants of the present study comprised individuals currently pursuing a counselling psychology course, including postgraduate (PG) programmes and diploma courses in counselling psychology through convenience sampling.

Inclusion Criteria

1. Students currently enrolled in and pursuing a postgraduate (PG) programme in counselling psychology.
2. Students currently enrolled in and pursuing a diploma course in counselling psychology.
3. Participants who were willing to voluntarily take part in the study and provide informed consent.

Exclusion Criteria

1. Individuals currently practising as counsellors on a professional basis.
2. Individuals who had already completed their counselling psychology course of study.
3. Students pursuing courses in other psychology-related specialisations not specific to counselling psychology.

Tools Use for The Data Collection

Self-Compassion Scale – Short Form (SCS-SF)

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Each item is rated on a 5-point Likert scale with the following response options: 1 = Almost Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Almost Always. Items belonging to the negatively worded subscales (self-judgment, isolation, and over-identification) are reverse-scored prior to computing the total score, so that a higher score consistently reflects greater self-compassion. The total score is obtained by calculating the mean of all 12 items and ranges from 1 to 5, with scores categorised as follows: 1.00–2.50 = Low self-compassion, 2.51–3.50 = Moderate self-compassion, and 3.51–5.00 = High self-compassion. The SCS-SF has demonstrated strong reliability and validity across research populations, with its total score showing a near-perfect correlation with the original long-form scale, making it a reliable and time-efficient tool for measuring self-compassion in both clinical and non-clinical populations.

Counsellor Self-Estimate Inventory (COSE)

The Counsellor Self-Estimate Inventory (COSE), developed by Larson, Suzuki, Gillespie, Potenza, Bechtel, and Toulouse (1992), is a 37-item self-report instrument designed to assess a counsellor trainee's confidence in their ability to perform counselling tasks effectively. It captures five key dimensions of counselling self-efficacy: (1) microskills, reflecting confidence in performing core counselling techniques such as active listening, reflection of feeling, and appropriately structuring sessions; (2) counselling process, reflecting confidence in understanding the therapeutic alliance and interpreting client responses; (3) dealing with difficult client behaviours, reflecting confidence in managing unmotivated, resistant, or crisis-oriented clients; (4) cultural competence, reflecting confidence in working effectively with clients from diverse cultural backgrounds; and (5) awareness of values, reflecting the counsellor's awareness of their own personal values and biases and how these might influence the counselling relationship. The scale is widely used in counsellor education and training research to assess trainees' and students' confidence in their counselling abilities.

Each item is rated on a 6-point Likert scale with the following response options: 1 =Strongly Disagree, 2 = Disagree, 3 = Somewhat Disagree, 4 = Somewhat Agree, 5 = Agree, 6 = Strongly Agree. Nineteen of the 37 items are reverse-scored prior to computing subscale and total scores. The total score is obtained by summing responses across all 37 items and reflects an individual's overall counselling self-efficacy, with higher scores indicating greater confidence in one's counselling ability and lower scores indicating lower confidence and greater self-doubt in a counselling context. The COSE has demonstrated strong reliability and validity in its original and subsequent validation studies, showing negative correlations with state and trait anxiety and positive associations with counsellor performance and self-concept, supporting its use as a robust and widely accepted measure of counselling self-efficacy among trainees and students.

Procedure of Data Collection

Prior to data collection, ethical approval and permission to conduct the study were obtained from the concerned authorities of the respective institutions. The researcher approached counselling psychology students enrolled in the M.Sc. Counselling Psychology and Postgraduate Diploma in Counselling programmes and explained the purpose and nature of the study.

Participants who fulfilled the inclusion criteria were selected using criterion-based purposive sampling. Before administering the questionnaires, informed consent was obtained from each participant. They were assured that participation was voluntary and that they had the right to withdraw from the study at any stage without any negative consequences. Confidentiality and anonymity of the information provided were also ensured.

Data were collected using three instruments: a Socio-demographic Questionnaire, the Self-Compassion Scale–Short Form (SCS–SF) developed by Raes et al. (2011), and the Counselling Self-Estimate Inventory (COSE) developed by Larson et al. (1992). The questionnaires were administered in person in the respective institutions at a time convenient to the participants. Adequate instructions were provided before the administration of the instruments, and participants were encouraged to respond honestly and independently. The completed questionnaires were collected immediately after completion and checked for completeness before being coded for statistical analysis.

Ethical Consideration

The present study was conducted in strict adherence to ethical standards to ensure the dignity, rights, and well-being of all participants. Prior to data collection, ethical clearance was obtained from the Institutional Ethics Committee. Each participant received an information sheet explaining the purpose, procedure, and voluntary nature of the study, and informed

consent was obtained before participation. Standardised psychological questionnaires, including the Self-Compassion Scale – Short Form (SCS-SF) and the Counsellor Self-Estimate Inventory (COSE), were administered to counselling psychology students currently pursuing postgraduate (PG) or diploma courses.

Participants were clearly informed about their right to withdraw from the study at any point without facing any negative consequences. Anonymity and confidentiality were maintained throughout the research process. Personally identifying information was not collected, and all responses were securely stored in password-protected digital files accessible only to the researcher. The data were used solely for academic purposes and were presented in grouped form to ensure that no individual participant could be identified. The study followed the ethical principles of beneficence, justice, and respect for persons, in line with the guidelines set forth by the Institutional Ethics Committee and the American Psychological Association (APA).

Data Analysis

Statistical analysis is an essential component in quantitative research, allowing researchers to explore meaningful patterns and associations between variables (Gravetter & Wallnau, 2016). This study employed appropriate statistical methods to examine the extent and nature of self-compassion and counselling self-efficacy among counselling psychology students, along with the relationship between the two variables. The core analysis focused solely on these psychological variables, while demographic data such as gender and age were utilised only for descriptive and group-comparison purposes.

Descriptive statistics, including frequency, percentage, mean, and standard deviation, were calculated for all major variables to provide a clear summary of the distribution and central tendencies of the data (Field, 2018). This helped in understanding the overall levels of

self-compassion and counselling self-efficacy among the participants, as well as the proportion of students falling into low, moderate, and high categories on each variable.

Pearson's product-moment correlation coefficient was applied to examine the relationship between self-compassion and counselling self-efficacy. This parametric test is appropriate for examining the strength and direction of the linear relationship between two continuous variables (Pallant, 2020). The analysis explored the correlation between self-compassion and counselling self-efficacy among the counselling psychology students in the sample.

Independent samples t-tests were conducted to examine whether significant differences existed in self-compassion and counselling self-efficacy based on demographic variables, namely gender and age group. This test is appropriate for comparing the mean scores of two independent groups on a continuous variable (Pallant, 2020).

The statistical procedures used were appropriate for the characteristics of the data and aligned with the study's objective of examining the extent and nature of self-compassion and counselling self-efficacy, as well as the relationship and demographic variations between these variables among counselling psychology students.

Chapter IV

Results and Discussions

This chapter presents the analysis and interpretation of the data collected from 88 counselling psychology students to achieve the objectives of the study. The findings are presented according to each research objective using appropriate descriptive and inferential statistical techniques. The results are interpreted and discussed with reference to relevant theories, previous empirical studies, and observations made during the course of the study. The chapter includes the analysis of the extent and nature of self-compassion and counselling self-efficacy, the relationship between the two variables, and the differences in these variables based on selected demographic characteristics of the participants.

Table 4.1

Extent of Self-Compassion among Counselling Psychology Students (N = 88)

Level of Self-Compassion	**Frequency (*n*)**	**Percentage (%)**
Low	1	1.1
Moderate	67	76.1
High	20	22.7
Total	**88**	**100.0**

Table 4.1 presents the extent of self-compassion among counselling psychology students. The findings reveal that the majority of the participants (76.1%, n = 67) demonstrated a moderate level of self-compassion. A smaller proportion (22.7%, n = 20) exhibited a high level of self-compassion, whereas only one participant (1.1%) reported a low level of self-compassion.

The findings indicate that counselling psychology students generally possessed a moderate level of self-compassion. The predominance of participants within the moderate category

suggests that most students were reasonably capable of responding to personal setbacks, academic pressures, and emotional challenges with self-kindness and understanding rather than excessive self-criticism. The presence of a considerable proportion of students with high self-compassion further indicates that many participants had developed positive attitudes towards themselves during difficult situations. At the same time, the very small proportion of participants with low self-compassion suggests that only a few students experienced persistent difficulties in responding compassionately towards themselves.

Overall, the findings indicate that the participants possessed a satisfactory foundation of self-compassion, which may contribute positively to their psychological well-being and professional development as future counselling psychologists.

Discussion

The findings of the present study revealed that the majority of counselling psychology students (76.1%) demonstrated a moderate level of self-compassion, while 22.7% exhibited a high level and only one participant (1.1%) reported a low level of self-compassion. This overall pattern suggests that the participants generally possessed a balanced and healthy way of relating to themselves during times of difficulty, although the level of self-compassion had not yet fully matured for most of them. Since the participants were counselling psychology students undergoing professional training, the predominance of moderate self-compassion appears understandable and reflects the developmental and professional stage they currently occupy.

According to Neff's (2003) Self-Compassion Theory, self-compassion consists of three interrelated dimensions: self-kindness, common humanity, and mindfulness. Rather than responding to failures with excessive self-criticism or emotional avoidance, self-compassion enables individuals to acknowledge personal limitations with kindness, recognise that imperfection is a universal human experience, and maintain balanced awareness of difficult

emotions. For counselling professionals, these qualities are particularly important because the ability to care for others is closely linked to the ability to respond compassionately to oneself. Counsellors who demonstrate greater self-compassion are more likely to maintain emotional stability, establish healthy professional boundaries, and remain psychologically resilient while working with clients experiencing distress.

One possible explanation for the predominance of moderate self-compassion in the present study is the developmental stage of the participants. Most respondents belonged to the early adulthood age group, with a substantial proportion between 21 and 24 years of age, while a smaller number were older adult learners. According to Erikson's psychosocial theory, individuals in early adulthood negotiate important developmental tasks related to identity, interpersonal relationships, professional competence, and future career establishment. Counselling psychology students at this stage are simultaneously managing academic expectations, practical training, personal development, and preparation for professional responsibilities. Such multiple demands may encourage personal growth and emotional maturity while also creating periods of uncertainty, self-evaluation, and performance anxiety. Consequently, moderate rather than uniformly high levels of self-compassion are expected among students who are still developing both personally and professionally.

Another important factor that may have influenced the findings is the transition from student to future helping professional. Counselling education requires students to engage in continuous self-reflection, case discussions, practical assessments, supervised counselling sessions, and ethical decision-making. Throughout this process, students are expected not only to acquire theoretical knowledge but also to develop emotional awareness, empathy, and professional competence. Such training encourages self-awareness and reflective practice, both of which contribute to the development of self-compassion. However, because students are still learning and are frequently evaluated on their counselling performance, they may also become highly

aware of their mistakes, limitations, and areas requiring improvement. This combination of personal growth and professional evaluation may explain why the majority demonstrated moderate rather than high levels of self-compassion.

The characteristics of the present sample further support this interpretation. The participants included students enrolled in M.Sc. Counselling Psychology programmes across different universities as well as Postgraduate Diploma in Counselling programmes. Although all participants had received counselling-related education and practical exposure, their academic experiences, curriculum structures, and levels of professional experience were not entirely identical. Some students had greater opportunities for practicum training and client interaction, whereas others were still developing their counselling competencies. Such diversity within the sample may naturally produce variation in self-compassion while still resulting in an overall moderate level across the group.

The findings are consistent with Neff (2003**)**, who reported that self-compassion is associated with greater psychological well-being, emotional regulation, and resilience. Similarly, Beaumont et al. (2016) found that self-compassion serves as an important protective factor for counselling and helping professionals by reducing stress and enhancing emotional well-being. Kotera et al. (2021) also reported that psychology and counselling students with higher levels of self-compassion experienced better psychological well-being and lower levels of academic distress. Collectively, these studies support the present findings by suggesting that self-compassion develops alongside professional training and contributes positively to the psychological adjustment of individuals preparing for helping professions.

The finding that nearly one-quarter of the participants demonstrated high self-compassion is particularly encouraging. These students may already possess greater emotional maturity, effective coping strategies, and stronger self-acceptance, enabling them to respond to stressful

situations with greater kindness and balance. Such characteristics are likely to enhance their future effectiveness as counsellors because professionals with higher self-compassion are generally better able to tolerate uncertainty, recover from emotionally demanding situations, and establish authentic therapeutic relationships without becoming overwhelmed by clients' difficulties.

Equally noteworthy is the finding that only one participant reported a low level of self-compassion. This suggests that severe self-critical tendencies were relatively uncommon among the participants. Although counselling training can be emotionally demanding, the overall distribution indicates that almost all students had developed at least a basic capacity to respond to themselves with understanding rather than excessive self-judgment. This finding may reflect the influence of counselling education, which emphasises empathy, emotional awareness, reflective practice, and personal growth as essential components of professional development.

The findings also have important implications for counsellor education. While the predominance of moderate and high self-compassion represents a positive outcome, the results indicate that there remains considerable opportunity to strengthen self-compassion further during professional training. Educational strategies such as mindfulness-based practices, reflective journaling, process groups, personal therapy, supervision, and self-care programmes may enhance students' capacity for self-kindness and emotional resilience. Developing these qualities is particularly important because counsellors who care for themselves compassionately are more likely to sustain empathy for clients, cope effectively with occupational stress, and reduce the risk of compassion fatigue and professional burnout.

Overall, the findings suggest that counselling psychology students possess a healthy but developing level of self-compassion. The predominance of moderate self-compassion reflects

the reality that the participants are still progressing through an important developmental and professional transition. As emerging mental health professionals, they are gradually learning to balance academic expectations, practical responsibilities, emotional challenges, and professional identity formation. Continued professional education, supervised practice, and opportunities for personal reflection are likely to strengthen self-compassion further, thereby enhancing both their psychological well-being and their future effectiveness as competent, resilient, and compassionate counsellors.

Table 4.2

Nature of Self-Compassion among Counselling Psychology Students (N = 88)

Self-Compassion Item	**Strongly Disagree *n* (%)**	**Disagree *n* (%)**	**Neutral *n* (%)**	**Agree *n* (%)**	**Strongly Agree *n* (%)**
I try to be understanding and patient with myself during difficult times.	2 (2.3)	11 (12.5)	15 (17.0)	30 (34.1)	30 (34.1)
I tend to criticize myself for my weaknesses and mistakes*	13 (14.8)	15 (17.0)	40 (45.5)	14 (15.9)	6 (6.8)
I remind myself that everyone experiences struggles and failures.	1 (1.1)	9 (10.2)	17 (19.3)	31 (35.2)	30 (34.1)
When I fail, I feel isolated from others*	7 (8.0)	12 (13.6)	33 (37.5)	26 (29.5)	10 (11.4)

I try to care for myself when I am emotionally upset.	5 (5.7)	9 (10.2)	23 (26.1)	25 (28.4)	26 (29.5)
I become overwhelmed by painful thoughts and feelings*	9 (10.2)	21 (23.9)	33 (37.5)	21 (23.9)	4 (4.5)
I accept that imperfections are part of being human.	0 (0.0)	4 (4.5)	16 (18.2)	29 (33.0)	39 (44.3)
I feel alone when I experience suffering or failure*	11 (12.5)	19 (21.6)	30 (34.1)	22 (25.0)	6 (6.8)
I maintain emotional balance during stressful situations.	3 (3.4)	11 (12.5)	26 (29.5)	30 (34.1)	18 (20.5)
I get carried away by negative emotions*	6 (6.8)	23 (26.1)	31 (35.2)	25 (28.4)	3 (3.4)
I respond to myself with kindness when things go wrong.	2 (2.3)	11 (12.5)	32 (36.4)	25 (28.4)	18 (20.5)
I am harsh and judgmental toward myself*	3 (3.4)	13 (14.8)	21 (23.9)	30 (34.1)	21 (23.9)

N = 88. n = frequency. Percentages are based on valid responses. Items marked with an asterisk () are negatively worded and are reverse scored when computing the total self-compassion score.

Table 4.2 presents the frequency and percentage distribution of responses for each self-compassion item among counselling psychology students. Overall, the findings indicate that

the participants demonstrated favourable self-compassion characteristics. For most of the positively worded statements, the majority of respondents selected Agree or Strongly Agree, suggesting positive attitudes toward self-kindness, recognition of common humanity, and balanced emotional awareness. However, responses to several negatively worded items indicate that a considerable proportion of students continued to experience self-criticism, emotional vulnerability, and occasional feelings of isolation when encountering personal difficulties.

The response pattern indicates that counselling psychology students generally demonstrated positive self-compassion, particularly in accepting personal imperfections, understanding themselves during difficult situations, and recognising that suffering is a universal human experience. Nevertheless, responses to the negatively worded items suggest that self-compassion was not consistently experienced across all situations. Many participants continued to report neutral responses or agreement with statements reflecting self-judgment and emotional distress, indicating that although self-compassion was present, it was still developing during professional training.

Discussion

The purpose of examining the nature of self-compassion was to understand how counselling psychology students respond to themselves emotionally rather than merely identifying whether they possess low, moderate, or high levels of self-compassion. The responses to individual items provide valuable insight into different dimensions of self-compassion, including self-kindness, common humanity, and mindfulness, as proposed by Neff (2003). The overall response pattern indicates that although participants generally demonstrated compassionate attitudes towards themselves, certain aspects of self-compassion remained more strongly developed than others.

One of the most encouraging findings was related to the acceptance of personal imperfections. Approximately 77.3% of the participants agreed or strongly agreed that they accepted imperfections as part of being human, representing the highest level of agreement among all self-compassion items. Likewise, 69.3% reported that they reminded themselves that everyone experiences struggles and failures. These findings suggest that most counselling psychology students recognised that mistakes, failures, and emotional difficulties are universal aspects of human life rather than personal shortcomings. According to Neff (2003), this component of common humanity enables individuals to perceive personal suffering as part of the shared human experience instead of viewing themselves as isolated or inadequate. Such an outlook is particularly valuable for future counsellors because recognising the universality of suffering enhances empathy towards clients while reducing unrealistic expectations of personal perfection.

The responses also demonstrated encouraging levels of self-kindness. More than two-thirds of the participants reported that they tried to be understanding and patient with themselves during difficult times, while more than half indicated that they cared for themselves when emotionally upset and responded with kindness when things went wrong. These findings suggest that many participants had developed supportive and compassionate attitudes towards themselves instead of reacting with excessive blame or harsh criticism. Such responses are likely to reflect the influence of counselling education, which encourages students to engage in self-reflection, emotional awareness, empathy, and acceptance. Throughout professional training, counselling students frequently learn that extending compassion to oneself is an essential foundation for offering genuine compassion to others. Consequently, the positive responses observed in these items may indicate that many participants had begun to internalise these professional values within their own personal lives.

The findings related to mindfulness similarly suggest that the participants demonstrated reasonably balanced emotional awareness. More than half of the respondents agreed that they were able to maintain emotional balance during stressful situations, while relatively fewer participants reported becoming overwhelmed by painful thoughts or being carried away by negative emotions. Nevertheless, a considerable proportion selected the neutral response for these items, indicating that emotional regulation remained inconsistent across situations. This finding is understandable because counselling psychology students are still developing the emotional regulation skills required for professional practice. Exposure to academic pressures, practical assessments, supervision, and emotionally demanding client interactions may challenge students' ability to remain psychologically balanced, particularly during the early stages of professional development. Thus, mindfulness appears to be developing progressively rather than being fully established.

Despite these encouraging findings, several negatively worded statements revealed persistent self-critical tendencies among the participants. More than half of the respondents agreed that they were harsh and judgmental toward themselves, while a substantial proportion remained neutral regarding criticism of their own weaknesses and mistakes. Furthermore, approximately two-fifths of the participants reported feeling isolated when they failed, suggesting that not all students consistently recognised failure as a universal human experience. These findings indicate that although participants generally possessed positive self-compassion, many continued to struggle with self-judgment, one of the major barriers to developing higher levels of self-compassion. Students preparing for helping professions often establish exceptionally high personal standards because of their desire to become competent professionals. Consequently, mistakes during academic learning or practicum experiences may trigger self-evaluation and perfectionistic thinking, leading to increased self-criticism despite an overall compassionate orientation.

The developmental characteristics of the participants may also explain these findings. The majority of the respondents were young adults, primarily between 21 and 24 years of age, a developmental period characterised by identity formation, career preparation, and increasing personal responsibility. During this stage, individuals are learning to balance academic achievement, professional competence, interpersonal relationships, and future career expectations. Counselling psychology students additionally experience the challenge of transitioning from learners to future mental health professionals, where they are expected to demonstrate emotional maturity, ethical responsibility, and effective helping skills. This transition naturally involves continuous self-evaluation and reflection. While such reflection promotes professional growth, it may also contribute to occasional self-doubt and self-criticism, thereby explaining why moderate rather than consistently high self-compassion was observed across several questionnaire items.

The present findings are consistent with Neff (2003), who proposed that self-compassion is not characterised by the absence of negative emotions but by the ability to respond to those emotions with kindness, acceptance, and balanced awareness. Similarly, Germer and Neff (2013) emphasised that individuals may simultaneously experience emotional distress and self-compassion, as compassionate responding develops progressively through practice rather than occurring automatically. Research by Beaumont et al. (2016) demonstrated that self-compassion enhances resilience and emotional well-being among helping professionals, while Kotera et al. (2021) reported that higher self-compassion among psychology students is associated with reduced stress, greater psychological well-being, and healthier coping strategies. These studies support the present findings by suggesting that counselling students commonly demonstrate developing rather than fully established self-compassion during professional education.

The findings have important implications for counsellor education. Since some participants continued to experience self-judgment, emotional vulnerability, and occasional feelings of isolation, professional training programmes may benefit from incorporating interventions specifically designed to strengthen self-compassion. Reflective journaling, mindfulness-based practices, personal therapy, experiential group work, supervision, and structured self-care activities may encourage students to respond more compassionately towards themselves during periods of stress and professional challenge. Developing self-compassion during training is particularly important because counsellors who demonstrate greater kindness towards themselves are generally better equipped to regulate emotions, tolerate uncertainty, establish empathic therapeutic relationships, and sustain long-term professional well-being without experiencing excessive burnout or compassion fatigue.

Overall, the item-wise findings indicate that counselling psychology students demonstrated positive but developing self-compassion. The strongest responses were observed in recognising common humanity and accepting personal imperfections, whereas self-judgment and emotional vulnerability remained evident among a proportion of participants. These findings suggest that while counselling education appears to promote compassionate self-attitudes, continued opportunities for reflective practice, supervision, and personal development are essential to strengthen all dimensions of self-compassion before students enter professional counselling practice.

Table 4.3

Extent of Counselling Self-Efficacy among Counselling Psychology Students (N = 88)

Level of Counselling Self-Efficacy	Frequency (*f*)	Percentage (%)
Moderate	38	43.2
High	50	56.8
Total	**88**	**100.0**

Table 4.3 presents the extent of counselling self-efficacy among counselling psychology students. The findings indicate that more than half of the participants (56.8%, n = 50) demonstrated a high level of counselling self-efficacy, whereas 43.2% (n = 38) exhibited a moderate level of counselling self-efficacy. None of the participants were categorised as having a low level of counselling self-efficacy.

The findings indicate that counselling psychology students generally possessed favourable levels of counselling self-efficacy. The predominance of participants within the high category suggests that most students perceived themselves as competent and confident in performing counselling-related tasks. Although a considerable proportion demonstrated moderate self-efficacy, the absence of participants in the low category indicates that all respondents perceived themselves as possessing at least a satisfactory level of confidence in their counselling abilities.

Discussion

The present study revealed that the majority of counselling psychology students (56.8%) demonstrated a high level of counselling self-efficacy, while the remaining participants (43.2%) reported a moderate level. Notably, none of the participants were classified as having

low counselling self-efficacy. This overall pattern indicates that the participants generally possessed strong confidence in their ability to perform the knowledge, skills, and interpersonal responsibilities expected of future counselling professionals. As counselling self-efficacy refers to an individual's belief in their capability to perform counselling tasks effectively, these findings suggest that the participants had developed a positive sense of professional competence during their training.

The findings can be understood through Albert Bandura's Social Cognitive Theory (1977, 1997), which proposes that self-efficacy develops through four primary sources: mastery experiences, vicarious learning, verbal persuasion, and physiological or emotional states. Among these, mastery experiences are considered the strongest contributor to self-efficacy because successful performance strengthens confidence in one's abilities. The participants in the present study were counselling psychology students who had undergone theoretical instruction, practical skill training, classroom demonstrations, role-play exercises, supervised learning experiences, and practicum exposure. Such educational experiences likely provided repeated opportunities to practise counselling skills and receive constructive feedback, thereby strengthening their confidence in their professional abilities.

Another important explanation relates to the professional preparation of the participants. The study included students from both M.Sc. Counselling Psychology programmes offered by different universities and a Postgraduate Diploma in Counselling, which emphasises practical counselling training. Regardless of programme differences, all participants had received formal education in counselling theories, communication skills, ethics, interviewing techniques, and helping relationships. Furthermore, every participant had completed internship or practicum experiences and had attended counselling-related training or workshops. These educational opportunities likely enhanced students' confidence by allowing them to apply theoretical

knowledge within real or simulated counselling contexts, thereby promoting stronger counselling self-efficacy.

The demographic characteristics of the participants may have also contributed to these findings. Most respondents belonged to the early adulthood stage, a developmental period characterised by increasing independence, professional identity formation, and career preparation. During this phase, counselling students gradually develop confidence as they acquire academic knowledge and practical experience. Although many students may initially experience uncertainty while learning counselling skills, repeated opportunities to observe experienced counsellors, practise interviewing techniques, receive supervision, and interact with clients gradually strengthen their belief in their professional capabilities. Consequently, the predominance of high counselling self-efficacy observed in the present study appears consistent with the developmental progression expected among counselling trainees.

The findings may also reflect the influence of practical exposure within the study sample. The majority of participants reported completing 31 hours or more of practicum training, and many had already conducted counselling sessions as part of their professional education. Practical experience is widely recognised as one of the most influential factors contributing to counselling self-efficacy because it enables students to translate theoretical knowledge into professional practice. Direct interaction with clients provides opportunities to develop interviewing skills, active listening, empathy, case conceptualisation, and confidence in managing counselling sessions. These experiences likely contributed to the high level of counselling self-efficacy observed among many participants.

The findings of the present study are consistent with Bandura's theory, which suggests that successful learning experiences strengthen efficacy beliefs and encourage individuals to approach challenging tasks with greater confidence and persistence. Similarly, Larson and

Daniels (1998) conceptualised counselling self-efficacy as counsellors' beliefs regarding their ability to perform counselling behaviours effectively. They proposed that counselling self-efficacy increases progressively through education, supervised practice, and successful counselling experiences. Previous research has consistently demonstrated that counselling students with greater practical experience and professional training report higher levels of counselling self-efficacy. Studies have also shown that increased counselling self-efficacy is associated with greater counselling competence, reduced performance anxiety, stronger therapeutic relationships, and improved professional functioning.

An important finding of the present study is the absence of participants with low counselling self-efficacy. This suggests that every participant perceived themselves as possessing at least a moderate degree of confidence in their counselling abilities. Such a finding is encouraging because low counselling self-efficacy among trainee counsellors may contribute to increased anxiety, avoidance of challenging cases, and reduced confidence in professional decision-making. The absence of low self-efficacy may indicate that the participants had acquired a sufficient level of professional preparation and perceived themselves as capable of performing fundamental counselling responsibilities.

Although the overall findings are highly positive, the presence of 43.2% of participants within the moderate category indicates that counselling self-efficacy continues to develop throughout professional education. Students who reported moderate confidence may still experience occasional uncertainty when managing complex counselling situations, emotionally distressed clients, or unfamiliar clinical issues. Such findings are expected among trainee counsellors because professional confidence develops gradually through continued supervision, reflective practice, and repeated counselling experiences. Counselling competence is therefore not achieved immediately but evolves progressively as students accumulate knowledge, practical skills, and professional experience.

The findings have important implications for counsellor education. Since counselling self-efficacy influences counsellors' confidence, persistence, emotional regulation, and professional effectiveness, training programmes should continue to provide opportunities for supervised practicum, experiential learning, case discussions, live observation, constructive feedback, and reflective supervision. Strengthening counselling self-efficacy during professional education not only enhances counselling competence but also prepares future counsellors to manage diverse client concerns with greater confidence, flexibility, and resilience.

Overall, the findings indicate that counselling psychology students possessed predominantly high counselling self-efficacy, reflecting positive perceptions of their developing professional competence. The combination of theoretical learning, practical exposure, supervised training, and emerging professional identity appears to have contributed to these favourable efficacy beliefs. Continued opportunities for experiential learning and professional supervision are likely to further strengthen counselling self-efficacy as students transition from trainees to independent counselling professionals.

Table 4.4

Nature of Counselling Self-Efficacy among Counselling Psychology Students (N = 88)

Counselling Self-Efficacy Item	**Strongly Disagree *n* (%)**	**Disagree *n* (%)**	**Neutral *n* (%)**	**Agree *n* (%)**	**Strongly Agree *n* (%)**
I feel confident while talking with clients.	2 (2.3)	1 (1.1)	27 (30.7)	29 (33.0)	29 (33.0)
I can build rapport with clients effectively.	2 (2.3)	3 (3.4)	20 (22.7)	40 (45.5)	23 (26.1)
I can listen attentively during counselling sessions.	0 (0.0)	3 (3.4)	12 (13.6)	39 (44.3)	34 (38.6)
I understand clients' emotions clearly.	1 (1.1)	1 (1.1)	9 (10.2)	44 (50.0)	33 (37.5)
I can respond empathetically to clients.	1 (1.1)	2 (2.3)	3 (3.4)	48 (54.5)	34 (38.6)
I feel nervous during counselling situations*	5 (5.7)	17 (19.3)	26 (29.5)	25 (28.4)	15 (17.0)
I can manage counselling sessions effectively.	0 (0.0)	3 (3.4)	24 (27.3)	38 (43.2)	23 (26.1)
I can encourage clients to express their feelings.	1 (1.1)	2 (2.3)	9 (10.2)	44 (50.0)	32 (36.4)

I feel capable of handling different counselling cases.	0 (0.0)	5 (5.7)	27 (30.7)	41 (46.6)	15 (17.0)
I may struggle to guide clients during sessions*	10 (11.4)	19 (21.6)	33 (37.5)	19 (21.6)	7 (8.0)
I can communicate professionally with clients.	0 (0.0)	1 (1.1)	10 (11.4)	51 (58.0)	26 (29.5)
I feel confident in my counselling abilities.	0 (0.0)	3 (3.4)	23 (26.1)	40 (45.5)	22 (25.0)
I may feel unsure while conducting counselling sessions*	4 (4.5)	16 (18.2)	30 (34.1)	26 (29.5)	12 (13.6)
I can handle emotionally difficult counselling situations.	1 (1.1)	7 (8.0)	25 (28.4)	35 (39.8)	20 (22.7)
I believe I can become an effective counsellor.	1 (1.1)	0 (0.0)	7 (8.0)	32 (36.4)	48 (54.5)

Note. Pearson's product-moment correlation coefficient (*r*) was used. $p < .05$ indicates statistical significance.

Table 4.4 presents the frequency and percentage distribution of responses to each counselling self-efficacy item among counselling psychology students. Overall, the findings indicate that participants demonstrated favourable counselling self-efficacy across most counselling competencies. For the majority of positively worded statements, most respondents selected Agree or Strongly Agree, indicating confidence in their counselling knowledge,

communication skills, empathy, and ability to conduct counselling sessions. However, responses to negatively worded statements revealed that a considerable proportion of participants continued to experience nervousness, uncertainty, and self-doubt while performing counselling-related tasks, suggesting that counselling self-efficacy was still developing during professional training.

The overall response pattern indicates that counselling psychology students possessed positive counselling self-efficacy. High levels of agreement were observed for items related to empathy, active listening, rapport building, professional communication, and belief in becoming an effective counsellor. Nevertheless, responses to negatively worded items demonstrate that some students continued to experience anxiety and uncertainty in challenging counselling situations. These findings suggest that while students generally perceived themselves as competent, confidence varied across different counselling competencies and continued to develop through professional education and practical experience.

Discussion

The purpose of examining the nature of counselling self-efficacy was to understand how counselling psychology students perceived their competence across different counselling skills rather than merely determining whether their overall counselling self-efficacy was moderate or high. The responses to the individual questionnaire items provide a comprehensive understanding of students' confidence in communication, empathy, counselling skills, emotional management, professional identity, and handling counselling challenges. Overall, the findings indicate that the participants possessed favourable counselling self-efficacy, although confidence differed across various aspects of counselling practice.

One of the strongest findings of the present study relates to the participants' confidence in becoming effective counsellors. More than half of the respondents (54.5%) strongly agreed and

an additional 36.4% agreed that they believed they could become effective counsellors. This represents the highest level of positive agreement among all fifteen counselling self-efficacy items. The finding suggests that although students recognised the challenges associated with professional counselling, they possessed a strong belief in their future professional competence. Such optimism is expected among counselling trainees because professional education not only develops counselling skills but also gradually shapes professional identity. As students progress through theoretical learning, skills laboratories, supervised practice, internships, and client interactions, they begin to perceive themselves as emerging professionals rather than simply university students. This growing professional identity strengthens confidence in their future counselling abilities.

The findings further demonstrate strong confidence in interpersonal communication and therapeutic relationship skills, which are regarded as the foundation of effective counselling. Approximately 66% of participants agreed that they felt confident talking with clients, while more than 71% believed they could build rapport effectively. Even more encouraging were the findings related to empathy and communication. More than 82% reported confidence in active listening, 87.5% believed they understood clients' emotions clearly, 93.1% reported confidence in responding empathetically, and 87.5% believed they could communicate professionally with clients. These findings indicate that the participants perceived themselves as highly competent in establishing therapeutic relationships, which are universally recognised as the cornerstone of successful counselling practice.

According to Carl Rogers' Person-Centred Theory, empathy, genuineness, and unconditional positive regard are fundamental conditions that facilitate therapeutic change. Counselling students receive extensive training in these core helping skills through classroom demonstrations, role-play exercises, observation of counselling interviews, and supervised practice. Consequently, it is understandable that confidence was particularly high in these

interpersonal competencies. The participants appear to have internalised these helping skills and perceived them as strengths within their developing professional repertoire.

The findings are also consistent with Larson and Daniels' (1998) conceptualisation of counselling self-efficacy, which suggests that beginning counsellors usually develop confidence initially in counselling microskills such as active listening, empathy, attending behaviour, rapport building, and effective communication before gaining confidence in more complex counselling interventions. The present findings closely follow this developmental pattern, indicating that students perceived themselves as particularly competent in foundational helping skills.

Another encouraging finding concerns professional counselling management skills. Nearly seventy per cent of participants reported confidence in managing counselling sessions effectively, while more than eighty-six per cent believed they could encourage clients to express their feelings. Similarly, approximately two-thirds believed they could manage different counselling cases and emotionally difficult counselling situations. These responses indicate that participants did not limit their confidence to basic communication alone but also believed they could organise counselling sessions, facilitate emotional exploration, and respond appropriately to clients presenting with different concerns.

One possible explanation for these positive findings is the nature of the participants' professional training. The sample included both M.Sc. Counselling Psychology students from different universities and Postgraduate Diploma in Counselling students. Although curricula differed across institutions, all participants had undergone structured counselling education, practical demonstrations, internship experiences, and counselling-related workshops. Moreover, all respondents had completed practicum experiences, and over half had accumulated 31 hours or more of practicum training. Practical exposure enables students to

integrate theoretical knowledge with direct counselling experience, thereby strengthening confidence through repeated mastery experiences.

Bandura (1997) identified mastery experiences as the strongest source of self-efficacy beliefs. Successfully conducting counselling interviews, receiving positive supervisory feedback, managing client interactions, and observing improvements in counselling performance reinforce students' beliefs that they are capable of functioning effectively as counsellors. The relatively high counselling self-efficacy observed in the present study therefore appears consistent with Bandura's explanation that confidence develops primarily through successful performance experiences.

Despite these highly encouraging findings, the responses to the negatively worded statements provide important insights into the developmental nature of counselling self-efficacy. Approximately 45.4% of participants agreed that they felt nervous during counselling situations, while 43.1% acknowledged feeling unsure while conducting counselling sessions. Similarly, responses regarding difficulty in guiding clients were largely concentrated around the neutral category, suggesting uncertainty rather than complete confidence. These findings indicate that although students generally possessed positive counselling self-efficacy, many continued to experience normal levels of professional anxiety when confronted with real counselling responsibilities.

These findings should not be interpreted as weaknesses. Rather, they reflect the reality of professional development among trainee counsellors. Counselling differs from many other professions because practitioners are expected to manage complex emotional situations, maintain ethical standards, make clinical judgments, establish therapeutic relationships, and respond appropriately to unpredictable client behaviours. Students naturally experience nervousness while developing these competencies. According to Stoltenberg's Integrated

Developmental Model, novice counsellors typically experience high motivation alongside high levels of anxiety and self-consciousness during the early stages of professional development. As supervision, experience, and competence increase, this anxiety gradually decreases while counselling self-efficacy strengthens. The present findings appear to reflect this developmental progression.

The developmental stage of the participants may further explain these results. Most respondents belonged to early adulthood, a period characterised by career establishment, identity consolidation, and increasing professional responsibility. Simultaneously, participants were transitioning from university students to future mental health professionals. This transition involves continuous academic evaluation, skill assessments, practicum responsibilities, and ethical accountability. Such experiences naturally encourage self-reflection and occasional self-doubt while simultaneously promoting competence. Consequently, the coexistence of high confidence in counselling skills and moderate nervousness in challenging situations appears psychologically realistic rather than contradictory.

The present findings are supported by previous empirical research. Larson and Daniels (1998) reported that counselling self-efficacy develops progressively through supervised training and successful counselling experiences. Bandura (1997) similarly argued that efficacy beliefs strengthen through repeated mastery experiences and constructive feedback. Research among counselling trainees has consistently demonstrated that practical experience, supervision, and client contact significantly enhance counselling self-efficacy while reducing performance anxiety. These findings correspond closely with the present study, where participants generally reported high confidence alongside understandable levels of nervousness associated with professional training.

From an educational perspective, these findings have significant implications for counsellor preparation programmes. Although participants demonstrated favourable counselling self-efficacy, the persistence of nervousness and uncertainty suggests that professional training should continue to provide opportunities for supervised counselling practice, structured feedback, case discussions, reflective journaling, live supervision, and experiential learning. Such experiences not only improve technical counselling competence but also strengthen students' confidence in applying these skills under real clinical conditions.

Overall, the item-wise findings indicate that counselling psychology students demonstrated strong and developing counselling self-efficacy. Their greatest confidence was observed in empathy, communication, rapport building, and belief in becoming effective counsellors, whereas comparatively lower confidence was evident in managing personal nervousness and uncertainty during counselling sessions. These findings suggest that the participants had established a solid foundation of counselling competence while continuing to develop the confidence and emotional resilience required for independent professional practice. Continued supervision, practical exposure, and reflective professional learning are therefore likely to further strengthen counselling self-efficacy as students progress from trainees to qualified counselling professionals.

Table 4.5

Relationship between Self-Compassion and Counselling Self-Efficacy

Variables	Self-Compassion	Counselling Self-Efficacy
Self-Compassion	1	.461**
Counselling Self-Efficacy	.461**	1

Note. Pearson's product–moment correlation was used to examine the relationship between self-compassion and counselling self-efficacy. Statistical significance was determined at $p < .05$

Table 4.5 presents the Pearson product-moment correlation between self-compassion and counselling self-efficacy among counselling psychology students. The analysis revealed a moderate positive correlation between self-compassion and counselling self-efficacy ($r = .461$, $p < .001$). The relationship was statistically significant at the .01 level, indicating that higher levels of self-compassion were associated with higher levels of counselling self-efficacy among the participants.

The findings indicate a statistically significant positive relationship between self-compassion and counselling self-efficacy. This suggests that counselling psychology students who reported greater self-kindness, emotional balance, and acceptance of personal imperfections also tended to report greater confidence in their counselling abilities. Although the correlation was moderate rather than strong, the findings demonstrate that self-compassion is meaningfully associated with counselling self-efficacy among counselling psychology students.

Discussion

The present study revealed a moderate positive relationship between self-compassion and counselling self-efficacy ($r = .461$, $p < .001$), indicating that counselling psychology students with higher levels of self-compassion also tended to report higher confidence in their counselling abilities. This finding suggests that the way students relate to themselves emotionally may influence how confidently they perceive their ability to perform counselling responsibilities. Although the relationship was moderate rather than strong, the statistically significant correlation demonstrates that self-compassion is an important psychological factor associated with the development of counselling self-efficacy.

The finding can be understood through Bandura's Social Cognitive Theory (1997), which proposes that self-efficacy is influenced not only by successful performance but also by individuals' emotional and cognitive responses to challenging situations. Students who respond to mistakes with excessive self-criticism or anxiety may interpret counselling experiences as evidence of personal inadequacy, thereby weakening their confidence. Conversely, students who approach personal difficulties with self-kindness, emotional balance, and acceptance are more likely to view mistakes as opportunities for learning rather than as indicators of failure. This healthier interpretation of challenging experiences strengthens efficacy beliefs and encourages continued engagement in professional learning.

The relationship is also consistent with Neff's Self-Compassion Theory (2003). According to Neff, individuals who practice self-kindness are less likely to become overwhelmed by failures or setbacks because they recognise imperfection as part of the shared human experience and maintain mindful awareness of difficult emotions. For counselling psychology students, this perspective is particularly valuable because professional training inevitably involves academic evaluations, supervised counselling sessions, client-related challenges, and constructive

feedback. Students with greater self-compassion may therefore recover more effectively from difficult counselling experiences, remain emotionally balanced, and continue developing confidence in their counselling abilities.

The findings observed in the present study also correspond with the results obtained in the earlier tables. The majority of participants demonstrated moderate self-compassion (Table 4.1) and high counselling self-efficacy (Table 4.3). Similarly, the item-wise analysis showed that participants generally reported positive attitudes towards self-kindness and acceptance while simultaneously expressing confidence in communication, empathy, rapport building, and professional counselling skills. These findings collectively suggest that students who respond to themselves with greater compassion are also more likely to perceive themselves as competent and effective in counselling situations.

One possible explanation for this relationship lies in the nature of counsellor training itself. Throughout their education, counselling psychology students are encouraged to develop self-awareness, reflective practice, empathy, emotional regulation, and interpersonal competence. These qualities not only promote self-compassion but also contribute directly to counselling self-efficacy. Students who learn to regulate their own emotions effectively may experience less performance anxiety during counselling sessions, communicate more confidently with clients, and respond more appropriately to emotionally demanding situations. Thus, both self-compassion and counselling self-efficacy may develop simultaneously as complementary outcomes of professional education.

The developmental characteristics of the participants may also help explain the observed relationship. Most respondents belonged to early adulthood, a period characterised by identity formation, career preparation, and increasing professional responsibility. During this stage, students are actively developing both their personal identity and professional competence.

Learning to respond compassionately to one's own mistakes while simultaneously acquiring counselling skills may strengthen confidence and resilience during this important transition from student to professional counsellor. Consequently, students with greater self-compassion may be better equipped to cope with academic pressures, practicum experiences, and client interactions, resulting in stronger counselling self-efficacy.

The present findings are supported by previous empirical research. Neff (2003) reported that self-compassion is associated with greater psychological well-being, emotional regulation, and resilience, all of which facilitate adaptive functioning in challenging situations. Beaumont et al. (2016) found that self-compassion among helping professionals was associated with greater resilience and reduced stress, enabling professionals to maintain effective practice while managing emotional demands. Similarly, Kotera et al. (2021) reported that self-compassion positively predicts psychological well-being among psychology students and contributes to healthier coping strategies during professional training. Research on counselling trainees has also consistently demonstrated that greater emotional resilience and self-awareness are associated with stronger counselling confidence and professional competence, supporting the relationship observed in the present study.

Although the correlation was statistically significant, it was moderate rather than strong, indicating that self-compassion is one of several factors influencing counselling self-efficacy. Counselling self-efficacy is likely to be shaped by multiple experiences, including theoretical knowledge, supervised practicum, counselling skills training, client contact, quality of supervision, personal motivation, and previous helping experiences. Therefore, while self-compassion contributes meaningfully to counselling self-efficacy, it does not completely determine students' confidence in their counselling abilities. This finding reflects the complex and multidimensional nature of professional competence among counselling trainees.

From an educational perspective, the findings have important implications for counsellor preparation programmes. Since higher self-compassion is associated with greater counselling self-efficacy, training programmes should recognise self-compassion as an important component of professional development rather than viewing it solely as a personal characteristic. Incorporating reflective journaling, mindfulness-based practices, personal growth activities, experiential group work, and supportive supervision may simultaneously enhance students' self-compassion and strengthen their confidence in counselling practice. Such interventions may contribute to the development of emotionally resilient, confident, and competent counselling professionals.

Overall, the findings demonstrate that self-compassion and counselling self-efficacy are positively related among counselling psychology students. Students who demonstrated greater kindness towards themselves, accepted personal imperfections, and maintained emotional balance also tended to report greater confidence in their counselling abilities. The findings emphasise that developing self-compassion is not only beneficial for students' personal well-being but also contributes to the development of professional confidence, thereby supporting more effective and resilient counselling practice.

Table 4.6

Gender Differences in Self-Compassion and Counselling Self-Efficacy among Counselling Psychology Students

Variable	***Gender***	***N***	***Mean***	***SD***	***t***	***Sig. (2-tailed)***
Self-Compassion	*Female*	*69*	*40.51*	*5.76*	*-1.16*	*.249*
	Male	*19*	*42.26*	*5.93*		
Counselling Self-Efficacy	*Female*	*69*	*58.30*	*8.14*	*-0.75*	*.455*
	Male	*19*	*59.95*	*9.16*		

Note. *M* = Mean; *SD* = Standard Deviation; *t* = Independent samples *t*-test statistic; *p* = Significance value (2-tailed). Statistical significance was considered at $p < .05$.

Table 4.6 presents the results of the independent samples *t*-test examining differences in self-compassion and counselling self-efficacy between female and male counselling psychology students.

The findings indicate that there was no statistically significant difference in counselling self-efficacy between female and male participants ($t = -0.75$, $p = .455$). Although male participants obtained a slightly higher mean score ($M = 59.95$, $SD = 9.16$) than female participants ($M = 58.30$, $SD = 8.14$), the observed difference was not statistically significant.

Similarly, no statistically significant difference was found in self-compassion between female and male participants (t = -1.16, p = .249). Male participants obtained a marginally higher mean score (M = 42.26, SD = 5.93) than female participants (M = 40.51, SD = 5.76). However, this difference was also not statistically significant.

Overall, the findings indicate that self-compassion and counselling self-efficacy did not differ significantly according to gender. Therefore, the null hypothesis stating that there is no significant difference in self-compassion and counselling self-efficacy based on gender was retained.

Discussion

The findings of the present study indicate that gender was not significantly associated with either self-compassion or counselling self-efficacy among counselling psychology students. Although male participants obtained slightly higher mean scores on both variables, these differences were small and did not reach statistical significance. This suggests that both female and male students demonstrated comparable levels of self-kindness, emotional balance, and confidence in their counselling abilities.

The absence of significant gender differences may be explained by the common educational experiences shared by students irrespective of gender. All participants were undergoing professional counselling training that involved academic instruction, practical skill development, supervised learning experiences, and opportunities for self-reflection. Such experiences are designed to strengthen counselling competencies and personal awareness equally among trainees, thereby reducing the likelihood of substantial gender-based differences in professional confidence or self-compassion.

The findings may also be understood in light of Bandura's Social Cognitive Theory (1997), which proposes that self-efficacy develops primarily through mastery experiences,

observational learning, verbal encouragement, and emotional regulation rather than demographic characteristics such as gender. As both female and male students were exposed to similar learning opportunities and practicum experiences, it is reasonable that they reported comparable levels of counselling self-efficacy. Likewise, Neff's (2003) conceptualisation of self-compassion suggests that self-kindness, common humanity, and mindfulness are psychological capacities that can be cultivated through personal reflection and life experiences, irrespective of gender.

Although male participants obtained marginally higher mean scores on both self-compassion and counselling self-efficacy, these differences should be interpreted with caution because they were not statistically significant. In addition, the unequal distribution of participants in the present study, with substantially more female participants (n = 69) than male participants (n = 19), may have reduced the statistical power to detect small differences between the groups. Therefore, the observed mean differences should not be interpreted as evidence of gender-related differences in these psychological constructs.

The findings are consistent with the overall pattern observed in the present study, which indicated generally moderate levels of self-compassion and high levels of counselling self-efficacy across the entire sample. This suggests that the development of these characteristics is more closely associated with professional training, personal growth, reflective practice, and supervised counselling experiences than with gender alone.

Overall, the findings indicate that gender does not appear to play a significant role in influencing self-compassion or counselling self-efficacy among counselling psychology students. The development of these attributes is likely to be shaped by a combination of educational experiences, personal maturity, self-reflection, and professional practice. Consequently, counsellor education programmes should continue to provide equal

opportunities for experiential learning, supervision, and personal development for all students, regardless of gender.

Table 4.7

Age Differences in Self-Compassion and Counselling Self-Efficacy among Counselling Psychology Students

Variable	Age Group	*n*	*M*	*SD*	*t*	*p*
Self-Compassion	Up to 25 years	70	40.26	5.62	-2.70	.008**
	26 years and above	18	44.33	6.06		
CounsellingSelf-Efficacy	Up to 25 years	70	57.43	7.40	-1.72	.090
	26 years and above	18	61.00	9.59		

Table 4.7 presents the results of the independent samples *t*-test examining age differences in self-compassion and counselling self-efficacy among counselling psychology students. The findings indicate a statistically significant difference in self-compassion between students aged up to 25 years (M = 40.26, SD = 5.62) and those aged 26 years and above (M = 44.33, SD = 6.06), $t(86) = -2.70$, $p = .008$. Students aged 26 years and above reported significantly higher levels of self-compassion than younger students.

In contrast, no statistically significant difference was observed in counselling self-efficacy between students aged up to 25 years (M = 57.43, SD = 7.40) and those aged 26 years and above (M = 61.00, SD = 9.59), $t(86) = -1.72$, $p = .090$.

The findings indicate that age was significantly associated with self-compassion but not with counselling self-efficacy. Older students (26 years and above) demonstrated significantly greater self-compassion than younger students, suggesting that increasing age may contribute to greater self-kindness, emotional balance, and acceptance of personal imperfections. However, although older students obtained slightly higher mean scores on counselling self-efficacy, the difference was not statistically significant, indicating that confidence in counselling abilities was generally comparable across the two age groups.

Discussion

The present study identified a statistically significant difference in self-compassion based on age, with students aged 26 years and above reporting significantly higher levels of self-compassion than students aged 25 years and below. In contrast, although older students also obtained higher mean scores on counselling self-efficacy, this difference was not statistically significant. These findings suggest that age may play a more important role in the development of self-compassion than in the development of counselling self-efficacy among counselling psychology students.

The higher level of self-compassion observed among older students may be explained from a developmental psychology perspective. Most participants aged 25 years and below belonged to early adulthood, a developmental period characterised by identity formation, career establishment, academic achievement, and increasing personal responsibility. Individuals in this stage frequently experience uncertainty regarding their abilities, concern about future career prospects, and pressure to meet academic and professional expectations. Such challenges

may contribute to greater self-criticism and a stronger tendency to evaluate personal performance harshly, resulting in comparatively lower levels of self-compassion.

By contrast, students aged 26 years and above may have accumulated broader life experiences, greater emotional maturity, and more effective coping strategies. Having encountered a wider range of personal, academic, and professional challenges, older students may be better able to recognise that mistakes, failures, and setbacks are normal aspects of personal growth rather than indicators of inadequacy. Consequently, they may respond to themselves with greater patience, acceptance, and emotional balance. These characteristics closely reflect the three components of Kristin Neff's Self-Compassion Theory (2003)—self-kindness, common humanity, and mindfulness which collectively enable individuals to manage adversity in a healthier and more adaptive manner.

The finding may also reflect the influence of life experience beyond chronological age alone. Several participants aged 26 years and above may have returned to higher education after periods of employment, family responsibilities, or other professional experiences. Although such background information was not formally measured in the present study, older students often bring richer interpersonal experiences, greater emotional awareness, and increased psychological resilience to professional training. These experiences may contribute to a more compassionate attitude towards themselves when facing academic or professional challenges. Thus, the observed age difference may represent not only chronological maturity but also accumulated life learning.

The transition into the counselling profession itself provides another explanation. Counselling psychology students are expected to engage in self-reflection, understand their own emotional experiences, and develop therapeutic qualities that support effective client care. Older students may have had more opportunities to engage in personal reflection and emotional growth before

entering professional training. This prior experience may facilitate greater acceptance of personal imperfections and reduce the tendency towards excessive self-judgment, thereby contributing to higher self-compassion scores.

The absence of a statistically significant age difference in counselling self-efficacy is equally noteworthy. Although older students reported slightly higher mean scores, both age groups demonstrated relatively similar levels of confidence in their counselling abilities. This suggests that counselling self-efficacy may depend more strongly on professional education and practical training than on chronological age. According to Bandura's Social Cognitive Theory (1997), self-efficacy develops primarily through mastery experiences, observation of competent models, verbal encouragement, and successful task performance. Since all participants were enrolled in counselling programmes, completed practicum experiences, and attended counselling-related workshops, they received comparable opportunities to develop counselling competence regardless of age.

The characteristics of the present sample further support this interpretation. The study included students from both M.Sc. Counselling Psychology programmes offered by different universities and a Postgraduate Diploma in Counselling programme. Despite differences in institutional curricula, all participants had completed internship or practicum experiences and had received formal counselling training. Moreover, more than half of the participants had completed 31 hours or more of practicum training, providing substantial opportunities to develop counselling skills through direct experience. Such shared educational experiences may have minimised age-related differences in counselling self-efficacy.

The findings also correspond with Bandura's concept of mastery experiences, which proposes that confidence develops through repeated successful performance rather than age itself. Younger students who actively engage in counselling practice, receive constructive

supervision, and successfully manage client interactions can develop counselling self-efficacy comparable to that of older students. Therefore, while age appears to contribute to greater self-compassion through increased emotional maturity, counselling self-efficacy may be shaped more directly by educational experiences and supervised professional practice.

The present findings are broadly consistent with previous literature suggesting that self-compassion tends to increase with psychological maturity and life experience, whereas counselling self-efficacy is more strongly influenced by training, supervision, and practical exposure. Research on counselling trainees has shown that opportunities for experiential learning and constructive supervisory feedback contribute substantially to the development of counselling confidence, irrespective of age. Similarly, studies on self-compassion have reported that greater emotional maturity is associated with increased self-kindness, mindfulness, and acceptance of personal limitations.

An important implication of the present findings is that younger counselling students may particularly benefit from educational experiences that encourage self-reflection, mindfulness, emotional regulation, and self-compassionate coping during professional training. As students transition into the counselling profession, learning to respond to personal mistakes with understanding rather than harsh self-criticism may enhance both psychological well-being and long-term professional resilience. At the same time, the comparable levels of counselling self-efficacy across age groups demonstrate that high professional confidence can be developed through structured education and supervised practice, regardless of chronological age.

Overall, the findings indicate that older counselling psychology students demonstrated significantly greater self-compassion than younger students, suggesting that emotional maturity and accumulated life experiences may contribute to the development of compassionate self-attitudes. In contrast, counselling self-efficacy did not differ significantly

between the two age groups, indicating that professional confidence appears to be shaped primarily by counselling education, practicum experiences, and supervised training rather than age alone. Together, these findings highlight the distinct influences of personal maturity and professional learning on the psychological development of counselling trainees.

Table 4.8

Programme Differences in Self-Compassion and Counselling Self-Efficacy among Counselling Psychology Students

Variable	Programme of Study	*n*	*M*	*SD*	*t*	*p*
Counselling Self-Efficacy	M.Sc. Counselling Psychology	61	58.13	8.61	-0.89	.377
	Postgraduate Diploma in Counselling	27	59.93	7.76		
Self-Compassion	M.Sc. Counselling Psychology	61	40.46	5.77	-0.95	.345
	Postgraduate Diploma in Counselling	27	41.74	6.08		

Note. *M* = Mean; *SD* = Standard Deviation; *t* = Independent samples *t*-test; *p* = Significance value (two-tailed).

Table 4.8 presents the results of the independent samples *t*-test examining differences in self-compassion and counselling self-efficacy between students enrolled in the M.Sc. Counselling Psychology programme and those pursuing the Postgraduate Diploma in Counselling programme.

The findings indicate that there was no statistically significant difference in counselling self-efficacy between the two groups (t = -0.89, p = .377). Although students enrolled in the Postgraduate Diploma in Counselling programme obtained a slightly higher mean score (M = 59.93, SD = 7.76) than students enrolled in the M.Sc. Counselling Psychology programme (M = 58.13, SD = 8.61), the observed difference was not statistically significant.

Similarly, no statistically significant difference was found in self-compassion between the two programme groups (t = -0.95, p = .345). Students pursuing the Postgraduate Diploma in Counselling programme obtained a marginally higher mean score (M = 41.74, SD = 6.08) than students enrolled in the M.Sc. Counselling Psychology programme (M = 40.46, SD = 5.77). However, this difference was also not statistically significant.

Overall, the findings indicate that the level of self-compassion and counselling self-efficacy did not differ significantly according to the programme of study. Therefore, the null hypothesis stating that there is no significant difference in self-compassion and counselling self-efficacy based on programme of study was retained.

Discussion

The present study found that programme of study was not significantly associated with either self-compassion or counselling self-efficacy among counselling psychology students. Although students enrolled in the Postgraduate Diploma in Counselling programme obtained marginally higher mean scores on both variables than those enrolled in the M.Sc. Counselling Psychology programme, these differences were not statistically significant. This indicates that

students from both programmes demonstrated comparable levels of self-compassion and confidence in their counselling abilities.

The finding suggests that the programme of study alone may not be a determining factor in the development of self-compassion or counselling self-efficacy. Both the M.Sc. Counselling Psychology and Postgraduate Diploma in Counselling programmes are designed to prepare students for professional counselling practice by providing training in counselling theories, counselling skills, ethics, supervised practicum, and professional development. Exposure to these common educational experiences may contribute to similar levels of emotional resilience, self-awareness, and confidence in counselling competencies among students, irrespective of the programme in which they are enrolled.

The present finding is consistent with the Social Cognitive Model of Counselor Training proposed by Larson and Daniels (1998), which suggests that counselling self-efficacy develops primarily through mastery experiences, supervision, modelling, and constructive feedback rather than through programme type itself. Similarly, Bandura's (1997) Social Cognitive Theory emphasizes that self-efficacy is strengthened through successful performance experiences and supportive learning environments rather than by educational background alone. These theoretical perspectives support the finding that students from different counselling programmes may develop comparable levels of counselling self-efficacy when they are provided with similar opportunities for learning and supervised practice.

The absence of significant differences in self-compassion is also understandable because self-compassion is considered a relatively stable personal resource that develops through self-reflection, emotional awareness, mindful acceptance, and adaptive coping rather than through differences in academic programmes alone (Neff, 2003). Consequently, students enrolled in different counselling programmes may demonstrate similar levels of self-compassion when

they experience comparable academic demands, practicum responsibilities, and opportunities for personal growth.

Although the Postgraduate Diploma in Counselling group obtained slightly higher mean scores on both variables, these differences should be interpreted descriptively rather than inferentially because they were not statistically significant. The observed variation may simply reflect normal individual differences within the sample rather than any meaningful influence of programme of study.

Overall, the findings indicate that programme of study did not significantly influence self-compassion or counselling self-efficacy among counselling psychology students. This suggests that these psychological attributes may be shaped more by individual characteristics and the quality of training experiences, including supervision, reflective practice, clinical exposure, and opportunities for professional growth, than by the specific programme in which students are enrolled.

Table 4.9

Differences in Self-Compassion and Counselling Self-Efficacy Based on Practicum Training Hours

Variable	Practicum Training Hours	*n*	*M*	*SD*	*F*	*p*
Self-Compassion	Less than 10 hours	17	38.65	5.30		
	11–20 hours	14	41.14	5.60		
	21–30 hours	12	43.75	5.14		
	31 hours and above	45	41.29	6.22	1.85	.145
Counselling Self-Efficacy	Less than 10 hours	17	56.65	7.40		
	11–20 hours	14	55.14	6.85		
	21–30 hours	12	59.58	10.96		
	31 hours and above	45	59.29	7.49	1.32	.274

Table 4.9 presents the results of the one-way analysis of variance (ANOVA) examining differences in self-compassion and counselling self-efficacy based on practicum training hours completed by counselling psychology students. The analysis indicated that there were no statistically significant differences in self-compassion, $F(3, 84) = 1.85$, $p = .145$, or counselling self-efficacy, $F(3, 84) = 1.32$, $p = .274$, across the four practicum-hour categories.

Although students who had completed 21–30 hours of practicum reported the highest mean self-compassion ($M = 43.75$, $SD = 5.14$), and those who had completed 21–30 hours and 31 hours and above reported relatively higher counselling self-efficacy scores ($M = 59.58$ and $M = 59.29$, respectively), these differences were not statistically significant.

The findings indicate that the number of practicum training hours completed did not significantly influence self-compassion or counselling self-efficacy among counselling psychology students. Although slight variations in mean scores were observed across the practicum-hour categories, the differences were not large enough to reach statistical significance. Overall, students demonstrated relatively similar levels of self-compassion and counselling self-efficacy regardless of the amount of practicum training they had completed.

Discussion

The present study found no statistically significant differences in self-compassion or counselling self-efficacy based on the number of practicum training hours completed by counselling psychology students. Although participants who had completed 21–30 hours of practicum training obtained the highest mean score for self-compassion, and those with 21–30 hours and 31 hours or more reported comparatively higher counselling self-efficacy, these variations were not statistically significant. This indicates that the amount of practicum training alone was not sufficient to produce meaningful differences in either self-compassion or counselling self-efficacy within the present sample.

One possible explanation is that all participants had already completed internship or practicum training, as reflected in the demographic profile of the study. Since every participant had been exposed to practical counselling experiences before data collection, all students had opportunities to apply counselling theories, interact with clients, receive supervision, and reflect on their counselling practice. Consequently, the shared exposure to practicum training may have reduced differences between students with varying numbers of practicum hours, resulting in relatively comparable levels of self-compassion and counselling self-efficacy.

The findings relating to counselling self-efficacy may be interpreted using Albert Bandura's Social Cognitive Theory (1997). According to Bandura, self-efficacy develops primarily through mastery experiences, which involve successfully performing tasks and overcoming challenges. Although greater practicum exposure may provide additional opportunities for mastery, the quality of these learning experiences is often more influential than the quantity of hours completed. Constructive supervision, meaningful client interactions, opportunities for reflection, and positive feedback may strengthen counselling self-efficacy irrespective of the exact number of practicum hours. Therefore, students who completed fewer practicum hours may still develop strong counselling confidence if those experiences were effective and well supervised.

The absence of significant differences in self-compassion may similarly be understood through Kristin Neff's Self-Compassion Theory (2003). Self-compassion is not acquired solely through practical experience but develops gradually through emotional awareness, reflective practice, mindfulness, and acceptance of personal strengths and limitations. Although practicum experiences expose students to emotionally demanding situations, the development of self-compassion depends largely on how individuals interpret and respond to these experiences. Students who engage in reflective learning, supervision, and personal growth activities may

develop compassionate self-attitudes regardless of whether they have completed relatively fewer or greater practicum hours.

An interesting pattern observed in the descriptive statistics was that students with 21–30 hours of practicum training recorded the highest mean self-compassion score, while students with 31 hours and above did not demonstrate further increases. This suggests that the relationship between practicum exposure and self-compassion may not be linear. Moderate levels of practicum experience may provide sufficient opportunities for learning and confidence building, whereas additional practicum hours may also expose students to more complex client concerns, increased professional responsibilities, and emotionally demanding situations. Such experiences may encourage continued self-reflection and awareness of professional limitations, resulting in relatively stable rather than continuously increasing self-compassion scores. However, because the differences were not statistically significant, this pattern should be interpreted cautiously.

A similar trend was observed for counselling self-efficacy. Students with 21–30 hours and 31 hours or more of practicum reported slightly higher confidence than those with fewer practicum hours. This finding is theoretically meaningful because repeated opportunities to practise counselling skills may strengthen professional confidence through successful performance and constructive supervisory feedback. Nevertheless, the lack of statistical significance suggests that counselling self-efficacy was influenced by a broader combination of educational experiences rather than practicum hours alone.

Another important consideration relates to the characteristics of the study sample. The participants were drawn from both M.Sc. Counselling Psychology and Postgraduate Diploma in Counselling programmes. Although these programmes differed in curriculum structure and practical training emphasis, every participant had completed formal practicum experiences and

attended counselling training. In addition, many participants had already conducted counselling sessions with clients. These shared professional experiences may have contributed to relatively homogeneous levels of counselling confidence and self-compassion across the practicum-hour groups.

The findings also highlight that professional competence develops through the integration of theoretical learning, supervised practice, reflective thinking, personal qualities, and continuous professional development, rather than through practicum hours alone. Counselling education encourages students to combine academic knowledge with practical experience while simultaneously developing empathy, emotional regulation, ethical decision-making, and reflective practice. These broader educational experiences may explain why differences based solely on practicum hours were not statistically significant.

The present findings are broadly consistent with previous research suggesting that while practical experience contributes to counselling competence, the quality of supervision, opportunities for reflective practice, personal motivation, and mastery experiences are stronger predictors of counselling self-efficacy than the number of practicum hours alone. Similarly, studies on self-compassion indicate that emotional resilience develops through ongoing personal reflection and psychological growth rather than through exposure to practical experiences alone.

It is also important to acknowledge that practicum hours were measured using broad categorical ranges rather than exact hours completed. Students within the same category may therefore have differed in the actual amount and quality of counselling experience they received. Furthermore, the study did not assess the nature of practicum placements, the complexity of client cases, supervisory style, or the quality of learning experiences, all of which may influence both self-compassion and counselling self-efficacy. These factors may partially

explain why statistically significant differences were not observed despite small variations in the descriptive mean scores.

Overall, the findings indicate that practicum training hours did not significantly influence self-compassion or counselling self-efficacy among counselling psychology students. Although participants with greater practicum exposure demonstrated slightly higher mean scores, these differences were not statistically significant. The results suggest that the development of self-compassion and counselling self-efficacy depends not merely on the amount of practicum completed but on the quality of professional learning experiences, reflective practice, effective supervision, and personal psychological growth throughout counsellor training.

Chapter V

Summary and Conclusion

5.1 Summary of the Study

Mental health concerns have increased considerably in recent years, leading to a growing demand for competent and emotionally resilient counselling professionals. Counselling psychology students, as future mental health practitioners, are expected to develop not only professional knowledge and counselling skills but also personal qualities that support effective therapeutic practice. Among these qualities, self-compassion has emerged as an important psychological resource that enables individuals to respond to personal failures, emotional distress, and professional challenges with kindness, understanding, and emotional balance. Likewise, counselling self-efficacy reflects an individual's confidence in performing counselling-related tasks effectively and is regarded as an essential component of counselling competence. Developing these qualities during professional training is particularly important because counsellors frequently encounter emotionally demanding situations that require both personal resilience and professional confidence.

The present study was undertaken to examine self-compassion and counselling self-efficacy among counselling psychology students. Specifically, the study sought to assess the level of self-compassion and counselling self-efficacy, examine the relationship between these two variables, and determine whether significant differences existed based on selected demographic variables, namely gender, age, programme of study, and practicum training hours. Understanding these relationships contributes to the growing body of knowledge on counsellor development and provides insights that may assist counselling educators and training institutions in fostering both personal well-being and professional competence among future counsellors.

The study adopted a quantitative research approach using a descriptive and correlational research design. A total of 88 counselling psychology students pursuing M.Sc. Counselling

Psychology and Postgraduate Diploma in Counselling programmes participated in the study. The participants represented different educational institutions and varied in age, gender, academic programme, and practicum experience. Data were collected using a structured socio-demographic questionnaire, the Self-Compassion Scale, and the Counselling Self-Efficacy Scale. Ethical principles, including voluntary participation, informed consent, confidentiality, and anonymity, were maintained throughout the research process.

The collected data were analysed using appropriate statistical techniques with the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to describe the demographic characteristics and the levels of self-compassion and counselling self-efficacy. Pearson's product-moment correlation was employed to examine the relationship between self-compassion and counselling self-efficacy. Independent samples *t*-tests and one-way analysis of variance (ANOVA) were performed to determine whether significant differences existed in the study variables based on the selected demographic characteristics.

The findings revealed that the majority of counselling psychology students demonstrated a moderate level of self-compassion, while more than half reported a high level of counselling self-efficacy. The results further indicated a statistically significant moderate positive relationship between self-compassion and counselling self-efficacy, suggesting that students who possessed greater self-kindness, emotional balance, and acceptance of personal experiences also tended to report higher confidence in their counselling abilities. With respect to demographic variables, no statistically significant differences were observed in self-compassion or counselling self-efficacy based on gender, programme of study, or practicum training hours. However, a significant age-related difference was identified for self-compassion, with students aged 26 years and above reporting higher levels of self-compassion

than younger students. No significant age-related difference was observed in counselling self-efficacy.

Overall, the study highlights the importance of integrating personal psychological development with professional counsellor training. The findings suggest that counselling psychology students generally possess a sound foundation of self-compassion and counselling self-efficacy, both of which are essential for effective counselling practice. The positive relationship identified between these variables underscores the significance of fostering self-compassion during professional education, as it may contribute not only to students' psychological well-being but also to greater confidence in delivering counselling services. The study therefore contributes to the understanding of counsellor development by demonstrating that personal and professional competencies develop together and play complementary roles in preparing emotionally resilient and effective future counselling professionals.

5.2 Major Findings

The present study was undertaken to assess the level of self-compassion and counselling self-efficacy among counselling psychology students, examine the relationship between these variables, and determine whether significant differences existed based on selected demographic variables. The major findings of the study are presented below according to each research objective.

Objective 1: To assess the level of self-compassion among counselling psychology students

The findings revealed that the majority of the participants (76.1%, n = 67) demonstrated a moderate level of self-compassion. A further 22.7% (n = 20) reported a high level of self-compassion, while only one participant (1.1%) demonstrated a low level. The item-wise analysis further indicated that most participants exhibited favourable levels of self-kindness, common humanity, and mindfulness. At the same time, a considerable proportion of the

participants reported self-judgment, self-criticism, and occasional feelings of isolation, indicating that although self-compassion was generally satisfactory, certain dimensions remained less well developed.

Objective 2: To assess the level of counselling self-efficacy among counselling psychology students

The findings showed that more than half of the participants (56.8%, n = 50) demonstrated a high level of counselling self-efficacy, whereas the remaining 43.2% (n = 38) demonstrated a moderate level. None of the participants reported a low level of counselling self-efficacy. The item-wise analysis indicated that the participants expressed high levels of confidence in counselling competencies such as active listening, empathy, rapport building, professional communication, understanding clients' emotions, and managing counselling sessions. Nevertheless, some participants also reported experiencing nervousness and uncertainty while conducting counselling sessions.

Objective 3: To examine the relationship between self-compassion and counselling self-efficacy among counselling psychology students

The Pearson product-moment correlation analysis revealed a statistically significant moderate positive relationship between self-compassion and counselling self-efficacy (r = .461, p < .001). The findings indicate that participants who obtained higher scores on self-compassion also tended to report higher levels of counselling self-efficacy.

Objective 4: To identify whether there are significant differences in self-compassion and counselling self-efficacy based on selected demographic variables among counselling psychology students

The independent samples t-test indicated that gender was not associated with significant differences in either self-compassion or counselling self-efficacy based on gender. Male

participants obtained slightly higher mean scores than female participants on both self-compassion and counselling self-efficacy; however, these differences were not statistically significant. Specifically, no significant gender differences were observed in self-compassion (t = -1.16, p = .249) or counselling self-efficacy (t = -0.75, p = .455).

Similarly, no statistically significant differences were observed between students enrolled in the M.Sc. Counselling Psychology programme and those pursuing the Postgraduate Diploma in Counselling programme with regard to either self-compassion or counselling self-efficacy. Although students enrolled in the Postgraduate Diploma in Counselling programme obtained marginally higher mean scores on both variables, the differences were not statistically significant for self-compassion (t = -0.95, p = .345) or counselling self-efficacy (t = -0.89, p = .377).

The findings relating to age indicated a statistically significant difference in self-compassion (t = -2.70, p = .008), with students aged 26 years and above reporting significantly higher levels of self-compassion than those aged 25 years and below. However, no statistically significant age difference was observed in counselling self-efficacy (t = -1.72, p = .090).

The one-way analysis of variance further revealed that practicum training hours did not produce statistically significant differences in self-compassion (F = 1.85, p = .145) or counselling self-efficacy (F = 1.32, p = .274), despite small variations in mean scores across the practicum-hour categories.

Overall, the findings of the present study indicate that counselling psychology students generally possessed moderate levels of self-compassion and high levels of counselling self-efficacy. A statistically significant moderate positive relationship was observed between self-compassion and counselling self-efficacy. Among the selected demographic variables examined, age was the only variable that demonstrated a statistically significant difference, and

this difference was observed only in self-compassion. Gender, programme of study, and practicum training hours were not associated with statistically significant differences in either self-compassion or counselling self-efficacy.

Accordingly, the null hypotheses relating to gender, programme of study, and practicum training hours were retained for both self-compassion and counselling self-efficacy. The null hypothesis relating to age was rejected for self-compassion but retained for counselling self-efficacy. Furthermore, the null hypothesis stating that there is no statistically significant relationship between self-compassion and counselling self-efficacy was rejected, as a statistically significant moderate positive relationship was observed between the two variables.

5.3 Conclusion

The present study examined self-compassion and counselling self-efficacy among counselling psychology students and explored the relationship between these variables, as well as the influence of selected demographic variables. The findings provide valuable insights into the personal and professional characteristics of counselling psychology students who are preparing to enter the helping profession.

The study concludes that counselling psychology students generally possess a healthy foundation of self-compassion and counselling self-efficacy. While the majority of the participants demonstrated a moderate level of self-compassion, more than half reported high levels of counselling self-efficacy, indicating that the participants perceived themselves as capable of carrying out the responsibilities expected of future counsellors. These findings suggest that counselling psychology education not only facilitates the development of professional knowledge and counselling skills but also contributes to the cultivation of positive personal qualities that are essential for effective therapeutic practice.

One of the most important findings of the study is the statistically significant positive relationship between self-compassion and counselling self-efficacy. Students who reported greater self-kindness, acceptance of personal imperfections, and emotional balance also demonstrated greater confidence in their counselling abilities. This finding highlights the interconnected nature of personal well-being and professional competence. The results support the view that counselling effectiveness is influenced not only by technical knowledge and counselling skills but also by the counsellor's capacity to respond to personal challenges with understanding, resilience, and emotional stability. Developing self-compassion may therefore strengthen counselling self-efficacy by enabling future counsellors to manage academic demands, practicum experiences, performance-related anxiety, and emotionally demanding client interactions more effectively.

The study further concludes that demographic characteristics exerted only a limited influence on self-compassion and counselling self-efficacy. Among the variables examined, age emerged as the only significant factor affecting self-compassion, with older students reporting higher levels than younger students. This finding suggests that maturity, broader life experiences, and increased opportunities for personal reflection may contribute to the development of greater self-kindness and emotional acceptance. In contrast, no significant differences were observed based on gender, programme of study, or practicum training hours, indicating that these variables did not substantially influence either self-compassion or counselling self-efficacy within the present sample.

Although students enrolled in the Postgraduate Diploma in Counselling programme and those with greater practicum exposure obtained slightly higher mean scores on self-compassion and counselling self-efficacy, these differences were not statistically significant. The findings therefore suggest that confidence in counselling abilities and compassionate attitudes toward oneself are likely to develop through multiple interacting experiences, including academic

learning, supervised practice, reflective engagement, personal growth, and individual life experiences, rather than through any single demographic characteristic alone.

Overall, the findings reinforce the importance of integrating personal development with professional counsellor training. Counselling psychology programmes should continue to provide opportunities that promote reflective practice, emotional awareness, supervised clinical experiences, and self-care, alongside the acquisition of counselling knowledge and practical skills. Such an integrated approach may enhance both the psychological well-being and professional competence of future counsellors.

In conclusion, the present study contributes to the growing body of literature on counsellor education by demonstrating that self-compassion and counselling self-efficacy are complementary psychological resources that support the development of competent, resilient, and effective counselling professionals. Strengthening these qualities during professional training may not only enhance students' personal well-being but also improve the quality of counselling services they provide throughout their professional careers. The findings therefore underscore the importance of fostering both personal and professional development as integral components of counselling psychology education.

5.4 Implications

The findings of the present study have important implications for counselling psychology education, professional training, counselling practice, student well-being, and future research. The positive relationship observed between self-compassion and counselling self-efficacy highlights the importance of fostering both personal and professional competencies during counsellor training. The implications of the study are discussed below.

Educational Implications

The findings indicate that counselling psychology students generally possess moderate levels of self-compassion and high levels of counselling self-efficacy. This suggests that counsellor education programmes should continue to emphasise not only the acquisition of theoretical knowledge and counselling skills but also the development of personal qualities that support professional competence. Integrating structured activities such as reflective journaling, experiential learning, self-awareness exercises, mindfulness practices, and supervised group discussions into the curriculum may help students develop greater self-compassion alongside counselling competence. Such training can prepare students to respond to academic and professional challenges with greater resilience and emotional balance.

Implications for Counsellor Training

The significant positive relationship between self-compassion and counselling self-efficacy indicates that strengthening students' ability to respond compassionately to themselves may contribute to greater confidence in counselling practice. Counsellor education programmes may therefore benefit from incorporating self-compassion-focused interventions into professional training. Workshops on self-care, reflective practice, emotional regulation, stress management, and mindfulness-based approaches may assist trainees in managing performance anxiety, accepting mistakes as opportunities for learning, and maintaining confidence during practicum experiences. Such initiatives may contribute to the development of emotionally resilient and professionally competent counsellors.

Implications for Supervision and Clinical Practice

The findings emphasise the importance of supportive supervision throughout counsellor training. Clinical supervisors play a crucial role in helping students process challenging counselling experiences, develop realistic professional expectations, and cultivate self-

reflective practice. Regular supervision that provides constructive feedback within a supportive learning environment may strengthen both self-compassion and counselling self-efficacy. Encouraging trainees to reflect on their counselling experiences without excessive self-criticism may promote continuous professional growth and improve the quality of therapeutic relationships with clients.

Implications for Student Mental Health and Well-being

The finding that most participants demonstrated moderate rather than high self-compassion suggests that opportunities remain to strengthen students' psychological well-being during professional education. Counselling psychology students frequently encounter academic pressure, emotional demands during practicum, and concerns regarding professional competence. Institutions may therefore consider implementing programmes that promote self-care, emotional resilience, psychological well-being, and healthy coping strategies. Such initiatives may reduce stress, minimise the risk of burnout, and support students in maintaining both personal well-being and professional effectiveness throughout their careers.

Implications for Counselling Institutions

The absence of statistically significant differences based on programme of study and practicum training hours suggests that the development of self-compassion and counselling self-efficacy is influenced by multiple educational and personal experiences rather than by programme structure alone. Counselling training institutions should therefore ensure that all students, irrespective of programme, receive consistent opportunities for supervised counselling practice, reflective learning, professional mentoring, and personal development. Providing high-quality supervision and supportive learning environments may facilitate the holistic development of future counselling professionals.

Implications for Future Research

The present study contributes to the growing body of literature examining self-compassion and counselling self-efficacy among counselling psychology students in the Indian context. Future researchers may extend the findings by including larger and more diverse samples from different universities and regions. Longitudinal studies may further examine how self-compassion and counselling self-efficacy develop throughout professional training and into clinical practice. Future investigations may also explore additional psychological variables such as resilience, emotional intelligence, empathy, psychological well-being, professional identity, burnout, compassion fatigue, and supervisory support to obtain a more comprehensive understanding of counsellor development.

Overall, the present study underscores the importance of viewing counsellor education as a process that integrates personal growth with professional skill development. Promoting self-compassion alongside counselling competence has the potential to enhance students' psychological well-being, strengthen professional confidence, improve counselling effectiveness, and contribute to the preparation of resilient, ethical, and competent mental health professionals capable of meeting the diverse needs of individuals and communities.

5.5 Limitations of the Study

Every research study has certain limitations that should be acknowledged while interpreting the findings. The present study is no exception. Although the study achieved its objectives and contributed to the understanding of self-compassion and counselling self-efficacy among counselling psychology students, the following limitations should be considered.

Firstly, the study was conducted with a relatively small sample of 88 counselling psychology students. Although the sample was adequate for the statistical analyses employed, a larger

sample would have enhanced the generalisability of the findings to a broader population of counselling students.

Secondly, the participants were selected using convenience sampling from selected institutions. Consequently, the findings may not fully represent all counselling psychology students studying in different universities, states, or educational settings across India.

Thirdly, the study adopted a cross-sectional research design in which data were collected at a single point in time. Therefore, the study could identify relationships between the variables but could not establish causal relationships or examine changes in self-compassion and counselling self-efficacy over time.

Fourthly, the study relied exclusively on self-report questionnaires to assess self-compassion and counselling self-efficacy. Responses may have been influenced by social desirability bias, personal perceptions, or participants' willingness to disclose their actual feelings and experiences. As a result, the reported scores may not fully reflect participants' actual behaviours or counselling performance.

Fifthly, although participants were recruited from both M.Sc. Counselling Psychology and Postgraduate Diploma in Counselling programmes, differences in curriculum structure, institutional training approaches, quality of supervision, and practical learning experiences were not examined in detail. These factors may influence the development of self-compassion and counselling self-efficacy and therefore warrant further investigation.

Finally, the study focused primarily on selected demographic variables, namely gender, age, programme of study, and practicum training hours. Other variables that may influence self-compassion and counselling self-efficacy, such as resilience, emotional intelligence, personality characteristics, psychological well-being, supervisory relationship, perceived social support, and previous helping experience, were not included in the present investigation.

Despite these limitations, the study provides meaningful insights into the relationship between self-compassion and counselling self-efficacy among counselling psychology students and offers a useful foundation for future research in counsellor education and professional development.

5.6 Suggestions for Future Research

The findings of the present study provide a useful foundation for future research on self-compassion and counselling self-efficacy among counselling psychology students. Based on the results and limitations of the study, the following suggestions are proposed for future research.

Future studies may be conducted with larger and more diverse samples drawn from different universities, states, and regions of India. A broader and more representative sample would improve the generalisability of the findings and provide a more comprehensive understanding of self-compassion and counselling self-efficacy among counselling psychology students across different educational settings.

The present study employed a cross-sectional research design. Future researchers may adopt longitudinal research designs to examine how self-compassion and counselling self-efficacy develop throughout counsellor training and continue to evolve during professional practice. Such studies would provide valuable insights into the developmental nature of these psychological constructs over time.

The current study focused on selected demographic variables, including gender, age, programme of study, and practicum training hours. Future research may explore the influence of additional variables such as resilience, emotional intelligence, empathy, psychological well-being, personality traits, professional identity, coping strategies, mindfulness, perceived stress, social support, supervisory relationship, and burnout. Examining these variables may

contribute to a more comprehensive understanding of the factors associated with self-compassion and counselling self-efficacy.

Although participants in the present study were enrolled in M.Sc. Counselling Psychology and Postgraduate Diploma in Counselling programmes, the study did not examine differences in curriculum content, quality of supervision, institutional training approaches, or the nature of practicum experiences. Future studies may compare counselling programmes across universities and institutions to determine how variations in curriculum design, practical exposure, supervision, and skills training influence the development of self-compassion and counselling self-efficacy.

Future research may also examine the effectiveness of intervention programmes designed to enhance self-compassion among counselling psychology students. Experimental studies evaluating mindfulness-based interventions, self-compassion training programmes, reflective journaling, self-care workshops, or resilience-building interventions may help identify effective strategies for strengthening both personal well-being and professional confidence during counsellor education.

In addition to quantitative research, future investigators may employ qualitative or mixed-methods approaches to gain a deeper understanding of counselling students' personal experiences. Interviews, focus group discussions, reflective journals, and case studies may provide richer insights into how students experience self-compassion, develop counselling confidence, and cope with the emotional demands of professional training.

The present study focused exclusively on counselling psychology students. Future studies may extend this line of research to students and professionals in related helping disciplines, such as clinical psychology, psychiatric social work, psychiatric nursing, rehabilitation psychology, school counselling, and psychology interns. Comparative studies across helping professions

may contribute to a broader understanding of the role of self-compassion in professional competence and psychological well-being.

Finally, future research may investigate whether self-compassion serves as a mediator or moderator in the relationship between counselling self-efficacy and other professional outcomes, including counselling competence, therapeutic alliance, job satisfaction, compassion fatigue, burnout, and professional effectiveness. Such investigations would further strengthen the evidence base for integrating self-compassion into counsellor education and training programmes.

Overall, future research should continue to examine both the personal and professional factors that contribute to the development of competent, resilient, and psychologically healthy counselling professionals. Expanding research in this area will support the design of evidence-based counsellor education programmes that foster not only counselling competence but also the personal well-being required for ethical, effective, and sustainable professional practice.

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Appendices

Appendix A- Informed Consent Form

Title of the Study

Self-Compassion and Counselling Self-Efficacy among Counselling Psychology Students

Department: Department of Counselling Psychology

Institution: Loyola College of Social Sciences (Autonomous), Thiruvananthapuram, Kerala

Researcher:

Programme: M.Sc. Counselling Psychology

Research Supervisor:

Contact Email:

Dear Participant,

You are invited to participate in a research study titled **"Self-Compassion and Counselling Self-Efficacy among Counselling Psychology Students."** This study is conducted as part of the academic requirements for the **Master of Science (M.Sc.) in Counselling Psychology** at **Loyola College of Social Sciences (Autonomous), Thiruvananthapuram**.

What Will You Be Asked to Do?

You will be requested to complete a questionnaire consisting of three sections:

- **Section I:** Demographic Details
- **Section II:** Self-Compassion Questionnaire
- **Section III:** Counselling Self-Efficacy Questionnaire

The questionnaire will take approximately 10–15 minutes to complete. Please read Your Rights as a Participant

Your participation in this study is entirely voluntary.

As a participant, you have the following rights:

- You may withdraw from the study at any time without providing a reason and without any negative consequences.
- You are under no obligation to participate in this study.
- All information collected will be kept strictly confidential and used only for academic research purposes.
- You are not required to provide your name or any personally identifying information.
- The study involves no foreseeable physical, psychological, or social risks.

Eligibility

Participants must be Counselling Psychology students.

Informed Consent

I have read and understood the information provided above. I understand the purpose of this research study and my role as a participant.

I understand that my participation is voluntary and that I may withdraw at any time without any consequences. I also understand that all information collected will be kept confidential and used solely for academic research purposes.

By signing below (or by selecting "Yes" in the online questionnaire), I voluntarily agree to participate in this research study.

☐ **Yes, I have read and understood the information provided above and voluntarily agree to participate in this study.**

each statement carefully and respond honestly. There are no right or wrong answers.

Appendix B

Personal Data Sheet

Instructions: Please provide the following information by selecting the appropriate option. The information collected will be kept strictly confidential and used only for academic research purposes

1. Age

_____ years

2. Gender

☐ Male

☐ Female

☐ Prefer not to disclose

☐ Other: _____

3. Programme / Course

☐ M.A./M.Sc. Counselling Psychology

☐ Diploma in Counselling

☐ Other: _____

4. Year of Study

☐ First Year

☐ Second Year

5. How long have you been studying Psychology or Counselling?

☐ Less than 1 year

☐ 1–2 years

☐ 3–4 years

☐ More than 4 years

6. Have you completed any internship or practicum?

☐ Yes

☐ No

7. How many hours of practicum training have you completed?

☐ None

☐ 1–10 hours

☐ 11–20 hours

☐ 21–40 hours

☐ 41 hours and above

8. Have you attended any counselling training or workshop?

☐ Yes

☐ No

9. Approximately how many counselling sessions have you conducted?

☐ None

☐ 1–5 sessions

☐ 6–10 sessions

☐ More than 10 sessions

Appendix C

Self-Compassion Questionnaire

Instructions:

The following statements describe different ways people may think and feel about themselves during difficult situations. Please read each statement carefully and indicate the extent to which you agree with each statement by selecting the most appropriate response.

Response Options

Response	**Score**
Strongly Disagree	1
Disagree	2
Neutral	3
Agree	4

Response	**Score**
Strongly Agree	5

No.	**Statement**
1.	I try to be understanding and patient with myself during difficult times.
2.	I tend to criticize myself for my weaknesses and mistakes.
3.	I remind myself that everyone experiences struggles and failures.
4.	When I fail, I feel isolated from others.
5.	I try to care for myself when I am emotionally upset.
6.	I become overwhelmed by painful thoughts and feelings.
7.	I accept that imperfections are part of being human.
8.	I feel alone when I experience suffering or failure.
9.	I maintain emotional balance during stressful situations.
10.	I get carried away by negative emotions.
11.	I respond to myself with kindness when things go wrong.
12.	I am harsh and judgmental toward myself.

Appendix D

Counselling Self-Efficacy Questionnaire

Instructions:

The following statements relate to your confidence in performing various counselling-related skills. Please read each statement carefully and indicate the extent to which you agree with each statement by selecting the most appropriate response.

Response Options

Response	Score
Strongly Disagree	1
Disagree	2
Neutral	3
Agree	4
Strongly Agree	5

No.	Statement
1.	I feel confident while talking with clients.
2.	I can build rapport with clients effectively.
3.	I can listen attentively during counselling sessions.
4.	I understand clients' emotions clearly.
5.	I can respond empathetically to clients.

Response	Score
6.	I feel nervous during counselling situations.
7.	I can manage counselling sessions effectively.
8.	I can encourage clients to express their feelings.
9.	I feel capable of handling different counselling cases.
10.	I may struggle to guide clients during sessions.
11.	I can communicate professionally with clients.
12.	I feel confident in my counselling abilities.
13.	I may feel unsure while conducting counselling sessions.
14.	I can handle emotionally difficult counselling situations.
15.	I believe I can become an effective counsellor.