Vinayasādhana

Dharmaram Journal of Psycho-Spiritual Formation

VOL. XVI, No. 1, January 2025

Compassionate Trauma-Informed Counseling for Cancer Patients Based on Compassion-Focused Therapy in the Post-COVID Era

Shibu Kurian

Institute of Formative Spirituality and Counselling DVK, Bangalore

Abstract

This article looks at the role of compassionate trauma-informed counselling for cancer patients, with a particular focus on the application of Compassion-Focused Therapy (CFT) in a post-COVID context. Cancer patients often face immense emotional and psychological challenges, made worse by the uncertainty and isolation brought on by the pandemic. CFT serves as a powerful therapeutic approach, fostering self-compassion, emotional regulation, and resilience skills that are significant for managing anxiety, depression, and trauma-related stress. By offering a holistic framework, CFT addresses not only the psychological and emotional dimensions of well-being but also the deep existential distress that accompanies lifethreatening illnesses. The article further draws connections between CFT and biblical values such as compassion, healing, and justice, illustrating how these principles naturally join with trauma-informed counselling practices. These values provide additional layers of meaning and comfort for patients, enriching their healing process. The compassionate trauma-informed counselling rooted in CFT presents a comprehensive and empathetic approach to supporting cancer patients, promoting healing and improving their overall quality of life in the post-COVID era. This integrative approach underscores the importance of addressing the whole person, mind, body, and spirit, in their recovery and resilience-building process.

Keywords: Compassionate healing, Compassionate trauma-informed counselling, Cancer patients, Post-COVID approach, Vompassion-focused therapy (CFT).

Introduction

The diagnosis and treatment of cancer are often followed by significant emotional and psychological distress, leading to substantial stress and trauma (American Psychological Association, 2021). In the post-COVID era, fear, isolation, and uncertainty have intensified the trauma experienced by cancer patients (Smith et al., 2022). Trauma-informed counselling is a therapeutic approach that addresses the emotional, mental, and psychological effects of trauma, focusing on creating a supportive, safe, and empowering environment for clients. It emphasizes understanding the pervasive impact of trauma while promoting healing through trust, collaboration, and empowerment. The basic principles include safety, trustworthiness, peer support, and cultural sensitivity. The recent developments in trauma-informed counselling incorporate both psychological and spiritual perspectives, aligning biblical values of compassion and justice with mental health practices. This approach is particularly crucial in pastoral care settings and in treating individuals with severe health issues, such as cancer patients, where Compassion-Focused Therapy (CFT) is used to manage trauma, anxiety, and stress. This article aims to integrate trauma-informed counselling and compassion-focused therapy to provide a holistic approach to supporting cancer patients through these challenges.

Trauma of Cancer Patients in the post-COVID Era

According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), trauma is defined as exposure to actual or threatened death, serious injury, or sexual violence. A cancer diagnosis, especially when the cancer is life-threatening, can fit within this definition of trauma. The experience of being diagnosed with cancer often brings a real fear of death or serious injury, which can lead to emotional and psychological distress. Psychological trauma can significantly impact the mental health of cancer patients, exacerbating conditions like anxiety, depression, and PTSD (Shapiro, 2020). Cancer patients commonly experience feelings of vulnerability, anxiety, and a sense of impending loss, all of which align with the DSM-5's criteria for trauma. In addition to physical suffering, many cancer patients face psychological trauma, such as post-traumatic stress disorder (PTSD),

caused by the emotional and existential challenges of living with a lifethreatening illness (American et al., 2020; Sammarco, 2014).

The COVID-19 pandemic has had a significant impact on cancer patients, exacerbating their psychological distress and trauma. Several scholarly articles have explored the unique challenges faced by cancer patients in the post-COVID era. One study published in the journal Frontiers in Psychology examined the impact of the COVID-19 pandemic on post-traumatic growth in cancer patients (Basso et al., 2021). In the post-COVID era, patients face even more compounded stressors, including de-prioritization of treatment schedules, isolation, and fear of recurrence (Ghosh et al., 2021). The impact of trauma on mental well-being in cancer patients can be profound, influencing their emotional, psychological, and physical well-being. The diagnosis, treatment, and uncertainty of cancer can traumatize patients, leading to psychological conditions such as trauma anxiety, depression, PTSD, and other forms of emotional distress (Holland & Alici, 2010). The latest research suggests that approximately one-third of cancer patients experience clinically significant levels of trauma during the disease trajectory, which can exacerbate feelings of alienation, fear, and despair (Mehnert & Koch, 2007).

The trauma of a cancer diagnosis can be experienced as a loss of control, leading to stress activation and overwhelming emotional coping strategies. The recurrent medical appointments and invasive treatments can contribute to psychological trauma due to the constant potential of mortality. The cancer treatment can have physical complications, but it can also cause body image issues and trauma related to personal identity and worth (Holland et al., 2015). Also, cancer-related trauma can contribute to prolonged mental health issues following recovery and post-treatment. The survivors may experience PTSD symptoms triggered by flashbacks related to treatment or the fear of recurrence. Such conditions can lower quality of life, complicate relationships, and hinder recovery processes (Kangas et al., 2002). As cancer patients continue their illness, the psychological burden, heightened by the COVID-19 pandemic, significantly impacts their emotional and physical health. Addressing this trauma through comprehensive support and therapy is essential for improving patient well-being.

Significance of Compassionate Trauma-Informed Counselling

Compassionate trauma-informed counselling is an approach that recognizes the pervasive impact of trauma on individuals' mental, emotional, and psychological well-being. This counselling approach emphasizes creating a safe, supportive environment where clients are perceived and accepted without judgment. Counsellors trained in trauma-informed techniques with compassion are better equipped to identify signs of trauma, avoid re-traumatization, and help clients develop coping mechanisms for processing traumatic experiences. The process focuses on establishing trust, empowerment, and collaboration throughout therapy. The central principles include trustworthiness, peer support, collaboration, empowerment, and cultural sensitivity (Courtois et al., 2016). Trauma-informed counselling seeks to provide the appropriate level of treatment to facilitate recovery from trauma, reducing the likelihood of further trauma and recognizing the widespread prevalence of trauma (Substance Abuse and Mental Health Services Administration, 2014).

Compassionate trauma-informed counselling involves being sensitive to what may trigger a client's distress, empowering them, and working together to create a treatment plan. This approach helps clients feel more in control of their healing journey (Courtois & Ford, 2013). Research highlights that using compassion in therapy can be very effective for addressing trauma. It reduces feelings of shame and isolation, which are often linked to traumatic experiences (Germer & Neff, 2013). When therapists focus on compassion, they can build stronger trust with clients, essential for successful trauma recovery.

Different Perspectives of Compassionate Trauma-Informed Counselling

A Christian perspective of compassionate trauma-informed counselling integrates biblical wisdom with modern psychological principles to promote holistic healing. Grounded in the belief that all people are created in the image of God (Genesis 1:27), this approach affirms the inherent value of every individual, regardless of the trauma they have experienced. The basic biblical themes of restoration, compassion, and justice shape this model of care. Scripture emphasizes God's desire to heal the broken-hearted (Psalm 34:18). Jesus' ministry exemplifies compassionate presence, as He brought healing to the marginalized (Matthew 9:35). Trauma-informed counselling also aligns with the biblical call to seek justice and advocate for the

oppressed (Isaiah 61:1), while offering hope in suffering, recognizing the transformative potential of trials (Romans 5:3-5). Finally, it emphasizes the importance of community in healing, reflecting the biblical mandate to bear one another's burdens in love (Galatians 6:2).

The recent Church documents perspective reflects a growing sensitivity to compassionate trauma-informed counselling, especially in the context of pastoral care. The Catholic Church values compassionate trauma-informed counselling to create a supportive environment that appreciates survivors' emotional and psychological wounds (Alcántara et al., 2024). This approach emphasizes empathetic listening and non-judgmental support, with a commitment to avoid retraumatization. The pastoral care includes trauma awareness to facilitate more effective healing. The Church addresses both psychological and practical needs, helping people find comfort and strength in their faith without adding to their trauma. (SAMHSA, 2014). The Church's pastoral care for the suffering, abused, violent, and exploited is rooted in Pope Francis' teachings. Inspired by the Gospel's message of mercy and healing, Pope Francis urges Church workers to offer kind, compassionate, and non-judgmental care, listening to and restoring dignity for those who are hurting (Francis, 2016). He stresses emotional healing with a focus on healing wounds within families, ensuring justice, transparency, and accountability in cases of abuse (Francis, 2019). Pope Francis has embraced the principles of psychology in the context of pastoral care when applied within frameworks that promote the safety and empowerment of trauma-informed approaches (Francis. 2013). trauma-informed counselling compassionate emphasizes principles such safety. trustworthiness. empowerment. as collaboration, and cultural sensitivity to avoid re-traumatization and facilitate recovery (SAMHSA, 2014; Harris & Fallot, 2001). It also incorporates therapies, such as Cognitive Behavioural Therapy (CBT), to help clients process traumatic memories and emotions (van der Kolk, 2014).

A psychological perspective on compassionate trauma-informed counselling emphasizes creating a safe, empathetic, and understanding environment for trauma survivors, focusing on empowerment, resilience-building, and reducing re-traumatization risks. This approach, grounded in compassion, recognizes the lasting effects of trauma on the brain, behaviour, and mental health, emphasizing the

need for counsellors to develop empathy, patience, and understanding in their practice. A compassionate, trauma-informed approach focuses on helping clients regain a sense of control and resilience. By validating their experiences and supporting their strengths, counsellors can empower clients to navigate their healing journey with confidence (Bloom, 2013).

CFT: Theoretical Foundation of Compassionate Trauma Informed-Counselling

Compassion-focused therapy (CFT) is the theoretical foundation of compassionate trauma-informed counselling. CFT, developed by psychologist Paul Gilbert, is particularly useful in trauma counselling as it seeks to alleviate emotional suffering by fostering a self-compassionate mindset. CFT's approach is grounded in evolutionary psychology and neuroscience, focusing on activating the soothing system to balance the mind's tendency toward self-criticism and threat perception. It can be particularly beneficial in providing trauma-informed counselling for those who often experience a range of psychological impacts, including trauma, anxiety, and depression, as a result of their diagnosis and treatment. In this context, CFT offers a structured approach to fostering emotional regulation, reducing distress, and enhancing psychological resilience by cultivating self-compassion and reducing self-criticism (Gilbert, 2010).

The CFT focuses on three core systems: the threat system, which activates stress and fear responses; the drive system, which motivates action; and the soothing system, which promotes calm and safety. CFT helps to balance these systems by enhancing the soothing system through self-compassion practices, allowing them to cope more effectively with their emotions (Gilbert & Procter, 2006). Moreover, CFT can help to process feelings of shame, guilt, or self-blame. Through compassionate mind training and guided imagery, patients learn to cultivate a nurturing inner voice, promoting psychological safety and reducing the negative impact of trauma (Beaumont & Hollins Martin, 2016). By integrating CFT into compassionate traumainformed counselling, therapists can help to reduce their psychological distress, mitigate the effects of trauma, and improve their overall quality of life. The recent research has demonstrated that CFT is effective in reducing self-criticism and improving emotional resilience (Kirby et al., 2017).

Application of CFT in Compassionate Trauma-Informed Counselling for Cancer Patients

Cancer patients often experience trauma due to the diagnosis and treatments, leading to anxiety, depression, and PTSD symptoms (Kangas et al., 2002). Compassionate trauma-informed counselling for cancer patients is designed to meet these psychological needs, providing a safe environment that acknowledges their trauma and avoids re-traumatization (SAMHSA, 2014). CFT aligns well with trauma-informed counselling principles by focusing on safety, empathy, and empowerment, which are crucial in treating trauma-affected cancer patients (Harris & Fallot, 2001). In cancer care, CFT helps patients address self-critical thoughts that often arise due to physical changes, dependency, or stigma associated with the disease, promoting self-kindness and acceptance (Gilbert, 2010).

CFT techniques, such as compassionate imagery and mindfulness practices, support cancer patients in developing resilience and coping with distressing emotions related to trauma and illness. These methods help patients to cultivate an inner compassionate voice, essential for reducing anxiety and PTSD symptoms associated with trauma from cancer treatment (Neff, 2003; Leaviss & Uttley, 2015). Latest studies indicate that CFT in trauma-informed counselling can improve emotional resilience, reduce feelings of shame and self-criticism, and help cancer patients adapt better to life post-diagnosis (Beaumont & Hollins Martin, 2013). By fostering a compassionate relationship with oneself, patients experience lower psychological distress and improved mental health outcomes, contributing positively to their overall well-being.

Steps for Effective Compassionate Trauma-Informed Counselling for Cancer Patients

Compassionate trauma-informed counselling is essential for supporting cancer patients through their emotional and psychospiritual struggles. This approach acknowledges that cancer often brings profound emotional pain alongside physical challenges. By providing a safe, non-judgmental environment, counsellors help patients feel respected and understood. The significant steps include building trust, assessing trauma history, and using compassion-focused techniques to manage emotions. With continued support, these methods foster resilience, empowering patients to cope more effectively and enhance their overall well-being. There are three significant steps we can

suggest for applying compassionate trauma-informed counselling. They are establishing a compassionate environment, facilitating emotional regulation and building self-compassion.

First Step: Establishing a Compassionate Environment

In the first step in compassionate trauma-informed counselling, there are three significant things a counsellor must do to make a compassionate environment. They are creating a safe environment, assessing trauma history and introducing the principles and benefits of CFT.

Creating a safe environment: A fundamental step in compassionate trauma-informed counselling is establishing a safe and compassionate environment where the cancer patient feels respected, loved and understood. A compassionate environment involves physical and emotional aspects, including ensuring confidentiality and creating a non-judgmental space for expression. Recent studies show that building trust is relevant for trauma survivors, as it fosters openness and allows the counsellor to address the emotional and psychological wounds of cancer patients effectively (SAMHSA, 2014).

Assessing trauma history: Understanding how trauma impacts a patient's emotional, psychological, and physical health is basic to providing effective counselling. For cancer patients, the trauma of diagnosis, treatment, and possible recurrence can affect their coping mechanisms and increase the risk of mental health disorders, such as PTSD and depression. Counsellors should be sensitive to these experiences and validate the emotional challenges of living with cancer while also acknowledging the cumulative effects of past trauma (Kangas et al., 2002).

Introducing the principles and benefits of CFT: CFT's core principles include developing compassionate self-awareness, recognizing one's own suffering with empathy, and mindful acceptance, which encourages observing thoughts without judgment to maintain emotional balance (Gilbert, 2009). Recent studies show that CFT is effective in lowering anxiety, depression, and self-criticism. The significant benefits include reducing feelings of shame and improving emotional regulation, which helps people handle distressing emotions with kindness. CFT also enhances mental well-being, leading to better relationships and quality of life (Leaviss & Uttley, 2015).

Second Step: Facilitating Emotional Regulation

In the second step in compassionate trauma-informed counselling to facilitate emotional regulation, there are three significant practices a counsellor must do. They are promoting compassionate practices, relationship creating a compassionate and facilitating compassionate imagery exercises and coping strategies.

Promoting Compassionate Practices: Emotional regulation is a core step of compassionate trauma-informed counselling, and it involves helping cancer patients regain a sense of control over their lives. Compassion-focused techniques such as mindfulness exercises, fostering self-kindness, self-acceptance, and self-compassion can be particularly effective in encouraging empowerment. Through practices such as compassionate imagery and mindfulness, cancer patients can reduce feelings of helplessness, isolation, and anxiety, which are common in trauma survivors (Gilbert, 2009).

Creating a Compassionate Relationship: One of the significant steps in developing a compassionate relationship is where the counsellor listens empathetically and without judgment. This involves being fully present for the patient, recognizing their pain, and validating their emotions. In cancer counselling, this can reduce feelings of shame or guilt that may arise from changes in appearance, physical limitations, or the trauma of illness and treatment (Beaumont & Hollins Martin, 2013). Compassionate counselling helps patients connect with their own strength and humanity, even in difficult circumstances.

Facilitating Compassionate Imagery Exercises and Coping Strategies: Trauma survivors, including cancer patients, often struggle with emotional dysregulation, where they may feel overwhelmed by negative emotions such as fear, sadness, or anger. Emotional regulation skills, such as mindfulness practices and emotional awareness techniques, can help patients manage these intense emotions. Helping patients build resilience through compassionate self-talk, self-soothing techniques, and positive coping strategies is essential in reducing emotional distress (Leaviss & Uttley, 2015). Providing coping strategies to cancer patients about trauma and its impact can help normalize their experiences and reduce feelings of isolation. Psychoeducation helps patients understand the connection between trauma, stress, and cancer treatment and educates them about coping strategies. This can empower them to develop healthier emotional and psychological responses to their cancer journey. In this context,

Cognitive Behavioral Therapy (CBT) can be used to address negative thinking patterns and emotional distress, which can help patients navigate the complexities of trauma (Neff, 2003).

Third Step: Building self-compassion and empowerment

In the third and final step in compassionate trauma-informed counselling to build self-compassion and empowerment, there are four significant practices a counsellor must do. They use compassionate imagery, practising self-compassion exercises, focusing on mindful movement and ongoing support and follow-up care.

Using Compassionate imagery: By engaging in compassionate imagery, cancer patients can activate positive emotions, reducing stress and feelings of isolation. This imagery approach supports emotional resilience and helps patients manage the psychological impact of cancer, such as anxiety, depression, and body image concerns. Compassionate imagery has also been linked to improved well-being, encouraging patients to approach their struggles with greater empathy and acceptance (Gilbert, 2010).

Practising self-compassion exercises: Practicing self-compassion exercises has shown significant benefits for cancer patients by fostering resilience and emotional well-being. These exercises encourage patients to treat themselves with kindness, understanding, and patience, especially during pain or frustration. Research highlights that self-compassion practices, such as mindfulness and self-kindness meditation, can reduce anxiety, depression, and feelings of self-criticism among cancer patients. For instance, Germer and Neff's (2013)

Focusing mindful movement: Mindful movement practices, such as yoga, tai chi, and gentle stretching, offer cancer patients effective tools for fostering self-compassion and empowerment. The mindful movement combines physical activity with mindful awareness, encouraging patients to connect compassionately with their bodies, especially as they undergo challenging treatments and recover from physical and emotional stress. Research indicates that such practices enhance patients' ability to listen to and care for their bodies, helping them to manage pain, reduce stress, and improve mood (Smith & Pukall, 2011).

Ongoing Support and Follow-Up Care: Ongoing support and follow-up care are essential for building self-compassion and empowerment

among cancer patients. Consistent support, which may include counselling, support groups, and wellness programs, helps patients maintain self-compassion as they continue treatment. Recent studies highlight that follow-up care focusing on self-compassion enhances patients' ability to handle long-term emotional and physical effects, reducing stress, anxiety, and fear of recurrence (Fong et al., 2017).

Applying compassionate trauma-informed counselling based on Compassion-Focused Therapy (CFT) for cancer patients in the post-COVID era involves creating a safe and respectful environment that acknowledges the trauma from their illness, treatment, and pandemic-related challenges. It focuses on building self-compassion, enhancing connections with others, and managing fears through mindfulness and self-soothing techniques. The approach incorporates psychoeducation on compassion, addressing isolation, and promoting resilience by recognizing strengths, developing coping skills, and finding meaning in their experiences. Tailored to individual needs, it includes cultural sensitivity, realistic goal setting, and caregiver support. Regular assessment and adaptation of methods ensure the therapy aligns with patients' emotional and physical recovery, fostering a sense of healing and empowerment.

Conclusion

Compassionate trauma-informed counseling, integrated with Compassion-Focused Therapy (CFT), offers holistic and psychospiritual approach to supporting cancer patients, particularly in the aftermath of COVID. This approach emphasizes safety, trust, and empowerment, helping individuals process trauma, develop resilience, and enhance their quality of life. By fostering self-compassion, CFT aids in emotional regulation, reducing anxiety, shame, and selfcriticism while promoting healing. Creating a safe, empathetic space allows patients to navigate the emotional challenges of diagnosis and re-traumatization. **Techniques** treatment without such self-compassion exercises further imagery and compassionate strengthen mental well-being, making this combined approach an effective therapeutic model for recovery and resilience.

References

- Alcántara, J., & Sancken, L. (2024). Toward a more trauma-informed church: Equipping faith communities. *Currents in Theology and Mission*.
- American Cancer Society. (2020). Psychological and emotional effects of cancer.
- American Psychological Association. (2021). Trauma and its impact on health care.
- Basso, F., Gori, A., & Dieci, R. (2021). Post-traumatic growth in oncological patients during the COVID-19 pandemic. *Frontiers in Psychology*, *12*, 649368.
- Beaumont, E., Galpin, A., & Jenkins, P. (2012). 'Being kinder to myself': A prospective comparative study, exploring post-trauma therapy outcome measures. *Counselling Psychology Quarterly*, 25(3), 291–305.
- Beaumont, E., & Hollins Martin, C. J. (2016). A narrative review exploring the effectiveness of compassion-focused therapy. *Counselling Psychology Review*, 31(1), 21–32.
- Braehler, C., Harper, J. C., & Gilbert, P. (2013). Compassion-focused therapy for people with dementia: A feasibility study. *Psychotherapy*, 50(3), 396–402.
- Breines, J. G., & Chen, S. (2012). Self-compassion increases self-improvement motivation. *Personality and Social Psychology Bulletin*, 38(9), 1136–1148.
- Cordova, M. J., Riba, M. B., & Spiegel, D. (2017). Posttraumatic stress disorder and cancer. *The Lancet Psychiatry*, *4*(4), 330-338.
- Dempsey, J., & McMahon, K. (2020). Holistic approaches to cancer care: Integrating psychological and spiritual support. *Supportive Care in Cancer*, 28(5), 2245–2253.
- Fallot, R. D., & Harris, M. (2009). Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol.
- Fong, A. J., Scarapicchia, T. M., McDonough, M. H., Wrosch, C., & Sabiston, C. M. (2017). Changes in social support predict emotional well-being in breast cancer survivors: A longitudinal study. *Breast Cancer Research and Treatment*, 161(3), 495–505.
- Francis. (2013). Evangelii Gaudium.
- Francis. (2016). Amoris Laetitia.
- Francis. (2019). "Address to the bishops of the United States regarding the clergy abuse crisis."
- Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology*, 69(8), 856-867.

- Ghosh, S., et al. (2021). Impact of the COVID–19 pandemic on cancer patients: A review. *The Lancet Oncology*, 22(6), e223-e233.
- Gilbert, P. (2010). *The compassionate mind: A new approach to life's challenges*. New Harbinger Publications.
- Gilbert, P. (2010). *Compassion-focused therapy: Distinctive features*. Routledge.
- Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*, 13(6), 353-379.
- Gilbert, P., & Simos, G. (Eds.). (2022). *Compassion-focused therapy: Clinical practice and applications*. Routledge.
- Gilbert, P. (2009). *The compassionate mind: A new approach to life's challenges*. New Harbinger Publications.
- Gilbert, P. (2014). The origins and nature of compassion-focused therapy. *British Journal of Clinical Psychology*, 53(1), 6–41.
- Harris, M., & Fallot, R. D. (2001). *Using trauma theory to design service systems*.
- Hinton, M., & Williams, S. (2019). Training needs for trauma-informed care in oncology settings. *Journal of Cancer Education*, *34*(2), 335–342.
- Holland, J. C., & Alici, Y. (2010). Management of distress in cancer patients. *Journal of Supportive Oncology*, 8(1), 4-12.
- Jazaieri, H., et al. (2013). A pilot study of the effects of compassion cultivation training on self-compassion and interpersonal relationships. *Journal of Happiness Studies*, 14(2), 551–575.
- Kangas, M., Henry, J. L., & Bryant, R. A. (2002). Posttraumatic stress disorder following cancer: A conceptual and empirical review. *Clinical Psychology Review*, 22(4), 499–524.
- Kirby, J. N., Doty, J. R., Petrocchi, N., & Gilbert, P. (2017). Heart rate variability's current and future role is assessing and training compassion. *Frontiers in Public Health*, pp. 5, 40.
- Leaviss, J., & Uttley, L. (2015). Psychotherapeutic benefits of compassion-focused therapy: An early systematic review. *Psychological Medicine*, 45(5), 927–945.
- Mehnert, A., & Koch, U. (2007). Prevalence of acute and posttraumatic stress disorder and comorbid mental disorders in cancer patients. *Psycho-Oncology*, 16(3), 181-188.
- Neff, K. D. (2011). Self-compassion: The proven power of being kind to yourself. HarperCollins.

- Neff, K. D., & Germer, C. K. (2013). A pilot study of the mindfulness self-compassion program. *Journal of Clinical Psychology*, 69(1), 28–44.
- SAMHSA. (2014). SAMHSA's concept of trauma and guidance for a traumainformed approach.
- Shapiro, M. (2020). Psychological distress in cancer patients: A clinical perspective. *Psycho-Oncology*, 29(1), 12–19.
- Smith, J. A., & Brown, R. (2022). Cancer care in the time of COVID-19: Challenges and strategies. *Journal of Oncology Nursing*, 26(3), 45–52.
- Smith, K. B., & Pukall, C. F. (2011). An evidence-based review of yoga as a complementary intervention for patients with cancer. *Psycho-Oncology*, 20(5), 465–477.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). Trauma-informed care in behavioural health services.
- Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in healing trauma*. Viking.