

“When I Think of Your Suffering I Feel... :”

ON DIALOGUES AND SELF-COMPASSION IN SCHEMA THERAPY



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The emerging importance of self-compassion in psychotherapy cannot be denied. Research studies and clinical work by Gilbert (2010), Neff (2011; Germer & Neff, 2013), Tirsch (2012), and Germer (2009) have all pointed to the power of compassion for the self as a mediating and healing force for patients suffering from a wide range of disorders and difficulties. Building on the work of Neff (2011; Germer & Neff, 2013), I have been seeking to help patients develop a Self-Compassion Mode through the use of Chairwork dialogues (Kellogg, 2014). It is my belief that the creation of an independent Self-Compassion Mode could not only mitigate the destructive impact of the Inner Critic, Demanding Parent, or Punitive Parent energies, but also be a source of healing for both the Healthy Adult and the Vulnerable Child modes.

Developing the Compassionate Voice

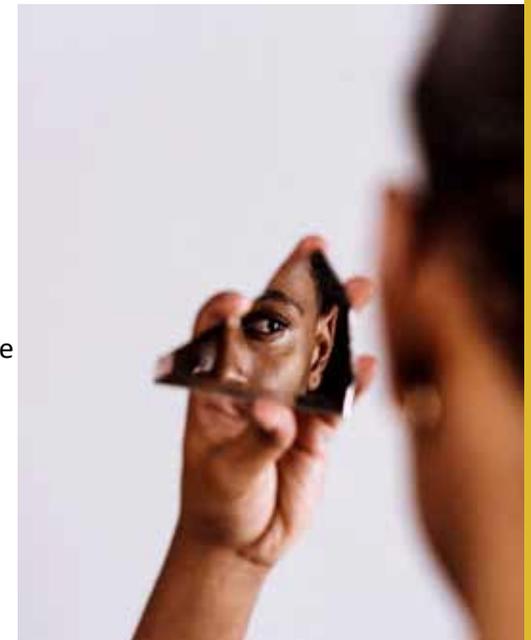
What is self-compassion? Neff (2011) says that it means “To treat ourselves with the same kindness, caring, and compassion we would show to a good friend, or even a stranger for that matter” (p. 6). In a striking passage, she goes on to say that, “It means that we allow ourselves to be emotionally moved by our own pain...” (42). To begin this process, those who wish to develop a capacity for self-compassion are encouraged to practice saying such meditations as: “This is a moment of suffering. Suffering is a part of life. May I be kind to myself in this moment. May I give myself the compassion that I need” (p. 119) and “May I be safe. May I be

peaceful. May I be kind to myself. May I accept myself as I am” (p. 204). These meditations may be repeated for twenty minutes a day as a regular practice and they may also be used during times of difficulty and distress¹.

While starting with this formalized effort, Germer and Neff (2013) see the larger goal as being able to create what they call a Compassionate Voice – in which the individual develops a capacity to use the language of compassion so that they can have ongoing internal conversations with themselves in a caring and empathic manner. This idea is clearly resonant with my goal of creating a Mode of Self-Compassion.

In my efforts with both patients and therapists, I have consistently found that

people have little or no conception of what self-compassion sounds like. They do not know what to say because they have no words or language of self-kindness from which to draw. One reason for this is that Western culture has traditionally encouraged compassion for others but not for the self; another is that this kind of work can trigger Inner Critic voices and opposition which makes it quite difficult for individuals to proceed. In the face of this, Chairwork offers a unique vehicle for overcoming some of these difficulties and for helping people effectively develop a mode or part that can consistently speak in this manner.



1. For other self-compassion exercises, meditations, and information, please go to Dr. Neff's website at: <http://selfcompassion.org/>.

Compassion-Centered Chairwork

Compassion is an inherently relational idea. “Compassion literally means ‘to suffer with,’ which implies a basic mutuality in the experience of suffering” (Neff, 2011, pp. 61-62). In addition, “With self-compassion...we take the stance of compassionate “other” toward ourselves, allowing us to adopt a broader perspective on ourselves and our lives” (Germer & Neff, 2013, p. 857). Given this, self-compassion can be understood to be rooted in a model of inner multiplicity with one part speaking to and offering solace to another.

To develop this mode of personal and empathic self-kindness, I have been working with what I call Compassion-Centered Chairwork. Compassion-Centered Chairwork is a quasi-meditative experience that introduces patients to the language and experience of self-compassion. To begin, I invite the patient to do some self-compassion work with me. I tell them that I simply want them to repeat the words that I say. They do not have to reveal anything about themselves – I simply want them to repeat the words that I use. If they are willing to proceed, I set up two chairs that directly face each other and I ask the patient to sit in one chair and to take a minute or so to imagine themselves in the chair opposite.

Sitting close to the chair in which the patient is sitting, and I then ask the patient to repeat the words that I am saying. I say these words slowly and in short phrases. I pause so that they can repeat what I have said, and I will often repeat a phrase or say variations of the same phrase for greater emphasis.

A Self-Compassion Mode Meditation²

“[Patient Name], I see you. [Patient repeats.] [Pause]
 [Patient Name], I see you. [Patient repeats.] [Pause]
 [Patient Name], I see you and I know everything about you. [Patient repeats.] [Pause]
 I know every moment of darkness and I know every moment of failure. [Patient repeats.]
 I know every moment of ugliness and I know every moment of shadow. [Patient repeats.]
 I also know every moment of love and I know every moment of beauty. [Patient repeats.]
 I know every moment of courage and I know every moment of kindness. [Patient repeats.]
 I know every moment of creativity and every moment of success. [Patient repeats.]
 And knowing everything about you, I admire you, I respect you, and I love you. [Patient repeats.] [Pause]
 [Patient Name], as I look at you and as I look at your life, I know that you have gone through great pain and that there has been great suffering in your life. [Patient repeats.]
 And I know that you may be suffering at this time as well. [Patient repeats.]



And when I think about the pain and suffering that you have been through, I feel great anguish and I feel great distress as well. [Patient repeats.] [Pause]
 And while it pains me to see how you have suffered, I also know that you have fought hard and you have survived in the face of this adversity. [Patient repeats.]
 I know that you have struggled and that you have persevered in the face of your difficulties. [Patient repeats.]
 And I admire you for having done that. [Patient repeats.]
 I admire you for having done that. [Patient repeats.] [Pause]
 And when I look at you, I also know that you feel great regret about the mistakes in your life, that you feel regret about your failures. [Patient repeats.]
 When I look at you, I know that you feel great pain and regret about your mistakes and failures. [Patient repeats.]
 I also know that you beat yourself up about your mistakes and failures – that you are very harsh with yourself. [Patient repeats.]
 And when I see you do this to yourself, I feel great pain. [Patient repeats.]
 When I see you do this to yourself, I feel great pain. [Patient repeats.]
 It troubles me deeply to see you treat yourself this way. [Patient repeats.] [Pause]
 [Patient Name], there is something important that I want to tell you. [Patient repeats.] [Pause]

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 2. This is a basic script for self-compassion. Clinicians should feel free to change and adapt this dialogue work to fit the specific needs, challenges, and histories of their patients.

There is something important that I want to tell you.

[Patient repeats.] [Pause]

There is something important that I want to tell you and I want you to pay attention. [Patient repeats.]

I want you to listen to me carefully. [Patient repeats.]

All people make mistakes. [Patient repeats.]

All people make mistakes. [Patient repeats.]

All people on Planet Earth make mistakes. [Patient repeats.]

All people do things that they wish they had not done.

[Patient repeats.]

And all people do not do things that they later wish they had done. [Patient repeats.]

When you make mistakes, you are like all the other people in the world. [Patient repeats.]

You are not different from them; you are like all the other people in the world. [Patient repeats.]

All people have regrets and all people feel remorse.

[Patient repeats.]

You are like all the other people in the world and you are not alone. [Patient repeats.]

You are like all the other people in the world and you are not alone. [Patient repeats.] [Pause]

[Patient Name], When I look at you, I also know that you are far more than your mistakes. [Patient repeats.]

When I look at you, I know that you are far more than your failures. [Patient repeats.]

When I look at you, I also know that there are great

things inside of you and that gives me pleasure.

[Patient repeats.]

Seeing the great things inside of you, the great possibilities inside of you, makes me happy. [Patient repeats.] [Pause]

In the hours and days to come, there will be many voices in your head. [Patient repeats.]

In the hours and days to come, there will many voices in your head. [Patient repeats.]

My voice will be one of those voices. [Patient repeats.]

My voice will be one of those voices and I want you to listen for it. [Patient repeats.]

My voice will be there. I want you to listen for my voice – I will be there. [Patient repeats.]

And together, one step at a time, we will walk into the future. [Patient repeats.]

One step at a time, we will walk into the future together.” [Patient repeats.]



I then ask the patient to switch chairs and to sit in the chair that they were talking to. I then say to them, “I would like you to close your eyes and see if you can take in any of the things that you just said to yourself. If you can take in a little bit, that is fine. If you can take in more, that is fine. If you cannot take in any of it all, that is fine as well. To whatever degree that you are able or willing to, I would like you to open yourself up those words of self-compassion.” I then allow the patient to sit there with his or her eyes closed for a minute or two. I then say, “When you are ready, I would like you to slowly open your eyes and come back to the room.” I then ask them if they were able to take any of that in and what the experience was like. After that, we can move the chairs and debrief the experience.

At first, it is likely that the therapist will want to take the patient through this dialogue several times. Again, the goal is for the patient to be able to do this on his or her own so that they can soothe themselves during times of distress. This is a generic form of the Self-Compassion Meditation that incorporates what I consider to be the essential components of the Self-Compassion Mode. At the heart of the experience of compassion – whether towards others or the self – is the core stance of “I see that you are suffering and I feel great anguish as I witness your pain.” It is not about fixing things, giving advice, or telling people that things will get better. It is about being in a witnessing state of empathic resonance

Components of the Dialogue

As a foundation, this work is quietly relational in two ways. I use the structure of the two chairs because I want to create a separate mode that gives compassion to the self—that is why I want one part to talk to the other. This work could also be done with one’s eyes closed as a kind of meditation. That would likely be very effective as well – but it would be less likely to serve the goal of creating a separate mode. The second relational dimension is anchored in the therapist-patient interaction. As I say these words of compassion and they hear me say them, I am also expressing my compassion for their suffering and this becomes a form of re-parenting.

Moving to the specifics of the script, the meditation begins with “I see you.” In the movie *Avatar*, the Na’vi greet each other by saying, “I see you.” According to Muid (January 29, 2010), this is, in fact, an African greeting that James Cameron adopted for the film. “I see you” is a deep way of connecting with another. It implies a state of powerful and all-encompassing engagement and attention.

The meditation then moves from “I see you” to I see you and I know everything about you – all that is bad, shameful, and dark, and all that is beautiful, loving, and courageous. This connects to Neff’s (2011) ideal of the all-seeing, all-knowing, and deeply compassionate friend or witness. “Imagine that this friend can see all your strengths and all your weaknesses...[and that] you are loved and accepted exactly as you are, with all your very human imperfections” (p.16).

From this seeing comes an acknowledgment that there has, in fact, been great suffering in the person’s life. This is the component of Mindfulness or awareness of suffering that Neff emphasizes. The meditation then moves on to the expression of anguish at the suffering that the patient has been through and an expression of admiration that they have persevered, fought, and survived in the face of it. Patients would not be in therapy if there had been no suffering and if they had not struggled against it in their own way, they would be dead. This involves Neff’s construct of Self-Kindness or treating the self as you would treat a friend.

The next section deals with Inner Critic or punitive parent issues. It begins by expressing distress over the brutal way that the patient treats themselves. It then integrates Neff’s (2011) construct of Common Humanity. She makes the brilliant argument that since all people fail, we are most like other people in our failures rather than in our successes. This may serve to disrupt isolating or self-stigmatizing thoughts and behaviors. The meditation then moves toward an embrace of complexity-of-self (Chadwick, 2003). The therapist and the patient affirm that the individual is more than their mistakes or failures – either in reality or in potentiality.

The last step involves encouraging the patient to listen for the voice, to be open to the mode. This is the beginning of the internalization process. This is where the patient goes from listening to the therapist say kind and compassionate things to them to claiming ownership of their own self-compassion process.

Mechanisms of Healing

How does self-compassion heal? When we or our patients are in a negative emotional state, it can be very difficult to directly switch to a positive emotional state. Self-compassion may be conceptualized as taking an orthogonal approach to inner anguish and psychopathology. Instead of trying to fix the pain and suffering directly, self-compassion is a way of being with the negative emotions while not actively fighting them or seeking to change them. It gives the individual a place to stand and a method for working with them. As Neff (2011) put it, “...self-compassion doesn’t eradicate pain or negative experiences, it just embraces them with kindness and gives them space to transform on their own” (p.131). Through this kind of encounter, a change or catalytic process may occur.



Using Compassion-Centered Chairwork in Clinical Practice

In my trainings with schema therapists and therapists of other orientations, I have observed some striking reactions to this work. The first is that they have very harsh Inner Critics and they have strong and, at times, viscerally complex reactions to saying words of self-compassion to themselves. The second is that there is a great deal of enthusiasm for this work and many hope to use it with their patients. Given that, I would strongly suggest that therapists begin by developing their own self-compassion practice. They can do this by either using the two-chair model or by using the script as a form of internal dialogue or meditation. They should, of course, make any adjustments they wish to suit their own history or needs. By doing this on a regular basis, they will develop their own language and vocabulary of compassion and they will be much more effective in their work with patients. The Self-Compassion Mode can serve to not only increase our capacity for inner stability, but also to strengthen the power of our Healthy Adult mode. It also offers patients a healing option that can be used at any hour of the day. I hope that you will consider adding this kind of dialogue work to your practice and to your life.



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