Compassionate Self

Compassion and wisdom more deeply understood, gives possibility to live a more meaningful life. /Dalai Lama/

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„Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us. We ask ourselves, Who am I to be brilliant, gorgeous, talented, fabulous? Actually, who are you not to be? You are a child of God. Your playing small does not serve the world. There is nothing enlightened about shrinking so that other people won't feel insecure around you. We are all meant to shine, as children do. We were born to make manifest the glory of God that is within us. It's not just in some of us; it's in everyone. And as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others."

/Marianne Williamson, *A Return to Love/*

With these words my big gratitude goes to

All with whom I shared my journey through these years in GIS, fellow students, dear teachers, therapists and my first home group U-27

My family and friends - who believed in me

Clients who bravely took the challenge to work with themselves and were open to share their process

Katrin Rosental, whose big heart, empathy and confrontation have led me where I am today

Karmel Tall, whose support, clearness and serenity were always present when needed through thesis writing process

WITH ALL MY LOVE

Introduction

My interest in self-compassion comes from my own childhood. My domestic background is dysfunctional (violence and alcohol abuse). In my childhood, I mostly missed the possibility to feel safe, seen and heard. Growing up in such environment taught me to be really hard on myself; this means doing a lot and not taking time to enjoy and withdraw.

For a long time, I truly believed, and sometimes it still hits me, that the only way to get something good in life is through suffering and pain. My tendency is to do a lot and feel the inner critic being there all the time, saying mainly: ”You are not enough!”

Being part of the gestalt therapy field has little by little opened possibilities for me to see other options and give credit to myself for the way I am.
Working as a gestalt therapist with my clients, I see that in therapy situations I can be much more relaxed and myself, supporting, seeing, mirroring and just being with my client. I believe that it is related to being aware and authentic, being in contact and also being ***kind/generous to my-self and others (client).***

Because it is in my nature to be energetic and think positively, I wanted to find a theme for my thesis what would support my personal nature and, combined with gestalt therapy, could give inspiration and meaningfulness also to my clients.
While writing synopsis I found an article about self-compassion and its relevance in gestalt therapy by Delia Crozier (2014), this article was an eye opener because of the concept of self-compassion created by Dr. Kristin Neff.

In my thesis, I will look into the self-compassion concept and how gestalt psychotherapy could benefit from combining self-compassion with a gestalt approach. Also, I will investigate what influence gestalt psychotherapy combined with self-compassion has on the process of working with clients who have a strong inner-critic. My research questions are:

1. What is self-compassion and how a gestalt psychotherapist can use it in the therapy process for the benefit of clients?

2. What are the important aspects in working with a self-critical client and how gestalt therapy can contribute to increasing a client’s self-compassion?

In the theoretical part of my thesis, I give a brief overview of the self-compassion concept and an answer to the first research question. In the empirical study, I will describe my practice as a gestalt therapist under supervision, through the topic of self-compassion. Relying on my clients' experience I will give an overview of the important aspects of psychotherapy with self-critical clients and answer the second question by giving some suggestions about how to work with them.

1. The concept and roots of self-compassion

In this chapter I will look into the self-compassion concept and why it is so important for a person to have. I will search what are the tools to use in psychotherapy sessions and how they fit together with gestalt therapy. In the beginning of this chapter, I will briefly look into the definition of compassion and where it originates from. Then I will discuss the self-compassion definition and also explain what self-compassion is not. At the end of the chapter, I will compare self-compassion and self-esteem to open the differences of these concepts.

1.1. Compassion

According to Wikipedia, the word "compassion" originates from Latin and means "co-suffering", it involves "feeling for another" and is a precursor to empathy.
The definition says: "Compassion involves allowing ourselves to be **moved by suffering** and experiencing the motivation to help alleviate and prevent it. Qualities of compassion are patience and wisdom; kindness and perseverance; warmth and resolve."

Compassion also plays an important role in Buddhism and Buddhist teachings, which is one of the roots of Gestalt therapy. Dalai Lama has said that in Buddhist tradition there are two essential qualities for our own well-being and to be able to help others. These are **compassion and wisdom.** One cannot work well without the other. Compassion involves wishing to free the other one from suffering, recognizing that he or she has the same kind of needs like we do - be happy, avoid distress and misery. Wisdom involves seeing things as they are, with clear and open eyes, appreciating the interdependence and constantly changing nature of people, things and events. His Holiness believes that when people understand compassion and wisdom more deeply, they will have possibility to a live more meaningful life. (Germer and Siegel, 2012: 17-18).

1.2. Self-compassion

"To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment" /R.W.Emerson/

For me the previous quote goes very well with self-compassion and also with gestalt therapy, because they both and I as a therapist work for clients' recognition of the self. It means that

the clients in whatever situation in life can stand on their own feet (self-support) and make choices based on their own needs (responsibility/ability to respond).

Dr. Kristin Neff, a pioneer and researcher on self-compassion for more than ten years, has identified three core components of self-compassion (Neff, 2011, cited in Crozier 2014:88):

- **Self-kindness** – that we be gentle and understanding with ourselves rather than harshly critical and judgmental.
- **Common Humanity** – feeling connected with others in the experience of life rather than feeling isolated and alienated by our suffering.
- **Mindfulness** – that we hold our experience in balanced awareness, here and now, rather than ignoring our pain or exaggerating it.

As a gestalt practitioner I can see that self-compassion goes very well with gestalt theory. Starting from the final component from Neff's definition I would say the following:

- Increasing **awareness** about my senses, thoughts and emotions, including bodily sensations, gives me the possibility to stay really in what is **here and now**. And it complies successfully with Mindfulness in Neff's definition.
- Being in **contact** with ourselves and others at the same time, staying here and now at the very moment, sharing our feelings and thoughts, gives us the possibility to feel **connected** and share Common Humanity as Neff's definition suggested.
- Self-kindness based on Neff's definition manifests itself in gestalt therapy as **responsibility** and the **ability to respond**. It means that a person is fully aware of

his/her behavior and choices. This leads to a response what is in compliance with a person's real needs and so also with being kind and truthful to ourselves.

Barnard and Curry pointed out in their article (2011: 290) that even though there has not been done a lot of research on this exact topic, it seems that compassion, whether directed towards oneself or others, seems to necessarily entail all three: being touched by suffering, being aware of the pain and not avoiding it, and having a feeling of connection or a desire to alleviate the suffering.

I see the same thing in the gestalt therapy working with self-critical clients, it is important to pay attention to all self-compassion components, to discover what the client has already in use and what needs to be developed or increased. In many cases, being good to others comes naturally for a self-critical client, but being compassionate to oneself comes as a new way of seeing oneself.

1.2.1. What self-compassion is not

First, self-compassion is not the same as **self-pity**. Self-pity is a solipsistic process in which individuals exaggerate their own problems and forget that others are experiencing similar problems (Neff, 2011b). In gestalt therapy we also know that the "poor me" can be a quite strong pattern for a person not to live his/her life. Seeing oneself as a victim keeps a person in isolation. At the same time, self-compassion helps a person to remember that there are people whose suffering is perhaps even worse, so they could see suffering from a new perspective and as a part of common humanity

Secondly, self-compassion is not **self-indulgence**. Sometimes people are reluctant to be self-compassionate because they are afraid they would let themselves get away with anything, like watching TV all day. According to Neff (2011b), self-compassion entails wanting health and well-being for yourself because you care. In other words, self-compassion motivates a person to go through difficult challenges, learn from mistakes and make an effort, because one wants to be happy and get free from suffering. Shaming oneself into action, on the other hand, can give the opposite result, especially when one cannot acknowledge the vulnerability and imperfection of the self.

1.2.2. The difference between self-compassion and self-esteem

There is one more concept that self-compassion is confused with from time to time, it is self-esteem. I have to admit that at first, I also thought that these two concepts seemed quite similar. After deepening my knowledge, I understood the important differences between them and discovered possibilities what using self-compassion could give for my personal development and also in working with therapy clients. This is also confirmed by Barnard and Curry (2011: 292) who have found in their study that considerable evidence suggests that self-compassion and self-esteem are distinct constructs.

Self-esteem reflects a person's overall subjective emotional evaluation of his or her own worth. It is both a judgment of oneself as well as an attitude toward the self. Self- esteem encompasses beliefs about oneself (for example, "I am competent", "I am worthy") and emotional states, such as triumph, despair, pride, and shame. (Hewitt, J. P. (2009), cited in Wikipedia 2018c). In other words, according to Neff (2018b), self-esteem refers to our sense of self-worth, perceived value, or how much we like ourselves.

Self-compassion can be helpful when self-esteem can no longer support the self. Both self-esteem and self-compassion are salient sources of positive self-regard (Neff, 2011b: 6). But because they use different ways to achieve goals, the outcome can be different and working only with self-esteem is not suitable for everybody.

Neff (2018b) explains in her writings that low self-esteem can be problematic it often leads to depression and lack of motivation. At the same time, trying to have higher self-esteem can also be problematic. In our modern world, self-esteem is often based on continuous comparison to others in terms that one needs to be special and stand out. This may result in narcissistic, self-absorbed behavior or make us put others down in order to feel better about ourselves. It is very common to get angry and aggressive towards those who have said or done something that potentially makes us feel bad about ourselves. The need for high self-esteem may disturb our responsiveness so that we cannot see ourselves accurately anymore.

To illustrate the differences between self-esteem and self-compassion, I will share my own experience. For a long time I believed that all my problems came from low self-esteem and so, to feel better I needed to raise it. That is what I did and discovered that the effect was short-term. I must say that I felt stuck. Only after reading Dr. Neff's work I understood that I was in trap for polishing my ego by trying to raise my self-esteem, at the same time comparing myself

to others and being very critical with myself. So, every time things did not go as I wanted, I was in a low mood again. Today, I see a similar pattern quite a lot when working with clients who have come to seek help from therapy.
In summary, our self-esteem is often conditional and depends on our latest success or failures. That explains why I and also several of my clients can function successfully on "good days" and feel hopeless and down on "bad days".

Comparing self-esteem to self-compassion

Self-esteem	**Self-compassion**
Access when things are going well	Access when not going well
Individuality/differences	Common humanity
Achievement/doing/drive	Acceptance/being/content
Competitive mentality	Caring mentality

Leary and his colleagues (2007), cited in Barnard & Curry (2011:293), comment that self-compassion may be particularly beneficial for people who are low or high in self-esteem because self-compassion is available precisely when self-esteem fails (at times of failure) and offers protection against ego-defensive drawbacks of high self-esteem, such as narcissism.

To sum up self-esteem and self-compassion, Neff (2011b: 9) suggests that based on the research self-compassion provides greater emotional resilience and stability than self-esteem. It also involved less intense self-evaluation, ego-defensiveness and self-enhancement than self-esteem.

In my opinion, both self-esteem and self-compassion are important, but I see today that relying only on self-esteem and how to raise it does not keep us from feeling down from time to time or support us when one faces difficult emotions. At the same time, when using self-compassion as an additional tool for managing everyday life, especially when one tends to be critical towards oneself, could be beneficial for clients.

2. Self-criticism and how it works

Self-criticism is a major obstacle to self-compassion. Most of us know something about the "hostile voice" that says: "You are not good enough!", "You are stupid!", "You need to be stronger and try more!" And sadly, this voice often comes from inside the person. Sometimes the voice is small and harmless, even helpful, and other times it can be very loud, shading all other thoughts and activates fight/flight/freeze response that stops a person to act kindly and compassionately towards oneself.

According to Blatt and Zuroff (1992), self-critical individuals experience feelings of unworthiness, inferiority, failure, and guilt. They engage in constant and harsh self-scrutiny and evaluation, and fear being disapproved, criticized and losing the approval and acceptance of others. Self-criticism in psychology is typically studied and discussed as negative personality trait in which a person has a disrupted self-identity. The opposite of self-criticism would be someone who has a coherent, comprehensive and generally positive self-identity (Blatt, S.J. (2008), cited in Wikipedia 2018a).

Because self-criticism is typically seen as a negative personality characteristic, it is important to note how some people develop such a trait. Self-criticism often represents a disruption in some characteristics. This disruption could be rooted back in the person's **childhood experience.** Children of parents who use restrictive and rejecting practices have been shown to have higher levels of self-criticism at age 12. In the same study, women displayed stable levels of self-criticism from age 12 into young adulthood, while men did not. These results show that parenting style can influence the development of a self-critical personality, and these effects may potentially last into young adulthood (Koestner et al 1991).

The argument above is something I can affirm with my personal experience working with self-critical clients. I have noticed while working with female clients that all of them have been critical in one or another area in their life, whilst male client tends to put criticism outside from themselves. The clients I referred to above were from dysfunctional (alcohol abuse, violent, separated) families.

Corzier (2014) has written that the self-critic frequently plays a key role in disorders including anxiety, depression and eating disorders. The self-critic, under its various guises - the critical parent, the saboteur or Topdog – attempts to regulate desires, needs and behaviors in order to maintain security. The self-critic functions to protect by reminding us of dangers and deterring

us from any activities that hold potential for pain or disappointment. Whilst recognizing that the objective of the critic is protection of the self, it is important to note that the very nature of this style of protection is the antithesis of self-compassion.

The latter is what I also recognized when working with self-critical clients; they often see their **inner critic as a protection** and help to survive in a highly demanding society.

In gestalt therapy theory, there is also a concept of **topdog and underdog.** When a person has an endless inner fight going on, there are usually two sides (polarities). The topdog (I know what you should do!) versus the underdog (I cannot do it, life is hard). For most people one polarity is more visible than the other, but there is always another side too. This kind of inner dialogue is usually hostile and critical, preventing a client from living his/her life fully. This kind of criticism takes a lot of energy and creates a ground for the development of neurotic patterns and disorders.

The critic in a person can also develop through life by experiences outside home. According to Gilbert (2010), self-criticism has various origins and functions. In therapy, it is important to explore one's own self-critic by looking at the threats that were around when self-criticism started, because a self-critical mind is also a **threat-focused mind**.

In families where a child is not allowed to show feelings (such as sadness and anger) or express her/his opinion/needs, it is very common to develop a creative way for surviving. In this case, a creative adjustment can turn into **retroflective behavior** where emotions and thoughts are turned towards the self and again there is a ground for the development of self-critical behavior.

2.1. Self-criticism and shame

Self-criticism is also very common in shame. It has been associated with a range of mental-health difficulties and in psychosis, about 70% of voices are hostile and critical (Gilbert & Irons, 2005, ref. Gilbert 2010: 93).

Self-criticism can emerge when facing situations **linked to the original threat as shaming** (Gilbert, 2010). An illustrative example from Gilbert's (2010) work is when a teacher in school is shaming and contemptuous and tells a student that he is stupid and lazy and that is why his grades are so poor and only hard work could save him. That would make the student feel low, shamed and alone, so he works harder to avoid these feelings. Later in life he

becomes a workaholic to prove that he is good, living up to expectations and avoiding feelings of shame. When somebody would be mildly critical towards him this would reactivate the same memories of anger, self-criticism and being alone. So he would be highly self-critical because he believes that it keeps him working hard and not to be a failure. Last example is very similar to my own life story. And it is important to note here that without mirroring and support from outside I would not have had the possibility to see where my patterns came from and how to "break the spell".

The previous example also agrees with Corzier`s (2014) work in which she points out, that for some clients, the **creative adjustments and fixed gestalts** are maintained by an ongoing experience of an environment lacking support.
This is a *good* example for showing how patterns are created in childhood and how they become so inherent that it is very difficult or even impossible to recognize them by myself.

2.2. Self-criticism as a safety strategy

Compassion focused therapy (CFT) sees self-criticism also in terms of safety strategies, with complex forms and functions that require exploring. One of these is power. (Gilbert, 2010)

The link between **self-criticism and powerful others** is particularly true in the case of self-criticism that arises in the context of abuse or trauma. This is because trauma, when perpetrated by powerful others, can automatically turn the victim to self-monitoring and self-regulating. (Gilbert, 2010:97).

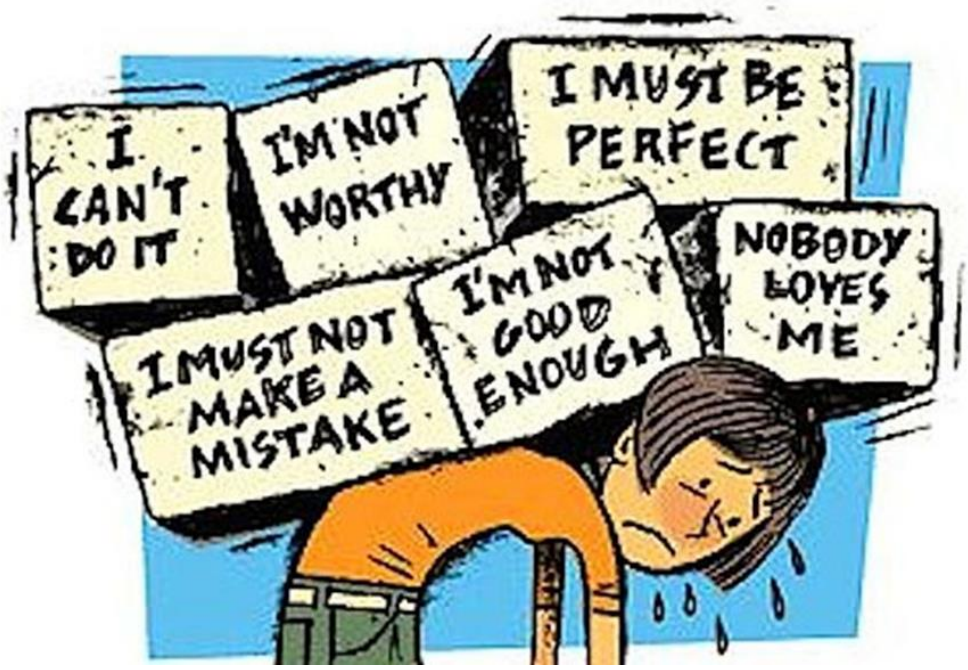
Example from practice:
One of my clients has a long history of school bullying. He was outcast at school by some boys who apparently were the class leaders. Soon after the bullying started he did not have anybody to rely on. After some incidences where he stood up for himself and got punished from teachers, he started to **self-monitor** his behavior so he would not confront bullies and keep out from their way. This situation inevitably brought **self-blame** from doing things that seem to trigger the bullies' aggression and rejection. The link between the past and how it shows in behavior today is that my client feels threatened and inadequate when somebody doubts his skills at work. He also wants to be liked by others and tends to compete, especially with colleagues. All this makes him feel alone and not understood. He has great difficulties to see his own patterns and for him it is common to be the victim. The biggest achievement for him has been seeing and acknowledging introjects he has adopted in childhood and recognizing patterns what were needed to survive during childhood and what is not adequate in today. He has done

a lot of work in therapy and moved forward in his process by taking contact, starting to be aware, staying here and now. And today, as a therapist I see that to make a breakthrough my client needs to take responsibility and it is quite difficult for him, because he is used to stay in the **victim role**.

To sum up self-criticism, I will bring out an important thought that self-compassion researchers have found.

Gilbert (2010) gives in his compassion focused therapy book an example. When you ask your client about their greatest fear in giving up self-criticism, the typical answer would be that they **fear becoming arrogant, lazy or uncontrolled**. It shows that people may see self-criticism as a function for paying attention to mistakes today and prevent them from making mistakes in the future.

Another example comes from a presentation in which Dr. Kristin Neff (2013) has said that lot of people believe that for motivation they need hard criticism towards themselves. Otherwise they will stay at home and not go to work or do things they need for living. Yet what is surprising - studies show the opposite. **Self-compassion** gives back motivation to try again, whilst being critical removes motivation to learn and grow and to try again when one has failed in something.



"Self-criticism asks: Are you good enough?
Self-compassion asks: What is good for you?"

In the next chapter, I will discuss the empirical study and explain findings that I witnessed and clients shared, while working with their inner critic in a self-compassionate way. Human beings are very complex creatures and there is almost never one clear reason behind behavioral patterns. That is why working with the inner critic led us (the client and the therapist) through many different topics, and the findings were sometimes more or less unexpected.

3. Empirical study

This study is conducted by using an phenomenological approach, which is common for gestalt therapy and is based on a client's subjective perception. Gestalt therapy works with:

- ➢ what is (phenomenology);
- ➢ accepting a person's vulnerability and not only encouraging the positive;
- ➢ the perspective of holism, where the body, mind and soul are seen as a unity in a constant interplay with the environment (holistic approach);
- ➢ staying in the here and now, at the moment, accepting what really is.

And it also agrees very well with the self-compassion concept what I discussed earlier in this paper.

3.1. Data gathering process and analysis method

Research was conducted using a qualitative case study method and includes two client cases. For finding clients for my research I put out an open invitation (see Appendix 1.) on social media. My wish was to find clients who tend to be self-critical and I got some replies and one of them lead to therapy. Another client came to therapy at the same period, by suggestion, and after the first session I suggested that she participate in my thesis research as a client and she agreed.

From December 2017 to March 2018 I worked weekly (sometimes over the week, because of illnesses, family holidays) with two clients, who had a strong inner-critic and low self-esteem (became evident during therapy). During that time I met with both clients for 10 hours each.

During our first sessions I gathered background information about the clients' history and how they perceived and felt about their inner-critic and what were their expectations from therapy. Before last sessions I agreed with the clients to have 30 min – 1 h immediately after the tenth session for conclusions and feedback to therapy process and how they perceived their life today.

One participant had no previous gestalt therapy experience and the other had been in my therapy group almost one year ago. Both clients gave me permission to use their personal data, for which I used a GIS consent form that I translated into Estonian (see Appendix 2). In my thesis I use substitute names such as Anna (21) and Elsa (36) instead of real names and numbers to indicate the clients' age.

I gathered empirical data through dialogue, observing and taking notes right after every session. I also took notes during my supervision. In the end of the last session I used a semi-structured interview for gathering feedback (see Appendix 3). In the last interview I asked about the clients' perception about the therapy process and the outcome for them.

3.2. The findings

Clients

Elsa (36) grew up in a family with her mother, father and sister. Father had been diagnosed with schizophrenia and since the age of 11 she had been distant with him, she could not rely on him. Today they have some contact, but because her father tends to be paranoid and stalk, Elsa hides her personal information, like her home address. Elsa's mother has been working a lot and children have been alone a lot or with their grandparents. With her mother Elsa feels that she can count on her.

With her sister she has felt close, but in childhood they fought a lot. Her sister lives far and they see each other rarely, so they mostly communicate on the phone.

In present life, Elsa is in a long-term relationship and is raising a 3-year old boy as a family. Elsa is not happy in her relationship, she feels that her partner does not notice her as a woman, says critical things and is not helping with their son as much as she wishes. Her son is a poor sleeper, so she feels mostly tired during the day time.

Elsa has no close friends, but there are people with whom she can talk. In her close network are her mother, her sister (far away), her partner (she feels distance).

Elsa was diagnosed with depression in her twenties. Back then she took antidepressants for some time. Feeling low and a negative perspective towards future has been part of her everyday life. The only period when she felt good was during her pregnancy and breastfeeding. She visited a clinical psychologist a year ago and today goes to a masseuse and other practitioners to feel some relief from feeling low and tired.

She was not taking any medications at the time of starting therapy. Elsa hopes that therapy will help her to find better contact with herself and find confidence to change her current job and do decisions regarding her life.

Anna (21)

Anna came to therapy with anxiety (has had panic attacks) and signs of depression, especially during dark season, and she was critical on herself.

She is the fourth of five children. With her sister she feels closest, other siblings are more distant. Being a member of a big family has taught her to be reasonable and understanding.

Relations with her mother have been complicated as far as she remembers. Her mother's style of communication is shouting and questioning. She does not feel supported or seen by her. Anna has been longing for a mother who could comfort and cuddle her. Anna's father left her mother when she was pregnant with Anna. Anna had had a stepfather since the age of 3. They were not close, but he was still part of the family.
Death has been strongly represented in her life. Some years ago her grand-aunt got hit by a car. It was hard, because they had been close. Anna herself had a sudden surgery last year, when doctors said that it was critical and luckily she came on time. So after her stepfather suddenly passed away some months ago, she has felt an increasing fear of losing her close ones.
In her family, Anna remembers continuous arguments between her mother and stepfather. Shouting was loud and sometimes kept her up in the night, luckily she knew that her brothers or sister will protect her and she could go to them. Anna knows how to switch off her hearing, so she could concentrate on something else than shouting and how to suppress her own feelings so she would not go into arguments with her mother.
Anna's mood is fluctuating, so she might feel good (zen) one day and depressed the next day. Anna has not been in therapy before and does not take any medicine, and in therapy she wants to work with mood fluctuations and anxiety problems and how to cope with it in her life.

- Both of my clients have had a background of **depression and anxiety**, mood has been fluctuating and it is disturbing for both of them. Anna has had some panic attacks and in her everyday life she feels anxious about her close ones. In the last years she has lost some close relatives. Elsa's anxiety is related to her family, she sees that her emotional explosions have become part of her everyday life and because of that she feels guilt and shame. Elsa's world seems to be a dark place where hope is gone.

- Coming from families where their father is absent or irreversibly ill and mothers have been more or less distant and demanding, the clients have developed a creative adjustment (healthy reaction to an unhealthy situation). **Being highly critical** and harsh towards themselves has been a way of surviving. The belief system behind it is that when I control myself and try to do or be better, then I will be seen and heard. From both cases also came out that in the clients eyes the critic is a helper. In Elsa's words, the critic helps her to fit in with social expectations, and according to Anna's words, the critic helps to pull herself together, be strong and manage her life.

- In both cases, emotions such as **anger and sadness** are suppressed. In early years, there was no room for these and the result is that all basic emotions were suppressed, including joy and sensuality/sexuality. This led the clients' to take life very seriously (black and white thinking), taught them to rely only on themselves, taking too much responsibility and not trusting others, ignoring their own feelings and with that creating borders not developing healthy boundaries.

- Asking help or going for her needs, even saying good things about herself, is difficult in both cases. The belief system is that I need to **cope on my own**, whilst helping others is self-explanatory. I believe that it is related to trust and a sense of self-worth. When a child at an young age does not get enough healthy contact with a primal caregiver, she/he develops an ability to cope on her own and loses faith towards trustworthy others.

- In these cases, I saw that the patterns clients had created kept them for being in contact with themselves and others. The result has been **isolation**, especially when there are strong emotions involved (anger, sadness). Having borders instead of boundaries deepens the isolation even more. Elsa in isolation is critical, negative, sarcastic or apathetic, which has brought her problems at different workplaces and with the field of relations and she has been deeply unhappy about it. Anna's way of isolation is to suppress her feelings till the reaction is anxiety or/and low mood what manifests itself in seasonal depression.

- Both of my thesis clients are intelligent and smart women, so I found out that they tend to **analyze and rationalize**. When Elsa tends to talk a lot (talking the moment away) and rationalize, especially when feelings rise up or she becomes vulnerable, Anna becomes serious and goes into confusion, saying I do not know what you mean or please tell me what I should do and sometimes becomes angry (voice becomes louder and concrete, no contact).

- In terms of **psychosomatics**, I found out that when feelings are suppressed for a longer period of time (age difference) it is more likely that psychosomatic indicators get wider. For Anna it means that she feels tired, especially in times of depressing oneself, with strong feelings came a blockage between the mind and feelings, panic attacks causing the whole body to tremble, heart beating fast and inability to breathe correctly. For Elsa there were continuous tiredness, tension in her lower jaw, headaches, diarrhea, bladder over activity (need to use the toilet frequently) and constantly feeling ill or not

fully recover from illness. In therapy, Elsa got contact with heaviness in her chest and saw it as a gray strong stone of sadness, sometimes she felt a lump in her throat (sadness).

3.3. How to work toward higher self-compassion in life through gestalt therapy

- **Work towards trust.** In my case study, both participants had problems with noticing and sensing their own feelings and felt anxiety. As a therapist I started from normalizing the situation through contact and by acknowledging and recognizing the client's emotions and thoughts. It was important to confirm that what you feel is okay and allowed. I was interested and open towards the client and also shared my own story when appropriate (counter-transference) to support him/her, and through that created common humanity with the client. This kind of soft start helps to build a basic trust and therapeutic relationship.

- **Building the base.** When working with a client who has a strong inner critic it is important to find strengths before going to work with his/her patterns that do not support the client. It can be that the client is fragile, even if he/she seems strong and confident. In my case study I saw that behind "I can do it on my own" is a girl who needs contact, sharing and being together. Another important component of building the base is the client's network. It is essential to find out who are the people in the client's life whom he or she can rely on or turn to. When the network is small or non-existent, then it is important to guide the therapy session in a way that the client can manage also after the session. At the same time opening awareness about his/her network (external support) is useful in different ways like how I am isolating myself? When the "base" is strong there is a ground for work on a deeper level.

- **Working with here and now**. Most challenging was finding ways to bring the client into here and now. Both of them were used to living in the past. Example: Elsa had a painful dismissal from work in the past, but she was not aware that it affects her so much today (unfinished business), and Anna's fear that her close ones will die seems to be related to unlived grief from the past. Going to the future, at the same time, made the clients anxious. Example: Elsa was anxious about changing her job because of introjects that I she was not good enough. Anna did not share her feelings with her good friend because she was afraid that she might lose her. In advance I can say that when Anna got the courage to confront her friend, they became closer and anxiety faded away. Another challenging issue has been slowing down the tempo of the therapy

process. I noticed after 3-4 meetings that both of my clients wanted to continue with a quick tempo. The danger here is that integration of new awarenesses cannot sink in and therapy can turn into an "as if" process. So in every session I turned the attention to client's feelings, sensations and bodily experiences. Helpful for practicing coming into here and now were breathing and grounding exercises, and body scanning is a good way to restore the connection between the mind and bodily feelings. It is useful to do these exercises in therapy and share afterwards how it has been. I also encourage clients to use these in everyday life.

- **Working with self-critic**. It was important to investigate the critic inside. To make the critic visible the empty chair exercise was helpful that helped to distinguish the critical self and myself. Through that the client could see how she is critical, because in both cases of this paper, the critic was so integrated into the self that the client could not even notice it. I also used the topdog/underdog concept to investigate the client's inner fight and from that clients got new awarenesses to digest. In therapy sessions we worked a lot with the hostile "inner" voice known in gestalt therapy also as an egotism. I asked the clients to say out loud when negative inner dialogue started so we could explore it, also I picked up when the client started being negative towards herself and made it open. It helps to integrate awareness in one side and takes away power from the critic on other side (paradoxical theory of change). During therapy process I introduced to my clients a self-compassionate way of treating oneself, it means that I treat myself as I would treat a good friend. This would help to turn the hostile inner "voice" into a kind and supportive "voice" that a client can use to support herself when needed. For clients it was a new way of treating oneself and it takes time that the new awareness really integrates, but luckily, first steps in this way were taken and at the end of the 10th session, both clients said that they use a less critical voice towards themselves.

- **Working with feelings**. In both cases it soon became evident that emotions such as anger and sadness have been more or less depressed. Working with feelings I mostly used a dialogical way, focusing on the process between the client and the therapist and what happens in the now. Most likely the same kind of patterns will revel in their relationships outside therapy room. I believe that a dialogical way and using transference and counter-transference is one of the most powerful ways of working, and the client can integrate most of his/her new knowledge through experiencing. It is important to notice here that the ability to share depressed feelings takes time and practice, which is what I also noticed in my case study. Changes come, but steps are

small and that is why it is important to show for a client that she has taken the steps here and now on her own. Clients in this case study tend to but focus on big changes, but little development was easier to slip over. So it was important to direct the client's attention to what just had happened and recognize it. For exploring I used saying messages about the client's current life (like: I am unhappy with my work) and sometimes added a sentence such as "And this is my life right now". This helped the client to get in contact with what is and her feelings. That, in turn, opened the possibility to stay and accept what she was feeling right now, instead of suppressing/deflecting feelings (give in instead of giving up).

- **Working with defenses**. In my case study, working with two ladies I met defenses like deflection (humor and jokes when things go emotional, rationalization), retroflection (depressing feelings, such as anger or sadness), introjection (I am not good enough, I should be strong), projections (put on others) and confluence (even if I am unhappy, I stay because it is what I know) – what in turn may lead to co-dependency (reflected in relations with the mother in both cases). An effective tool for working with projections and also introjections was saying sentences out loud, using adjectives and characteristics what I see in others or what I believe about me. It was quite a challenge for the clients, but with support and instructions it gave many new awarenesses. In general, when working with defenses it is good to start with picking up, mirroring and opening, so the awareness would rise and then have sharing around it. When working with projections it is also important to pay attention to the habit of comparing oneself with others, which is common to self-critical clients (and can be related to low self-esteem). Here a useful tool is also the projections exercise, in which the client says things what he/she has put on others. In this case study, it was challenging for clients but gave good results and helped to end the comparing.

- **Working with experiments.** In therapy I used experiments that organically came up in process. At first, the client was cautious about it, but after some sessions they started to take experiments and challenges as a possibility to learn something new. Next, I will bring out some experiments I used in the therapy process. With **Anna**, for example, came up her negative inner dialogue which said, "what if you are not good enough?" I suggested her to turn the inner dialogue as if she were cheerleading herself, saying "You can do it" and she could try it out. The experiment took off pressure from the client to be perfect and bring up joy. Other times I asked **Elsa** to use a small table to construct her life right now using things she could find in the therapy room. At first, she piled herself up with everything/-body in her life and then we had a dialogue about how she

feels about it and why it has happened. After that I asked her to design a table she wants her life to be and we had dialogue about it. From this work came some lightness and hope into work which previously was focused on dissatisfaction. With **Anna**, when she had a topic about borders, boundaries and how she makes herself alone in session, I asked her to imagine a personal room and boundaries. She imagined that the round carpet in the therapy room is her personal room and described how it looks like. It turned out that she had a border around her and it was made of a purple barbed wire and she felt comfortable in it. Awareness from this work was how she isolates herself from others and she got aware of the possibility to stay or choose something else. Important was the realization that when in contact, Anna felt the borders were much lower than without contact. One more example with **Elsa** was that once in a conversation she said: *"I am weed what will survive even when life is hard"* meaning I will hang on somehow. I started to explore what kind of weed she is and what are the characteristics of that type of weed. Words she used were strong, tough, durable, useful and healthy. Afterwards I asked Elsa to say these words about herself. This work turned around her belief as if weed is something bad or insignificant. The client was visibly more satisfied and even had a smile on her face.

3.4. What has changed – client's point of view

Elsa (36):

- Elsa turned to her family doctor to have antidepressants and took a sick-leave.
- She got clear that she needs to take care of herself before she can give something to others.
- Elsa got a final push and started to attend Gordon Family School classes with her partner.
- Elsa has started to invite guests to her house. *"When I asked my family and relatives to visit our home, I enjoyed it and I saw that my partner liked it after all."*
- She feels self-worth in therapy, but her physical body does not respond to it always.
- Elsa is more aware of her tendency to escape into her head when feelings rise up.
- About psychosomatics: diarrhea has been less, the need to go to the toilet at night time and headaches have decreased significantly.
- About the critic: *"Right now I am not self-critical towards myself. Overall in my life I still have quite a strong inner-criticism going on. But I have decided that I want to be more compassionate and supportive with myself."*

- About contact: *"I have felt good and not alone in therapy and at the same time I must say that I enjoy being on my own too. I take life more easily."*
- Common humanity*: "I see that other people struggle with the same kind of problems in relations and with children."*
- About here and now: *"It is good that the therapist does not let me slip away."*
- Elsa feels good contact with herself and contact with others has improved. In her life, she has more feelings and emotions.
- She is present and puts boundaries with her family.
- Therapy: *"Everything what we have done has been important and I feel support from this therapy."*

Anna (21)

- From therapy Anna got a more balanced way of living.
- Today it is easier to communicate with strangers.
- She feels more emotions and alive.
- Criticism: *"The critic is a part of me, but I have noticed that the critical voice has decreased, what is new is that when I am tired, I stay at home not forcing myself to go to lecture*."
- Anna allows herself to experiment more, take risks, such as applying for art school outside Estonia or confronting a friend with whom she has not been able to share real feelings.
- *"I do not stand in the corner anymore, if I feel like dancing, I do it, even alone."*
- Therapeutic relationship: *"From the first meeting I felt seen and connected with you, some kind of recognition. There have been different moments, also difficult ones, but the connection and safe feeling has remained."*
- Anna has a sense of freedom and boundaries, *"I can be with others or alone, I listen to my inner feeling more and act on it."*
- Patterns to suffer alone are still strong, but luckily the awareness has grown and choices have emerged.
- Feelings: *"I still suppress my feelings but I do it less, and lately I have been feeling more creativity and joy."*
- Here and now: *"Right now I am here and now in the moment with you, in everyday life I am also more present."*
- Therapy: *"The process has been interesting and important, sometimes difficult and uncomfortable but bringing up something new all the time."*

The work with clients of this study started from the point where Elsa and Anna were not aware of their patterns, emotions were suppressed. They felt isolated and were strongly critical toward themselves. Through therapy we worked with trust, contact, awareness, responsibility, boundaries, here and now, defenses, and network. Clients were open and worked along even when the process was painful sometimes. After ten sessions of therapy some changes had occurred. Firstly, clients were in better contact with their feelings and emotions and body awareness had also approved, new awarenesses and choices were revealed and accepting what is awareness (mindfulness). Secondly, self-criticism was revealed through being aware and has decreased, more kind/supportive way of communicating towards the self has become an option, even the integration takes more practice (self-kindness). Thirdly, staying in the here and now and being in contact with the self and others had improved in both cases, clients said that the contact in the therapy room felt supportive and confrontative, when needed, sharing their own feelings and needs improved (common humanity).

4. Conclusion

The aim of this study was to open the concept of self-compassion from gestalt therapy pointy of view and find the contact points that would support the work with self-critical clients. In my case study I worked with two clients and I conducted a research using a gestalt therapy approach combined with the self-compassion concept.

My first research question was that what is self-compassion and how gestalt psychotherapists can use it in therapy process for the benefit of clients?

According to Dr. Kristin Neff (2011, cited in Crozier 2014:88), the three important components of the self-compassion definition are *Self-Kindness*, meaning that we be gentle and understanding with ourselves rather than harshly critical and judgmental; *Common Humanity,* feeling connected with others in the experience of life rather than feeling isolated and alienated by our suffering; *Mindfulness,* meaning that we hold our experience in a balanced awareness, rather than ignoring our pain or exaggerating it.

In gestalt therapy terms I would point out the following. Firstly, *Self-Kindness* is related to *responsibility* and an *ability to respond*. It means that a person is fully aware of his/her behavior and choices. It is important is to pay attention to the inner "voice" (egotism) and to work with it. When the inner "voice" is angry and cold, it is very difficult to be kind to yourself. Secondly, *Common Humanity* is related to staying in *contact* with ourselves and others at the

same time, staying in the very moment, sharing our feelings/thoughts and through that feeling *connected.* Thirdly, in my opinion, *Mindfulness* is related to an increasing *awareness* about my senses, thoughts, emotions and also body sensations, accepting a moment to moment experience. In gestalt therapy, mindfulness is also *giving into the moment* instead of giving up one's of own life.

The self-compassion concept in basics is similar to the one of gestalt therapy; but what we can use more in therapy sessions is to open the source of self-kindness to our clients. It means building awareness of the inner "voice" and practicing a kinder inner dialogue. Treating myself like a good friend can be a completely new way of seeing oneself. Also, I see common humanity as great tool, especially because in therapy, the most healing factor is human contact and the relationship between client and therapist. Raising awareness about how similar we are (the therapist can share her own story when appropriate) can help the self-critical client to come out of isolation and feel connected. The key in mindfulness is not to fight against the negative experience but open ourselves to feel it through in self-compassionate way. In gestalt therapy we do it by working through a holistic approach.

My second research question was that what are the important aspects in working with a self-critical client and how gestalt therapy can contribute to increasing the client's self-compassion?

Important aspects when working with self-critical clients are, **firstly**, paying attention to building trustful relations and finding strengths before going deeper.
In gestalt therapy, working with dialogues, using a therapeutic relationship and what happens here and now as a tool, adding to that the common humanity dimension, in my experience, works strongly towards a bigger trust and connectedness instead of isolation. That in turn helps the client to stay in the here and now and takes off pressure concerning the past (related to depressive feelings) and fears about the future (related to anxiety).

Secondly, it is important to investigate the client's inner "voice" which can be critical, to make the inner dialogue open and work from the egotism to a kinder way of treating oneself.

Thirdly, paying attention to feelings. Are there any feelings suppressed or are some allowed and others not?
Corzier (2014: 106) points out in her work that the paradoxical theory of change suggests we need to get to know our critic, its origins, role and functions to uncover our self-compassion. Therefore, change can occur when one truly stays in what is, giving into feelings (also anger and sadness). In my case study I saw that when the client, with support and guidance from the

therapist, let herself stay in feelings/emotions and body sensations that came up, the contact became stronger. Other feelings like joy and sensuality/sexuality came in and psychosomatic reactions decreased.

Fourthly, I would say it is important to work for a bigger awareness of the client's life, through that new choices and opportunities will open.
Gilbert (2010) says in her writings that in therapy, working with highly self-critical clients it is useful to link early threats with the origins to show the patterns this has created; and then start to build a new way of seeing oneself – a self-compassionate way. In my case study I worked with the client towards building awareness and discovering patterns, linking them with early experiences to show how that still influences them today. Through that I opened new perspectives and choices to clients.

When comparing the first and final interviews, I would say that gestalt therapy combined with the self-compassion concept is a suitable tool for working with self-critical clients and that gave quite impressive results. Both clients have taken visible steps towards a more satisfying and meaningful life. Also, both clients have decided to continue therapy, to go on with the process of finding their inner support and understand their own patterns more deeply.

Aa Neff (2013) said in her speech and I agree with her: "Human resource and capacity is to feel compassion. It is a skill we can cultivate and what is important to teach to our clients. It is a possibility to hold our hurt, pain, suffering in compassionate way, to support oneself." In other words, self-compassion is the support what you can offer to yourself the moment you need it.

My thesis will end with a self-compassion prayer that has developed from traditional Buddhist methods. These lines have given me strength during the thesis writing process and helped me to be kind and supportive to myself.

May I and all beings be safe
May I and all beings be happy
May I and all beings be healthy
May I and all beings live with ease

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Appendixes

APPENDIX 1. *Invitation in social media for finding clients to empirical study (in Estonian)*

-"Sa ei saa sellega hakkama!"

-"Pead tugevam olema ja rohkem pingutama!"

-"Kuidas sa ometi võisid selle ära unustada?!"

See on hääleke sinu kõrvade vahel, kes arvustab kõike, mida sa teed. Ta on kriitiline, mõistab sind hukka ja on kõige negatiivsem just sinu enda suhtes. Allolev videoklipp just sellest räägibki.

Kui sa enam ei jaksa seda häält kuulata ja tahad sellest nõiaringist välja astuda, siis ootan sind teraapiasse, et leida üles kaastunne enda suhtes. Olen lõpetamas psühhoterapeudi õpinguid Taani instituudis (GIS International) ja keskendun oma lõputöös just loetletud aspektidele. Tänu sellele on teraapia sulle ka mõnevõrra soodsama hinnaga.

Kirjuta mulle katrin.ahlberg@gmail.com ja lepime kokku kohtumise aja!

https://www.youtube.com/watch?v=BTQP7XzDxjI

APPENDIX 2. *Consent form for interviews* ***(in Estonian)***

Detsember 2017

Gestalt Institute of Scandinavia

_____

*Preliminary headline:***"COMPASSIONATE SELF"**
Katrin Ahlberg

_____

Intervjuu nõusoleku vorm

Olen valmis osalema käesoleval uurimustööga seotud intervjuudel.

Ma olen teadlik sellest, et:

- kõik minu ütlused on konfidentsiaalsed ja kõik kirjalikus töös kasutatavad kommentaarid anonüümsed;
- osalen uurimuses vabatahtlikult ja mul on õigus igal ajal loobuda;
- neid andmeid kasutatakse ainult Gestalt Institute of Scandinavia teesi koostamiseks.

Osaleja nimi

Allkiri

Kuupäev

Uurimustöö läbiviija allkiri

APPENDIX 3. *Semi-structured interview of self-compassion components and their use in ones life.*

Questions in Estonian:

1.Kas tunned/näed/koged muutust võrreldes ajaga kui teraapiat alustasime, too palun näiteid oma elust?

2. Kas ja kuidas on sinu kriitilisus enda suhtes teraapia käigus muutunud? Kas ja kuidas oled enda vastu lahkem? (kas olen väärt kaastunnet; kas tajun end ebatäiuslikuna/täiuslikuna, kas raskused mis elus ette tulevad on elu osa või need juhtuvad minuga)

3. Milline on sinu jaoks kontakt minu/terapeudiga täna ja kuidas see on olnud sinu jaoks teraapia käigus, kui mõtled 10 kohtutud korra peale? Kuidas tunned, kas oled ühendatud maailmaga ja teiste inimestega enda ümber? (kuulun kuhugi või pigem mitte; tunnen end pigem üksi või toetatuna).

4. Kas oled hetkel pigem siin ja praegu/kohal või viibid oma mõtetes kuskil mujal? Kuidas on kohal oluga sinu igapäevaelus? Kuidas on tunnetega, kas need on lubatud ja kas/kuidas on tunnete tundmine/väljendamine muutunud võrreldes teraapia eelse ajaga sinu elus? (tunnete allasurumine vs tunnete üle võimendamine)

5. Mis sulle teraapias meeldis/ei meeldinud, kui mõtled tagasi meie 10 kohtumisele? (harjutused, eksperimendid, kontakt, dialoog).

Questions in English:

1. Is your life and how is it different (feelings, experiences, way of seeing life etc.) if you compare it with the time before we started therapy?

2. Is your self-criticism changed any way through therapy? Are you and how you are kind towards yourself? (am I worth of compassion; perfectionism vs imperfection, life difficulties are inevitable vs things just happens to me)

3. How has the contact between us in therapy been for you when you think about the last 10 sessions we met and how is it today? Do you feel you are connected with the world and other people and how? (loneliness vs support; suffering alone or together)

4. Are you here and now in this moment/therapy process more than before, how is it in your everyday life? How about different feelings, are your feelings allowed and is there any change if you compare it with time when we started therapy? (suppressed/exaggerated feelings).

5. What did you like/dislike in the therapy process when you think about the 10 last sessions? (experiments, working method, contact, dialogue).