

Compassion



SUMMARY

Patients with PTSD and substance abuse typically have enormous self-loathing. They “beat themselves up” and blame themselves. Today’s topic guides patients to replace destructive self-talk with compassionate self-talk. They are taught that only a loving stance toward the self produces lasting change.

ORIENTATION

Patients are often quick to recognize that they use a lot of harsh self-talk. They typically say that they do this because “it’s true” (e.g., “I’ve messed up my life and that’s just a fact”). Or, they believe that such harshness is a way of taking responsibility (e.g., “I used again yesterday. What a fool—it’s my own fault, I just never learn”).

In today’s topic, patients are taught that harsh self-talk is not “truth” or “responsibility.” Rather, it is a pattern of reabusing themselves that for many was learned in childhood. If a parent used harshness as a method of control, they internalized that voice until it is now part of them. It can be a surprise for them to learn that harshness is an *obstacle* to growth. Harsh self-talk rarely leads to positive change, and certainly not to lasting change. It is really a defense against exploring, in an honest way, a particular problem. For example, a patient who drinks despite repeated promises to quit may say, “I’m such a loser; I can’t do anything right. I swear I won’t drink next time, no matter what.” This sort of internal dialogue is likely to result in the patient’s drinking next time. There is no exploration of why the drinking occurred. A compassionate inner dialogue might be: “I know drinking is dangerous for me, but I did it anyway. There must be a good reason for it. Maybe it’s because I’m still sad about my brother’s death. I can call my sponsor and talk about how sad I feel.”

In teaching patients the contrast between harshness and compassion, it is important to keep in mind that compassion can feel extremely difficult, unnatural, and wrong to them. And it may bring up intense emotion. For example, one patient said that it made her much more aware of sadness over the lack of love she had while growing up.

In today's topic, patients are asked to try to understand and rehearse this new, compassionate approach to themselves. In addition, an optional exercise is to create an audiotape of compassionate self-talk for patients to use outside of sessions—literally, an attempt to replace the “old tapes” with newer, healthier versions.

Countertransference Issues

A common misinterpretation of compassion is that it means “cheerleading” or just saying nice things to oneself. Compassion means understanding oneself at the deepest level, which often evokes a mix of negative and positive feelings. Ironically, the therapist who tries to teach compassion just through “warm fuzzies” is likely to convey a lack of compassion for the patient's experience.

PREPARING FOR THE SESSION

- ◆ For the optional exercise, have available a tape recorder and cassette tape.

SESSION FORMAT

1. **Check-in** (*up to 5 minutes per patient*). See Chapter 2.
2. **Quotation** (*briefly*). See page 185. Link the quotation to the session—for example, “Today we'll focus on compassion. The quotation suggests that understanding yourself is better than judgment or blame.”
3. **Relate the topic to patients' lives** (*in-depth, most of session*).
 - a. *Ask patients to look through the handouts*, which can be used separately or together. Consider covering them in multiple sessions if you have the time. See “Session Content” (below) and Chapter 2 for suggestions.
 - Handout 1: Harshness versus Compassion
 - Handout 2: Ways to Increase Compassion
 - b. *Help patients relate the skill to current and specific problems in their lives*. See “Session Content” (below) and Chapter 2 for suggestions.
4. **Check-out** (*briefly*). See Chapter 2.

SESSION CONTENT

Goals

- Contrast harsh versus compassionate self-talk (Handout 1).
- Rehearse compassionate self-talk (Handout 2).

Ways to Relate the Material to Patients' Lives

★ **Role play.** The therapist can play the harsh voice, with the patient responding compassionately. Use patients' real-life current examples whenever possible.

★ **Identify a recent situation** in which the patient had a dangerous behavior. Have the patient rehearse out loud how talking compassionately might have prevented the dangerous behavior. For example, how could the patient have used compassionate self-talk during a craving to binge and purge on food, so as to prevent the binge-purge episode?

★ **Create a cassette tape of compassionate self-talk.** One can attempt to literally "change old tapes" by recording a cassette of compassionate statements for the patient to play at home. The tape can be created in the session, with the patient and/or therapist recording statements that increase compassion (using the patient's real-life examples and main points from the handouts). The patient can also have safe family members and friends record statements onto the tape.

★ **Discussion**

- "What does your harsh self-talk sound like? What does your compassionate self-talk sound like?"
- "How might compassion prevent dangerous behavior?"
- "Does it bring up any feelings when you try talking to yourself compassionately?"
- "How are PTSD and substance abuse related to harsh self-talk?"

Suggestions

◆ **If a patient wants to work on a global statement such as "I'm a failure," make sure to identify a specific time recently when the patient thought that.** Trying to change a global view is usually not helpful; trying to process a specific recent incident usually works better.

◆ **Patients may misinterpret compassion as "making excuses for using."** It is essential that patients get the message that compassion is helpful when it is used to *prevent* an incidence of substance use (e.g., "How could you talk to yourself compassionately when you have an urge to use, to avoid acting on the urge?"). Compassion can also be used to explore hidden needs that may motivate use (e.g., feeling deprived, upset, alone) but it should never be used to say, "It's fine that I used a substance."

◆ **If doing the cassette tape in group therapy, you can make one tape and allow all patients to speak on it** (while respecting any patient's preference not to). No names should be included, for confidentiality reasons. Copy the tape and give one to each patient at the next session.

Tough Cases

- * "This is for wimps."
- * "But I *am* a failure."
- * "How is this going to get my ex to stop harassing me?"
- * "I've tried and I just can't do this. It doesn't work for me."

**“You yourself, as much as anybody
in the entire universe, deserve your
love and affection.”**

—Buddha
(5th-century B.C. Indian philosopher)

Harshness versus Compassion

How do you tend to talk to yourself—harshly or with compassion?

Harsh Self-Talk	Compassionate Self-Talk
Blaming, “beating yourself up” Prevents change Ignores the self Is easy	Loving, understanding Promotes change Listens to the self Is difficult

An example:

Harsh Self-Talk	Compassionate Self-Talk
“I drank last night. What a loser! I can’t do anything right.”	“I know drinking is dangerous, but I did it anyway. There must be a reason. Maybe it’s because I’m upset about my brother’s death. Next time I feel an urge to drink, I’ll try to prevent it by calling my sponsor to talk about how I feel.”

Ideas to consider:

Harshness may be associated with PTSD and substance abuse.

PTSD. If you feel a lot of emotional pain, you may take it out on yourself. This can take the form of putting yourself down (“You jerk!”) or physical abuse such as self-cutting. If you were harshly criticized in childhood, you may have “internalized” those voices and are now criticizing yourself.

Substance abuse. Self-hatred often arises after using a substance. People feel ashamed and “yell” at themselves to try to prevent it from happening again. Yet the best way to prevent it is to explore compassionately why you used (e.g., feelings of deprivation? loneliness? fear?). Also, next time you have an urge to use, try talking to yourself in a compassionate way to avoid giving in to the urge (i.e., meet your needs in some other way).

Compassion promotes growth, while harshness prevents growth. You may think that harshness is “true” or is a way to “take responsibility”—that yelling at yourself will change your behavior. But self-hatred is a cheap trick, an illusion. It is a psychological defense that *prevents* growth. It is a destructive habit that is all too easy to do. Research shows that punishment does not change behavior in the long term; praise and understanding do. No matter what you have done, you can take responsibility for it without beating yourself up. Compassion means searching with an open, nonjudgmental mind into what happened. This promotes real change. If compassion is not familiar because you did not learn it when you were growing up, it may feel difficult. You may need to practice a lot for it to feel natural.

★ *Think about your own life:*

- What does your harsh self-talk sound like? What does your compassionate self-talk sound like?
- When you are harsh with yourself, does it keep you stuck in old behaviors?
- Is it easier for you to be harsh rather than compassionate with yourself?

From *Seeking Safety* by Lisa M. Najavits (2002). Copyright by The Guilford Press. Permission to photocopy this form is granted to purchasers of this book for personal use only (see copyright page for details).

Ways to Increase Compassion

When you notice harsh self-talk . . .

☞ Ask yourself, "***If I loved myself, what would I say to myself right now?***"

☞ Ask yourself, "***If I were really listening to my deepest needs, what would I say to myself?***"

☞ ***Try to explore the reasons underlying your actions.*** For example, if you drank, maybe it was because you were in a lot of pain. If you blew a job interview, maybe it's because you need more help and practice.

☞ ***Use kinder language;*** find a softer way to talk to yourself. For example, "I am a failure" is harsh, while "I have suffered a lot, so my progress may be slower" is kinder.

☞ ***Imagine that you are talking to a small child who has made a mistake.*** How would you talk to that child with compassion? For example, you might say, "It's okay. At least you're safe right now. You're a good person and you can keep figuring it out."

☞ ***Experiment with compassion,*** even for just a few minutes. If it feels very difficult, you may want to try "thought stopping" as a first step: Say "Stop thinking that!" loudly to yourself to break the cycle of harsh self-talk. Then try compassion.

☞ ***Try practicing!*** In the following situations, how could you talk to yourself compassionately to *prevent* unsafe behavior?

- You feel like using a substance because you are lonely.
 - You just got laid off from your job, and you feel like punching a wall.
 - Your partner broke up with you, and you want to kill yourself.
 - You got a poor grade on an exam, so you want to binge on food.
-

Ideas for a Commitment

Commit to one action that will move your life forward!

It can be anything you feel will help you, or you can try one of the ideas below.

Keeping your commitment is a way of respecting, honoring, and caring for yourself.

- ✦ Option 1: Take the statement "I am a bad person." How could you make this more compassionate?
- ✦ Option 2: Write a paragraph about what compassion means to you. How would your life be different if you were more compassionate toward yourself?
- ✦ Option 3: Change the "old tapes" in your head by literally creating a new tape! Record a cassette tape with compassionate, soothing statements. If you want, ask significant people in your life to record statements on it too (e.g., family members, your therapist, your AA sponsor). Play the tape whenever your harsh self-talk comes up.
- ✦ Option 4: Fill out the Safe Coping Sheet. (See below for an example applied to this topic.)

	Old Way	New Way
Situation	My daughter saw me using drugs and looked really hurt.	My daughter saw me using drugs and looked really hurt.
★ Your Coping ★	I said to myself, "You're no good. You're not fit to be a parent. You always screw up."	I said to myself, "I must be feeling really upset and deprived if I used in front of her. How do I need to take care of myself better so that this won't happen again?"
Consequence	I felt awful, lower than low.	I tried to focus on solutions, and called my sponsor to get ideas.

How safe is your old way of coping? _____ **How safe is your new way of coping? _____**

Rate from 0 (not at all safe) to 10 (totally safe)

From *Seeking Safety* by Lisa M. Najavits (2002). Copyright by The Guilford Press. Permission to photocopy this form is granted to purchasers of this book for personal use only (see copyright page for details).