

# Counseling Practicum I

## Lecture 9

### Self-Compassion in Therapy

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#### **Introduction**

Practicum is a period when a student can have a mixture of feelings (positive and negative). The student can get overwhelmed and helpless in certain situations. Self-compassion happens to be one of the most practical ways to practice self-care during suffering, self-doubt, and extreme anxiety. In this session, we are going to use a case study to apply the key concepts and skills in self-compassion.

#### **Expected Learning Outcomes**

At the end of this lecture, you will be able to:

- (i) To analyze the psychotherapy issues in case of Kanini
- (ii) Follow the process of counseling using self-compassion
- (iii) Examine the importance of applying self-compassion in therapy

## **CASE OF KANINI**

### **Background Information**

Kanini (not her real name) is a 17-year-old girl who is the first born in a family of two. There is a 9-year age gap between her and her brother. Her father is a medical doctor, and her mother is a businesswoman. She was separated from her brother and parents for more than 5 years when she was below 10 years. She spent two years at her auntie's place because the parents wanted her to have company of her niece and nephew from the dad's side. She feels quite disconnected from the mother but feels quite close to the father. She has spent most of her time with her maternal grandparents other than her own parents. She is in senior school, and she is the school captain (head girl). She complains that the school administration relies so much on her, and this makes her feel quite overwhelmed and resentful of her role as a school prefect. She was sent home for two weeks getting back to school later than the hour indicted after mid-term.

I saw Kanini for two sessions because she had to go back to school, but this assignment focuses on session one only (intake session).

### **Client's Presenting Problem**

Kanini was referred for therapy by the school administration following a suspension for two weeks. She was introduced to me by her dad. Her main issue was dealing with unresolved anger and expectant grief. She was angry at her parents for taking her away to stay with her aunty against her will. This made her feel rejected and helpless. Her aunty made her look after her own children, and she felt abused as a child. She was also very angry at her aunty and parents. Her aunty used to overwork her and beat her a lot too for playing too much with the younger children. She also had unprocessed childhood trauma related to sexual violence by her uncle who she trusted as a father figure. She was

also very upset with the school administration for mocking her because of being late to get back to school terming her behavior as bad influence to other students. She felt so ashamed of this treatment.

### **Counseling Process**

I took Kanini through brief intake interview with consent from the father because she was a minor according to the Kenyan law. The Kenyan law considers 18 years and above as the age of consent. During the intake session, she was very open about her childhood and teenage challenges and in particular her emotional distance from the mother. I used compassionate listening, observed her body posture too. Her whole body slumped against the seat cushion and her eye contact kept shifting sideways. At this point in session, I remembered a lot of what happened to me when I was a teenager and the insecure emotional attachment, I had with my mother felt so real at the moment, I had to use the *yin* of self - compassion and be with myself in a compassionate, soothing, and validating way (Germer & Neff, 2018).

I used a lot of open-ended questions and because she was quite unsettled, I introduced affectionate breathing in the process. Since she was on a short school break, I had to accept just doing person centered based approach; mainly active listening and reflection of feelings (Susan, 2008). This approach facilitated easy sharing by the client. She talked a lot without breaks, and this was confusing because the father had warned that she might not open up to me as she does not open up to anyone. This experience with Kanini reminded me of the sexual violence in clinical trial that I encountered with some female survivors of post -election violence in Kenya during group therapy. I felt so lost just like I felt at the time. I realized when sexual violence occurs and the therapist feels helpless, it can affect their practice and support. I became anxious yet deep within I was torn to get myself together and help my client ( (Gitau, 2019).

I felt some -heavy heartedness and anger was filling my lungs as she narrated her trauma story as a girl child. Fear gripped me too and my body started tensing. I quickly reminded myself that that was her story not my story. I took slow deep breathes that kept me stable and differentiated from my client's issues. I remembered how I blamed myself for not protecting me when I once lived with my relatives after our family broke up. I could sense that self- blame in my client. At this point, I used self - compassion and put my hand on my heart as I listened with compassion and loving kindness. I was pushed inside of me to alleviate Kanini's suffering. I felt a genuine attraction to restore her dignity and senses of safety. However, much I was tempted to get sidetracked by thoughts of my own childhood trauma, I intentionally focused on her healing process. I did not choose to run away but simply chose to remain present for the client. This resonates with mindfulness skills of concentration, open field awareness and loving kindness (Germer & Siegel, 2012).

According to Carl Rogers, a therapist is termed as congruent when she/he is able to be real with the client and relate with them with warmth and unconditional positive regard. When the client may be incongruent and anxious and the therapist remain congruent and calm, it helps the client to be relaxed (Susan, 2008).

### **Therapeutic Relationship**

I maintained a non-judgmental attitude and listened to what was said verbally and non-verbally. The introduction session focused on her more than me. I was open to explain the process of counseling, contracting and role of the therapist. I avoided intentionally to probe for information that felt so painful unlike what I used to do before in therapy. My aim was to focus more on what the client needed not how painful the past had been.

### **Theory and Practice of Self Compassion**

My body was quite tense from head to the waist. I felt like my mind was racing and racing and I urgently needed a thought stopping intervention. This helped me embody my

client's pain and I felt deeply connected with her. She looked more relaxed and started saying that if she knew therapy was that good, she could not have waited that long. As I listened actively without interruptions, the client had a smooth flow of narrative and her speech speed slowed down. I used free association technique from psychoanalytic theory, and this released pent up negative emotions which was visible in her slowed paced speech, and she was able to stop crying with a lot of pain. I applied cognitive behavior therapy to help her reduce the self – blame and guilt related to her child sexual abuse. I used reality and person-centered therapy to make focus on what she needed then as a candidate for final exams in high school and her sense of responsibility to actualize the same. I used acceptance and commitment therapy to help her accept without resistance what had happened to her and commit to the process of healing. I realized that the more I relaxed, the more my client relaxed. My calm posture, tone and voice resonated with the client's calm response. I used in breath and out breath in between session because the client kept shaking whenever the client shared information she had never shared before. The client and the therapist become one. This embodiment helps in advanced level empathy and removes barriers to open sharing from the client to the therapist. It also enhances the self - confidence of both the therapist and client (Susan, 2008).

### **Personal Reflections, Learning Insights and Supervision**

During this session, I learnt that a client follows the rhythm of the therapist, because with my intentional inclusion of self - compassion in therapy, my client naturally behaved as I did. This was quite insightful and practical. I have purposed to always apply self-compassion in therapy. I also realized that when I lift a judgmental thought against my client, they get the freedom to be themselves and share with openness. In my past therapy work, I did not pay attention to my body experiences and relate the same with the client's making our relationship connection weak and somewhat strained. Including self -

compassion in therapy, has made me feel more connected to my client's pain, joy and desires making our joint relationship more productive than before. I felt this close productive connection with Kanini during this session. I never had a chance to present this case to the consultation group but every time my group members presented their cases, I learnt a lot on how to enhance self-compassion in therapy. I learnt that if I applied mindful self-compassion to cope with my painful memories when my clients share similar stories or when I experience serious self-criticism, it becomes easy to remain anchored emotionally and therapeutically in session. I read a lot on self - regulation of my own thoughts and emotions and started internal dialogue and supervision. I realized the more I care for others genuinely and presently, the same is extended to me on moment to moment – giving and receiving compassion (Germer, *The Mindful Path to Self - compassion: Freeing yourself from Destructive Thoughts and Emotions*, 2009).

- **Describe how the use of self-compassion contributes to the presence, relationship, and interventions selected during the session.**

Applying self-compassion in therapy makes me a present therapist, connected to my clients and selective in relevant theories to apply in each case. I find myself less tired by the end of each case and day. I enjoy my work more than before and this has indeed boosted my morale in therapy work. When hearts become coherent, our nervous system responds by increasing the brain's energy, creativity, and intuition, which has a positive effect on virtually every organ in the body causing one to feel more whole, connected and content. I realized I can get strength form within simply by activating my heart center. I can attest that am more at peace and fulfilled while serving my clients and by extension at peace with self, others, and the environment. According to Dr. Joe Dispenza, our ability to manage stress is what is called resilience enabling an individual to recover from and adapt in the face of stress, adversity, trauma, or challenge (Dispenza, 2017)

Note places where you still feel challenges, or you recognize a challenge for yourself as well as the areas where you feel a sense of strong important growth.

I still feel I need more routine practice in silent retreats. I feel more confident to start a retreat centre and spread this practice that has made so much difference in my life and the life of my clients. I have been struggling not good enough skills in couple therapy and now am more confident in handling couples in therapy. I need more supervised practice in this area so I can give my best to self and others.

## References

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