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Julia E. Barker
Psychotherapist and Intuitive
Healer's Cultivation of Self-
Compassion:
How Loving the Self
Enhances Therapist Intuition
and Client Interaction

ABSTRACT

This qualitative, flexible study explored how traditional psychotherapists and alternative intuitive healers relate to themselves and how this impacts interactions with clients. This study aimed to: (a) expand a limited body of research on the means and effects of cultivating *self-compassion*, (b) explore the differences between how psychotherapists and intuitive healers relate to themselves through the lens of self-compassion, (c) explore how relating to oneself impacts intuitive abilities, and (d) explore the notion that self-compassion not only enhances personal well-being, but also enhances the well-being of others, specifically in therapeutic settings.

Thirteen total participants were interviewed, which included seven licensed psychotherapists and six professional intuitive healers. Participants were interviewed over the telephone about their views of self-compassion using a semi-structured interview. Findings support previous research, which conceptualizes self-compassion as: being kind to oneself during moments of failure or pain, viewing painful experience as human phenomena, and being mindful of thoughts or feelings without judgment (Neff, 2003b). Findings also suggest therapists and healers cultivate self-compassion through various mindfulness and self-care activities, and by doing this they enhance their intuition and improve their interactions with clients. Differences between psychotherapists and

intuitive healer's responses were also explored. The results have implications for best quality practices in both clinical social work and the healing arts.

PSYCHOTHERAPIST AND INTUITIVE HEALER'S
CULTIVATION OF SELF-COMPASSION: HOW LOVING THE SELF ENHANCES
THERAPIST INTUITION AND CLIENT INTERACTION

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2009

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CHAPTER I

INTRODUCTION

Traditional Western psychology has long been interested in studying cognitive processes related to psychological well-being, healthy attitudes, and relationship to oneself (Leary et al., 2007; Neff, in press; Neff, 2008; Neff, Rude, & Kirkpatrick, 2007; Neff, 2003a; Neff, 2003b). Currently, there appears to be an emergent incorporation of Eastern philosophy into psychotherapy and predominant Western perceptions of mental health. More specifically, the cultivation of the Buddhist concept of *self-compassion* appears to be an effective means for achieving mental well-being. According Neff (2003b) self-compassion includes three essential elements: (a) employing loving self-kindness as opposed to self-critical judgment, (b) viewing personal experience as connected to human experience, and (c) being mindful of painful thoughts instead of over-identifying with them. Research shows that by employing self-compassion one learns efficient and effective emotional processing, which facilitates good mental health, rather than blocking or repressing negative emotions, which can lead to emotional distress and mental illness (Leary et al., 2007; Neff, in press; Neff, 2008; Neff, Rude, & Kirkpatrick, 2007; Neff, 2003a; Neff, 2003b).

Although self-compassion has been researched in relation to the well-being of *clients*, there has been almost no research regarding a psychotherapist or intuitive counselor's use of self-compassion and how self-compassion translates into clinical practice. This paper suggests that a therapist's use of self-compassion is not only

necessary to guard against the professional hazards of burnout (which can negatively impact the therapeutic interaction), but is also essential for effective intuition, meaning-making and healing.

CHAPTER II

LITERATURE REVIEW

In the following pages, an overview of *self-compassion* is provided including how self-compassion relates to psychological well-being and how self-compassion enhances therapeutic interactions with clients and therapist intuition. Next, commonalities between psychotherapists and intuitive healers are discussed. Finally, the purpose and research questions of this study are presented.

What is Self-Compassion?

Self-compassion has existed in Buddhist philosophy for centuries; however, it has only recently been investigated as a legitimate concept in Western psychological thought (Gilbert & Proctor, 2006; Leary et al., 2007; Neff, in press; Neff, 2008; Neff, Rude, & Kirkpatrick, 2007; Neff, 2003a; Neff, 2003b). In Western thought, it has been more common to examine *compassion*, which is an empathic quality of heart given to *others* in regard to their suffering (Neff, in press). In Eastern traditions, however, compassion towards the *self* is viewed as equally valuable and is interconnected with compassion for others. According to Neff (2003a), leading researcher on self-compassion, self-compassion is defined as "being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's experience is part of the common human experience" (Neff, 2003a, p. 224).

The first component in Neff's definition, loving-kindness towards the self, involves treating oneself in a nurturing, supportive manner instead of being overly critical or berating oneself, especially when one has failed or made a mistake. This includes gentle, supportive self-talk and being empathic towards one's own suffering, instead of criticizing oneself and "soldiering on" when one experiences difficult circumstances (Neff, in press).

Neff's second component for self-compassion is viewing personal experience as part of the shared human experience. Self-compassionate people recognize "all humans are imperfect, that all people fail, make mistakes, and engage in unhealthy behaviors" (Neff, in press, p. 3). Understanding the larger, human context connects one's own suffering with the suffering of others, instead viewing difficult circumstances as personal misfortunes, which leads to feelings of isolation and disconnectedness.

Neff's third component of self-compassion is mindfulness, being open to and aware of painful thoughts, feelings, and sensations. Mindfulness incorporates "being aware of present moment experience in a clear and balanced manner so that one neither ignores nor ruminates on disliked aspects of oneself or one's like (Brown & Ryan, 2003)" (in Neff, in press, p. 3). This involves bringing nonjudgmental awareness to personal suffering by gaining distance through nonattachment. Furthermore, mindfulness helps one to avoid *over-identification* where one gets caught up in the specific storyline of his or her suffering instead of connecting it to a larger, universal experience of being human (Neff, 2003b).

Self-Compassion versus Self-Esteem

A separate but related concept, *self-esteem* has been used as a primary indicator

of good mental health in Western psychological thought (Neff, in press; Neff, 2008; Neff, Rude, & Kirkpatrick, 2007; Neff, 2003a; Neff, 2003b). Recent research, however, questions the validity of correlating self-esteem with a healthy mind and body, especially in regard to self-knowledge, emotional processing, and emotional well-being. Research demonstrates that while possessing high self-esteem is more adaptive than possessing low self-esteem, self-esteem by itself is not sufficient for optimal mental health (Neff, in press; Neff, 2008; Neff, Rude, & Kirkpatrick, 2007; Neff, 2003a; Neff, 2003b).

This is because the Western concept of self-esteem is an evaluative process where the value of the self is derived in relation to set standards and in comparison to others. This means self-judgments are created using notions such as "right or wrong", "good or bad", "should or should not", "better or worse", in order to determine how the self feels in relation to something else. The anxiety produced from this type of judgment-based opinion can often lead to distortions in self-perception such as narcissism, self-absorption, and self-centeredness (Damon, 1995; Seligman, 1995) and inflated and unrealistic self-views (Neff, 2008). Conversely, this strong desire for the self to feel good may also lead to negative evaluations against others in order to make the self appear better by comparison. In this way, others can be seen as *worse*, *bad*, or *wrong* in order to make the ego feel *better*, *good*, or *right* (Neff, in press; Neff, 2008; Neff, Rude, & Kirkpatrick, 2007; Neff, 2003a; Neff, 2003b).

Furthermore, whereas self-esteem employs dichotomous mental schemas and judgments of self versus other, self-compassion utilizes a nonjudgmental stance towards the entirety of one's experience and understands unpleasant feelings as part of the human condition. Therefore, self-esteem is primarily a self-centered evaluation, which tends to

isolate one's experience as separate and distinct, whereas self-compassion connects individual experience with the experience of humanity (Neff, in press; Neff, 2008; Neff, Rude, & Kirkpatrick, 2007; Neff, 2003a; Neff, 2003b).

Research confirms self-compassion is beneficial for mental and emotional well-being because self-compassion is “an emotionally positive self-attitude that should protect against the negative consequences of self-judgment, isolation, and rumination (such as depression)” (Neff, 2003b, p. 85). Self-compassion also moderates against negative feelings better than self-esteem and is a more valid indicator of optimal mental health (Leary et al., 2007; Neff, 2003). Therefore, self-compassion is better for maintaining general mental and emotional well-being than self-esteem and is useful for clients.

Self-Compassion and Mental Health

As mentioned above, current research on self-compassion demonstrates that it is important for mental and emotional well-being. Studies show self-compassion is related to less anxiety, depression, and self-conscious thinking (Neff, in press; Neff, 2008; Neff, Rude, & Kirkpatrick, 2007; Neff, 2003a; Neff, 2003b). It also fosters balanced emotional processing (i.e., one neither overindulges in emotions nor suppresses emotions) and greater emotional intelligence (Neff, in press; Neff, 2003a). Furthermore, “individuals with higher levels of self-compassion report greater emotional coping skills, clarity of feelings and ability to repair negative emotional states” (Neff, in press, p. 7).

Self-compassion is also related to other positive psychological strengths such as social connectedness, feelings of autonomy, relatedness, wisdom, curiosity, optimism, and personal competence (Neff, 2003a; Neff, Rude, & Kirkpatrick, 2007). People with

higher levels of self-compassion have been shown to possess greater motivation for personal change, health, and well-being (Neff, Rude, et al., 2007) and are less driven by neurotic perfectionism (Neff, 2003a). This is because feelings of self-worth in self-compassionate individuals are not performance-based, but rather are driven by an intrinsic desire for personal well-being. Furthermore, when confronted with personal failures, self-compassionate individuals are better able to accept mistakes as part of a greater learning experience and move forward, without ruminating on the consequences or devaluing themselves (Neff, in press).

Self-Compassion in Clients and Clinicians

There have been several studies regarding self-compassion in therapeutic settings, however the focus has been on studying self-compassion in therapy *clients*. In one study by Neff, Kirkpatrick et al. (2007), it was found that over a one-month period, increases in client's self-compassion level correlated with less depression, rumination, thought suppression, and anxiety. Another study by Gilbert and Proctor (2006) examined the effects of a group-based intervention, "Compassionate Mind Training" (CMT), on experiences of intense shame and self-criticism. The study found that teaching clients how to be more compassionate towards themselves lowered levels of depression, instances of self-attacking, and feelings of inferiority and shame.

Although self-compassion is correlated with good mental health in clients, little research has been conducted on the use of self-compassion in clinicians. Other similar concepts such as *compassion* and *empathy* have been studied amongst therapists and have been shown to be essential in the therapeutic process. *Compassion*, which integrates understanding and acceptance of others and commitment to loving-kindness, appears to

be a necessary trait for clinicians to possess in therapeutic treatment (Shapiro, Brown, & Beigel, 2007). *Empathy*, as understood by the humanistic and experiential approaches is defined as "nonjudgmental understanding of the client's immediate experience that helps the client recognize, accept, and integrate disavowed aspects of the self" (Anderson, 2005, p. 492). Empathy and compassion are interrelated because both engender loving-kindness through exploration of the common human experience (Anderson, 2005).

Self-Compassion Enhances Therapeutic Interactions

Although self-compassion has not formally been studied in clinicians, it demonstrates great potential for enhancing therapeutic relationships. This is because self-compassionate therapists are less apt to judge their emotional experience during sessions with clients, thus they are better able to be mindful of *countertransference*, are more present with clients, and are less defensive of experiences that threaten their ego. Self-compassion also helps moderate the effects of vicarious traumatization and clinician burnout, which can negatively impact the therapeutic alliance. Finally, self-compassion creates a positive energetic change in the therapist, which can feel healing and calming to the client.

Practicing Non-Judgment to Unclog Emotional Barriers. A nonjudgmental stance towards emotion requires that the clinician be open and accepting towards all emotional experience, including his or her own, and not interpret it as *bad* or *wrong*. As soon as one places judgment on feelings or experience, there is an innate tendency to avoid unpleasant emotions labeled *bad* and induce only pleasant emotions labeled *good*. Furthermore, this tendency to guard oneself against negative sensations can lead to distortions of self-perception in order to maintain a *good* functioning self-image.

According to Eastern philosophy and Buddhist thought, suffering occurs when painful emotions are avidly avoided due to fear of overwhelming pain (Anderson, 2005; Cooper, 2007). This is because pain is part of the human experience and the tendency to resist pain and seek only pleasure will cause even greater mental and emotional turmoil. In order to alleviate suffering one should make a concerted effort to understand one's own emotional experience with open curiosity, a relaxed mind, and without judgment (Anderson, 2005; Cooper, 2007). The key to maintaining a relaxed mind is to learn how to encounter any and all experience with an open receptiveness that neither denies the experience because it feels too threatening, nor becomes too carried away with the emotion so that one over-identifies with it and experiences self-pity, rumination, or depression (Neff, 2003b). Furthermore, it is only through direct experience of suffering that one can gain clarity (Anderson, 2005; Cooper, 2007).

When a therapist employs self-compassion, the therapist is better able to work through painful emotions within him or herself because suffering is accepted as part of the human condition and is not avoided. Therefore, when a therapist is open and accepting of his or her own suffering, s/he will be more attune to a patient's suffering and thus better able to help that client. Furthermore, when self-compassion is employed the therapist feels less of a need to be *right* and actively defend his or her beliefs. Instead, the therapist understands there are many potential truths and is kind towards his or herself when s/he realizes s/he may have made a mistake or had a misperception. Finally, self-compassion helps the therapist to stop defining self from other (or therapist from client) and instead understands that at the core everyone experiences suffering to one degree or another.

Countertransference. In psychoanalytic theory *countertransference* is when a clinician emotionally react to thoughts, feelings, and behaviors of a client (Berzoff, Flanagan & Hertz, 2008). It is thought to be an important element of the therapeutic process because exploring one's countertransference provides a rich opportunity to understand the client and his or her emotional underpinnings. Since emotional experience can become intertwined in the therapeutic setting, being mindful of one's own emotional state is paramount when deciding which emotions are coming from the therapist and which emotions area coming from the client. Thus, the process of understanding countertransference requires great honesty, awareness, and self-knowledge (Berzoff, Flanagan & Hertz, 2008).

Cultivating self-compassion, which promotes nonjudgmental understanding of one's emotions, thus helps in the process of understanding countertransference. This is because any emotional state is accepted and one does not avoid distressing or uncomfortable emotions. When the therapist is mindful of his or her emotions and does not judge them, s/he can more clearly intuit the internal processes for both the therapist and the client. Conversely, in the absence of self-compassion therapists may criticize or judge emotional experience and thus may avoid negative sensations. Avoiding certain emotional states causes blockages in perception, and thus lacking in self-compassion negatively impacts the therapist's understanding of countertransference.

Vicarious Traumatization and Clinician Burnout. Self-compassion also helps guard against *vicarious traumatization* and *clinician burn out*. Vicarious traumatization occurs when therapists have overwhelming emotional reactions to traumatic experiences reported by their clients (Cunningham, 2004). Clinician burnout occurs when clinicians

become emotionally depleted by stressful work environments, the demanding nature of therapeutic work, excessive workloads, workplace isolation, and feeling empathically drained (Cunningham, 2004). Other negative consequences associated with a therapist's vicarious stress and burnout include: an increase in symptoms related to depression, anxiety, and stress (Cunningham, 2004), psychosocial isolation (Penzer, 1984), reduced self-esteem (Butler & Constantine, 2005), and loneliness (Cunningham, 2004). All of these negative consequences reduce therapists' ability to sustain attention and concentration as well as their ability to compassionately and empathetically connect with patients.

According to Shapiro, Brown, & Beigel (2007), if clinicians are unable to develop loving-kindness toward themselves and take proactive steps towards self-care, they may experience higher levels of stress and anxiety, which can compound the effects of vicarious traumatization and burnout. Since self-compassion incorporates loving kindness and increases one's motivation for self-care (Neff, in press), developing self-compassion in clinicians would help guard against the negative occupational hazards of therapy. Furthermore, Neff (2008) found that self-compassionate individuals feel less distress when contemplating other people's hardships. Therefore, cultivating self-compassion would help clinicians feel less overwhelmed when listening to emotionally disturbing content, which would increase their ability to be present with clients over a longer period of time. It is thus helpful for clinicians to develop useful self-care strategies that promote self-compassion in order to counteract and prevent the negative effects of vicarious trauma and to increase their therapeutic effectiveness.

Positive Energetic Change. Cultivating self-compassion not only enhances the therapeutic process by helping clinicians effectively process countertransference and guard against vicarious stress, but it also creates a “positive energy field” which surrounds the therapist and can be perceived by clients as calming and uplifting. In psychodynamic literature, however, energy fields and the healing effects of energetic exchange are not commonly and explicitly discussed. Psychodynamic literature does refer to therapist intuition and countertransference, where the therapist picks up on certain “vibes” or emotional states from the client and then either reacts to or interprets those vibes (Berzoff, Flanagan & Hertz, 2008). Although not explicitly stated, both countertransference and intuition are forms of energetic interplay, where the therapist uses his or her intuitive receptors to guide therapy. Furthermore, therapists are not the only ones that can perceive energy; clients can also feel and interpret vibes emanating from the therapist.

According to Dr. Judith Orloff (2004), Assistant Clinical Professor of Psychiatry at UCLA, Energy Psychiatry involves the study and application of subtle energies surrounding our physical bodies that are altered by our emotional state and affect the emotional state of others. In Energy Psychiatry, there are two types of energy that people can emit: “[1] welcoming positive energy that invigorates, or [2] oppressive negative energy that repels” (Orloff, 2004, p. 22). Signs of people with positive energy are: “they exude an inviting sense of heart, compassion, and support; you intuitively feel safe and relaxed; they emanate a peaceful glow; you feel better around them; your energy and optimism increase” (Orloff, 2004, p. 25). Signs of people with negative energy are: “you experience a sense of being demeaned, constricted, or attacked; you intuitively feel

unsafe, tense, or on guard; you sense prickly, off-putting vibes; you can't wait to get away from them" (Orloff, 2004, 25).

Since clients can feel energies emanating from their therapists, it would be important to the therapeutic alliance for therapists to emit more positive energy so clients feel supported, safe, and relaxed while discussing emotionally labile topics. Conversely, it would negatively impact the therapeutic relationship if the therapist emitted strong negative energies, which would cause the client to feel unsafe, tense, and guarded. Furthermore, not only would positive energy from the therapist allow clients to feel more safe, it would also have an energetic healing effect on the clients as well.

How does one foster positive or negative states of energy? According to Orloff (2004), cultivating positive energy involves an internal process of fostering "loving and nurturing forces from within, such as compassion, courage, forgiveness, and faith" (Orloff, 2004, p. 5). Negative energy, on the other, hand stems from feelings of fear, self-loathing, rage or shame. Therefore, according to previous research on self-compassion (which states fostering self-compassion increases feelings of love, kindness, optimism, and competence, and decreases feelings of shame, narcissism, anxiety, and depression) cultivating self-compassion in therapists would likely promote positive energetic states. Thus, the client (on a conscious or unconscious level) would experience this positive energy and begin to feel more calm and peaceful without the therapist even saying a word.

Self-Compassion Enhances Intuition

Intuition is also understood to an important element in the therapeutic interaction (Laquercia, 2005; Laub, 2006). Although apt application of theory is an important

element in psychotherapy, intuition can often be the therapist's greatest tool in assessing what is going on within the patient and how to best communicate where and how the patient feels stuck. Intuition is defined as: "The immediate apprehension of an object [or idea] by the mind without the intervention of any logical process" (Oxford, 1973). Therefore, intuition involves engaging other faculties of knowing besides apprehending mere logic. Perception through intuition is thus engaged through the therapist's awareness of his own feelings, images, thoughts, ideas, and questions aroused during a session. According to Laub (2006), "the analyst must turn his own unconscious, itself a receptive organ, toward the transmitting unconscious of the patient" (p. 89). Therefore, to access the unconscious of the patient the therapist must use his own unconscious.

Self-compassion is especially important for psychotherapists who spend much of their clinical interactions intuitively listening to patients in order to recognize their symbolic communication, metaphors, dreams, and non-verbal communication. Freud often spoke about employing "evenly suspended attention" when interacting with patients. According to Freud (1912), if a clinician's attention is too fixed or rigid, s/he may begin to filter information. He said,

As soon as anyone deliberately concentrates attention to a certain degree, he begins to select from the material before him; one point will be fixed in his mind with particular clearness and some other will be correspondingly disregarded, and in making this selection he will be following his expectations or inclinations... If he follows his expectations he is in danger of never finding anything but what he already knows (p. 112).

In this way, the therapist is to be completely open and receptive to a client's information; not only the latent, verbal content, but also the manifest, non-verbal communication. If the therapist becomes too stuck in his or her beliefs about the patient, the therapist will

form expectations about what the client is trying to say. The therapist will then selectively attend to details that confirm his or her preconceived notions.

There are several reasons why a therapist may selectively attend to information. For one, if the therapist is overly concerned with being a *good* therapist, s/he may defend the need to be *right*. If the therapist believes something to be true and his or her need to be right is strong, then the therapist may only use information that validates his or her personal truth. Therefore, the therapist's need to be right may interfere with the therapeutic process. For two, if the emotional content of the client triggers painful sensations in the therapist (i.e., negative countertransference) that the therapist is actively avoiding, the therapist may ignore this information in order to evade his or her own uncomfortable emotional arousal. Finally, if the therapist is disconnected from a certain emotion, such as anger or sadness, this may create an empathetic impasse on the part of therapist. This is because painful emotions are part of the human experience, but if the therapist avoids these feelings as a need to be emotionally stable and maintain good mental health, it may be difficult for the therapist to empathize with the client over common human experiences.

Therefore, the therapist's unconscious will be less readily available as a receptive tool if certain ideas, thoughts, and feelings are repressed due to fear of unwanted pain. In order to unclog intuitive blocks, therapists benefit from employing self-compassion. In this way, therapists are open to unpleasant emotions within themselves, and thus more receptive to unpleasant stimuli from patients. Therefore, self-compassion is essential to effective intuition.

Psychotherapy versus Intuitive Healing

In Western society, psychotherapy is the most popular and widely accepted means of helping others to work through emotional trauma and to foster mental health. Furthermore, in Western culture scientific thought and rational logic are often revered to be the ultimate sources of knowledge. Therefore, it makes sense that psychotherapy, a type of therapy that relies on theory and research to guide and educate its practitioners, would be the most accepted form of emotional healing. However, although psychotherapy has been more widely researched, accepted, and valued in mainstream Western society, it is not the only effective form of therapy.

Intuitive healers and counselors have been around for many centuries, used for healing, wisdom and personal insight in many cultures, and traditionally called: Shamans, Gurus, and Yogis (Stone, 2008). In Western culture, intuitive healers are sometimes called *psychics* because of their uncanny ability to know specific details of someone's life without direct access to such information. As opposed to Shamans, Gurus, and Yogis which are venerated by their respective culture, psychics are generally distrusted by Western society because their induction of knowledge is not by means of logical process. Therefore, because logical thought is valued and socially promoted to be the most trustworthy way of deriving information, other forms of knowing are discredited.

Some other criticisms of intuitive healers are that they lack formal training or education and do not employ specific, researched theories and therapeutic techniques. As previously stated, intuitive healers rely more heavily on other faculties of knowing such as intuition and bodily sensations instead of logical reasoning or neocortical understanding. Therefore, lacking theory and research are seen as potential boundaries

for intuitive healers because their therapy is often more subjective and less observable.

Another distinction between psychotherapy and intuitive healing is in how client information is conceptualized. Whereas Western psychotherapists tend to view clients as distinct individuals whose healing incorporates a more individual focus of treatment, intuitive healers tend to incorporate more aspects of connectedness, of the Divine and of spiritual understanding. However, these differences may be somewhat arbitrary because some traditional psychotherapists, including influential thinkers such as Carl Jung and Carl Rogers, employ spirituality into their practice and find it to be a highly effective when engaging with clients (Stone, 2008). So although there are definite distinctions between psychotherapy and intuitive counseling, there is also overlap between the two methods.

This is because although psychotherapy and intuitive healing differ in theory and practice, both employ similar, fundamental concepts to elicit healing. For one, they both rely on intuition to guide in-the-moment client interaction (Berzoff, Flanagan & Hertz, 2008; Stone, 2008). For two, both provide a secure and loving environment in which the client feels safe to share worries, concerns, stress, and painful emotions. For three, both listen to clients and attempt to gain understanding and insight into where a client is stuck and how to best help that client gain peace and clarity. Finally, both make interpretations of information they receive from clients and instinctively decide how to share that information. Therefore, psychotherapy and intuitive healing are not as distinct and separate as they initially appear.

In fact, psychotherapy and intuitive healing are congruent in the therapeutic aspects which matter the most. According to Seligman,

The most important aspects of therapy appear to be the nonspecific factors such as the personality of the therapist, having a time and place to talk, having someone who cares and listens and understands, having someone provide encouragement and advice, and having someone help clients understand their problems (Stone, 2008, p. 47).

Therefore, although psychotherapy and intuitive counseling differ in client conceptualization, research and application of theory, they both operate using principles shown to be most effective for successful treatment.

Rational and Purpose of Research

Self-compassion is an under-researched psychological construct that has shown great potential for fostering mental and emotional well-being. This exploratory, qualitative study would provide a forum for psychotherapists and intuitive healers to reflect on their conceptualization of self-compassion, how they cultivate self-compassion for themselves, and how self-compassion affects intuition and therapeutic interactions. Four prevailing research questions will be used to guide what interview questions will be asked and how they will be analyzed:

Research Questions

1. How do psychotherapist and intuitive healers define self-compassion? What are the similarities and differences between the two samples?
2. How do psychotherapists and intuitive healers cultivate self-compassion? What are the differences and similarities between the two samples?
3. Do psychotherapists and intuitive healers believe self-compassion helps their intuition? How so? What are the differences and similarities between the two samples?

4. Do psychotherapists and intuitive healers believe cultivating self-compassion impacts their therapeutic interactions? How so? What are the differences and similarities between the two samples?

CHAPTER III

METHOD

This section describes the methods and procedures that were used to conduct this research. First, the participant sample is described. Then, the general procedures for carrying out the research are described. Finally, the specific interview questions are included and explained.

Participants

This study used a non-probability sample of convenience. Participants for the project were recruited through personal contacts and recruitment fliers (see Appendix A) posted at a local bookstore in Seattle, Washington (announcing a study on “self-compassion in psychotherapists and intuitive healers”). Participants identified as either: (1) a licensed psychotherapist practicing for at least two years, or (2) as an intuitive healer. Intuitive healers, for the purposes of this study, were understood as: practicing emotional healers or counselors that incorporate intuition as primary guide for counseling and talking as a significant element of the healing process. Intuitive healers did not need a specific license.

Potential participants responded to the flier by e-mail. The researcher then made contact by e-mail to discuss the study and confirm their participation. The interview was conducted by telephone and took approximately one-half hour to complete.

Procedure

A flexible, qualitative interview method was used. Participants were interviewed over the phone. All sessions were audio recorded and lasted approximately 30 minutes.

The design for this study was approved by the Smith College School for Social Work Human Subjects Review Committee (see Appendix B). Two copies of the informed consent forms (see Appendix C) were mailed to each participant one week prior to the scheduled interview date. The informed consent form outlined the risks and benefits of participation in this study, as well as the purpose of the study and its inclusion criteria. Each participant was given a stamped and addressed envelope to return one signed copy of the form back to the researcher. On the day of each scheduled interview the researcher confirmed the participant's receipt of the informed consent, reminded the participant to sign one copy and mail it back, and asked for verbal consent to participate over the phone.

The researcher then used a Data Collection Sheet (see Appendix D) to structure the interview questions. Each participant was initially asked background and demographic information (i.e., age, gender, years practicing as a professional psychotherapist or healer, academic training, and theoretical orientation). Participants were then asked eight questions in the following order:

1. How long is your initial session with individual clients and how long is each regular session?
2. Please describe a typical counseling session.
3. How do you define the notion of "self-compassion"?

4. Do you cultivate self-compassion in your personal life? If yes, how so? If no, why not?
5. Do you cultivate self-compassion in your professional practice? If yes, how so? If no, why not?
6. Do you feel self-compassion helps your intuition? If yes, how so? If no, why not?
7. a. [If responded “yes” or “sometimes” to question 4 or 5]
Do you feel cultivation of self-compassion has impacted your work with clients?
- b. [If responded “no” to question 4 or 5]
You responded that you do not cultivate self-compassion in your [personal or professional] life. Do you believe that has impacted your work with clients?
8. Do you ever notice being less compassionate with yourself?
If yes, does this impact your work with clients?

Each question was immediately followed by the prompt “Anything else?” after participants gave their initial response.

The researcher transcribed the interviews into a word document for analysis and units of meaning were grouped according to emerging themes found between and among respondents.

CHAPTER IV

FINDINGS

This section reports a description of the qualitative findings in order to determine how psychotherapists and intuitive healers define, cultivate, and use self-compassion, and whether self-compassion effects therapist intuition and client interactions. The findings section proceeds as follows: first, participant demographics are presented. Last, the primary research questions are explored, which are:

1. How do therapists and intuitive healers define self-compassion?
2. How do therapists and intuitive healers cultivate self-compassion in their personal and professional lives?
3. Do psychotherapists and intuitive healers believe self-compassion helps their intuition?
4. Do psychotherapists and intuitive healers believe self-compassion impacts their therapeutic interactions?

Participant Demographics

The sample included 13 total participants (2 male, 11 female), including seven psychotherapists (1 male, 6 female) and six intuitive healers (1 male, 5 female). Participants ranged in age from 32 to 61, with an average age of 48.6 years, and ranged in years of professional experience from 5 to 30, with an average of 16.4 years experience. Psychotherapists ranged in age from 32 to 61 ($M = 47.4$ years), and ranged in years of professional experience from 8 to 30 ($M = 17.0$ years). Intuitive healers ranged in age

from 33 to 56 ($M = 50.0$ years), and ranged in years of professional experience from 5 to 30 ($M = 15.7$ years).

Out of the 7 psychotherapists, 3 had their Masters of Social Work (MSW) and LCISW licensure, 3 had their Masters in Psychology and LMFT licensure, 2 had their PhD in Clinical Psychology and were licensed psychologists (1 participant had received both an MSW and a PhD). In terms of theoretical orientation, 4 psychotherapists reported incorporating Cognitive Behavioral Therapy, 2 reported incorporating psychodynamic thought, and 2 reported incorporating object relations, among other theoretical orientations. Other reported theoretical frameworks included: contemporary psychoanalytic, motivational interviewing, stages of change, relational therapy, psychosynthesis, transpersonal, mindfulness based, interpersonal neurobiology, and narrative therapy.

Out of the 6 intuitive healers, 1 reported having an MSW degree, and 2 reported having a Registered Nursing (RN) degree. None of the intuitive healers reported using formal psychological theory to guide their practice. Intuitive healers reported incorporating one or more of the following healing modalities into their practice: energy medicine, Reiki, spiritual counseling, soul reading, energy healing, and psychic guidance.

Research Questions

Question One: How do psychotherapists and intuitive healers define self-compassion?

Psychotherapists defined self-compassion as being mindful of negative or critical thoughts ($n = 6$), being aware of one's self talk ($n = 3$), letting go of negativity towards self ($n = 4$) and overcoming pathogenic beliefs ($n = 2$). Self-compassion was also

understood in terms of being empathetic towards oneself, being aware of negative thinking and creating an intention to release negativity towards oneself. One psychotherapist described self-compassion as: “You have regard for yourself and empathy towards yourself. You’re able to understand your motivation and cut yourself a break when you’re not feeling good or doing things the way you’d like them to be done”.

Three psychotherapist participants reported being unfamiliar with the term self-compassion. One participant said, “The concept of self-compassion? That maybe the first time I’ve heard that concept, so you want me to make something up? Is this a concept they taught you?”

Intuitive healers defined self-compassion as a conscious, everyday activity (n = 3) that incorporates forgiveness and mindful self-awareness (n = 5), self-love (n = 5), gracefulness (n = 3) and non-judgment (n = 4). One participant said, “I would say that [self-compassion] is my hardest lesson in life: loving me, forgiving me, valuing me. I think that’s a huge challenge; it’s something I work at every single day.” Intuitive healers also defined self-compassion as an activity or state of being that cultivates human connectedness and is part of the healing process. Another participant commented, “Self-compassion has to do with self-awareness and also just kind of a human understanding. Knowing that someone is having a human experience and that’s done with grace and ease instead of punishment or expectation”.

Question Two: How do psychotherapists and intuitive healers cultivate self-compassion?

Psychotherapists reported cultivating self-compassion in their personal and professional lives by: being mindful of their negative self-talk and pathogenic beliefs (n =

7); looking for motivation behind personal viewpoints (n = 5); bringing awareness to countertransference (n = 3); releasing critical personal judgments by asking significant others or other therapists for their viewpoints (n = 2) (i.e., “I either will bounce stuff off my husband when I’m feeling badly about something I’ve done with a patient or I might talk to friends of mine who are also psychotherapists”); remaining vigilant about self-care activities including having healthy eating habits (n = 1), exercising regularly (n = 2), meditating (n = 2), and getting frequent massages (n = 2); receiving adequate supervision and consultation (n = 2); carefully managing work schedule and work load (n = 2) (i.e., “I love to set my own schedule. I’m not a morning person so I try to avoid that working time”); and letting go of personal failures or mistakes (n = 6). For example, one psychotherapist reported cultivating self-compassion in her professional practice:

When I say something really stupid and the client looks at me like, “Huh? That was really stupid!” I don’t beat myself up for it and we just move on. I can evaluate myself without being critical. I don’t cling to having to be right in a session. I don’t have a need to be right in therapy or have a brilliant intervention.

Intuitive healers reported cultivating self-compassion by: being mindful and honest with themselves and others (n= 3); maintaining clear boundaries with friends, loved ones, and clients (n = 3); accepting their shortcomings and recognizing mistakes as part of the common human experience (n = 3); doing lots of nurturing, positive talk (n = 4); engaging in various self-care activities for the mind and body including healthy eating habits (n = 3), regular exercise (n = 3), meditation (n = 4), and bodywork (n = 2); carefully managing work schedule and work load (n = 2); and practicing gratitude and loving kindness (n = 4). For example, one intuitive healer reported, “I have become very good at stopping any negative self-thinking and I’m very good at self-care. I exercise. I

eat right. I get bodywork. And I have lots of friends.” Another intuitive healer reported cultivating self-compassion by:

I look back at my past and do a lot of forgiveness. Just in recognizing when I did something I feel bad about it in the past, maybe I hurt somebody, recognizing that I wasn't doing it out of malice. I was operating with the information I had at the time and I might do it differently now and being compassionate for the person I was.

Question Three: Do psychotherapists and intuitive healers believe self-compassion helps intuition?

Twelve out of 13 psychotherapists and intuitive healers reported believing that intuition and self-compassion are strongly connected and one psychotherapist thought the two are possibly connected. Participants felt they are connected because self-compassion decreases emotional blockages, self-judgment and fatigue, and increases inner calmness, centeredness, clarity, insight, and connection to heart energy, all of which enhance one's ability to access intuition. Many felt self-compassion helps intuition because they notice being less distracted by negative thoughts and sensations when in a session with a client. For example, one psychotherapist said:

Self-compassion and intuition are connected in that I don't feel overwhelmed and I can really be sensitive to perceive what's going on in the session because I'm not tired, physically tired or emotionally tired... If you are aligned and you are balanced I believe you can see things, you can perceive through your five senses. You can perceive something that's going to give you more information that will probably be more effective.

Another psychotherapist commented, “I think intuition is non-judgmental awareness and when you're non-judgmentally aware of yourself there's less obstacles to hearing your intuition.” Another intuitive healer said:

If someone does not have compassion for themselves then their concepts of their beliefs of themselves get in the way of being intuitive. In other words, they would interact with clients through that garbage, through that emotional baggage. Your intuition works best when you're calm and centered. And you have to have some compassion to be calm and centered.

Another intuitive healer reported:

If I'm not compassionate with myself and am judging myself then there's going to be a lack of clarity in that arena. I'm going to be impatient and short with myself and lacking in compassion. And any place I'm not clear I'm also not able to be intuitive. I make no distinction between the two [self-compassion and intuition] at all.

Participants also believed self-compassion fosters intuition because it allows them to know themselves more clearly, which in turn enhances their ability to understand others. For example, one intuitive healer said, "It [self-compassion] helps my intuition because I see more easily in others once I've learned my own picture. Once I've figured out how I work it's much easier to intuitively pick up on where somebody else is".

Another intuitive healer said, "The more self-compassion I have the more integrated and the more clear and healed I become, the more intuitive I am capable of being because I have less blind spots".

Some psychotherapists and intuitive healers thought the connection between self-compassion and intuition was the other way around, that intuition increases self-compassion (n = 2). For example one psychotherapist said, "I think of it more as the reverse, that intuition is there and if we're self-critical or not taking care of ourselves, then it just puts blocks up so we can't access our intuition as well."

Question Four: Do psychotherapists and intuitive healers believe self-compassion impacts their therapeutic interactions?

Yes, all participants felt self-compassion helps therapeutic interactions with clients. They felt it enhances client interactions because: they are more able to be present with clients (n = 5); clients can feel the therapist's loving energy, which is healing (n = 3); the more a therapist understands self-compassion for him or herself, the more s/he can model and teach self-compassion to clients (n = 6); self-compassion helps the therapist's own healing process, which increases his or her ability to facilitate healing for others (n = 4); the therapist's mental processes become more efficient because s/he is more focused (n = 3); the therapist's language becomes more compassionate when working with clients (n = 3); the less the therapist doubts his or her clinical abilities and can better challenge clients in loving ways (n = 2); and the therapist builds more empathy for him or herself which creates more empathy for clients. To illustrate this, one intuitive healer said:

The more I love myself, the better of a job I do. It's really true. The faster I can work with people, the more compassionate my language is, the more humor I'm able to get to, the less I'm holding myself back and reevaluating the messages that I'm getting.

Another psychotherapist remarked, "A lot of therapy is about helping people be compassionate with themselves and it's difficult to help someone attain something you don't do yourself". Another intuitive healer said:

Whatever level, whatever degree of self-compassion somebody has is what they model to their clients. Clients are intuitive also. Understanding the life challenges I have had, which have helped me develop self-compassion, help me be compassionate of other people. I can say, "I've been there. I know what they're going through."

Another intuitive healer commented:

Because I am attentive to loving myself and because I'm aware of how this feels to love me I'm available when I sit across from anyone to share this love with them. And when they experience this energy of love coming at them they also feel peaceful and comfortable in their own hearts.

Participants not only expressed that having self-compassion helps therapeutic interactions (for the reasons mentioned above), but also commented that having a lack of self-compassion can detract from therapeutic interactions. This is because lacking self-compassion can cause clinicians to be more tired, irritable, and distracted, and less present, attentive, patient, and kind. For example, one psychotherapist said:

When I'm practicing good self-compassion then that usually means I'm doing good self-care... I'm able to walk in the door and be really present and have more energy to expend with clients. And in periods when I haven't been as strong in that area, my work definitely reflects that. I don't have as much energy, I'm not as interested or enthusiastic about going the extra mile for my clients.

Another psychotherapist said, "If one is overwrought with self-doubt and anxiety or self-loathing, it's not really easy to be present for somebody else and be really focused somewhere there". Furthermore, lack of compassion effects quality of services because the therapist may be experiencing fatigue: "When a person is tired and they are not taking care of their personal needs or professional needs, I notice the quality, including the amount of time you invest in a case, is not the same".

CHAPTER V

DISCUSSION

The purpose of this study was to examine how psychotherapists and intuitive healers define and cultivate self-compassion, to explore whether psychotherapists and intuitive healers believe self-compassion impacts intuition and therapeutic interactions, and to examine the similarities and differences between the two sample populations. The discussion proceeds as follows: first, findings from the four research findings are summarized and discussed. Second, research limitations are discussed. Finally, recommendations for future research and implications for social work practice are presented.

Findings from Research Questions

Definition of Self-Compassion

According to Neff (2003b), self-compassion includes three essential components: (1) employing loving-kindness to self as opposed to self-criticism, (2) viewing one's personal experience as connected to human experience, and (3) being mindful of one's painful thoughts or perceived failures and not over-identifying with them. As a collective group, research participants defined self-compassion in a similar manner as Neff (2003b) and touched upon all three aspects, which suggests that Neff's (2003b) definition is both valid and reliable. The similarities found in psychotherapists' and intuitive healers' views of self-compassion were: both included mindfulness of painful thoughts and emotions,

cultivating a non-judgmental stance towards oneself, and releasing negative thinking towards to self.

There were, however, several distinctions between how psychotherapists and intuitive healers defined self-compassion. For one, intuitive healers responded that having compassion for the self increases compassion for others more frequently than psychotherapists. For two, intuitive healers defined self-compassion as loving the self (e.g., one intuitive healer said, “I define it as having experienced myself as something deeply, deeply worthy of love, which is nothing short of love itself”), whereas no psychotherapists mentioned the term *love* when defining self-compassion. For three, intuitive healers expressed that self-compassion fosters a sense of human connectedness, while psychotherapists discussed self-compassion as primarily an individual trait.

Finally, psychotherapists viewed self-compassion as being mindful of negative thinking with the intention of releasing negativity (i.e., changing one’s emotional state from negative to neutral). Intuitive healers, on the other hand, viewed self-compassion as being mindful of negative thinking with the intention of both releasing negativity and cultivating loving kindness (i.e. changing one’s emotional state from negative to positive). Therefore, psychotherapists focused on being mindful of negative beliefs and letting them go (Neff’s third aspect of self-compassion) whereas intuitive healers touched upon all three of Neff’s aspects more equally. Additionally, intuitive healers spoke about cultivating loving energy on an ongoing basis, even in the absence of negativity. Therefore, whereas psychotherapist participants believed self-compassion was most relevant when trying to release negative thoughts and feelings, intuitive healers believed self-compassion was relevant for a broader spectrum of experience.

There are perhaps several reasons why intuitive healers more accurately conceptualized self-compassion according to Neff's (2003b) definition than psychotherapists. For one, self-compassion is not a traditionally psychological term; it comes from concepts discussed in Buddhism and Eastern philosophy. Since Buddhism is a spiritual practice and intuitive healers often approach healing from a broad spiritual lens, it is fitting that intuitive healers are perhaps more comfortable with the concept and have more fully internalized its meaning. It is therefore not surprising that intuitive healers included more concepts of love, kindness, and shared humanity in their definitions because self-compassion was more aligned with their spiritual orientation towards life and healing.

For two, psychotherapists are trained in an academic culture that fosters critical evaluation and differentiation (i.e., using concepts such as *normal* or *abnormal*, categorizing people by dysfunction in the Diagnostic Statistics Manual, looking for psychological problems to treat, etc.). Thus, psychotherapists are taught to judge themselves against a set standard, to be critical of themselves, to look for personal flaws and problems to fix, and to gain self-worth from performance-based evaluations. Therefore, traditional training affects how therapists perceive and define themselves. Since self-compassion promotes viewing the self through loving-kindness and non-judgment, it becomes more difficult for psychotherapists, who were trained using critical evaluation, to fully ingrain its concepts. Therefore, it makes sense that psychotherapists would conceptualize self-compassion in more limited way. This would also explain why three out of seven psychotherapists expressed hesitation when being asked to define self-compassion as they did not feel it was a traditional, psychological term.

Finally, in the past decade there has been much more psychotherapeutic literature and research about *mindfulness* and mindfulness meditation. Thus, the notion of mindfulness has become more readily accepted in the psychological community. Therefore, it makes sense that psychotherapists would define self-compassion from an exaggerated lens of mindfulness, with less regard to loving-kindness and shared human experience. This does not mean psychotherapists neglect to incorporate loving-kindness and an understanding of human connectedness in their personal or professional lives, but when defining therapeutic terms psychotherapists may have skewed their definition towards mindfulness because it felt more academically familiar.

Cultivation of Self-Compassion

Both psychotherapists and intuitive healers cultivated self-compassion by engaging in personal, self-care activities, although intuitive healers emphasized regular meditation, exercise and healthy eating more so than psychotherapists. Participants also mentioned being mindful and honest of their thoughts and emotions, maintaining clear boundaries with friends, clients, and loved ones, and adjusting one's self-talk to be kinder and less punitive.

There were, however, several differences in how psychotherapists and intuitive healers cultivate self-compassion. For one, psychotherapists focused more on being mindful of and releasing negative states, whereas intuitive healers focused more on practicing forgiveness and promoting positivity. For two, psychotherapists reported cultivating self-compassion almost exclusively when they experience professional failures, whereas intuitive healers reported cultivating self-compassion as an ongoing, everyday activity, including when they experience failure. For three, psychotherapists felt

they do not cultivate self-compassion as often as they would like and should be cultivating it more often (i.e., when asked if they cultivate self-compassion, psychotherapists used phrases such as “I think I try”, “I should be doing it more”, etc.) whereas intuitive healers felt more comfortable with their level and frequency of cultivating self-compassion (i.e., when asked if they cultivate self-compassion, intuitive healers used phrases such as “absolutely”, “all the time”, “everyday”, etc.). Lastly, intuitive healers felt they cultivate self-compassion equally in both their personal and professional lives, whereas psychotherapists reported having more difficulty being compassionate in their professional practice than in their personal lives. Therefore, intuitive healers cultivate self-compassion to maintain balance on a daily basis while psychotherapists use it as a response to some problem or need.

Psychotherapists also made more negative comments about themselves when speaking about self-compassion. For example, many psychotherapists spoke about personal failures, felt their cultivation of self-compassion was not frequent enough, or felt they were not doing a good enough job. Intuitive healers, on the other hand, recognized that they made mistakes but framed it as more of a human phenomena rather than a personal failure. According to Neff (2003b), when one views his or her mistakes as a human characteristic instead of a personal flaw, one can accept his or her failures without over-identifying with them and ruminating about their personal significance. Therefore, the way in which the two groups answered the question demonstrates that intuitive healers cultivate self-compassion to a higher degree than psychotherapists.

Intuitive healers also cultivate self-compassion more often and are less critical of themselves because self-compassion is greatly aligned with their personal views. For

example, they view people (including themselves) as spiritual beings who are already perfect and whole. Therefore, failures are viewed as painful habits or experiences instead of *bad* personal reflections. Also, the language the intuitive healers used (i.e., words such as *graceful, kindness, love, beautiful, precious, valuable, forgiveness*) also reflects a more loving, positive worldview and experience of themselves. Viewing the world as beautiful and sacred, as opposed to ridden with problems to overcome, allows for full acceptance of their experience, which is essential to cultivating self-compassion. Therefore, intuitive healers are more aligned with self-compassion by simply viewing humanity as perfect instead of as diseased and needing to be fixed (like the medical model of therapy).

Intuitive healers also cultivate self-compassion more readily because its concepts are aligned with their professional views (in fact, most intuitive healers made little or no distinction between cultivating self-compassion in their personal or professional lives, and many indicated that their personal and professional beliefs were identical). For example, intuitive healers reported that during sessions they often rely on spiritual guidance and intuition, which requires them to sit very still and be fully present, to engage other faculties of knowing, and to embrace whatever internal experience is occurring. This process requires absolute mindfulness and presence, for if they are distracted by negative or ruminating thoughts they will have difficulty accessing their Divine source of information. It is therefore essential for intuitive healers to cultivate self-compassion, as it aligns with their values of human connectedness and loving-kindness, and also helps them to be more professionally effective.

Additionally, psychotherapists are more critical of themselves because they are trained in an academic fashion and therapeutic culture that promotes strict evaluative

processes, critical judgment, and a medical model of treatment (e.g., diagnosing clients with ailments and mental disorders and then attempting to treat those psychological deficits, etc.). This means psychotherapists generally view therapy as locating problems within the client and then treating the dysfunction. Therefore, psychotherapists are taught to view all people (including themselves) as imperfect beings aspiring to be better. This viewpoint can create anxiety within clinicians, for perfection (a need of the ego) can never actually be achieved, and constant evaluation and judgment will be made towards the self and others. Also, these values of evaluation and maintaining a strong ego are less aligned with self-compassion and more aligned with the traditional psychological concept of *self-esteem* (Neff, 2003b), where importance is placed on gaining, maintaining, or defending positive evaluations of the self. Finally, psychotherapists often rely on theory or rational explanations to help facilitate professional sessions, and therefore may not feel the need to employ self-compassion as often as intuitive healers in order to be professionally proficient, as they can fall back on theoretical constructs if need be.

Self-Compassion Related to Intuition

All participants thought there was a relationship between self-compassion and intuition. This was because self-compassion decreases emotional and mental blockages, self-judgment, and fatigue as well as increases calmness, centeredness, presence, clarity, and connection to heart energy.

This is fitting with the research, where according to Laub (2006), a therapist must “turn on his own unconscious” (p. 89) in order to access intuition. Employing self-compassion is therefore a tool used to access the unconscious because it helps to create a non-judgmental space where a therapist can feel calm and centered and can employ

mindful awareness. Actively cultivating loving-kindness towards oneself and accepting the totality of one's experience also allows for enhanced mindfulness. This is because one does not have a fearful emotional reaction to unwanted stimuli, which can cause one to shutdown certain intuitive receptors. Also, many participants felt that having a better understanding of themselves helped them have a better understanding of clients. As previously stated, finding human connectedness between one's own internal experiences and others' experiences is a core component of self-compassion and allows the therapist to better relate to the client's experience and provide insight. Therefore, having compassion for the self helps facilitate the intuitive process.

Finally, although both groups felt self-compassion and intuition were related, intuitive healers gave stronger, positive statements (i.e., using phrases such as “definitely”, “for sure”, “absolutely”, and “totally”) and longer, more elaborate responses about the two being related than psychotherapists. Therefore, although all participants found a relationship between self-compassion and intuition, intuitive healers found more of a connection than psychotherapists. This is because intuitive healers have less self-critical thoughts (as stated above) and to use intuition as their primary guide for therapy.

Self-Compassion Related to Therapeutic Interactions

All participants felt self-compassion enhances therapeutic interactions with clients and lack of self-compassion decreases therapeutic interactions. This is because when therapists cultivate self-compassion they have more energy, are less distracted, have better intuitive skills, use more compassionate language, have a better ability to model self-compassion to clients, and are more empathetic to clients.

Both psychotherapists and intuitive healers felt cultivating compassion for themselves was important because it helps them model this behavior to clients. Such modeling could occur on many levels: for one, the client could witness the therapist in a calmer, less reactive and more accepting state of being, which could inspire the client to act in the same way. For two, by witnessing his or her own critical self-talk, the therapist would become more proficient at bringing awareness to critical self-statements made by the client. For three, the therapist would become more equipped to help clients change negative thinking patterns because of his or her own struggles and success with cultivating self-compassion. And finally, the therapist would be better at speaking to the client about the importance of self-compassion for optimal mental health and well-being.

Intuitive healers also spoke about an energetic level of healing that occurs when employing self-compassion and working with clients. Intuitive healers believe that everyone is intuitive and can pick up on others' energy, including the clinician's energy. Therefore, when a healer is loving towards him or herself, that loving energy radiates outward and is felt by the client. For example, one intuitive healer spoke about how loving oneself helps clients on an energetic level:

I believe that not only do I have a gift, but that I am a gift and it's easy for me to speak with anyone in that language. And when I do whoever sits across from me, whether in my office or over the phone, they can feel my enormous compassion that I have for myself and therefore they get hits of that beautiful compassion and feel that loving energy coming at them.

This view of energetic exchange contradicts traditional psychotherapy, where the client is intuitively read and interpreted by the clinician, and is ultimately healed by changing his or her internal processes on a conscious level. In intuitive healing, healing takes place on an energetic level as well which is sometimes subconscious. Thus, one cannot only heal

by gaining awareness of thoughts, feelings, and behaviors and then making appropriate changes, but one can also find peace in the energetic vibrations of another, and use that to help facilitate healing. Therefore, for intuitive healers, having an internal state of acceptance, non-judgment, and kindness is important because their energetic vibrations, which are created by their emotional state, are felt and experienced by the client on many levels. For example: if the therapist is in a calm state, this will help the patient to be calmer; if the therapist is in a loving place, this will help the client to be more loving towards him or herself; and conversely, if the therapist is angry or agitated, this may cause the client to feel agitated as well.

Finally, both psychotherapists and intuitive healers reported that when they felt less compassionate with themselves, their therapeutic interactions suffered (although several intuitive healers reported it was extremely rare for them to lack self-compassion during sessions with clients). For example, they noticed when they were not being kind to themselves they were often distracted by self-critical thoughts and their ability to be fully present was compromised. Furthermore, if a therapist was not employing self-compassion and was not taking care of him or herself, s/he would become more fatigued and burnt out. This would make him or her less available to be present and empathic with clients. Also, some commented that the amount of energy and attention given to a client decreased in proportion to the amount of energy and attention given to themselves. For example, if a therapist is spending 30% of her mental energy thinking about a mistake she made, she can only spend 70% or less of her mental energy on the client. Furthermore, the therapist may also be experiencing anger for making a mistake, which may cause her to feel less empathic towards the client. Lastly, her anger may also be experienced by the

client on some level (perhaps on an unconscious level) and may cause the client to feel more agitated as a result.

Research Limitations

There were several limitations of the study. For one, the sample was not randomized. For two, the total sample size was small ($n = 13$) as well as each sub-group of psychotherapists ($n = 7$) and intuitive healers ($n = 6$). For three, participants were selected for their convenient accessibility and availability. For four, only two of the participants were male. And lastly, racial, ethnic and cultural identities were not taken into account. All of these factors of participant selection suggest this study has low external validity, meaning it cannot be generalized to all psychotherapists or intuitive healers.

Another limitation was the nature of the questions themselves. The questions were presented in a way that might lead a participant to believe self-compassion *should* increase his or her intuition and clinical effectiveness and thus would skew responses accordingly. Also, the measure of clinical effectiveness was based on the participant perception, which is biased, and may not reflect actual clinical effectiveness. Finally, participants may want to please the researcher by providing answers they think she wants to hear, or by presenting him/herself in an exaggerated positive fashion.

Recommendations for Future Research and Implications for Social Work Practice

Areas for further research might include a quantitative study with a larger sample size to determine if there is a correlation between therapist/intuitive healer self-

compassion scores and the client's perceived effectiveness of treatment. Another future study might change the sample to include only psychotherapists who are social workers or intuitive healers that encompass a broader range of healing modalities. Furthermore, it would be enlightening to do a quantitative study comparing levels of self-compassion in psychotherapists with differing academic backgrounds and theoretical orientations to determine whether there is a relationship between self-compassion scores, academic training, and theoretical views. Finally, it would be beneficial to examine how differing facets of identity, including race, culture, and religious views impact beliefs about and cultivation of self-compassion.

In the field of social work we want to promote best quality practices with clients and ensure no harm. Implications of this study for the field of social work study suggest in order to have best quality practices with clients, particularly in a clinical setting, social workers need to have healthy relationships with themselves. This study proposes practical means of fostering a healthy relationship with oneself and rationale for why this is important. This study suggests that by being aware and attending to one's own needs in a vigilant, loving manner, the therapist will likely enhance his or her relationship with the client and improve his or her clinical ability.

CHAPTER VI

SUMMARY OF FINDINGS

Participants defined self-compassion as: being mindful of critical of negative thoughts, feelings, beliefs and self-talk; incorporating forgiveness and taking a non-judgmental stance towards the self; cultivating loving-kindness towards the self; and being aware of one's humanity. However, although both psychotherapists and intuitive healers defined self-compassion as being mindful of and releasing negative self-beliefs (i.e., going from a negative state to a neutral state), intuitive healers demonstrated a greater awareness of human connectedness and actively cultivating self-love (i.e., going from a negative state to a positive state).

Participants cultivated self-compassion in their personal and professional lives by: being mindful of negative self-talk and pathogenic beliefs; looking for motivation behind personal viewpoints; accepting their shortcomings and recognizing mistakes as part of the human experience; doing lots of nurturing, positive self-talk; maintaining clear boundaries with friends, family, coworkers and clients; practicing gratitude and loving-kindness; carefully managing their work load; and remaining vigilant about self-care activities including healthy eating habits, exercising, meditating, and having frequent massage and/or other bodywork.

Furthermore, although psychotherapists and intuitive healers cultivate self-compassion through similar means, there were also several differences. For one, psychotherapists focused more on being mindful of and releasing negative states, whereas

intuitive healers focused more on practicing forgiveness and promoting positivity. For two, psychotherapists reported cultivating self-compassion almost exclusively when they experience professional failures, whereas intuitive healers reported cultivating self-compassion as an ongoing, everyday activity, including when they experience failure. Therefore, intuitive healers cultivate self-compassion to maintain balance on a daily basis while psychotherapists use it as a response to some problem or need. Finally, psychotherapists spoke more critically of themselves and reported cultivating self-compassion less often, whereas intuitive healers spoke more positively about themselves and reported cultivating self-compassion most of the time.

Both psychotherapists and intuitive healers reported that self-compassion enhances intuition. Participants felt the two are connected because self-compassion decreases emotional and mental blockages, self-judgment, and fatigue as well as increases calmness, centeredness, presence, clarity, and connection to heart energy, all of which enhance one's ability to access intuition. Many participants also felt self-compassion helps their intuition because they notice being less distracted by negative thoughts and sensations when in a session with a client.

Finally, all participants believed that self-compassion enhances therapeutic interactions with clients, and conversely, lack of self-compassion decreases therapeutic interactions. This is because when therapists cultivate self-compassion they have more energy, are less distracted, have better intuitive skills, use more compassionate language, have a better ability to model self-compassion to clients, exude loving energy, and are more empathetic to clients. When therapists lack self-compassion they are more apt to feel fatigued or burnt out and are distracted by self-critical thoughts, which compromise

their ability to be fully present and empathic with clients.

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Appendix A

Recruitment Flier

Looking for **participants** for a **research study on self-compassion!**

My name is Julia Barker and I am conducting a research study for my MSW thesis entitled, “Psychotherapist and Intuitive Healer’s Use of Self-Compassion: How Loving the Self Influences Therapeutic Interactions”.

You will be:

1. A **licensed psychotherapist**
and
 - a. Have been practicing for at least 2 years

OR

2. An **Intuitive therapist** or counselor (i.e. psychic, soul/energy reader, and transpersonal healer, life coach, etc.)
 - a. Talking is a significant element of therapy
 - b. Goal of therapy is to promote mental health and well-being
 - c. You incorporate intuition as primary guide for therapy
 - d. Have been practicing professionally for at least 2 years
 - e. Can be licensed or unlicensed

What will you have to do?

20-30 minute phone interview

Contact: Julia Barker

Appendix B

Human Subjects Review Committee Approval Letter

March 25, 2009

Julia Barker

Dear Julia,

Your second set of revisions has been reviewed and everything is in order. It will now be very clear to your potential participants how to wend their way through the study. We are happy to give final approval to your project.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your work.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

Appendix C

Informed Consent Form

Title of Research: Psychotherapist and Intuitive Healer's Use of Self-Compassion
Investigator: Julia Barker, MSW student

Dear Participant,

I am Julia Barker, a graduate student at Smith College School for Social Work, located in Northampton, Massachusetts. I am conducting a study on how psychotherapists and intuitive healers cultivate self-compassion and how loving-kindness towards the self impacts therapeutic interactions. The research is for my MSW thesis and may be used for possible publication or presentation.

If you graciously choose to participate, you should be either a licensed psychotherapist, practicing professionally for at least two years, or an intuitive healer. Intuitive healers, **for the purposes of this study**, are understood as: practicing emotional healers or counselors that incorporate intuition as primary guide for counseling and talking as a significant element of the healing process. Intuitive healers need not have a specific license, but need to have practiced professionally for at least two years.

Your participation in the study involves answering a short personal information section and seven open-ended questions during an audiotaped, phone interview, lasting approximately 30 minutes.

I do not anticipate any potential risks for your participation. This project is an opportunity to gain new perspectives on how self-compassion effects therapeutic interactions. Unfortunately, compensation for participation will not be provided.

Only myself and my advisor will have access to the study data and information. All identifying information will be deleted from the material, and quotes or vignettes used in presentation will be carefully disguised. Data will be stored on audiotapes and in an electronically secure database for up to three years as required by federal regulations and after that time they will be destroyed or continue to be kept secured as long as they are needed for research. When no longer needed, the data will be destroyed.

Your participation in this study is voluntary. You may skip any question you choose not to answer. You may withdraw your participation at any time until May 30, 2009. If you chose to withdraw all material relating to you will be destroyed. If you have any questions concerning the research project you can call me at (XXX) XXX-XXXX. Questions regarding your rights in this research project should be directed to the Chair of SSW Human Subjects Review Committee at (XXX) XXX-XXXX. You will be given two consent forms to sign before your interview, including one to keep for yourself.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant: _____ Date: _____

Participant name (printed): _____

Signature of Researcher: _____ Date: _____

Appendix D

Demographic Information Form

Age: _____

Gender: _____

Number of years practicing as a psychotherapist, healer or counselor: _____

What do you call the type of therapy you do?: _____

Academic training:

MA _____ PhD _____ other _____

Type of degree _____

Licensed?: yes ____ no ____ Type of License: _____

Theoretical orientation (if any): _____

Interview Questions:

1. How long is your initial session with individual clients and how long is each regular session?
2. Please describe a typical counseling session.
3. How do you define the notion of “self-compassion”?
4. Do you cultivate self-compassion in your personal life? If yes, how so? If no, why not?
5. Do you cultivate self-compassion in your professional practice? If yes, how so? If no, why not?
6. Do you feel self-compassion helps your intuition? If yes, how so? If no, why not?

7. a. [If responded “yes” or “sometimes” to question 4 or 5]

Do you feel cultivation of self-compassion has impacted your work with clients?

b. [If responded “no” to question 4 or 5]

You responded that you do not cultivate self-compassion in your [personal or professional] life. Do you believe that has impacted your work with clients?

8. Do you ever notice being less compassionate with yourself?

If yes, does this impact your work with clients? If no, why not?