The Caring Observer:

Creating Self-Compassion through Psychodrama

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A growing body of research indicates that self-compassion and self-esteem contribute to overall optimism and hopefulness. Self-compassion is a more stable and enduring trait in positive mood states, openness, and resilience and is a stronger healing agent for depression, anxiety, self-loathing, and self-injurious behaviors. The Caring Observer is a role created through psychodrama to evoke a warm embrace of the self, the ability to hold one's self in kindness through suffering, and the sense of feeling connected to humanity rather than isolated and ashamed—all traits of self-compassion.

KEYWORDS: Self-compassion; mindfulness; self-criticism; psychodrama; resilience.

The presence of an internal "observer" has been central to ancient Eastern traditions of meditation, yoga, and mindful awareness and has found its way to Western psychotherapy, perhaps because of its ability to bring wisdom and grounding to even the most tumultuous situations. The observer gives the ability to stand back and notice what is happening inside, while experiencing it at the same time. Even the smallest space between experiencing the full power of feelings and "knowing" that they are just feelings allows a person to settle into the reassurance that even a tidal wave of emotion will eventually pass.

Psychodrama has several techniques to embody the observing stance that can be helpful in placing the grounding feet of wisdom into the swirling intensity of strong affect. For example, a protagonist can be placed in the mirror position to observe the scene from the outside, giving the person a safe distance and fresh perspective to view the dilemma. In the 1990s, Kate Hudgins, PhD, developed a specialized psychodramatic model to treat posttraumatic stress disorder called the Therapeutic Spiral Model. Her model, now used to treat individuals and communities in the frontlines around the globe, casts the role of the Observing Ego (OE) along with various doubles (empathic voices) to create the internal architecture of safety and containment. The OE provides the cognitive container, or the left hemisphere's presence, to help label events that may be stored in the highly charged, nonverbal memory. The OE helps make sense of the once-

ISSN 0731-1273

fragmented experience and weaves it into the colorful and empowering narrative of the trauma survivor (Hudgins, 2002; Hudgins and Toscani, 2013; Lawrence, 2011).

THE SALVE OF COMPASSION

Buddhist traditions kindle the softheartedness of compassion by the use of prayers or mantras that ask for safety and good fortune for oneself, the community, and the world: a simple act that evokes feelings of tenderness and care for self and others. A recent study from the University of Wisconsin shows that this exercise of well-wishing is akin to weight training in its ability to build "compassion muscle" in the body and mind. The two-week compassion training increased altruistic behavior in participants and increased firing patterns (comparing fMRI) in the inferior parietal cortex, the area associated with empathy, when looking at images of suffering. The compassion training also increased regular activity in the dorsolateral prefrontal cortex and its communication with the nucleus accumbens, brain regions involved in everyday emotion regulation and positive emotions (Weng et al., 2013).

The salve of self-compassion has begun to make its way into psychotherapy through programs such as Compassionate Mind Training (see later), mindfulness-based therapies, self-compassion workbooks, and self-forgiveness exercises. One of the leading pioneers in the field of self-compassion—Kristin Neff, PhD, at Texas University—has generated volumes of research on its efficacy in psychotherapy. She defines self-compassion as having three essential components:

First, self-compassion involves treating oneself with kindness versus self-judgment in the face of suffering, pain, or mishaps.

Second, a trait of self-compassion is the understanding that suffering, mistakes, and messiness are part of the human condition rather than something unique and shameful.

Finally, it involves the element of mindfulness, or an understanding that painful feelings come and go and one doesn't need to overidentify with them (Neff, 2009; Neff, Kirkpatrick, and Rude, 2006; Neff and Vonk, 2009). Gilbert and Irons (2004) add the qualities of warmth and wisdom to self-compassion, connecting it to the mammalian caretaking and comfort system. Badenoch (2008, 2011) brings the addition of the warm welcome, suggesting we treat all parts of ourselves—even the parts that are defensive, scared, critical, or cranky—with the open arms of acceptance. She writes, "Our consistent experience tells us that therapeutic progress accelerates when our patients are able to shift from the stab of self-blame to the embrace of self-compassion" (2008, p. 184).

A NEW THERAPEUTIC MODEL: SELF-COMPASSION

Self-compassion is gaining evidence and valor as a construct that enhances positive moods and prosocial behavior and is a robust protective factor against a variety of disorders, including anxiety, depression, rumination, and fear of failure. Higher levels of self-compassion are linked with higher levels of happiness, optimism, curiosity, and connectedness (Neff, 2009). It is also linked with connecting

language versus separating language (disowning parts of self) when writing about weaknesses (Neff et al., 2006). Research shows that people with high self-compassion tend to have courage to venture into new arenas, make mistakes, and pick themselves up again, since they are more likely to offer themselves reassurance. They are also more motivated to learn from intrinsic curiosity and desire for mastery than from performance or competitive goals alone (Neff, 2009).

Like self-esteem, self-compassion correlates with general happiness, optimism, and positive mood states; however, self-compassion holds up where self-esteem falters, since self-compassion is based not on being better than average or achieving a goal but on treating one's self with friendly regard (Baumeister, Campbell, Krueger, and Vohs, 2005; Neff, 2009; Neff et al., 2006; Neff and Vonk, 2009). After nearly three decades of esteem-building programs, research now tells us that adolescents with high self-esteem are no less likely to turn to alcohol, drugs, bullying, cheating on tests, or engaging in early sexual activity than teenagers with low self-esteem (Baumeister et al., 2005; Neff and McGehee, 2010). Research indicates that self-compassion is a stronger buffer against anxiety when a person is faced with an ego threat than self-esteem, since self-esteem is often contingent upon outcomes and comparing the self to others (Neff and Vonk, 2009). A study of self-compassion versus global self-esteem found that self-compassion predicted more stable feelings of self-worth and had a negative association with social comparison, public self-consciousness, self-rumination, anger, and the need for cognitive closure compared to self-esteem. Self-esteem is positively associated with narcissism and the need to defend a better-than self-image (Neff and Vonk, 2009).

RELATIONAL PAIRS: INTERNALIZED MODELS

Jacob Levy Moreno, MD (1889–1974), the founder of psychodrama and sociometry, believed that the smallest unit of treatment is two. In other words, we are always "in relation" with the other (Moreno, 1953). His enormous contribution of the social atom is a testament to the power of internalized relationships, or how our social networks can nourish or strain us, stir ambivalence, or be simply neutral. The interpersonal neurobiologist Bonnie Badenoch, PhD, refers (2008, 2011) to empathic and unempathic relational pairs as neural networks that represent internally what we have experienced relationally. An example of an empathic pair would be the playful dad and adoring daughter. These two form an internal working model woven into implicit memory, evoking bodily sensations of lightness and warmth, an involuntary smile, and the bubbling of fond memories. An unempathic pair might be the angry mother and terrified son, leaving a grown man gripped and speechless when approached by an irritated coworker. These pairs offer healing pathways for therapists who use psychodrama, art, or expressive therapies to loosen the lockstep of the duo and invite new connections to engender a safer internal world for clients struggling with self-abuse, neglect, or a harsh introject. We can look at self-criticism and self-compassion through the lens of the two-person dynamic to understand the power of internal berating versus internal comfort.

Interestingly, the body doesn't distinguish between stimuli from the outside versus the push from inside: The physiological effects are the same (Gilbert and

Irons, 2004; Gilbert and Procter, 2006; Neff, 2011). Research indicates that kindness from the self kindles the same circuitry as loving-kindness from another, allowing us to feel the glow of connection whether it is coming from an internal support or a friendly neighbor. This warm connection activates the mammalian caretaking system, stimulating a flow of hormones in the oxytocin and opiate family nicknamed the "social reward system." Oxytocin has historically been named "the touch hormone," since it is released in large doses when mothers nurse babies to promote touching, cuddling, and bonding. However, science now tells us oxytocin is released in a variety of situations where social signals indicate safety, friendliness, and affiliation. It has an overall calming effect, as it lessens fear, reduces physical pain, lowers cortisol (stress hormone), and creates a general feeling of safety, generosity, confidence, and well-being (Panksepp and Bivens, 2012). Brain studies (fMRI) show that self-compassion lights up the left temporal pole, anterior cingulate, and anterior insula, suggesting that efforts to be self-assuring engage the same regions as expressing empathy and compassion toward others (Badenoch, 2011; Longe et al., 2010).

Self-compassion is a strong buffer against the ravage of the self-critic, which is often the feed monster in depression, anxiety, eating disorders, and shame-based disorders (Gilbert and Irons, 2004; Gilbert and Procter, 2006; Neff, 2011). A pilot study by Gilbert and Irons (2004) used Compassionate Mind Training (CMT) with a group of highly self-critical people and found significant increases in ability to self-soothe as well as significant reductions in depression, anxiety, self-criticism, shame, inferiority, and submissive behavior. CMT is targeted to reducing shame proneness through viewing self-criticism as a safety mechanism that became part of surviving a harsh or abusive environment. Seeing through a no-fault lens and using compassionate imagery, patients could calm the neurological threat system of the self-to-self attack and slowly soften into the caretaking system of inner kindness.

In this relational pair model, self-criticism and negative evaluation activate the panic system in the same way a critical attack from others sets off the neurological threat response, releasing cortisol and activating regions of the brain (lateral prefrontal cortex and dorsal anterior cingulate) that trigger error processing and resolution. Gilbert and Procter assert that depression is an example of the internal pair of dominant (hostile attack) and subordinate (submissive, anxious/depressed) response leaving a person feeling helpless, humiliated, and defeated in response to the inner tyrant (2006, p. 358). Based in attachment, people who suffered neglect or abuse in early years of life have not only overdeveloped systems of internal threat but underdeveloped systems of human warmth and caretaking (Gilbert and Procter, 2006; Panksepp, 2009). For example, people with and without bulimia both show the use of food for comfort, but people with bulimia have difficulty generating self-nurturance in nonfood ways (Lehman and Rodin, 1989).

Science tells us that an exercise to engender self-compassion does wonders to wash away the hormones of stress and panic and activate the juices of love and compassion (oxytocin and opiates) that restore feelings of trust, openness, and generosity. This neurological shift from sympathetic threat to parasympathetic

safety allows us to relax into social engagement, better immune functioning, clearer thinking, the ability to stay present, and an overall sense of calmness (Porges, 2009).

CREATING THE CARING OBSERVER THROUGH PSYCHODRAMA

The Caring Observer is a role created through psychodrama that embodies the traits of reassurance, warmth, and empathy that a person needs to feel "seen" and supported through his or her struggles. The Caring Observer is an endearing member of the observer family, a role slightly more dimensional and relational than the traditional observer, whose job is to be neutral, nonjudgmental, and objective (Hudgins and Toscani, 2013). Using the model of relational pairs, the Caring Observer becomes a friendly companion to the one who suffers, creating a resource-rich environment for the person to grow, falter, forgive, muse, and dare to try new things.

These components are helpful: First, most often people can show compassion and caring toward others and lack the ability to show those to themselves (Neff, 2009, 2011; Neff and Vonk, 2009). This is well illustrated in the case of caregiver burnout and compassion fatigue. The protagonist may know well how to generously give empathy to others but be unable to give that same care to herself. In this exercise, her "other" energy is directed onto herself through the use of the second chair. Second, the soft blanket concretizes the nourishing feelings of love and acceptance many of us crave. Most often, participants "soak" in the luxury of the blanket and ease into a benevolent support for themselves. Finally, the Caring Observer must be experienced interpersonally first before it can be generated as an internal role. Therefore, small action structures or warm-ups that build attunement between group members enrich the field of empathic resonance and can give participants the experience of feeling seen and understood that can then be imported into this new role. The warm-up exercises may include the following:

- Dyad sharing about a person who treated you with unconditional positive regard, a person who saw you for who you were.
- Dyad sharing (on any topic) where the instruction to the listener is to listen with eyes, heart, and body only, allowing the speaker to feel "felt with" simply through the warm embrace of being heard.
- Taking the role of a person who really "gets you" and introducing yourself to the group. Place an empty chair at the top of a horseshoe and invite members to come up "as" that attuned person and tell the group something about the group member. For example, "I am Jane's grandma Ruth and I saw what a bright girl she was." The group leader can interview and pull for more, and can invite "Grandma Ruth" to tell Jane directly something she needs to hear.
- Building a spectrogram of the harsh critic to allow members to warm up to the topic and to each other. Create a continuum on the floor from 0 to 100 (marking both ends) and ask, "How hard you are on yourself?" Invite members to find their place on the line. Individual members can share aloud, in clusters, or in dyads. Second-step variation: The group leader can ask,

"Where would you like to be on this line?" Group members can move to the desired place and speak in the here and now of that spot. For example, "Wow, I have a lot of freedom." Generally, group members like to play this one out a bit, fully experience what it is like to have the monkey off their backs. The group leader can call for bodily sensations, sculptures, or sentences to bring this new state to life.

ACTION: MEET YOUR CARING OBSERVER

As the group leader, I introduce the idea of a part of ourselves who is always aware, the "one who knows all you have been through" in life. The soft blanket can be passed around or walked around by the group leader so members can "feel into" the concept of caring and self-kindness.

1. Place two chairs onstage, one slightly behind and angled toward the side of the first. In the second chair goes a soft object, like a blanket, scarf, or cloth that is soothing to the touch.
2. In the first chair (the chair in front), we imagine the Self sitting, the one who has struggled or endured hardship and is often alone. In the second chair (with the soft fabric) is the Caring Observer, the only one who knows how difficult the journey has been.
3. The group leader can explain the exercise as one where we take the role of the Caring Observer (the soft chair) to our own self—saying the words we have longed to hear. The group leader can suggest that participants take their time, offering an unrushed generosity to the sensory experience of sitting in the role, breathing deeply, and absorbing the kindness offered by the cozy blanket. This luxury of lingering invites the softer self to emerge.
4. The leader can offer sentence stems like, "I am the only one that really knows . . ." or simply allow for spontaneity.
5. This action structure can be done as an empty-chair-style exercise, where participants come up one at a time, or may be expanded to include auxiliaries and role reversals.
6. Allow plenty of time for psychodramatic sharing, which means members share from their personal touch points rather than giving advice or analysis. The sharing opens the door to deep connections between members and expands the feeling of belonging and commonality, the signature of self-compassion.

Comments: This exercise has shown excellent results in allowing participants to have the experience of feeling understood and being held in the warmth and positive regard that fosters the healing process. Very often statements like "It wasn't your fault!" begin to offload the heavy shame and self-loathing that come from abuse (and self-abuse), allowing a person to experience a tenderness for the part of themselves who was harmed. This new self-to-self pathway tames the hot underbrush of the self-blamer and expands into the cooler breathing space of curiosity, openness, acceptance, and love in daily life, the signal of internal safety and neural integration (Siegel, 2010). Taken together, this role-taking exercise

sends the baby shoots of self-compassion—which include a softened embrace of the self and the wise observer who knows "this too shall pass"—and the self-acceptance that takes root as participants shift from isolating shame to the blossoming of belonging in a healing circle.

Contraindications: Some participants will have a strong reaction to a compassionate voice, because often a perpetrator uses the seduction of caring in the grooming stage of abuse. In this case, a more neutral tone of the Observing Ego will bring safety and containment. Also, the harsh critic will easily contaminate the role of an observer, so directors can be watchful of forms of criticism slipping in to the role. Finally, the Caring Observer exercise can be taken on the road; participants can recreate this small vignette on their own any time reassurance and warm wisdom are needed.

SUMMARY

Feeling "seen" and "felt with" is the soul food that nourishes us as humans and taps the brain's hormonal sweet spots as we attune to ourselves and others. The Caring Observer can become a permanent companion, a built-in set of eyes that can be our witness and ally, a warm hand at our backs that fosters friendly acceptance, loving-kindness, and humor to carry us through difficult times. This internal attachment system is switched on through a variety of practices such as loving-kindness meditations, mindfulness skills, activities of the Caring Observer, and social connections that feel safe and secure enough to become part of internal reserves.

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