An Embodied Artistic Inquiry on Self-Compassion: Awakening the Warrior Goddess Within

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AN EMBODIED ARTISTIC INQUIRY ON SELF-COMPASSION: AWAKENING THE WARRIOR GODDESS WITHIN

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Abstract

The purpose of this self-study was to engage in an in-depth embodied artistic inquiry of my experience of self-compassion. My research questions were: How can self-compassion support my work as a dance/movement therapist? How does my body inform and communicate my experience of self-compassion? How do I experience self-compassion? Data was collected through video recorded dance/movement and creative journaling, by responding to moments of suffering with self-compassion. Data was analyzed concurrently through dialogue transcript and was further analyzed at the end of data collection using creative synthesis.

Findings indicate that suffering was experienced as tension, pain, and/or disconnection in my body. My body informed and communicated self-compassion through: noticing physical sensations, self-soothing, releasing suffering, compassionate messages, reestablishing a safe space, grounding, and forgiveness. Findings of the study indicate that I experience self-compassion by cycling through seven stages: 1. Attuning, 2. Supporting, 3. Releasing, 4. Receiving, 5. Clearing, 6. Regulating, and 7. Forgiveness. I experienced self-compassion through physical, mental, emotional, relational, and spiritual pathways. Findings suggest that self-compassion will support my work as a dance/movement therapist due to my increased body awareness, kindness, empathy, and internal wisdom. Self-compassion appears to be an effective coping strategy to remain present and self-regulated while working with clients. In addition, self-compassion shows promising effects for therapist self-care. Future research on exploring self-compassion practices through arts-based mediums may further integrate the link between self-compassion and self-care. Moreover, research on implementing daily self-compassion practices for therapists may help to improve self-care and reduce burnout and empathy fatigue.
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Chapter One: Introduction

When I began graduate school to obtain my master’s degree in Dance/Movement Therapy and Counseling, I quickly became aware of all the deep internal work I needed to do. I remember the raw emotions that surfaced during my first summer semester in the program. I could not believe how much of my personal pain and suffering was emerging through the dance/movement therapy experientials we did in class. It was during my first semester of school in which I recognized the suffering that lived within me. It was a suffering that I had neglected and failed to acknowledge until expressive movement brought it into my awareness.

In my life, I have always tried to push forward when I felt: anger, shame, guilt, or disappointment toward myself or others. I believe that pursuing higher education has been a motivator of not letting the suffering in my life get me down. It is as though I have used past disappointments and pain to drive me to do better and be better. What I have come to realize is that avoiding my pain and suffering may have motivated me to strive for success, but it did not erase it from my body-mind. I recognized this throughout graduate school, as I learned how my past experiences were directly related to how I held my body and how I moved throughout the world.

One of the most significant moments in graduate school was when my professor acknowledged the disconnection I had to my scapula. This was recognized after undergoing an experiential that brought up feelings of abandonment for me. My professor reminded me to simply notice the disconnection and even offered to my classmates to place their hands to my scapula. I remember sobbing in class as I recognized how my feelings of abandonment were visible in my disconnected scapula. No matter how much I thought I had come to accept this part of my life or prove that it did not define me, I still had not sat with it. What I have come to
realize is that I was missing a core piece in my ability to accept, honor, and grow from my past. I was missing self-compassion.

I attended my first five-day Mindful Self-Compassion retreat at the Sedona Mago Retreat in Sedona, Arizona, in January 2016. I went to the retreat with the intention of wanting to find self-compassion to heal from a deep suffering I had experienced. During the retreat conducted by Kristin Neff and Christopher Germer, the group was lead through various self-compassion meditations and group experientials. I remember at the beginning of the retreat I felt scared to really be with my pain and suffering. However, throughout the week I began to feel stronger and more compassionate towards myself. It was the final day of the self-compassion retreat in which I took a vital step to heal my suffering. I decided to take the advice from one of the tour guides who lived on the land and was knowledgeable about the healing which could occur. During a tour around the meditation lake, the guide picked up a leaf and said, “When you are ready, take a walk around the lake. Pick up a leaf, one that is calling to you.” He pointed out a bridge, just on the other side of the lake and said, “Take the leaf and throw it off the bridge. When you cross the bridge, you will walk into your new life; leaving behind what serves you no longer.” On my final day at the self-compassion retreat, I did just that. I tossed my leaf resembling this deep suffering off the bridge and walked into my new life. This was the start of my transformation into my self-compassion journey.

Self-compassion poses benefits for therapists, counselors, and helping professionals. Many people report that they are more compassionate to others than themselves (Neff, 2003a). Lack of self-compassion can become a threatening issue for therapists and counselors, as the nature of their work involves listening to traumatic narratives of their clients, while avoiding burnout and compassion fatigue (O’Brien & Haaga, 2015). Due to the nature of the work on both
verbal and non-verbal body-based communication, dance/movement therapists may be at even greater risk for burnout, vicarious trauma, and compassion fatigue (Trif, 2010). Self-compassion gives one permission to be caring and compassionate to themselves when they are experiencing difficulty or inadequacy (Bennett-Goleman, 2001; Brach, 2003; Hanh, 1997; KornWeld, 1993; Salzberg, 1997). Thus, self-compassion may be an in-road to improve therapists’ ability to cope and improve self-care; therefore, decreasing susceptibility for burnout and empathy fatigue.

There is minimal research on the exploration of self-compassion through creative arts mediums. During graduate school I was able to experience how dance/movement and art could provide awareness and begin to heal my suffering. I began to wonder, what if self-compassion was intentionally invited into the embodied experience of dance/movement and art? My curiosity to explore self-compassion through an embodied approach is what influenced the creation of this study.

My theoretical framework as a dance/movement therapist and researcher stems from a combination of compassion-focused therapy and strengths-based therapy. Compassion-focused therapy assists clients in increasing awareness and understanding of their natural response to perceived threats in their environment; while further increasing the client’s ability to care for their own well-being with sensitivity, warmth, and understanding (Gilbert, McEwan, Matos, & Rivis, 2011). My research study obviously aligns with a compassion-focused theoretical approach because I acknowledged my body’s response and offered self-compassion with self-soothing, empathy, and understanding. This study is influenced by a strengths-based approach because it stems from the belief that the client is the expert of their lives and has the innate ability to meet their own treatment goals (Oliver, 2014). Throughout my study, I utilized strengths-based practices by honoring my body as a resource in knowing what I needed to care
for myself in the moment. I explored self-compassion through an embodied artistic approach to promote my ability to heal and allow me to become more whole within myself as a person and as a dance/movement therapist.

The purpose of this embodied artistic inquiry is to explore my experience of self-compassion. My interest in this study is to gain a greater understanding of self-compassion to support my work as a dance/movement therapist. I believe that understanding and improving my relationship to self-compassion will allow me to treat myself with better care and understanding. Consequently, I feel that if I can care better for myself through my own suffering that I will offer greater and more compassionate care to my clients in their suffering. My training as a dance/movement therapist has illuminated how culture and past experiences impact one’s body posture and movement. Through greater awareness of the suffering in my body, I have found an innate need to be self-compassionate. As a feminist woman, I am aware that the social norms in Western culture, as well as my own personal experiences, impact the way I choose to speak and feel about myself. I view self-compassion as a way of accepting my whole self. The words I speak through my own internal self-talk reflect the compassion I have for myself. In addition, the way I move or hold parts of my body are a reflection of the internal responses I experience. As a dance/movement therapist, I have become more aware of the internal responses that occur in my body based off my own emotions and experiences.

I feel that the best way to explore myself as a whole is through my body’s dance and movement. The non-verbal expression of dance and movement provide a platform to express, contain, and regulate strong emotional responses (Krantz & Pennebaker, 2007). Through the use of dance/movement one can tolerate and release previously blocked and repressed emotions/thoughts which can improve their ability to cope from life’s difficulties (Krantz &
Pennebaker, 2007). Exploring self-compassion through dance/movement can improve my ability to cope while working with clients, as well as in my personal life. In addition, I believe that exploring self-compassion through my body’s expression will provide greater insight on how my body can be a resource for self-care. My hope is that this research can enlighten others on the non-verbal internal processes that influence one's ability to be self-compassionate.

The following chapter will cover a review of literature on self-compassion. The literature examined will define and discuss the components of self-compassion and provide various ways to practice self-compassion through minor difficulties and when experiencing highly difficult or traumatic experiences. Misconceptions of self-compassion will also be addressed. The next chapter will highlight the benefits self-compassion has on wellbeing. In addition, the need for self-compassion for therapists, counselors, and helping professionals will be addressed. Lastly, the chapter will conclude with research on dance/movement therapy and self-compassion.
Chapter Two: Literature Review

Self-Compassion

In Western culture the term compassion is often thought of as having compassion for others; however, in Buddhist psychology compassion is regarded as having compassion for oneself, as well as for others (Neff, 2003a). In Latin, compassion means to be with the suffering (Germer, 2009). To understand the meaning of self-compassion it is often helpful to view how one may offer compassion to a close friend who is going through a difficult time. When being compassionate to a friend, one may offer feelings of kindness, a genuine desire to take their pain away, and support in knowing they are not alone in their pain (Neff, 2003a). To be self-compassionate is to turn compassion inward towards oneself (Germer & Neff, 2013). Self-compassion involves taking the same kindness one would offer to a friend going through a difficult time and offering it to themselves.

Kristin Neff, a pioneer in the field of self-compassion, defines self-compassion as, “Being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness” (Neff, 2003a, p. 87). Neff’s definition of self-compassion involves three main components: self-kindness, common humanity, and mindfulness (Neff, 2011b).

The first component of self-compassion is self-kindness. It is common in Western culture that when people make a mistake, they treat themselves poorly by engaging in negative self-talk, self-criticism, and feeling shameful. The inner dialogue people have with themselves whether they are feeling down, embarrassed, or inadequate can involve harshly critical statements such as: “You’re so fat and disgusting!” “That was a totally stupid thing to say.” “You’re such a loser. No wonder nobody wants you” (Neff, 2011b, p. 24). Self-compassion offers an alternative
response to making mistakes or feeling inadequate by providing the tools to soothe and comfort oneself. Thus, self-compassion allows individuals to be kind and understanding towards themselves when facing personal shortcomings. Self-compassion brings humanness and understanding to mistakes and shortcomings which are an inevitable part of life. With the component of self-kindness one can actively comfort themselves in their pain, instead of punishing themselves with self-judgment (Neff, 2011a). Self-kindness provides a soothing, accepting, and gentle way to acknowledge the pain. To assist this process, one can facilitate self-kindness by making supportive statements to themselves such as, “This is really difficult. How can I comfort myself in this moment?” (Neff, 2011b, p. 42). With self-kindness, the individual can actively soothe themselves rather than put themselves down when experiencing a difficult emotion or situation.

The second component of self-compassion is having a sense of common humanity. When people are prone to speak to themselves harshly with judgment when making a mistake or going through a hard time, it often creates an isolative experience (Neff & Davidson, 2016). When people focus on their shortcomings they can become consumed with feelings of inadequacy, making them feel alone in their weakness (Neff, 2011b). At times, some may begin to have thoughts that their own life struggles are abnormal in comparison to others who seem to be coping more easily. Common humanity helps to widen an individual’s experience to a broadened human perspective. While one may be suffering, others are also suffering. Common humanity creates an inclusive perspective that recognizes all people experience failure, mistakes, and suffering (Neff & Davidson, 2016). Common humanity helps to connect people to the human experience reminding them that they are not alone in their suffering.
The third component of self-compassion is mindfulness. Mindfulness involves intentionally remaining present with one’s experience with the absence of judgment; while inviting calmness, balance, and compassion into one’s awareness (Kabat-Zinn, 1994). Mindfulness aims to honor the experience as is, without belittling or overdramatizing it. At times when people experience difficult emotions they may exaggerate and fixate on negative thoughts and emotions about the experience. People may also minimize the experience to avoid the difficult emotions they are feeling. Mindfulness allows the individual to be present with their suffering. Making statements or labeling emotions one is feeling can help to validate their present moment experience by stating for example: “I was frustrated because she was being so slow. I got angry, overreacted, and felt foolish afterward” (Neff, 2011b, p. 104). Being mindful helps to quiet the recurring narrative of the difficult experience and helps acquire a balanced perspective (Neff & Davidson, 2016). The mindfulness component of self-compassion is essential to fully stay present, connected, and open to the pain, while offering support and kindness to oneself.

Pathways of Self-Compassion

There are various avenues one can attend to when beginning to practice self-compassion in their life. This section will review how one can implement self-compassion into their lives through various mindfulness techniques, self-care practices, and formal and informal practices.

In his book, The Mindful Path to Self-Compassion, Christopher Germer discusses five key ways people can invite self-compassion into their lives through: physical, mental, emotional, relational, and spiritual pathways (Germer, 2009). The following paragraphs will summarize the five key ways to bring self-compassion into one’s life.
Being mindful about how the body responds physically when under stress is one way to invite self-compassion. Often when people are stressed there is an increase of tension within the body and shallow breathing may occur (Germer, 2009). Germer suggests to concentrate on softening the body when noticing tension and engaging in mindful breathing to soothe and comfort oneself. Understanding what brings an individual comfort during times of stress can help them be better equipped to compassionately cope and soothe themselves. Even basic self-care practices such as: taking a mindful brisk walk or indulging the warm sensation of a cup of coffee can provide a comforting self-compassionate response in times of stress (Germer, 2009).

Bringing compassion to the mental state involves allowing thoughts to flow in and out without resistance. As discussed in a previous section, when having upsetting thoughts, it is common to want to resist the thought completely or hold on to it by dramatizing it (Germer, 2009; Neff & Davidson, 2016). Allowing difficult thoughts to freely oscillate is a compassionate response. It is also helpful to create a mantra to ease and comfort oneself from upsetting thoughts such as, “This too will pass.” “Be good to yourself” (Germer, 2009, p. 105). Creating visualizations can also be effective. For example, the individual can create an image of the difficult thoughts streaming down a river or imagine the difficult thoughts floating away in a balloon (Germer, 2009). Being present with one’s mental state provides a balance of honoring difficult thoughts, while simultaneously inviting kind and comforting thoughts.

Caring for the emotional state invites individuals to befriend their difficult feelings instead of fighting them. Befriending one’s feelings can involve offering oneself empathy, concern, kindness, understanding, sympathy, acceptance, and support (Germer, 2009). A core practice for caring for one’s emotional wellness is the loving-kindness meditation. The loving-kindness meditation incorporates mindfulness and compassion practices, by directing love,
kindness, and compassion to oneself (Leppma & Young, 2016). Loving-kindness meditations promote feelings of warmth and tenderness to oneself and others (Leppma & Young, 2016). In addition, one can care for their emotional state by spending time with friends and engaging in comforting social interactions.

When experiencing painful emotions, some begin to feel isolated in their experience and neglect their relationships to others. For instance, some individuals over-identify or exaggerate their experience which makes their problem seem larger than anyone else’s problem. Over-identification enhances one’s feelings of separateness and isolation causing them to forget that suffering is inevitable for all humans (Neff, 2003a). Additionally, individuals whom are highly judgmental of themselves are often self-conscious, creating increased feelings of isolation (Brown, 1999). To invite individuals to feel connected and supported in their suffering, Neff’s definition of self-compassion includes common humanity; emphasizing the need to feel connected to others through times of hardship (Neff, 2003a). Feeling connected to the larger human experience in times of struggle helps to widen one’s perspective as a reminder that all humans suffer. Germer (2009) invites compassion seekers to take notice of their interactions with others and seek ways to enrich feelings of genuine happiness within those interactions and relationships. Since the individual practicing self-compassion wants to relieve themselves of their own suffering, they can also benefit from offering the same kindness and compassion to others.

Spirituality occurs as an experience of connectedness to all things (Zumeta, 1993). Germer discusses the spiritual pathway as a balance between a top-down and bottom-up approach. The top-down spirituality approach refers to cultivating a connection to an “ideal transcendent being” in hopes to reduce one’s selfish desires and shortcomings (Germer, 2009,
This may include finding connection through: God, soul, love, peace, truth or another sacred connection. The bottom-up approach involves feeling connected through experiences grounded in the present reality, such as: the gratefulness of being alive or appreciation for the world (Germer, 2009). Nourishing one’s spirituality can help them feel as though they have less to carry or a sense of lightness as they are connected to something even greater.

In addition to the five pathways of self-compassion there are formal and informal practices to facilitate self-compassion. The Center for Mindful Self-Compassion (MSC) founded by Neff and Germer in 2012, offers education and practice of self-compassion, as well as training to become a MSC teacher (Germer, 2017). The Center for MSC provides several formal and informal practices one can engage in to practice self-compassion. Formal practices involve core meditations such as: affectionate breathing, loving-kindness meditations, and giving and receiving compassion. Informal practices are considered more brief, such as: taking a self-compassion break, writing a compassionate letter to oneself, or creating compassionate movements. Detailed information on the formal and informal self-compassion practices is available through readable and printable handouts, videos, and meditation downloads through many varied resources (Center for MSC, 2016; Germer, 2009; Germer, 2017; Neff, 2011b; & Neff, 2017). While there are several ways to begin practicing self-compassion the individual may select the path that provides them with the comfort and kindness they need in the moment.

**Misconceptions about Self-Compassion**

This section will outline the three common misconceptions about self-compassion and discuss how they differ. Neff (2011b) made it a point to differentiate self-compassion from the possible misconceptions: self-pity, self-indulgence and self-esteem.
**Self-Pity**

Self-pity occurs when an individual becomes absorbed in their problems, causing them to feel disconnected from others and feel alone in their struggle. Self-pity may also cause the individual to exaggerate and become consumed by their problems. Self-compassion differs from self-pity because self-compassion recognizes one’s suffering, while also feeling connected to others who are suffering. Self-pity can often cause individuals to become emotionally unregulated, while self-compassion provides a mindful and balanced perspective (Neff & Davidson, 2016).

**Self-Indulgence**

Self-compassion should not be confused with self-indulgence. There is some misconception that self-compassion would make people lazy and cause them to ignore their responsibilities. For instance, an individual who is stressed and chooses to watch television all day because they are stressed, is an example of self-indulgence (Neff, 2017). Self-compassion is an active process by which the individual is present with their distress instead of avoiding it. Sceptics of self-compassion are concerned that being kind to oneself when making mistakes will create less motivation for them to change or strive for success (Gilbert, et al., 2011). Research indicates that self-compassion does not cause a lack of motivation or promote overindulgence. Breines and Chen (2012) conducted four experiments to learn the impact of self-compassion on one’s self-improvement motivation during times of failure. The findings suggested that an accepting, self-compassionate approach to personal failures may in fact improve one’s motivation. In addition, self-compassion was found to be a more helpful form of motivation than using positive distractions, ignoring, and self-esteem practices (Breines & Chen, 2012). In the example above, someone who is self-indulging due to stress or failure will disconnect from their
feelings and thoughts by engaging in other activities. Alternately, self-compassionate individuals take responsibility for failures and short comings by remaining non-judgmental, present, and emotionally balanced (Neff, Hsieh, & Dejitterat, 2005).

**Self-Esteem**

Another common misconception is that self-compassion is confused with being the same concept as self-esteem. Self-esteem has been widely researched in the field of psychology. According to the National Association of Self-Esteem (NASE), self-esteem involves one’s own evaluation of their personal worth and personal competence (NASE, 2016). Personal worth stems from feeling worthy of respect and feeling valued by others. Personal competence is one’s belief that they can make an impact or effect on something (NASE, 2016). While some research has linked self-esteem to well-being (Dogan, Totan, & Sapmaz, 2013; Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004), additional findings have found that self-esteem can result in negative health outcomes (Baumeister, Campbell, Krueger, & Vohs, 2003; Crocker & Park, 2004).

It is commonly known that high self-esteem is promoted in Western culture (Baumeister, et al., 2003; NASE, 2016; Neff, 2011b). While high self-esteem may be thought of as a positive quality, research suggests the high self-esteem can lead to narcissism, self-centeredness, and poor regard of others (Neff, 2011a). One of the pitfalls of self-esteem is that it is often based on the outcome of one’s behavior. For instance, how a student feels after taking a final exam can result in increasing or decreasing their self-esteem (Baumeister, et al, 2003). However, self-compassionate people who experience academic failure can view it as an opportunity for improvement (Germer, 2009). Interestingly, self-compassionate people often have high self-esteem; however, their self-esteem does not decline when they face failure (Neff, 2003a).
compassionate individuals can maintain high levels of self-esteem when they fail because they do not judge themselves for their shortcomings and failures. Rather than comparing oneself to others when faced with failure, a self-compassionate person connects to others by understanding that everyone makes mistakes. Since self-compassionate people are able to comfort themselves during hardships their self-esteem is not negatively impacted.

Self-esteem also differs from self-compassion because self-esteem is primarily focused on the positive experience. The NASE (2016) suggests that those with low self-esteem can boost their self-esteem by creating a list of positive qualities about themselves, remember past accomplishments, and to focus on positive traits rather than negative ones. Boosting self-esteem appears to distract the individual from their inadequacies and negative emotions. Conversely, self-compassionate people actively befriend negative emotions by mindfully holding a space for the pain and embracing it with kindness (Germer, 2009).

Neff recognizes that self-esteem has positive outcomes (Neff, 2011a). Thus, high self-esteem is linked to optimism, happiness, and motivation and lower cases of depression and anxiety (Pyszczynski, et al., 2004). While both self-compassion and self-esteem pose psychological benefits, self-compassion is linked to fewer disadvantages such as ego-defensiveness and narcissism (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003a). Neff’s intention of differentiating self-compassion from self-esteem is to provide individuals with greater insight into coping with both positive and negative life experiences. Self-compassion appears to be a healthier in-road to feeling good about oneself; for, it does not require one to make judgements on their self-worth and creates opportunity for self-acceptance in the here and now.
Managing Difficult Emotions with Self-Compassion

As explained throughout this review of literature thus far, self-compassion involves being present with one’s suffering. Due to this construct, some find self-compassion to be an unattractive or even frightening way to cope with their suffering. However, a problem with avoiding or suppressing one’s pain is that it becomes amplified as a result. Germer (2009) explained that when there is resistance to pain, suffering occurs. If an individual has been avoiding their pain, offering self-compassion for the first time can be a difficult process.

Gilbert and Proctor (2006) found that some participants in their study feared that being self-compassionate would be equivalent to “letting oneself off that hook” or “let one’s guard down” (Gilbert & Proctor, 2006, p. 371). Another noteworthy finding is the difficulty some participants experienced when offering themselves feelings of warmth. One participant mentioned her fear that there was only a “black hole” inside of her (Gilbert & Proctor, 2006, p. 370). Feelings of grief and loss were additional responses that emerged from participants in the study, which caused them a fear of becoming overwhelmed with emotion (Gilbert & Proctor, 2006). Germer (2009) explains that when beginning to practice self-compassion, the individuals who are filled with self-hatred and self-doubt experience an “explosion of difficult feelings” (p. 150). Germer compares this burst of difficult emotions to that of a backdraft; in which a fire is without oxygen and when oxygen is introduced to the environment an explosion occurs (Germer, 2009).

Opening emotions can be particularly difficult for individuals who have experienced trauma. In the United States alone approximately 70 percent of adults have experienced at least one traumatic event in their lives with nearly 20 percent of them developing post-traumatic stress disorder (Sidran Institute, 2016). Experiencing trauma is thought to have a strong impact on the
body (van der Kolk & Fisler, 1995). Levine (2010) explained the importance of allowing the body to undergo its natural physiological responses when in a stressful or traumatic situation. Permitting the body to experience what is happening moment-to-moment helps the body release “survival energy” and move through its intended form of expression (Levine, 2010, p. 17). When one does not allow the natural physiological responses to release in response to a stressful or traumatic situation it becomes trapped in the body and transforms into a “vicious cycle of suffering or disability” (Levine, 2010, p. 17).

Levine cautions that this bound or stuck painful sensory energy should be released slowly and gradually by remaining present and not swept away by the narrative or sensation (Levine, 2010). Levine developed the method Somatic Experiencing, which helps one stay present with their inner sensations by slowly and mindfully tracking them in the body, without reactivating the defense system in order to avoid retraumatization (Carleton & Gabay, 2012). Creating a safe environment is a crucial aspect to establish before engaging in the process, inviting the individual into a state of balance (Levine, 2010). Somatic experiencing invites the client and therapist to observe and track various postures, movement responses, tensions, heart rate and breathing patterns occurring to slowly release blocked energy from the trauma (Carleton & Gabay, 2012). The idea of the process is to allow the body to slowly release in order to bring the body back to a state of self-regulation.

**Self-Compassion for Difficult Emotions**

Germer (2009) suggests that when a traumatic memory emerges during a mindfulness self-compassion exercise to never feel the need to push through it. When attending to highly difficult emotions with compassion, Germer advises individuals to follow four steps which he calls F-A-C-E: 1. Feel the pain, 2. Accept it, 3. Compassionately respond, 4. Expect skillful
action. The first step refers to mindfully feeling the pain without distancing from it. The second step refers to remaining both present and non-judgmental toward one’s pain. Germer suggests that to assist with steps one and two, it is helpful to engage in mindfulness techniques such as: softening, allowing, and labeling. The softening technique refers to accepting the body’s response to the pain. The allowing technique refers to accepting the emotional uneasiness of the pain, inviting it to simply be, as well as naturally ebb and flow. Labeling is simply putting a name to the emotion to allow for clarity, to not become enmeshed in the difficult experience. The third step involves compassionately responding by witnessing oneself in the pain and responding to oneself with kindness and understanding. It is often helpful during this stage to offer loving-kindness phrases to oneself such as, “May I be safe. May I be healthy. May I be free from sorrow.” (Germer, 2009, p.134, 137). The fourth step involves putting the information into action which could include changing jobs, apologizing to someone you have hurt, letting go of resentment or finding forgiveness. The fourth step allows one to shift the movement of their current experience by taking mindful and compassionate actions (Germer, 2009). These four steps can help facilitate a compassionate action plan when coping with difficult emotions.

**Self-Compassion and Well-Being**

Research on self-compassion has been linked to several positive impacts on physical and psychological health. High levels of self-compassion are associated with improved levels of happiness, curiosity, optimism, life satisfaction, and social connectedness, as well as lower levels of depression, anxiety, ruminating thoughts, suppressed thoughts and fear of failure (Neff, 2003a; Neff, 2009; Neff, Rude, & Kirkpatrick, 2007). Additionally, self-compassion has been found to be a protective factor against social comparison and self-consciousness (Neff et al., 2005). The following section will discuss research regarding self-compassion and well-being.
Hall, Row, Wuensch, and Godley (2013) conducted a study on 183 psychology students to measure self-compassion variables in relationship to psychological and physical well-being. The study measured physical symptoms, perceived stress, and depression in relationship to the composites of self-compassion: self-judgment versus self-kindness (SJ–SK), isolation versus common humanity (I–CH), and over-identification versus mindfulness (OI–M). Both SJ–SK and I–CH were predictive of depressive symptomatology and physical well-being, while SJ–SK and OI–M were predictive of managing life stressors. These results may indicate that when people feel connected to others, they present less symptoms of depression. Additionally, people who practice self-kindness and mindfulness may manage stress more effectively (Hall, et al., 2013).

The study highlighted self-judgment versus self-kindness as a key predictor of physical and psychological health. Thus, if one’s level of self-criticism is high, they may struggle to be kind to themselves which will inevitably negatively impact their wellbeing.

Research has examined the effects of compassion-based programs and the impact on self-criticism and shame. Hall, et al. (2013) hypothesized that individuals who often judge themselves are less inclined to care for their physical and psychological needs. Some wonder if self-critics can be self-compassionate. Gilbert and Proctor (2006) conducted a 12-week study using compassionate mind training (CMT) on participants with high self-criticism and shame. The results of the study indicated that participants demonstrated substantial declines in self-criticism, shame, depression, anxiety, inferiority and submissive behavior. Additionally, the participants demonstrated improved abilities to self-soothe and experience feelings of warmth and self-reassurance (Gilbert & Proctor, 2006). As mentioned in a prior section of this literature review, some participants struggled to offer self-compassion due to a fear of being present with their painful emotions. While some participants demonstrated initial fear of being self-compassionate,
by the end of the 12-week study the participants expressed feeling validated for their grief, as well as an improved sensitivity towards their suffering (Gilbert & Proctor, 2006). Self-compassion appears to be a process that requires continual practice to be achieved over time. Compassion-based programs also demonstrate the ability to shift highly self-critical individuals into becoming more self-compassionate.

Self-compassion appears to be beneficial when encountering uncomfortable and negative life events. Leary, et al. (2007) conducted a five-part study to examine how self-compassionate people are impacted by unpleasant life events. The five studies revealed that self-compassion helped participants cope with failure, rejection and embarrassment in response to the difficult events (Leary, et al., 2007). Self-compassionate people were found to have less negative emotions when faced with a negative event and implemented self-compassionate actions towards themselves, such as treating themselves with kindness. An interesting finding was that self-compassionate people were found to take ownership for their faults in negative events. Additionally, self-compassionate people responded with less reactivity and more balance to both positive and negative events. Leary et al. (2007) attributes this finding to the notion that self-compassionate people can recognize success and failure as part of the larger human experience. This finding correlates with Neff et al. (2005) who found that when self-compassionate undergraduates were faced with academic failure they were able to acknowledge and accept negative feelings, while remaining balanced and nonreactive. Self-compassionate undergraduates were also found to stay present with their feelings allowing themselves to accept and process the event (Neff et al., 2005). Research demonstrated that self-compassion provides positive benefits to well-being.
Self-Compassion for Therapists, Counselors, and Helping Professionals

The role of a therapist, counselor and helping professionals is often to provide care, empathy, support, and compassion to their clients. Even though many would assume that people working as therapists and counselors would be self-compassionate, it is not unusual for people that are incredibly kind and compassionate with others to not have compassion for themselves (Germer & Neff, 2013).

The demands that therapists, counselors, and caregivers may experience at times can be emotionally challenging to the point it results in burnout and compassion fatigue. Burnout occurs when an individual becomes burdened or overloaded causing their health and view on life to become negatively impacted (Rothschild & Rand, 2006). Some key signs of burnout include: “fatigue, frustration, disengagement, stress, depletion, helplessness, hopelessness, emotional drain, emotional exhaustion, and cynicism” (Skovholt & Trotter-Mathison, 2011, p. 146).

Compassion fatigue can further be explained as a form of exhaustion and burnout that can occur in response to working with traumatized individuals (Neff, 2011b).

Approximately one-quarter of health professionals whom work with individuals who have been traumatized, experience a form of compassion fatigue (Neff, 2011b). Compassion fatigue has been linked to less effective care from helping professionals (Raab, 2014). There are several symptoms one may exhibit when experiencing compassion fatigue. Some symptoms may include: inability to self-soothe, hopelessness, decreased frustration tolerance, anxious or depressed mood, or dread to work with specific clients (Deighton, Gurris, & Traue, 2007). It is imperative that therapists and counselors be aware of the signs and symptoms of compassion fatigue to protect their clients and themselves.
While several studies within the research use the term compassion fatigue to explain the concept of emotional exhaustion, the Mindful Self-Compassion field has transitioned to using the term empathy fatigue. The purpose of this shift in nomenclature is that if one is truly practicing self-compassion then they would not become fatigued from it; for, with true self-compassion one is continually offering kindness and understanding to their pain and suffering.

The role of compassion and empathy have diverse influences on one’s response system. Klimecki, Leiberg, Ricard, and Singer (2014), investigated the role of neural plasticity in the brain to understand the affect response of empathy and compassion in response to suffering. The study found that empathy was related to increased negative affect and activated accompanying brain activity. Compassion was related to positive affect and activated neural pathways associated to affiliation and reward. Researchers concluded that compassion training may provide a coping strategy to prevent burnout and empathic distress, while strengthening resilience (Klimecki, et al, 2014). These findings reveal that compassion provides a protective factor to suffering. It is obvious that the term compassion fatigue does not seem to accurately represent when someone has reached emotional exhaustion and distress. “Love and compassion do not get exhausted and do not make us weary or worn out, but on the contrary help us surmount fatigue and rectify it when it occurs” (Ricard, 2015, p. 57).

While this researcher acknowledges the purpose of shifting from using compassion fatigue to empathy fatigue in order to more accurately identify the experience, it is also recognized that the use of compassion fatigue is common in the published literature. For the purposes of this thesis, the terminology to explain the impact of burnout and emotional fatigue may be referred to as compassion fatigue or empathy fatigue interchangeably.
Figley (2002) proposes that effective therapists incorporate and express empathy and compassion in their work with clients. Many therapists and counselors offer their clients both support and compassion in hopes that they will begin to facilitate it for themselves. In return, some wonder if counselors and therapists can offer themselves the same support and compassion. Patsiopoulos and Buchanan (2011) conducted a narrative study on 15 experienced counselors to examine their relationship to self-compassion. The narrative interviews resulted in three major themes involving: counselor experience in sessions, workplace relationships, and self-care practices (Patsiopoulos & Buchanan, 2011). Results of the study found that self-compassion resulted in improved counselor well-being, as well as improved effectiveness in therapeutic and work relationships. Patsiopoulos and Buchanan (2011) concluded that integrating self-compassion into a professional dialogue could benefit therapists in two major ways: 1. To compassionately address workplace challenges and 2. To promote therapist well-being. The practice of self-compassion appears to demonstrate improved wellbeing for counselors and therapists, in particular.

Additionally, research suggests that mindfulness-based interventions are demonstrating improved self-compassion for health care professionals (Newsome, Waldo, & Gruszka, 2012; Shapiro, Astin, Bishop, & Cordova, 2005; Shapiro, Brown, & Biegel, 2007). Shapiro, et al. (2005) examined whether mindfulness-based stress reduction (MBSR) would improve self-compassion levels for 38 health care professionals participating in a six-week MBSR program. MBSR was originally developed at the University of Massachusetts Medical Center by Jon Kabat Zinn and colleagues (Kabat-Zinn, 1982). The overall goal of MBSR is to reduce stress through nonjudgmental, present moment interventions that challenge participants to attune with their body sensations, emotions, and thoughts (Shapiro, et al., 2005). This study incorporated
MBSR meditation practices along with loving kindness practices that focused on compassion for self and others. The 26-item Self-Compassion Scale developed by Kristin Neff (2003b) was used as a measuring tool. The results of the study indicated that participants significantly improved their levels of self-compassion with a 90% increase (Shapiro, et al., 2005).

Shapiro, et al. (2007) conducted a similar study utilizing a six-week MBSR and loving kindness practices with 54 counseling students in a Master’s program. Researchers concluded that MBSR and loving-kindness practice reduced anxiety, stress, rumination, and negative affect, while promoting positive mood and self-compassion for counseling students (Shapiro, et al., 2007). While meditation practices appeared to be beneficial in stress reduction for counseling students, researchers also found that it was not dependent upon minutes spent in meditation (Shapiro, et al., 2007). This may indicate that individuals achieve stress reduction through MBSR regardless of how long they spend meditating. This could be useful knowledge for individuals whom are just beginning a meditation practice.

Researchers examined whether mindfulness practices can sustain self-compassion levels post intervention and post research study. Newsome, et al. (2012) conducted a six-week mindfulness study with 31 college students whom were planning to enter helping professions. Interventions within the mindfulness study involved meditation, yoga, body scanning, and qigong. Participants’ levels of perceived stress significantly decreased while mindfulness and self-compassion significantly increased. The study found that learning and practicing mindfulness directly influenced the participants’ self-compassion levels. Participants in the study were also found to maintain self-compassion scores post intervention and after a follow up (Newsome, et al., 2012). Mindfulness practices appear to have lasting impressions on the participants’ level of self-compassion.
Dance/Movement Therapy and Self-Compassion

There is minimal research on the topic of self-compassion and dance/movement therapy. A therapist’s role is often challenging as it requires empathic listening and responding to their client’s traumatic self-disclosures, keeping the self-disclosures and their own emotional responses private, while refraining from burnout or compassion fatigue (O’Brien & Haaga, 2015). Dance/movement therapists have a unique approach to therapy. Dance/movement therapists incorporate work with clients on a mind and body level entering their client’s personal stories on both a verbal and embodied non-verbal realm. Due to this unique form of therapeutic work, dance/movement therapists may be at a greater risk of experiencing compassion fatigue. In a self-study, Trif (2010) examined how dance/movement therapists may be more susceptible to burnout, vicarious trauma, and compassion fatigue, due to the somatic nature of the work in the body. She discovered that her own personal experience with burnout and vicarious trauma may have occurred due to a lack of establishing boundaries and lack of tracking her self-awareness in response to her clients (Trif, 2010). Trif’s awareness of her limited boundaries and self-awareness demonstrate that dance/movement therapists may benefit from self-compassion practices.

Copeland (2013) conducted an embodied artistic inquiry self-study on self-compassion after experiencing burnout towards the end of her internship as a dance/movement therapy student. Copeland discovered that through using artistic methods such as dance and movement to analyze and present findings of her data, she discovered a deeper relationship with self-compassion. Copeland found that she improved her ability to be mindful and self-aware by becoming self-compassionate toward her emotions, inner sensations, and response to others. Copeland adds that self-compassion was a form of her personal self-care; which in turn allowed
her to become more confident, empathic and compassionate (Copeland, 2013). Self-compassion appears to be a beneficial in-road to support dance/movement therapists and counselors in their professional work.

**Conclusion**

Self-compassion is a useful tool that can provide individuals immediate access to coping with life’s difficulties. Self-compassion has demonstrated several benefits in the studies presented in this literature review. This literature review thoroughly discussed the components of self-compassion, methods of practice, and the influence of self-compassion on well-being. Self-compassion was also differentiated from self-pity, self-indulgence, and self-esteem. Several studies were discussed to view the benefits of self-compassion on well-being. Studies examined the role of self-compassion for therapists and counselors as they are more prone to experiencing burnout and compassion fatigue. Copeland’s (2013) study suggested a need for more research on self-compassion in the field of dance/movement therapy. It is my hope that this study will add value to the fields of both self-compassion and dance/movement therapy.

The purpose of this study is to explore my relationship to self-compassion using artistic mediums. My hope is that the exploration of self-compassion through dance/movement and art will support my work as an emerging dance/movement therapist, as well as promote my own well-being and self-care. With a greater understanding of my own self-compassion I can become a more effective dance/movement therapist. Neff (2011b) explained that self-compassion can improve the effectiveness of a therapist. Thus, this study can assist other therapists in their own ways to find self-compassion to support their work as therapists. My research will answer the following questions: How can self-compassion support my work as a dance/movement therapist? How does my body inform and communicate my experience of self-compassion? How do I
experience self-compassion? These research questions were developed from my own personal motivation to understand how my body uses movement and art to express and communicate my process of being compassionate to my own suffering.

The following chapter will discuss the methods of my research. I will explain and discuss why an embodied artistic inquiry was used as the methodology for this study. In addition, I will discuss the procedure, data collection and data analysis methods used in the study.
Chapter Three: Methods

Methodology

The methodology used for this qualitative study is an embodied artistic inquiry. “Embodied artistic inquiry is defined as research that (1) uses artistic methods of gathering, analyzing, and/or presenting data (2) engages in and acknowledges a creative process and (3) is motivated and determined by the aesthetic values of the researcher” (Hervey, 2000, p. 7). An embodied artistic inquiry follows a set of procedures that best reflect the research questions, research context, and the researcher’s philosophy and skills (Hervey, 2012). Embodied artistic inquiry allows researchers to use artistic methods throughout their entire research study. This is beneficial for dance/movement therapists and other artists as it allows them to use the skills they have obtained from their professional training as movers and artists, and apply it to their research.

In this embodied artistic inquiry, I engaged in a creative process in which I used arts-based methods such as dance/movement and visual art making (termed creative journaling) to collect, analyze and present my findings. I was guided by my own inner awareness through movement and art in order to discover meanings of the data. Using arts-based methods such as artwork and dance provides an opportunity for the researcher to further develop aesthetic sensitivity, kinesthetic empathy, and enhance their relationship to expressive movement (Hervey, 2000).

An embodied artistic inquiry suited this study because the research involved my own inner experiences that transpired through creative mediums. The embodied artistic inquiry methodology allowed my own sensations, images, feelings, thoughts, and movement to be evoked authentically through the creative process. Since the data from my research stems from
emotional body-felt responses and intuitive content, an artistic inquiry will allow the data to remain authentic in the artistic form of expression (Hervey, 2012). Additionally, an embodied artistic inquiry supports my research study because findings were presented in their true aesthetic form in a dance performance.

For the purpose of this embodied artistic inquiry, data was collected using qualitative methods because they reflect the exploration process and subjective nature of the research. The qualitative data collection methods used in the study included video recorded dance/movement and creative journaling.

**Participant and Setting**

In this embodied artistic inquiry, I am the researcher and participant. I am a 29-year-old, single, Caucasian, cis-female, who currently lives in Chicago, Illinois. All data collection and data analysis was conducted in my personal residence. I chose this setting in order to maintain privacy.

**Procedure**

I used my personal computer to video record all dance/movement data entries. My computer was set up in my living room in a location which captured the space in the room I moved in. Furniture was moved out of the center of the room to provide more space to explore my movement. At times dance/movement recordings involved music to assist in deepening my personal exploration. When used, music was chosen at the time of collection. I recorded creative journaling data in my personal sketchbook which I have dedicated solely for the use of my self-compassion work. Creative journaling used tools such as: colored pencils, paint, watercolor, glitter glue, scissors, and paint brushes.
Dance/movement recordings and creative journaling took place two times per week. Dance/movement recordings and creative journaling averaged approximately 10-30 minutes each session and no session exceeded one hour. Throughout my six weeks of data collection I recorded eight movement recordings and two creative journal entries. Data collection was deemed as complete after six weeks of collection. On two occasions (week one and week six) I only collected data once during the week instead of twice. During week one of data collection I had recently experienced a traumatic event. I felt emotionally overwhelmed and unable to engage in data collection safely without becoming triggered. During week six I was experiencing high emotional stress and felt unable to safely engage in data collection. Due to the nature of this study in which I explored moments of suffering that were evoked during data collection, I took ethical precautions in that my therapeutic goals and needs would take precedence over the goals of the research (Hervey, 2012).

Data Collection

In order to explore my research questions, I used dance/movement and creative journaling to respond to moments of suffering with self-compassion. For the purpose of this study, I have defined moments of suffering as difficult experiences that I have encountered. This could involve a difficult event or emotional experience that occurred recently or from my past. To truly be self-compassionate, I felt it was necessary to respond to a moment of suffering that felt most prevalent at the time of data collection. During data collection I responded to moments of suffering including: personal trauma, loss, and physical pain I felt in my body. While some of the data I collected was clearly related to a known personal experience I had, other data collected about my suffering was more difficult to label. For example, when I responded to the physical
pain I was experiencing in my body, I did not always know the root of the pain. I chose to be self-compassionate towards anything that arose in my data collection process.

I followed Kristin Neff’s definition of self-compassion in order to respond to my suffering. Neff explains that self-compassion “involves being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness” (Neff, 2003a, p. 87). Data was collected by responding to my suffering through either dance/movement or creative journaling. I allowed myself to select either one of the two arts-based methods by choosing the medium that felt most significant in the moment of the collection. This furthered my ability to be self-compassionate by meeting my own needs in the moment of data collection.

**Video Recorded Dance/Movement.** I collected dance/movement data by first turning on my computer’s video recorder. I started my exploration by either sitting in stillness and/or moving throughout the space. I would begin by settling into my body and turning my attention inward to discover what suffering I was going to respond to with self-compassion. At times, I was compelled to select music to deepen my personal exploration and other times I moved without music. On some occasions, I sang and vocalized words or sounds that arose during my movement exploration.

**Creative Journaling.** I collected creative journaling data by setting out my sketch book and all art materials to create art work on a moment of suffering. At the time of collection, I chose which arts-based tools I felt drawn to using. In the case of the two creative journaling data collections I used colored pencils. On one occasion, I knew exactly what suffering I was going to respond to and began art making immediately. On the other occasion, in which the suffering was not clear at the start, I began by settling into my body to attend to inner sensations, thoughts, and
feelings to discover the suffering I would respond to with self-compassion. My data entries involved words, narratives, and drawings that reflected my exploration.

**Data Analysis**

Data analysis was integrated into the creative process and occurred concurrently during the data collection phase. After each data collection, I engaged in a dialogue transcript. A dialogue transcript allows for the researcher to aesthetically respond either verbally or through another medium (Hervey, 2012). I used a dialogue transcript as a form of analysis to interact with both my movement data and/or creative journaling data. Creating dialogue with my movement data occurred through creative journaling. In turn, creating a dialogue with creative journaling data was done through video recorded movement. Thus, I created a total of eight creative journaling dialogue transcripts and two video recorded dance/movement dialogue transcripts. I engaged in dialogue transcripts for 10-30 minutes each. The focus of the dialogue transcript was to further identify themes, patterns, or distinct differences in my data that began to answer my research questions.

Before beginning the second form of analysis, I took a two-month incubation period. Moustakas (1990) explains that, “Incubation is the process in which the researcher retreats from the intense, concentrated focus on the question” (p. 29). I felt this was a necessary step in my research due to the intense emotions I was experiencing from my data collection and first phase of analysis. During the incubation period, I stepped away from my data to recuperate from my process by engaging in self-care practices such as: reading, dancing, singing, and spending quality time with family and friends. Retreating from the intense work of data collection provided clarity and rejuvenation before I immersed myself into the second part of analysis.
I used creative synthesis as an additional analysis method to further explore, discover, synthesize and express the meaning of the data (Hervey, 2012). Creative synthesis involved reviewing and engaging in movement with all 10 dialogue transcripts to elicit themes, patterns, or differences that yielded answers to my research questions. I reviewed all recorded dance/movement entries and documented various movement patterns within my videos. I examined all creative journaling entries and documented recurring themes and changes within my entries. Lastly, I went back to the dialogue transcripts and pulled out significant themes presented and responded to them with movement. After each creative synthesis exploration, I documented what I discovered through my movement to answer my research questions. The creative synthesis process resulted in a dance performance to represent my findings. The dance was performed on December 1st and December 2nd, 2016 at Columbia College’s M.O.V.E.D. Concert.

Validation Strategies

The validation strategies for this study include rich, thick description (Creswell, 2013) and resonance panel (Curry & Wells, 2003). Since I am the sole participant in the study, a detailed description of emerging themes and personal processes is discussed. Detailed descriptions include quotes, movement description, and activity description. This allows the reader to make greater informed decisions about the results of the study, as well as the relevance of transferability (Creswell, 2013). A resonance panel was used during the data collection and first analysis phase in order to modify and refine themes and to provide external validation (Curry & Wells, 2003). The panel consisted of four individuals including: two dance/movement therapists in training, one art therapist in training, and one registered dance/movement therapist who has knowledge and experience on the topic of self-compassion. The resonance panel met
three times during the beginning, middle and end of my six weeks of data collection and data analysis. My resonance panel asked questions and challenged me to be curious about the data to discover deeper meanings.

The following chapter will discuss the results from this embodied artistic inquiry. Prominent themes and patterns which occurred in dance/movement data and creative journaling data will be thoroughly discussed. In addition, illustrations from my creative journaling entries will be provided to enhance the description of the findings.
Chapter Four: Results

As a result of my embodied self-exploration into my experience of self-compassion, I discovered several themes and patterns within my movement and creative journaling entries. This section will discuss the emerging themes from my data collection and how they answer my research questions. The primary question I explored was, “How can self-compassion support my work as a dance/movement therapist?” The secondary questions I explored were, “How do I experience self-compassion? How does my body inform and communicate my experience of self-compassion?”

Stages of Self-Compassion

As I reviewed my data, I recognized that I had developed a particular movement sequence of how I responded to suffering with self-compassion. These stages were present throughout each of my video recorded movement entries. My data revealed seven significant stages which I cycled through in my data. Although all stages were present, sometimes I would go back to a particular stage or spend more time in one. The following stages demonstrate my experience of self-compassion: 1. Attuning, 2. Supporting, 3. Releasing, 4. Receiving, 5. Clearing, 6. Regulating, and 7. Forgiveness. I will describe each of the following stages in detail.

Stage 1: Attuning. Before beginning my movement and creative journaling, I began with attuning to my inner sensations to discover the suffering to which I would respond. This typically involved either sitting in stillness or mindfully walking through the space. In the early stages of data collection, the attuning stage was typically short and lasted only a few minutes at most. Overtime, this stage began to extend to 10 – 12 minutes. In the beginning weeks of my data collection, I typically went into the attuning stage with a known moment of suffering toward which I would offer self-compassion. Sometimes when I began attuning, the specific moments of
suffering I was feeling immediately rose to the surface. However, there were several times that a clear moment of suffering did not arise and instead I became increasingly aware of physical pain or tension in my body. For example, during my first collection on week four, I noticed that I became increasingly aware of the physical tension in my lower spine. I did not know exactly what it meant. However, I let myself be compassionate towards the physical pain I was feeling. As weeks went on in my data collection, I became less concerned with needing to label the moment of suffering or have a clear event in mind and instead I let my body be my guide. As I let my body take the lead, I developed a heightened sense and greater empathy towards the inner sensations I was feeling within my body. A prominent theme within the attuning stage was tension and disconnection within my body.

**Tension and disconnection.** Throughout my creative journals and movement videos it became clear that when I responded to suffering I began to sense where I felt tension, rigidity and/or pain in areas of my body. During week one through week three, I felt tension and disconnection in my scapula. During week three, week five, and week six, I noticed tension in my jaw. During week three through week six, I experienced tension and pain in my chest. During week two through week five, I felt tension and pain in my lower back. While these were the primary areas of tension, rigidity, pain, and disconnection found in my data, there was a prominent difference in the way I responded in movement towards my scapula during the first three weeks of my data collection.

When reviewing the video recordings from week one through week three, I noticed that while I was disconnected from my scapula, there was also rigidity in my arms. Many of my movements involved attempting to realign the areas of disconnection. I would manually press my shoulders back or when lying down I would firmly press my shoulders into the floor. It was as
though I was forcing my shoulders to be in alignment with my body because I felt a strong desire to be fully connected. During my first resonance panel meeting I discussed my strong need to be connected to my scapula. As I expressed my need, members of my panel reflected back to me the language I was using such as: “trying” and “needing” to shift how my body was in the moments of suffering. When reflecting on the discussion with my resonance panel and through my own personal reflection, I discovered that my need to force my scapula to connect to my body was not an act of self-compassion. I was not being self-compassionate towards my tension filled and disconnected parts. What I soon came to realize is that my need to fix my body’s alignment was not allowing me to be open to my suffering. As the second half of my data collection continued, I became more compassionate towards the disconnection by allowing myself to be exactly where I was in my body without altering it. Figure 1 is a sample from my creative journaling which represents my compassion towards the tension in my spine.
Figure 1. Creative Journal Week Four 4/26/16. This is a pictorial representation of my spine which was created during my dialogue transcript in response to my movement exploration. During my movement exploration, I experienced tension and pain in my lower spine. My creative journaling depicts an illustration of offering self-compassion to the pain in my spine which is visualized by the yellow lines streaming vertically and horizontally through the red x’s.

**Stage 2: Supporting.** Once I was aware of the suffering I was going to be self-compassionate towards I moved into the supporting stage. During this stage I let myself simply be with the suffering. I offered myself support by sitting with and holding the disconnected and tension filled parts of my body. I often would decelerate in time and would linger in stillness. The supporting stage provided me the space to embrace the hurt I felt from my suffering, instead of avoiding or disconnecting from it. I often closed my eyes during the supporting stage. In addition, I would sometimes cry while offering myself support. The supporting stage often happened several times during a single data collection session. I would offer my body self-soothing touch throughout my movement exploration whenever I felt I needed it. The two
prominent themes that occurred during the supporting stage were: self-soothing touch, and rocking and swaying.

**Self-soothing touch.** Self-soothing touch was a significant theme during the supporting stage. Often, I would place my hands to the area in my body where I felt the suffering. This involved placing my hands to my head, neck, jaw, throat, chest, shoulders, abdomen, and pelvis. Sometimes self-soothing touch involved gently touching the surface of the suffering parts. Other times, the self-soothing touch involved: massaging, tapping, or light brushing of the area I felt tension, pain, or disconnection.

**Rocking and swaying.** Another theme that emerged while in the supporting stage was rocking and swaying. Often times I held myself while I rocked or swayed while standing, kneeling or sitting. I rocked and swayed both side to side and forward and back. Sometimes I would lie down on the floor, wrapping my arms around my legs, holding my knees to my chest, and rock both side to side and forward and back. On week three and week six vocalizations occurred simultaneously with the rocking and swaying movements. During several collection periods, I began by humming a melody that emerged from my movement. The humming then transformed into words which I sang to the melody. Figure 2 is a sample from my creative journaling that demonstrates lyrics created in my movement exploration and were then presented in my dialogue transcript.
Stage 3: Releasing. The releasing stage signified letting go of my suffering. I had a need to rid my body of the suffering. I felt as though the suffering was living within my own body and that I needed to release it. The releasing stage was an incredibly emotional process. I would often cry and sob as I released the suffering from my body. Within the releasing stage there were four prominent themes: floating, brushing, rope, and acceleration/deceleration.

Floating. Images and movement qualities resembling floating appeared in both movement and creative journaling data. During the releasing stage there were several times in which floating qualities were observed in my movement videos. On several occasions, I sat or stood with my arms by my side in the horizontal dimension with palms facing upward. I held my
arms out in this position until they began to feel heavy. As each moment passed the heaviness of my arms increased, causing my arms to naturally begin to lift upward; one increment at a time. Discussing and demonstrating this movement with my resonance panel, we discovered this movement resembled a balloon floating away. Images of floating were also found in my creative journals in the form of balloons. Often, the balloons in my journaling were embedded with encouraging words that I wrote to myself. Figure 3 is a sample from my creative journal that represents the floating balloons.

![Image](image.jpg)

**Figure 3.** Creative Journal Week Two 4/4/16. This creative journal represents balloon images with compassionate words and phrases embedded in them. Words and phrases within the balloon image are as follows: “heart beat,” “ground,” “earth,” “touch,” “Be kind to the harshness,” “kind,” “soul,” “worthy,” “okay,” “savor,” “light,” and “care.”
Brushing. Another form of releasing was through brushing. In my movement data this was seen by using my hands to brush away suffering from my body. I would brush from the source of the suffering and send the movement outward/away from my body. I sometimes offered brushing movements to additional areas of my body to further encourage release and creating more space for healing. In my creative journaling, brushing was seen in my artwork most prominently when I used tactile forms of art materials. Figure 4 is a sample of my creative journal from week four 5/1/16 demonstrating the theme of brushing away my suffering with self-compassion.
Figure 4. Creative Journal Week Four 5/1/16. During this creative journal, I coated my hands with several layers of paint and pressed my hands firmly and carefully onto the paper. Next I coated my hands again with paint and brushed with my fingers from the center of the paper outward. I painted several brushes with my fingers from the center of the page and then outward, concentrating my focus on softly blending the colors. As I brushed my fingers, I used my breath to assist the process by inhaling at the starting center of the page and exhaling while brushing my fingers outward.

**Rope.** Releasing the suffering was also seen through the image of removing a rope. One emotionally significant moment in my movement data was a pulling movement in which I used my hand to pull out a long rope from my core. Using one hand at a time, I pulled the rope outward into the space outside of myself, onto the floor. With each pull I felt a sense of relief. When the rope was fully removed, I felt that the suffering was no longer living within my body,
as intensely as it was before. A dark coiled rope appeared in my creative journaling. After creating the rope, I remember feeling unsatisfied with it still being on the page. The journaling did not feel complete with the rope on the page and I felt it needed to be removed. I grabbed a pair of scissors and instinctively cut out the rope from the page. Instantly, I was able to breathe more fully and felt lighter than before. I was relieved without the rope connected to the page. Figure 5 and Figure 5.1 are samples from a creative journal from week three 4/4/16 demonstrating the rope theme.

![Creative Journal](image)

*Figure 5. Creative Journal Week Three 4/4/16. This creative journal illustrated the coiled rope resembling suffering.*
Figure 5.1 Creative Journal Week Three 4/4/16. After cutting the rope out of the page to release the suffering I wrote the following in the space left behind:

“I love you.
You are enough.
You deserve more.
You are strong.
You are worthy.”

**Acceleration/Deceleration.** In my movement data, release was also exhibited through intense/impulsive fast paced accelerating movements and slower decelerating movements.

For example, during my movement entry on week four 5/1/16, I began punching at an accelerated pace across my midline and then punching in several directions both above my head and down towards my feet. I continued to punch through the space until I felt physically tired. I slowed down my punching movement and came to a complete stop bringing my clenched fists forward and noticing the tension within them. I had a heightened sense of my rapidly pulsing heart and increased breath. With my clenched fists held in front on my chest, I slowly released them by exposing my palms and lengthening my fingers. I began to sob as I released the pain I was feeling through my palms and allowed it to escape from my body.
Stage 4: Receiving. After the releasing stage, I felt as though I had a new, open and brighter space within myself. With this new space, I felt an urge to fill it with kindness, hope, and love. The receiving stage is represented in the data through: waves, pulling and scooping, and compassionate messages.

Waves. In my movement data there were wave-like movements that represented receiving self-compassion. In my movement, I brought my arms up above my head in the vertical dimension and slowly my arms descended in a wave-like movement. As I engaged in the movement it felt as though water was flowing from the top of my head to my toes.

Pulling and Scooping. Another movement theme seen in the receiving stage is pulling and/or scooping towards. In my movement, I extended outward, reached with my arms, grabbed with my hands and pulled kindness, love, and hope towards the empty spaces in my body. Several times, I repeated this reach-pull pattern to fill myself with a compassionate wholeness.

Compassionate Messages. Another form of receiving was seen through supportive and loving words I verbalized or wrote to myself. During my movement, I would sometimes verbalize compassionate words to myself by saying, “I love you” and “You will be okay.” Compassionate messages were also observed throughout my creative journaling. Figure 6 is a sample of compassionate words that I wrote which surrounded a figure that resembled my body.
Figure 6. Creative Journal Week Two 4/10/16. In the journal, I wrote, “I love myself. I love my body. I treat myself with love and respect. I love who I am right in this very moment. I nourish my mind, body, and soul with love, care, and appreciation.” Through the center of the image I wrote, “I speak to myself with love and respect.”

**Stage 5: Clearing.** Often after releasing the suffering I would still feel the presence of the suffering in the space around me. Even though I removed the suffering from my body, I felt as though the suffering energy was still in the room with me. I had a strong need to clear the suffering energy. In my movement data, I cleared the suffering in the room by using my arms to sweep the suffering away. I used my legs to kick the suffering energy away and would also stomp on it. In addition, I would use my breath to blow the suffering away.
Stage 6: Regulating. Before I completed my self-compassion exploration I made it a point to always come back to myself to make sure I was regulated. I would ground myself to the floor. I did this by settling into the floor through noticing the sensation of the floor beneath me. I would create the image in my mind of an anchor to further my connection to the floor and remind myself the floor was supporting me. Before completing my exploration, I waited until my respiration and heart rate slowed down and I felt calm. I often brought my hands to my heart and breathed into my hands.

Stage 7: Forgiving. Throughout my creative synthesis analysis, I revisited all of the movement data and creative journals and responded to them in movement. Throughout my creative synthesis I developed a pattern of revisiting my suffering with self-compassion. This was a very different experience than I had previously undergone. When I revisited the suffering it was no longer seen as a part within my body. It was now externalized. On several occasions, I sat on the floor with the external suffering and simply sat with it. It was as if I could see an energy or image of the suffering outside of myself. I offered myself forgiveness and I offered the source of suffering forgiveness. In my movement, I would often verbalize words of forgiveness. In my creative journals, I also wrote messages that offered forgiveness. Figure 7 is a sample from week four 4/14/16 in which I wrote about forgiveness.
This journal reads: “I forgive myself. I forgive myself for not knowing for not believing that I deserved so much more. I was settling and I didn’t know it. I wanted to believe things were different and that you would figure it out. I love myself more now because now I know that I don’t need you. I really want to forgive you but I am still so hurt and angry. When you left without saying goodbye you shattered me into a million pieces. I slowly had to glue my pieces back together. While this isn’t easy I know I must forgive you. I know in my heart that you never intentionally hurt me. I forgive you for not knowing any better.”

The seven stages of self-compassion answer my research questions: How do I experience self-compassion? How does my body inform and communicate self-compassion? In depth explanations of my research questions will be provided in the next chapter.

**Embedded Themes**

While the seven stages of self-compassion were prominent throughout the data there were embedded themes which emerged after further examination. After reviewing all the data, there were four embedded themes which were illuminated such as: increased body awareness,
kindness and empathy, internal wisdom, and self-care. The four themes below answer how self-compassion will support my work as a dance/movement therapist.

Increased Body Awareness. After reviewing dance/movement and creative journaling data it became clear that I developed an increased sense of body awareness throughout my research process. My awareness of my body’s physical response and how I felt in response to moving with or making art around my suffering was apparent throughout my research process. My body’s physical response was an indicator of how I felt and what I needed in the moment. Body awareness was present in all seven stages of self-compassion. For instance, when I experienced pain, tension, or disconnection in my body when exploring a moment of suffering, my body signaled that I needed to place my hands to the source of pain and self-soothe. While I offered myself self-soothing touch or engaged in rocking/swaying, the inner sensations I felt informed me that I was safe and regulated. When I felt the need to release the suffering, my body instinctively rid the suffering by engaging in floating, brushing, rope, and acceleration/deceleration. After releasing the suffering my body felt as if there was an emptiness that needed to be filled and replaced with self-compassion. Throughout my data my body’s awareness acted as a non-verbal communicator guiding my body to adjust and care for itself in a way that felt necessary and safe. As a result of this research study, my attunement to my body’s needs has enhanced.

Kindness and Empathy. Another theme which I discovered after examining my data was a genuine sense of kindness and empathy that emerged through this process. In both forms of data collection, I offered myself kind and empathetic words through movement, vocalizations, and written words. Areas that greatly highlight kindness are during the supporting stage, and receiving stage. Self-soothing touch/movements and compassionate messages that I offered
myself demonstrate my ability to be kind to myself while I was inviting in my suffering. While I felt that empathy was present throughout the seven stages, I believe empathy was observed most prominently in the releasing stage and forgiving stage. Interestingly, during these two stages I felt the strongest emotional response and vulnerability. During the releasing stage, I experienced a release of previously blocked emotions that felt extremely raw. This was a pure expression of empathy as I did not hold back on how the releasing of suffering needed to happen. I allowed myself to cry, sob, move, speak, and respond in any way I needed to. There was no judgement. Instead I completely accepted and understood what I needed and what I was experiencing with empathy. The forgiving stage also highlighted my empathic response which was observed in two ways: forgiveness to myself and forgiveness to others. During the forgiving stage I offered support, understanding, and forgiveness in order to fully let go of the suffering. My findings demonstrate that kindness and empathy supported my ability to be self-compassionate throughout the research process.

**Listening to my Internal Wisdom.** After reviewing the data and reflecting on my self-compassion experience I was able to see that I have developed an improved sense of listening to my own internal wisdom. It is almost as if this process has increased the volume of my inner voice and intuitive knowledge. My internal wisdom alerted my readiness to engage or need to disengage from the research. For example, my internal wisdom allowed me to know that I was unable to collect data on two occasions (week one and week six). I feel that the internal wisdom is a protective influence on my need for self-care. On both occasions that I did not collect data, my internal wisdom protected me from unsafely diving into a suffering which I was not yet ready to address. I feel that this internal wisdom provides assurance that saying, “No” when something is too painful to endure is a self-compassionate response.
**Self-Compassion as Self-Care.** The final theme I have discovered upon review of the data is self-care. I have discovered that the seven stages of self-compassion provide a resource for self-care. While in this study, I tended to invite moments of suffering that were often highly difficult, the stages provided a beneficial framework to cope and care for myself during the process. I see the seven stages to be a useful resource of self-care for my work as a dance/movement therapist. I feel that mindfully engaging in the seven stages of self-compassion after working with clients can improve resiliency and decrease risk of burnout. I feel that incorporating self-compassion practices as part of self-care will improve my overall health and my effectiveness as a therapist.

**Conclusion**

My embodied exploration of self-compassion involved a deep emotional openness and honesty with myself. This study allowed me to observe and feel how I responded to offering self-compassion to my suffering through both dance/movement and creative journaling. The findings in the dance/movement data and creative journaling data were presented in a dance performance at the Columbia College Chicago’s M.O.V.E.D. Concert on December 1\(^{st}\) and December 2\(^{nd}\), 2016 at the Hamlin Park Fieldhouse Theater.

Gaining a greater awareness through the themes in my data has allowed me to answer my primary research question: How can self-compassion support my work as a dance/movement therapist? as well as answer my secondary questions: How do I experience self-compassion? How does my body inform and communicate my experience of self-compassion? My understanding of my own relationship with self-compassion has helped me better relate to my clients in their process of healing. I have not only become more compassionate to their resistance to treatment; but also, become attuned to the self-critical language they may use when referring
to themselves. I have recognized if I model self-compassion in my language, interactions, and movements that it may also have a positive influence on the clients and colleagues with whom I work.

This process has helped me understand that I experience self-compassion by cycling through the seven stages: 1. Attuning, 2. Supporting, 3. Releasing, 4. Receiving, 5. Clearing, 6. Regulating, and 7. Forgiveness. I was able to understand that my body informs and communicates my experience of self-compassion by alerting me of my suffering through physical sensations in my body. This physical alert informs me that I am suffering and communicates my need to bring kindness and comfort to myself. By cycling through or revisiting the seven stages of self-compassion I was able to offer myself the kindness and comfort I needed in the moment. This process has informed how self-compassion will support my work as a dance/movement therapist by increasing my sense of body awareness and illuminating kindness and empathy through my suffering. I have become more sensitive to listening to my internal wisdom and honoring my own needs. Lastly, I have discovered that the seven stages of self-compassion provide a beneficial resource of self-care. In the following chapter I will provide a detailed description of how the results answer my research questions.
Chapter Five: Discussion

The purpose of this embodied artistic inquiry was to explore my experience of self-compassion to gain a greater understanding of how self-compassion will support my work as a dance/movement therapist, as well as illuminate how my body informs and communicates my experience of self-compassion. This section will answer my primary research question: How can self-compassion support my work as a dance/movement therapist? It will also answer my secondary questions: How do I experience self-compassion? How does my body inform and communicate my experience of self-compassion? In addition, I will provide a brief reflection on my dance performances which presented the seven stages of self-compassion found in my research.

Dance Performance Reflection

On December 1st and December 2nd, 2016 I performed my solo, *With Love I Release*, at the Hamlin Park Fieldhouse Theater in Chicago, Illinois. To remain true to my process of authentically responding to my suffering with self-compassion, I allowed my performances to remain improvisational within the structure of the seven stages of self-compassion. Performing this piece was an emotional and vulnerable process. This was the first time I was being witnessed by others going through the process of being self-compassionate to my suffering. While I knew and felt the audience in the room, I continued to simply notice them while remaining present with myself in the performance. This was accomplished by being mindful with the process I was about to engage in. I began both performances in a warrior one yoga pose. I chose this starting point because within this pose I felt strong and stable to go into my dance performance. This movement was not present in my data collection; however, it felt appropriate to my performance piece. I will explain the importance of this pose later in my reflection on my performances.
In both performances, I discovered that I responded to the same moment of suffering that was explored during week three of data collection, and during my creative synthesis process. The particular suffering I explored was something deeply hurtful which I had experienced in my past. It was not until I reflected upon my performances that I realized that this was the suffering that inspired my journey of finding self-compassion. This was a moment of suffering which I had first attempted to heal myself from during the Mindful Self-Compassion retreat in Sedona, Arizona. This particular suffering is what motivated me to find self-compassion and healing.

Looking back now I recognize why this suffering was prominent in my data collection, creative synthesis, and performances. Before embarking on this self-compassion journey, this suffering felt like scar tissue combined with layers of anger, guilt, hurt, pain, betrayal, and resentment both turned inward towards myself and outwards someone else. This suffering is something I desperately tried to let go of several times. I did not want it to be a part of me anymore and wanted it to be forgotten. This was represented in week three of my data collection, when I cut the rope out of my journal page (as depicted in Figure 5.1). It was also highly prevalent during my creative synthesis process, when I discovered the theme of forgiveness. I often sat with the energy of this suffering as though it was sitting in front of me and beside me. I offered forgiveness for myself and for the person whom was a part of my suffering. In my performance, the forgiveness was represented by symbolically holding the suffering in my hands and gently placing it on the floor. I first forgave myself. I then placed one hand over my heart and my other hand to the floor where the suffering was and offered forgiveness.

After both performances, I required additional time to sit by myself and self-regulate. I felt both a sense of heaviness from the emotional movement process I underwent as well as relief and empowerment. The culmination of this transformative experience of my performances
brought me into a state of warrior goddess: comprised of strength and beauty. Heatherash Amara (2016) defines warrior energy as one’s power that is harnessed in confidence, clarity, and presence within every action. Goddess energy is expressed through one’s creative flow and inner wisdom (Amara, 2016). I felt strength through my warrior energy in that I was able to be witnessed by others in my pain and suffering. As referenced earlier, I began both performances in warrior one pose which was not observed in any of my previous data. I believe that the warrior pose is a representation of what I have transformed into as I have gained confidence and strength in my ability to express myself. In addition, I felt a sense of beauty through goddess energy, with my openness, authenticity, and vulnerability to treat myself with kindness. I truly allowed myself to indulge in my suffering by self-soothing, releasing with tears, and forgiving with love. I feel that after undergoing this study I truly have reached a new sense of strength and beauty which translate into my sense of warrior goddess.

After hearing feedback from my professors and peers about my performance, many of them revealed that they felt they witnessed a very intimate moment with me. Some revealed that they cried with me and felt as though they were moving with me through my story. Since my process of exploring self-compassion began, I have also received feedback from colleagues and peers stating they notice a gentleness in how I am with myself and others. I am pleased to know that this experience has positively and warmly transformed my relationship to myself and to others. I am grateful I decided to present my findings in a dance performance because it brought me closure to my thesis process. This process has helped me understand that healing myself with self-compassion is a process in itself, which takes time. When I began my self-compassion journey, I hoped that I would be healed from the suffering simply by forgiving it and letting it go. What I have come to understand is healing requires continuous: opening, kindness, and
compassion towards myself to slowly feel less pain and discomfort from my suffering. I believe that if I stay present with my emotions and experience them as they come I will continue to evolve and heal with self-compassion.

**My Experience of Self-Compassion**

One of the research questions I set out to explore was: How do I experience self-compassion? Throughout my research process I noticed that I developed a common ritual into how I responded to a moment of suffering with self-compassion. As outlined in Chapter Four, in both my dance/movement data and creative journaling data I observed themes which related to various stages I would cycle through when experiencing self-compassion: 1. Attuning, 2. Supporting, 3. Releasing, 4. Receiving, 5. Clearing, 6. Regulating, and 7. Forgiveness. In this research process, I discovered that I experienced self-compassion through Germer’s five key pathways to invite self-compassion as well: physical, mental, emotional, relational, and spiritual pathways (Germer, 2009). The following paragraphs will discuss how I experienced self-compassion through each of the five pathways.

**Physical Pathway**

I invited self-compassion through the physical pathway by soothing and comforting the tense areas in my body. I remained present with my physical sensations throughout each of the seven stages of self-compassion.

**Mental Pathway**

I mentally invited self-compassion in by allowing my thoughts to surface as I was present with my suffering. In addition, I offered myself compassionate words both verbally and in my creative journals. Germer (2009) discussed how one can visualize their thoughts floating away or
streaming down a river. Interestingly, I engaged in this practice which was observed in my art work as balloons floating away with compassionate messages inside.

**Emotional pathway**

I connected emotionally to self-compassion often during Stage 2: Supporting and Stage 4: Receiving. While supporting myself, I would often place my hands to the areas of suffering or rock and sway, while befriending the feelings I was experiencing. By allowing these feelings to surface I empathized with myself by bringing comfort to my own pain. During Stage 4: Receiving I invited compassionate messages, words and compassionate feelings to myself both in words and movements. Compassionate messages were found in verbalizations, lyrics, and writings. I brought compassion to myself through wave-like movements which resembled receiving compassion. It was also demonstrated through pulling and scooping movements as I reached outward with my arms and pulling towards myself feelings of kindness, love, and hope.

**Relational pathway**

In regards to inviting self-compassion relationally, I noticed that I often felt isolated in my process. While I did offer compassion towards others in my collection process, I sometimes felt isolated due to being the sole participant in my study and not working with other participants. However, I did find comfort in having my resonance panel, family, and friends to support me through this study. In addition, I found my performance to be a source of support as I was able to be witnessed through my performance process and was offered encouraging feedback.

**Spiritual pathway**

I felt that this process of self-compassion was highly spiritual. While I was engaged in both my dance/movement and creative journaling, I felt as though I was connected and present
through a mystical or higher vibrational realm making me feel spiritually connected. My relationship to spirituality aligns with Zumeta (1993) which states that spirituality means to be connected and unified with all things. While I felt connection to my experience, there were also instances in the beginning of my data collection in which I noticed and judged myself for the disconnection in my scapula. Over time, in my collection process, I was able to simply notice my disconnection without forcing myself to change it. Respecting and appreciating one’s unity and diversity allows them to be exactly as they are (Zumeta, 1993). As I progressed during the second half of my data collection, I was able to accept my body in both connection and disconnection. I experienced self-compassion through physical, mental, emotional, relational, and spiritual pathways. I found each of these pathways to be vital to my experience of self-compassion.

**How my Body Informs and Communicates Self-Compassion**

Another research question I aimed to answer was: How does my body inform and communicate my experience of self-compassion? While my body cycled through the seven stages of self-compassion, I was able to learn how my body informed and communicated my sensations in my response to feeling my suffering and responding with self-compassion. The following section will discuss how my findings inform and communicate my experience of self-compassion through: physical response, self-soothing, releasing suffering, compassionate messages, reestablishing a safe space, grounding, and forgiveness.

**Physical Response**

My physical response to my suffering was a great indicator into how and where feelings of suffering were experienced in my body. While attuning to a moment of suffering during Stage 1: Attuning, I experienced physical sensations of pain, tension, and/or disconnection in my body.
The primary areas I experienced suffering were in my jaw, chest, lower back, and scapula. My own body felt experience of tension in the body relates to Levine’s (2010) explanation of bound energy which occurs when the body does not experience difficult emotions in the moment and therefore results in suffering. It also relates to Germer’s (2009) explanation that resistance to one’s pain results in suffering. My resistance to my pain and discomfort transformed it into suffering, which therefore, became trapped in the tension filled parts within my body. With self-compassion, I was able to be present with the physical sensations that occurred in response to my suffering. I was able to begin to honor the pain, tension, and disconnection before transitioning into Stage 2: Supporting.

**Self-Soothing**

Self-soothing refers to bringing oneself into a state of calm in a state of emotional distress (Wright, 2009). Soothing support is critical when one is working with difficult emotions and sensations (Levine, 2010). Levine (2010) discussed that when supporting oneself by allowing body sensations to emerge, there is a gentle rocking back and forth that occurs between both resistance and acceptance, and fear and acceptance. In Stage 2: Supporting, my body naturally responded to the sensations of pain I felt by offering myself self-soothing touch and rocking and swaying. During this stage I would also embrace myself with a hug or placed my hands to where I felt suffering in my body. This self-soothing technique is similar to an ancient healing technique intended for “harmonizing the life energy in the body” called Jin Shin Jyutsu Energy Flows (Levine, 2010, p. 127). Jin Shin Jyutsu helps to regulate distressful arousal symptoms in the body. These techniques involve engaging a self-hug to hold the internal arousal and promote self-compassion, as well as placing the hands to areas of the body such as: forehead, chest, and abdomen to promote relaxation (Levine, 2010). While I had no prior knowledge of Jin Shin
Jyutsu techniques, it appears that my body instinctively found soothing comfort by engaging in these practices.

One’s ability to self-soothe in adulthood is often believed to stem from one’s experience with soothing and comfort during childhood. However, regardless of one’s early development, their capacity to self-soothe can be corrected through transference relationship (Kernberg, 2007). Through the transference relationship between therapist and client, the therapist can help create a secure attachment of safety and comfort through a corrective experience. While I engaged in rocking and swaying, I felt a sense of safety, gentleness, and love. Stage 2: Supporting was frequently revisited when I became overwhelmed with feelings of discomfort. I found Stage 2: Supporting to play a crucial role in my ability to be kind and nurturing to myself. Levine (2010) explained in his work with Somatic Experiencing, that the process of supporting and comforting in a back and forth rhythm helps to shed one’s previous layers of protection, allowing for empowerment and healing (Levine, 2010). I found that as I rocked and swayed, I felt supported and soothed.

The self-soothing rhythm of rocking and swaying can also be seen through the tension flow rhythm: oral sucking (Amighi, Loman, Lewis, & Sossin, 1999). The oral sucking rhythm is predominantly present during the first five to six months of life, as infants are seeking pleasure and nourishment through their mouth. While the sucking rhythm begins in the mouth, the sucking rhythm spreads through other areas in the body. Rocking back and forth, gently squeezing, or holding hands is presented through the sucking rhythm. The sucking rhythm has a smooth transition between free and bound flow, which can be soothing, calming, and pleasurable. Additionally, the sucking rhythm is an indulging and pleasurable rhythm which can promote: self-soothing, bonding, and nourishment (Amighi, et al., 1999). The sucking rhythm
was present throughout Stage: 2 Supporting, as I rocked and swayed in a sucking rhythm. It appears that as I engaged in the sucking rhythm, I was able to self-soothe and comfort myself while being with difficult sensations and emotions. As mentioned previously, being able to self-soothe in adulthood is often dependent upon a secure attachment during childhood. Since I found instant relief from self-soothing, this supports the idea that I had a secure attachment in my early development.

**Releasing Suffering**

Within this research process my body experienced an urge to release the suffering from the parts of my body that were filled with pain and tension. During Stage 3: Releasing, my body responded in multiple ways. I felt as though the difficult sensations and emotions I was feeling needed to escape my body. An effective strategy for dealing with difficult sensations can be accomplished by discovering and engaging in a movement or posture that is less helpless, less frozen, more powerful and fluid (Levine, 2010). In my findings, I moved through fast paced accelerating movements such as: punching and kicking. As I engaged in the accelerating movements, I felt my heart rate increase and experienced a sense of empowerment, as though I was fighting my pain. When I grew tired, I began decelerating in my movements and became more and more present with the sensations I was feeling inside. As I slowed down my movement, tears would often release.

Levine (2010) discusses that the process of exploring the polarities of comfort and discomfort slowly shifts the individual by creating new connections to their experience. It appears that my ability to explore both accelerating/decelerating movement allowed me to release myself from feeling trapped in my own suffering, as well as create a shift in how my body experiences the suffering. Levine explains that allowing this shift to occur promotes a
“reconnection to the body’s natural restorative rhythm” (Levine, 2010, p. 79). Additionally, the accelerating and decelerating movements in my findings may relate to my body’s need for exertion and recuperation. The active relationship between exertion and recuperation provides the body replenishment and movement vitality (Hackney, 2002). My body’s natural response to engage in exertion until I grew tired and then recuperate, further demonstrates my body’s need to feel balanced and restored.

**Compassionate Messages**

Research has shown that self-affirmations improve positive feelings and reduce defensiveness (Crocker, Yu, & Mischkowski, 2008; McQueen & Klein, 2006; Sherman & Cohen, 2006; Steele, 1988). According to self-affirmation theory, writing down one’s values promotes: self-integrity, self-image, (Steele & Liu, 1983) and self-worth (Sherman & Cohen, 2006). Crocker, et al. (2008) hypothesized that generating thoughts and memories about loved ones may foster positive growth when faced with difficulty. In my study, I incorporated the use of positive affirmations and kind words primarily during Stage 4: Receiving. As I sent myself compassionate messages both verbally and in written words, I felt as if I was replacing the suffering with compassion. The compassionate messages allowed me to feel whole, loved, comforted, and supported. Haidt (2003) found that feelings of love may improve one’s ability to be open to a potential threat. Since I felt love towards myself through compassionate messages this may be why I was better equipped to open myself to my suffering, as it may have furthered my ability to be self-compassionate.

**Reestablishing a Safe Space**

During Stage 5: Clearing, I was able to understand my body’s sensitivity to the energy of the suffering I felt in the space around me after engaging in the process. By directly interacting
with my suffering and releasing it, I felt as though it shifted the energy of the room. Cook & Malloy (2014) found that people’s sensitivity to their physical environment is both conscious and unconscious. While one has a conscious response to their physical environment, they also experience unconscious responses that impact their emotions, attitudes, prospects, and sense of safety (Gutheil, 1992). It appears that after releasing my suffering into the room I was impacted by the shift in environment, as it felt heavy and tainted. I had an innate desire to clear the space in order to reestablish a feeling of balance and safety in the room.

**Grounding**

During Stage 6: Regulating, I found my body needing to come back to a place of harmony and balance. I found grounding to be a primary way for me to feel anchored by the floor allowing my heart rate and respiration to decrease into a calm and regulated state. According to Hackney (2002), being grounded suggests the individual feels stable in their sense of self. Acquiring a stable sense of self requires one to have “an embodied relationship to the earth” (p. 41). The embodied relationship involves yielding the weight of the body into the earth while concurrently feeling supported from it (Hackney, 2002). My body’s own sense to communicate the need to find stability from grounding suggests my innate need to connect to a source outside of myself to find support. While this may be my personal suffering, I can still find support through the earth.

**Forgiveness**

The forgiveness stage was greatly highlighted through my creative synthesis process. I found that I often revisited my moments of suffering by offering forgiveness to myself and to the source of suffering. Research shows that self-forgiveness leads to personal growth and renewed mental health (Cornish & Wade, 2015). Self-forgiveness has been shown to decrease
psychological distress and decrease levels of shame (Fisher & Exline, 2006; Strelan, 2007). Additionally, self-forgiveness is shown to improve one’s self-trust (Woodyatt & Wenzel, 2013) as well as enhance emotional stability (Walker & Gorsuch, 2002). I feel that my ability to forgive myself has improved my relationship to myself and my ability to be self-compassionate. I feel that my ability to forgive others has expanded this process by allowing me to feel less burdened by my own suffering. It was not until the creative synthesis process that I fully embraced forgiveness. This may be due to the fact that I was still experiencing grief from the suffering.

Akhtar (2002) suggests that when one has mourned their loss, they begin to develop the capacity to invite forgiveness. “Forgiveness is the outcome of successful mourning” (Alford, 2013, p. 320). This may suggest that as I became more self-compassionate and open to my suffering, I inevitably became able to grieve and mourn my suffering. The continued revisiting to moments of suffering provided more efforts to express grief and mourn my suffering. With many attempts of being compassionate to the same moment of suffering, I was better equipped to spend time in the forgiveness stage. I feel that Stage 7: Forgiveness was my body’s way of communicating my readiness to let go of the suffering. “Forgiveness is a muscle that we strengthen over time” (Amara, 2016, p. 37). I believe that with continual practice of self-compassion my body’s strength to be open to suffering will strengthen my ability to forgive. Additionally, I believe that with forgiveness I can ultimately achieve closure to my suffering and restore my body’s sense of wholeness.

**How Self-Compassion Supports my Work as a Dance/Movement Therapist**

The primary research question I set out to answer was: How can self-compassion support my work as a dance/movement therapist? My findings suggest that self-compassion will support my work as a dance/movement therapist due to my increased body awareness, kindness,
empathy, and internal wisdom, as well as my ability to use self-compassion as a form of self-care. The following sections will discuss how self-compassion supports my work as a dance/movement therapist in these key areas.

**Increased Body Awareness**

During this embodied exploration, I acquired increased body awareness. As I was present with difficult emotions that arose when exploring a moment of suffering, I felt my body physically respond by feeling pain, tension, and disconnection. This increased body awareness signaled me to want to invite comfort and support to myself through self-soothing and self-regulating techniques. Therefore, self-compassion has allowed me to be present with difficult emotions, while simultaneously offering comfort and regulation to myself. These findings reveal that self-compassion was an effective resource to cope with difficult emotions and physical sensations.

This supports my work as a dance/movement therapist because self-compassion provides me with a resource to use in my work with clients. This aligns with Hall, et al. (2013) in that practicing self-kindness and mindfulness can improve stress management. Additionally, it aligns with Germer (2009) in that self-compassion improves one’s ability to cope and soothe themselves in stressful situations. This will support my work as a dance/movement therapist because when working with clients, I am exposed to their personal and often traumatic stories in which I need to be aware of my own emotional responses and biases. O’Brien & Haaga (2015) discussed that a therapist’s role can be challenging because the therapist needs to listen both empathically to traumatic self-disclosures and keep their emotional responses private. My results indicate that self-compassion can aide my ability to remain balanced and regulated with
my clients when they share difficult and/or traumatic experiences. Self-compassion has provided an outlet to self-soothe and self-regulate while remaining present.

**Kindness and Empathy**

Self-compassion supports my work as a dance/movement therapist because I have developed a deeper sense of kindness and empathy towards suffering. My ability to be kind and empathize with my suffering was present throughout my results as I mindfully self-soothed by holding and rocking myself, and verbalized or wrote kind and loving messages to myself. Federman (2011) discussed that one’s relationship to their body improves through movement. Developing a greater sense of the body through movement allows for improved attunement and sensing; which promotes “security, pleasure and wellbeing in one’s own body” (Federman, 2011, p. 138). My results indicate that my embodied exploration improved my relationship to my body, as I was able to listen and experience my physical responses while also providing empathy, comfort, and support.

Empathy is a key instrument in creating an effective therapeutic relationship with clients (Howgego, Yellowlees, Owen, Meldrum, & Dark, 2003). It is vital that therapists not only listen, but also empathize with their clients (Akyol & Hamamci, 2007; Berrol, 2006). In my study, I was able to develop empathy on a kinesthetic level. This developed body-felt sense of empathy can support my work as a dance/movement therapist because of the integrated body and mind work that occurs. In dance/movement therapy, therapists act as both a witness and a mirror to reflect back the client’s movements (Chaiklin, Lohn, & Sandel, 1993). The client’s movements are understood and felt through the therapist’s own kinesthetic sense (Parviainen, 2003). Dosamantes (1992) describes kinesthetic empathy as the therapist experiencing the client’s body movements within their own body; therefore, allowing the therapist to both sense and respond to
the emotional state of the client. Through this embodied exploration, I have developed a greater sense of kinesthetic empathy for myself which can in turn translate into my work as a dance/movement therapist. Incorporating self-compassion along with kinesthetic empathy appears to pose benefits. With the mindful, accepting, and gentle nature that self-compassion provides, one can ultimately begin to heal (Neff, 2011a).

**Listening to my Internal Wisdom**

This embodied exploration of self-compassion has helped me develop a greater knowing and respect for my body’s intuition and self-care needs. As mentioned previously, on two occasions I did not collect data because I felt overwhelmed and unable to be with my suffering. I made a choice by allowing my own therapeutic goals and needs to have precedence over this research study (Hervey, 2012). I chose to disengage from my data collection because I did not feel able to be present with my suffering. I felt overwhelmed and needed time to disengage. I felt my choice to listen to my needs by not collecting data because I was overwhelmed was an act of self-compassion. When facing an overwhelming or traumatic memory during mindfulness self-compassion exercise, one should never feel the need to push through it (Germer, 2009).

This insight helped me understand my own needs but also is helpful when understanding how clients may also need time to disengage from their suffering. From my own personal experience of working with clients in dance/movement therapy groups, I sometimes would feel frustrated that clients would not participate or would even leave the room when I asked them to engage in a therapeutic intervention. It is possible that these clients may have felt overwhelmed and unable to safely engage. This discovery was an important reminder that the clients’ wellbeing must take precedence over the therapist’s treatments goals. I now understand and believe that it is okay to step away from the suffering when it becomes too overwhelming to
bare. I believe that knowing when to disengage from the suffering is also an act of self-compassion. Healing is a process that takes time, and muscling through it will not make healing occur any faster.

**Self-Compassion as Self-Care**

Self-compassion will support my work as a dance/movement therapist because it has provided me an outlet of self-care practices. Self-compassion must be present to fully offer healthy recuperation from stress, frustration, and other negative emotions (Patsiopoulos & Buchanan, 2011). My results reveal seven stages of self-compassion which can offer self-care after therapy sessions. After working with clients, I sometimes feel exhausted from the mind and body work which occurred. While I have not personally experienced burnout or empathy fatigue, it is important to understand the susceptibility of both as a dance/movement therapist. As stated previously, the emotional demands of therapists and counselors can sometimes result in burnout and compassion fatigue (Copeland, 2013; Neff, 2011b; Trif, 2010). It is important for therapists to protect themselves and self-compassion appears to demonstrate an accessible in-road to reduce and/or prevent these consequences.

While I can use self-compassion practices in my session to remain self-regulated, the seven stages of self-compassion offer benefits when coping after a session. For example, after sessions, I can attune to myself and engage in self-soothing techniques to allow myself to honor what occurred during sessions. I can engage in releasing any of the suffering I felt in the session. This can be done by brushing any areas of my body that feels tension or disconnection. I can use clearing to shift the energy of the room and restore balanced energy. I may use self-compassion to offer forgiveness to myself or the client for any judgements that may have emerged from the session. Self-compassion offers positive benefits in being able to honor and let go of a therapy
session in order to reset for another session or to carry on with one’s day. While self-compassion practices do not take the place of professional supervision or other self-care practices, it does offer immediate relief and support to where one needs it.

**Limitations**

One of the limitations to my research study is that I conducted a self-study in which I was the sole participant. Since I was the sole participant only my experiences were explored, which may or may not relate to the experience of others. Another limitation to this study is that data was collected for a short duration of six weeks. This was a relatively short data collection period and if I collected for a longer amount of time it may have revealed further implications. In addition, a limitation to my study is that I did not collect data on two occasions in which I intended. I did not collect during one of my collection periods on week one, as well as on one collection period during week six. This limits my study because not collecting on two occasions resulted in less data. Another limitation to the study was the subjective and often non-verbal nature involved. Many of the experiences evoked were internal and while I was able to observe my movement data and creative journaling data, the body-felt experiences cannot be observed but were explained to the best of my ability. A final limitation of the study is that there were no measurable scales utilized to track my process of self-compassion. Future researchers may benefit from incorporating Neff’s 26 item Self-Compassion Scale (Neff, 2003b) to document their relationship with self-compassion.

**Future Research**

There are several possibilities for growth of research in the field of self-compassion. My research study focused on my own personal experience with self-compassion. I would like to take the seven stages of self-compassion that emerged in my data and implement them in a
research study with dance/movement therapists. I am interested in understanding how other
dance/movement therapists will respond to the seven stages of self-compassion through an
embodied artistic inquiry. Future studies might explore how other dance/movement therapists
will benefit from the stages found in my research and if self-compassion provides an outlet for
personal development, professional development, and self-care practices. Research in this area
could benefit from implementation of Neff’s 26 item Self-Compassion Scale (Neff, 2003b) to
provide additional validation and measure. Measuring where one scored on the Self-Compassion
Scale pre and post research would provide valuable information by strengthening the validity of
the research.

Summary

The purpose of this study was to engage in an in-depth embodied exploration of my
experience of self-compassion. This research process has allowed me to answer the following
research questions: How do I experience self-compassion? How does my body inform and
communicate my experience of self-compassion? How can self-compassion support my work as
a dance/movement therapist? My results indicated that I experience self-compassion by engaging
Receiving, 5. Clearing, 6. Regulating, and 7. Forgiveness. In addition, I found self-compassion
through a physical, mental, emotional, relational, and spiritual pathway. My body informed and
communicated my experience of self-compassion by signaling what I needed as I experienced
my suffering with self-compassion.

My body communicated where I felt suffering within my body and was presented as
tension, pain, and disconnection. As I attuned to suffering within my body, my body informed
me of my need for support, which was represented through engaging in self-soothing practices. I
was informed of my need to release the suffering I felt within my body by my internal need to engage in movement, visualizations, or actions to rid myself of the suffering. My body allowed me to understand my need for kindness and love which was represented by receiving compassion through verbal and written compassionate messages and movements that represented receiving compassion. I gained a greater awareness of my sensitivity to a shift of energy in my physical environment after inviting my suffering into the space. My body informed me of my need to clear the suffering from the space as I utilized: brushing, stomping, kicking, and breathing techniques to diminish the energetic presence of the suffering in the room. My body informed and communicated my need to find forgiveness by revisiting moments of suffering. Interacting with suffering by offering forgiveness provided a different perspective as I no longer felt the suffering within my body. Forgiveness was a necessary step in my ability to invite closure to the suffering.

I discovered that self-compassion supports my work as a dance/movement therapist as it aids my work with clients during sessions, as well as provides opportunities for self-care after sessions. During sessions, self-compassion offers benefits because I have developed a greater sense of body awareness and kinesthetic empathy. My increased body awareness has allowed me to be sensitive and compassionate to my own physical sensations and responses. Self-compassion has allowed me to develop a greater kinesthetic empathy, which can promote stronger therapeutic relationships with clients. Self-compassion has helped me develop a gentle and kinder understanding that opening to suffering is a difficult process. I feel that this knowledge is beneficial because clients may experience the same struggle in the therapy process and need to disengage at times. While self-compassion can be used to be present with one’s suffering, it is also self-compassionate to decide to step away from it. Lastly, self-compassion
can help to support self-care practices after sessions by incorporating any of the seven stages of self-compassion needed to bring closure to a therapy session. Incorporating self-compassion as a form of self-care may eliminate one’s susceptibility to burnout and empathy fatigue.

In conclusion, engaging in this embodied exploration of self-compassion helped me develop a more loving, accepting, gentle, and kind relationship to myself. I have developed a greater body wisdom which will benefit my sensitivity in relationships to my work with others.
References


Appendix A

Dance Performance

https://youtu.be/i4ZcpYtsDa8