

mission: empowerment!

WORKSHOPS AND EVENTS THAT EDUCATE, INSPIRE AND EMPOWER

presents

Integrating Self-Compassion into Therapy

With Chris Germer, PhD

April 16, 2026

Instructor Biography

Chris Germer, Ph.D


Chris Germer, PhD, is a clinical psychologist and part-time lecturer on psychiatry at Harvard Medical School. He specializes in mindfulness and compassion-based interventions and maintains a small psychotherapy practice in Massachusetts. Dr. Germer is best known as the co-developer, with Kristin Neff, of the Mindful Self-Compassion (MSC) program, established in 2010, which has since been taught to more than 250,000 people worldwide.

A longtime contributor to the integration of mindfulness and clinical practice, Dr. Germer is the author of *The Mindful Path to Self-Compassion* and co-author of three MSC-related books: *The Mindful Self-Compassion Workbook*, *Mindful Self-Compassion for Burnout*, and *Teaching the Mindful Self-Compassion Program*. He also co-edited two influential professional volumes, *Mindfulness and Psychotherapy* and *Wisdom and Compassion in Psychotherapy*. In addition to his writing, he lectures and facilitates workshops internationally, supporting clinicians, educators, and practitioners in cultivating self-compassion as a foundation for emotional resilience and well-being.

Grounded in a belief that compassionate awareness can transform both personal suffering and therapeutic practice, Dr. Germer's work emphasizes accessibility, authenticity, and the value of meeting human experience with kindness.

For more information about Chris Germer and his work, visit www.chrisgermer.com


**INTEGRATING SELF-COMPASSION
INTO PSYCHOTHERAPY**



Chris Germer, PhD
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My Doorway to Self-Compassion



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**WHAT'S SELF-COMPASSION?
(Informal Definition)**

Treating ourselves
with the same
kindness and
understanding as
we would treat a
dear friend when
things go wrong.



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PRACTICE:
HOW WOULD I TREAT A FRIEND?




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MYTHS ABOUT SELF-COMPASSION



1. Selfish
2. Weak
3. Self-pity
4. Self-indulgent
5. Demotivating

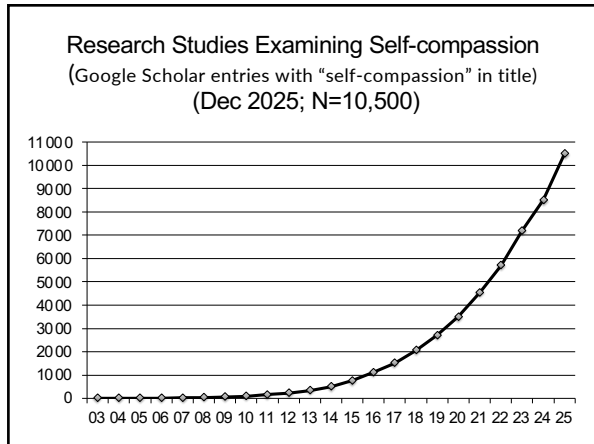
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For someone to develop genuine compassion towards others, first [they] must have a basis upon which to cultivate compassion, and that basis is the ability to connect to one's own feelings and to care for one's own welfare... Caring for others requires caring for oneself.

Dalai Lama (2012). *Training the mind: Verse 7*. Retrieved March 3, 2012, from <http://www.dalailama.com/teachings/training-the-mind/verse-7>

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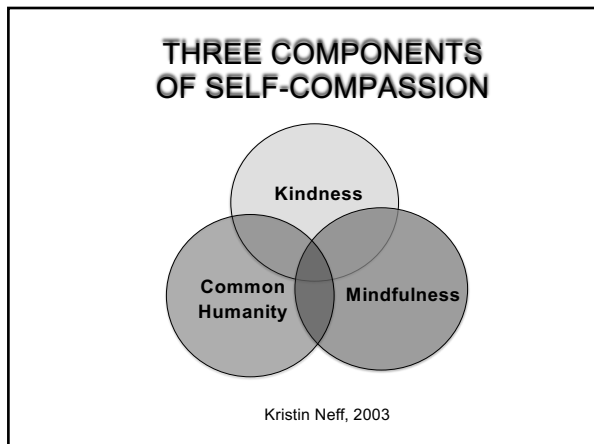


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SELF-COMPASSION IS GOOD FOR YOU


- Increases in wellbeing – happiness, life satisfaction, optimism, coping, emotional resilience, emotional intelligence, wisdom, curiosity, growth mindset, connectedness, autonomy, conscientiousness, agreeableness....
- Decreases in anxiety, depression, stress, rumination, and shame
- Improved physical health – immune functioning, healthy behaviors such as exercise and balanced diet.
- More satisfying relationships – collaborative, empathic, altruistic, social equality orientation

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TWO APPROACHES TO SELF-COMPASSION



TENDER: (yin/"being with") comfort, reassure, validate
FIERCE: (yang/"acting in the world") protect, provide, motivate

CARE

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THERE ARE MANY WAYS TO LEARN
SELF-COMPASSION!



- Mindfulness training (MBSR, MBCT)
- Self-compassion training (MSC), compassion training (CCT, CBCT, MBCL)
- Psychotherapy
- Owning a dog, practicing yoga, forest bathing, compassion toward others, taking long hikes

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PRACTICE:
COMPASSIONATE TOUCH



Dreisörner, A., Junker, N. M., Schlotz, W., Heimrich, J., Bloemeke, S., Ditzel, B., & van Dick, R. (2021). Self-soothing touch and being hugged reduce cortisol responses to stress: A randomized controlled trial on stress, physical touch, and social identity. *Comprehensive Psychoneuroendocrinology*, 8, 100091.

Susman, E. S., Chen, S., Kring, A. M., & Harvey, A. G. (2024). Daily micropractice can augment single-session interventions: A randomized controlled trial of self-compassionate touch and examining their associations with habit formation in US college students. *Behaviour Research and Therapy*, 175, 104498.

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**PRACTICE:
SELF-COMPASSION BREAK
FOR THERAPISTS**



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**BRIEF HISTORY OF
SELF-COMPASSION IN PSYCHOTHERAPY**

- Self-acceptance always considered a core change process in therapy.
- Compassion has been *implied* under the umbrella of “empathy.”
- New! Self-compassion is a learnable skill
- Now! Self-compassion is embedded within the larger model of “mindfulness, acceptance, and compassion-based therapies”

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**MINDFFULNESS-, ACCEPTANCE-, AND
COMPASSION-BASED THERAPY**

- Mindfulness – attention and awareness
- Acceptance – non-avoidance of experience
- Compassion – connection and care

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PIONEERS IN SELF-COMPASSION



Paul Gilbert Kristin Neff

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SELF-COMPASSION IS AN UNDERLYING CHANGE PROCESS IN THERAPY



TRANSDIAGNOSTIC – improves mental health across diagnostic conditions.

TRANSTHEORETICAL – improves mental health in different kinds of therapy

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TRANSDIAGNOSTIC

- Compassion-based therapy improves anxiety, depression, trauma, eating disorders, addictions, personality disorders
- Meta-analyses – Compassion-based treatment relieved psychological distress and increased self-compassion, even with active control groups (Kirby, Tellegen & Steindl, 2017).
- Strong effect sizes for *self-compassion* based interventions for eating disorder and rumination, moderate for anxiety and depression (Ferrari et al., 2018)
- Kirby, J. N. (2025). Compassion as a transdiagnostic target to reduce mental health symptoms and promote well-being. *Nature Reviews Psychology*, 1-15.

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TRANSTHEORETICAL

- In *psychodynamic* and *cognitive therapy* of Cluster C Personality Disorders (avoidant, dependent, O-C) – increases in SC predicted decreases in psychiatric symptoms and personality pathology (Schanche et al., 2011).
- *CBT* – enhanced SC predicted reduced PTSD (Hoffart, Økstedalen and Langkaas, 2015).
- *EFT* - increased SC reduced self-criticism (Halamová & Kanovský, 2019)
- *ACT* – increases in self-compassion reduces psychological distress (Yadavaia, Hayes, & Vilardaga, 2014). Meta-analysis correlation of .62 between psychological flexibility and self-compassion (Moreno, J. 2023)

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HOW DOES SELF-COMPASSION WORK IN THERAPY?



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HOW DOES SELF-COMPASSION WORK - NEUROPHYSIOLOGICALLY?

- Lower *sympathetic* arousal (reduced salivary alpha-amylase and interleukin-6). Less fear.
- Increased *parasympathetic* activity - greater vagally-mediated heart-rate variability (self-soothing). More safety.
- vmPFC (active during information processing and decision-making) and dlPFC (active while switching attention and response inhibition) appear to be associated with self-compassionate responding. Better executive control of emotion.

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Neural Correlates of Reduced Self-Judgment after Mindful Self-Compassion Training (Resting State fMRI).

Functional connectivity *increased* between the posterior cingulate cortex (hub of self-related thinking) and the dorsal lateral prefrontal cortex, inferior frontal gyrus, and dorsal medial prefrontal cortex. The posterior cingulate cortex also had *reduced* functional connectivity with the amygdala-hippocampal complex .

In other words, being less self-critical seems to shift the “self” network in the brain so it partners more with thoughtful, regulating regions (prefrontal) and less with the fear-and-threat system (amygdala–hippocampal complex).

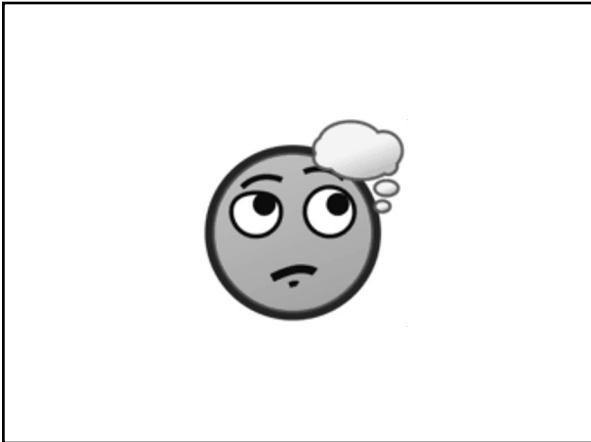
Joss, D., Datko, M., Washington, C. I., Tresvalles, M. A., Mete, M., Lazar, S. W., ... & Hoge, E. A. (2025). Neural correlates of reduction in self-judgment after mindful self-compassion training: A pilot study with resting state fMRI. *Journal of Mood & Anxiety Disorders*, 9, 100096.

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**HOW DOES SELF-COMPASSION WORK?
PSYCHOLOGICALLY**

- *Secure attachment*: SC helps people to feel safe inside
- *Reduced shame*- SC is the opposite of shame, both theoretically and empirically
- *Non-avoidance* – SC helps people acknowledge, accept, and work with difficult emotions
- *Counter-conditioning* - when we pair a distress state with a compassionate state, our distress becomes more tolerable.

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**SELF-COMPASSION IN THERAPY:
3 LEVELS OF INTEGRATION**

- Compassionate Presence:
How therapists relate to their *own experience*
- Compassionate Relationship:
How therapists *engage with their clients*, verbally and non-verbally
- Compassionate Interventions:
How clients *relate to themselves*, esp. Home practice

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**LEVEL 1
COMPASSIONATE PRESENCE**

*how therapists relate to themselves
embodying mindfulness and compassion*



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COMPASSIONATE PRESENCE

- Compassionate presence refers to the clinician being with their own moment- to- moment experience in a compassionate way during therapy.
- Self-compassion is linked to presence (Bourgault & Dionne, 2019):
 - with *oneself* – by reducing self-criticism and enhances self-kindness
 - with the *client* – by increasing other-compassion, reduces therapist burnout
 - in the *therapy relationship* – by reducing reactivity and increasing awareness of common humanity
- Self-compassion training enhances mindfulness and mindfulness training enhances self-compassion.

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**CHALLENGES TO
COMPASSIONATE PRESENCE**



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MAINTAINING PRESENCE
What works for you?



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PRACTICE:
COMPASSION WITH EQUANIMITY



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LEVEL 2
COMPASSIONATE RELATIONSHIP
how therapists relate to their clients



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COMPASSIONATE RELATIONSHIP

- The relationship is a common factor in therapy –a robust predictor of treatment outcome across therapies.
- Empathy accounts for more treatment outcome than treatment interventions (meta-analysis by Bohart et al, 2002).
- Successful therapists tended to be warmer, more empathic, understanding and supportive of their clients, and are less likely to blame, ignore, neglect, or reject the clients (meta-analysis by Lambert & Ogles, 2004).

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**THE 3 R's OF A COMPASSIONATE
THERAPEUTIC RELATIONSHIP**


RADICAL ACCEPTANCE
Attitude - non-judgment, non-fixing -

RESONANCE
Mode of engagement - "feeling felt"

RESOURCE-BUILDING
Outcome - self-compassion

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EMBODIED LISTENING
("PINGS")



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EXERCISE:
LISTENING WITH THE HEART
SPEAKING FROM THE HEART



Embodied Listening ("pings")
Giving and Receiving Compassion

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LISTENING AND SPEAKING FROM THE HEART
Instructions

1. Breakout groups of 3 persons, 18 min total
2. 1 person is speaker (5 min), 2 are listeners
3. Listeners practice embodied listening, noting their "pings."
4. When distracted, listeners practice Giving and Receiving Compassion
6. 30 second silent reflection on the pings.
7. Each listener shares their "pings" (3 min each)
8. Everyone discusses the process (5 min) –
 - What was it like to *listen* in this way?
 - What was it like to be *listened to* in this way?

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LEVEL 3
COMPASSIONATE INTERVENTIONS
how clients relate to themselves / home practice



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**COMPASSIONATE INTERVENTIONS/
HOME PRACTICES**

- Examples of self-compassion home practices can be found in literature on *Mindful Self-Compassion* and *Compassion Focused Therapy*, and numerous workbooks.
- Traditional CBT practices can be integrated with SC, such as exposure therapy with compassionate self-talk.
- Home practices should be customized for clients based on what gives them relief from their struggling in daily life

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**INTEGRATING HOME PRACTICES
INTO THERAPY**

- LITMUS TEST: Create home practices in collaboration with clients *without ever mentioning "self-compassion."*
- Base home practices on emotional pain expressed in the therapy session and collaborative exploration of more self-compassionate ways of relating to the pain.
- Non-compliance with interventions is an invitation to back up and cultivate self-compassion through compassionate presence and the compassionate therapy relationship.
- Home practice should always be a relief, not a chore. That makes it self-reinforcing.

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**KEY QUESTIONS FOR DESIGNING
HOME PRACTICES**

- *"WHAT DO I NEED?"*
...to feel safe
...to be comforted, soothed, validated
...to protect, provide for, motivate yourself?
- *"HOW DO I CARE FOR MYSELF ALREADY?"*
- *"HOW WOULD I TREAT A FRIEND IN THIS
SAME SITUATION?"*

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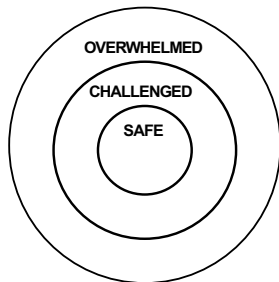
BACKDRAFT

"Love reveals everything unlike itself"
"When we give ourselves unconditional love, we
discover the conditions under which we were not
loved"



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ZONES OF TOLERANCE



Safety Motto:
Lean in – Lean back – Let go

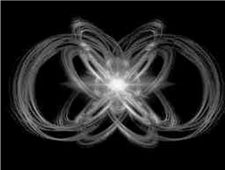
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**BEHAVIORAL
SELF-COMPASSION TRAINING**



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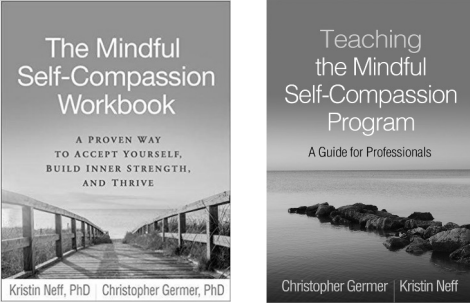
**CORE PARADOX OF
SELF-COMPASSION PRACTICE**



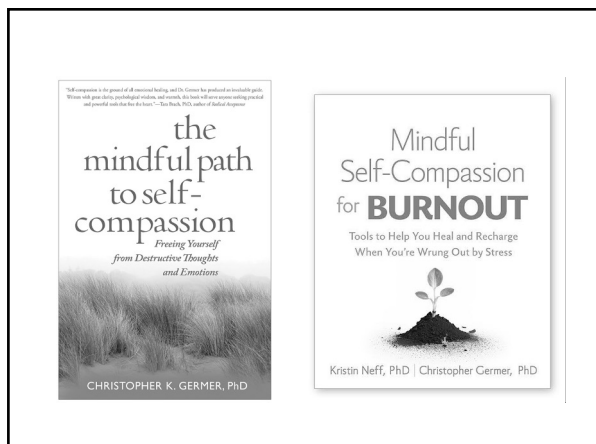
When we suffer,
we practice self-compassion *not to feel better,*
but because we feel bad.

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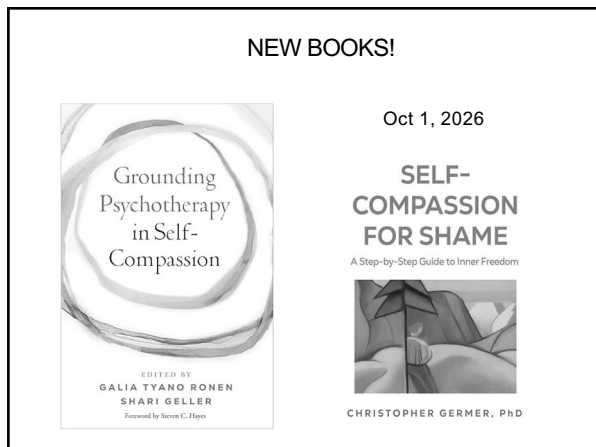
MINDFUL SELF-COMPASSION PROGRAM



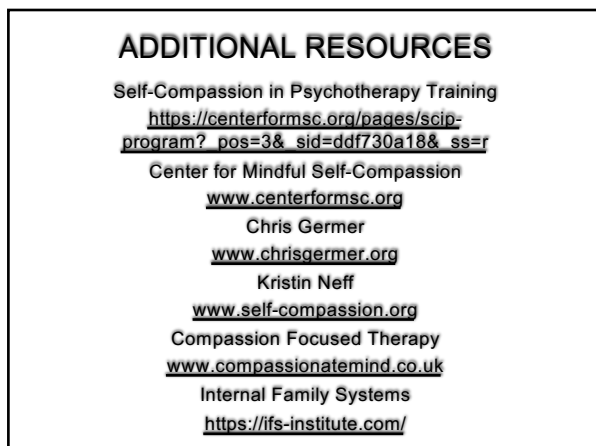
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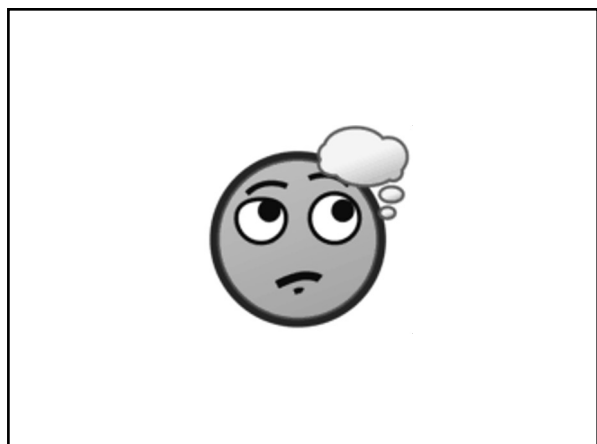
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