

The “Cycle of Compassion”: A Way Out of the Tangled Web of Trauma and Dissociation

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The Story of “The Cycle of Egocentrism”

Atrocity is recognized as such by victim and perpetrator alike, by all who learn about it at whatever remove. Atrocity merely arms the future for more atrocity. It is self-perpetuating, a barbarous form of incest. Whoever commits atrocity also commits those future atrocities thus bred.

. -Frank Herbert

The Cycle of Egocentrism, the vicious pattern of interactions driven by the desire to avoid or control pain. is at the heart of the human condition. People trapped in this self-absorbed drive, become helpless. This despair feeds the interaction known as “the drama triangle”. (Karpman, 1968) The power struggle resulting from the wounded individual’s pain avoidance pushes them into the corners of the triangle. They are completely self-absorbed and seldom possess awareness of their impact on the other actors in their drama. They are unable to fathom the pain of others-

The Cycle is a system of behaviors which disassociative and other traumatized people rely upon to ensure survival. It is a captivating, excruciating, familiar and comfortable process that begins before conscious awareness. The Cycle drives what is known as the “Drama Triangle” (Karpman, 1968), casting participants into the roles of Victim, Rescuer or Perpetrator. Once a person is trapped into the Cycle they feel helpless to change it. In the “Cycle of Egocentrism” all actors are driven by egocentrism. The pull to complete the Cycle originates unconsciously and repeats over and over again resulting in chaos and pain for everyone involved.

What makes people egocentric?

Children ignored, beaten or merely disappointed by their parents’ inadequate parenting become clients fixed upon injury and fear. For the child, the wound never healed, and still screams for attention. Hurt, afraid, angry and confused, their angst is compounded by the sense that no one cares about their pain because their parents were so focused on their own pain As bodies grow to adulthood, that child's anger remains. (Whitfeild, 1987)

According to Freud (1921), egocentric, therefore narcissistic, behaviors are rooted in a self-defense against their own aggressive impulses. This conflicts with the popular dictionary definition of narcissism as “self-love.” Freud's well-known essay on narcissism recognizes it as

an attempt to null the pain of disappointed love and the child's rage against the perceived inadequacies of caretakers. This rage is, of course, projected onto other people.

Participants in the “Cycle of Egocentrism” focus almost entirely on surviving the pain of their own wounding. The perpetrators of these wounds often have *no idea* that their behavior inflicts a wound to be carried forth into all of that child's relationships and through the generations. They are too consumed with their *own wounding* to notice the impact of their behaviors. Whether violence is physical or verbal or emotional, the result is always pain for everyone involved. (Miller, 1987)

Children are the only real victims, because children are dependent upon the adults in their lives. Each survivor continues to struggle with the residuals of childhood victimization. The victim role is core to the “Cycle of Egocentricism.” The Cycle is based on blame and shame, resulting in chaos and pain. Anytime there is a victim; there must always be a perpetrator, someone to *blame*. The “Cycle of Egocentrism” begins with the *assignment of blame*. Healthy relationships based on honest and clear communications can not exist in an atmosphere of blame and denial. (Utain, M. and B. Oliver, 1989).

How People Get Trapped in the “Cycle of Egocentrism”

People with childhood histories of trauma become inevitably locked into a set of interactions, encompassed by the perception of blame. They have no other model for intimacy. Nor are they able to conceptualize the root of their unconscious script for interpersonal relationships. This lack of training does not mean the inability to feel: love, passion or glimpses of pure pleasure and joy with others, but their capacity for maintaining emotionally connected and healthy relationships has been short-circuited by their childhood “programming”.

Because childhood trauma generally occurs in the context of primary intimate relationships, romantic entanglements represent a set of perpetual traumatic triggers. Clients experience their partners in the same intimate way they experienced their parents. Thus creating a constant bombardment of overwhelming and compelling sensory-emotional responses in each of them. These relationship triggers automatically result in the client experiencing themselves as the victim, projecting their parents onto their mates. (Hendrix, 1996) Our task, then, is to help them identify and change these patterns.

The “Cycle of Egocentrism” and Relationships

In the “Cycle of Egocentrism”, relationships are shallow and unsatisfying at best or hostile and violent at worst. Struggling to connect, while at the same time feeling terrified of connection, the average client carries a vague sense of dissatisfaction with life and-relationships without knowing why. This leaves partners separated from each other and unable to cooperate. (Steiner, 1975) This painful struggle for distance versus connection is the basis of what Harriet Goldhor Lerner refers to as The Dance of Intimacy (1989). In her book about relationships, Lerner speaks of two types of "stuck" relationships"; "too intense" or "too distant". Too much intensity (drama) mean blame and wounding consume the relationship and block real intimacy. In “distant” relationships, the parties are trying to *control exposure to pain*. They push their feelings underground and do not share intimately.

Through the entire lifetime of those caught in the Cycle, the need to dissociate from the experience of being “in” the body is essential and result is in the inability to experience full lives. Dissociation from their bodies means that neither partner is connected with his/her own feelings, needs, and desires. The withdrawal from the body is driven by the need to avoid pain. In an effort to manage pain, children learn to hold their breath, tighten their musculature, and dissociate

awareness. They shut down vitality in order to survive the pain of living in the Cycle. (Miller, 1987)

Elements of the "Cycle of Egocentrism"

The Drama Triangle

The "drama triangle" is central to the "Cycle of Egocentrism". It is borrowed from the Transactional Analysis concept developed by Stephen Karpman (1968). He describes the behavior as "one of the most damaging psychological processes that we see today." The concept of the Drama Triangle is a critical aspect of writing a play or a good, gripping novel. Karpman made a significant contribution to understanding human problems, when he described the painful and reciprocal roles of victims, persecutors, and rescuers. Switches in these roles and their related existential positions make for intense drama, high emotional charges and surges of stress hormones. (Allen, J.R., 2000)

The triangle is a critical tool for understanding dysfunctional relationships. When survivors live out the roles on the triangle, the damaging interactions and false beliefs about others changes the way they feel and relate with the world. (Barron, 2000) The three positions in the triangle (as it is conceived of here) are the Victim, the Self –Protector (Perpetrator*), and the Rescuer.

The triangle is a graphical depiction of the interactions between characters in any drama. The three roles are basic for plot development and intrigue that must capture an audience's interest. "Art imitates life" and the triangle developed from dysfunctional human relationships.

Since people learn these roles during formative years, they become the basis upon which survivors live and find their place in the world. Children unconsciously decide which role to use

to develop their primary sense of self. Acceptance of a “primary ego identification” with a particular role occurs through the process of living in the “Cycle of Egocentrism”. The experience of emotional, physical and sexual abuse and victimization increases the intensity. Survivors never question the triangle's existence or whether it is good or not – it simply *is*... no different than the air that they breathe.

Primary Ego Identification

Carrying the woundedness inherent in the “Cycle of Egocentrism” requires adaptations in personality styles designed to survive in the chaotic and often painfully dangerous environments. Each corner of the triangle carries with it *primary ego identification* with a particular role in the “Cycle of Egocentrism”.

A person’s ego identification is the set of ideas that are fundamental to personal identity and with whom and what they identify. The person’s sense of well -being depends upon this identity. The failure to defend and protect their ego identity results in personality breakdown. (Erickson, 1993)

This *primary ego identification* is a feeling state clients believe they must maintain to survive. For the Victim, the primary ego identification lies with hopelessness and powerlessness, for the Rescuer, it is control over shame, and for the Perpetrator, it is power over fear.

The Victim Core

Regardless of which ego identification clients align with, they are at center, a victim. Victims feel helpless, out of control, ashamed, fearful, despairing and self-loathing. They have no sense that they are worth standing up for, or that they have any control over anything. As children they didn’t have control, and as adults, they do not know in their hearts that they have grown into adults. The only power the Victim ever experiences is in someone controlling through perpetration or rescuing.

Assertiveness training demands that they “stand up for themselves” or “take control” and this translates into becoming a Self-Protector or a Rescuer.

Each position is driven by the desire to remain out of the Victim position. The Victim position is so repugnant that it drives the whole cycle. The Rescuer and Self-Protector fight like pit bulls to stay in control over their hopelessness and powerlessness by using their primary ego identification to gain control over the pain of feeling like a Victim.

The Self-Protector

Karpman (1968) labeled this position as “The Perpetrator”. He fails to describe how the labeled Perpetrator perceives *self*. A “Self-Protector” is, at its core, a “Victim”. The “Self-Protector” does not perceive self as a Perpetrator at all and feels offended if another were to suggest such a thing. Anyone in the “Self-Protector” position sees the self as the protagonist in the drama of life.

The desire to avoid pain and fear entirely motivates the “Self-Protector”. They experience themselves as being in a weakened position but are determined not to appear-weak or helpless. *These desperate attempts to provide protection from their pain, fear, shame and helplessness drive the perpetrating behaviors* and becomes a desperate struggle to gain power over their fear of being a Victim.

The Rescuer

The Rescuer is generally seen as the opposite of the Self-Perpetrator, and is perceived as having some power or control in the Victim’s situation. The Rescuer’s role supports the victims’ weakness. (Steiner, 1974) Rescuers deflect the brunt of the harm and difficulties directed toward

the victim. They believe themselves to be motivated by compassion and caring, which is not necessarily the case.

In fact, Perpetrators and Rescuers differ only in method. The Perpetrator feels victimized by the Rescuer. Without appearing to, the Rescuers are protecting themselves from the shame of being victims. Through rescuing, they gain an improved self-esteem and a sense of some control. By focussing on someone else’s perceived victimization, Rescuers gain a sense of control and power over their own sense of shame and powerlessness.

In some cases, the rescuer deliberately keeps the victim indebted. The end result remains the same... the victim stays weak and dependent. The rescuer, then, remains chained to the victim, held captive through his or her own success at rescuing, leaving the Victim robbed of opportunity to grow and strengthen from the challenges that confront them. (Steiner, 1974)

The Feeling States of the Triangle

Each side of the Drama Triangle represents the feeling state between the roles at each end.

Shame - between victim and rescuer

The shame leg defines the relationship between the Victim and the Rescuer. The Rescuer controls shame by assigning it to the Victim. The Rescuer’s attitude of “I am going to help this poor helpless person” implies that the Rescuer *is not* helpless and the Victim *is* helpless. The Victim is at fault for being helpless, and needs the help of someone better and stronger. (Wilson – Schaeff, 1986) Neither party may be aware of these motivations or feelings, but are unconsciously guided by the Rescuer’s need to escape helplessness and shame. It is *a desperate attempt to escape feeling like the Victim*. This condition has been named many things by many authors as co-dependency, a messiah complex, a Wendy complex, a helping others compulsion, etc.

Fear - between self-protector and victim

Between the Self-Protector and the Victim lies *fear*. Fear is a chronic state for Victims. They carry their fear as a state of constant hyper-arousal, which encourages dissociation. One such client expressed it as being “Victim-Centric”. The Self-Protector (like the Rescuer) cannot tolerate the fear and panic associated with being the Victim, and struggles urgently to not feel, perhaps even to totally deny fear. The helplessness and fear of being the Victim are intolerable. The Self-Protector remains embattled for control over personal fear by instilling fear in the Victim. Thus the title “perpetrator” – they perpetrate pain and fear onto their Victim.

Anger - between rescuer and self-protector

The top line, connecting the Rescuer and the Self-Protector, is the feeling of *anger*. Both positions have to justify their particular method of gaining control of their victimization by attempting to thwart the other. They are in constant and direct conflict with each other, yet they need each other to perform their roles. The anger is fueled by the Rescuer’s *blaming* of the entire Cycle on the Self-Protector and the Perpetrator’s feeling victimized by the Rescuer. (Utain, & Oliver, 1989) A righteous sense of anger propels the Cycle.

Pain - core to the triangle

At the heart of the entire Cycle, resides *pain*. Every participant engaged in the Cycle lives with a tremendous pain. Each participant has suffered, been hurt terribly and is constantly engaged in trying to avoid being swallowed up by pain. The Victim usually engages in self-destructive behavior because of their shame. (Whitfield, 1987) This self-destructive behavior usually takes the form of some type of addictive process, which temporarily takes them out of the pain. Of course, since every one thinks of them self as the Victim, they all are prone to this kind of behavior. For the Rescuer, if their attempts at rescuing fail, or are not appreciated, they will fall back on addictive behavior. For the Self-Protector, if they have no one they can successfully perpetrate, they will engage in addictive or self-destructive behaviors as well.

The “Wall of Grief”

The “Wall of Grief” blocks egress from the “Cycle of Egocentrism”. Before clients can move into their own identity, they must accept the loss of their idealized parents and childhood and all of the accumulated, unprocessed grief. The grief is usually not as difficult to manage or resolve as people imagine. The survivor’s fear of feeling began in their childhood. Generally, parents who are not comfortable with their own pain are also not comfortable with their children’s pain. This results in parents teaching their children to *not feel*. (Whitfeild, 1987) Ultimately this can develop into the *phobia of feelings* characteristic of trauma survivors and dissociative clients. Like any phobia, the terror of connecting with the pain can be worked through and eventually dissipated. If grief is not processed, the energy contained in that grief builds up and develops into a chronic state of distress. (Kritsberg, 1986)

Often the roots of compulsions, addictions, hypochondria and many physical complaints are found in unexpressed. They are an attempt to suppress and contain intense grief. (Whitfield, 1987)

Complicating Factors

Social Acceptance

No social acceptance of the triangle is possible without the presence of scapegoating. Carter (1996) says;

It is a hostile social - psychological discrediting routine by which people move blame and responsibility away from themselves and towards a target person or group. It is also a practice by which angry feelings and feelings of hostility may be projected, via inappropriate accusation, towards others. The target feels wrongly persecuted and receives misplaced vilification, blame and criticism; he is likely to suffer rejection from those who the perpetrator seeks to influence. Scapegoating has a wide range of focus: from "approved" enemies of very large groups of people down to the scapegoating of dissociative of traumatized individuals by other dissociative or traumatized individuals. Distortion is always a feature.

Osama Bin Laden attempts to pull the entire Muslim world onto the drama triangle by occupying the victim’s corner and demanding that they rescue him from the Perpetrator (United States). The assumption becomes that you MUST assume one of the three roles. It is clear from this description of the scapegoating process, that any group or government agency organized to "protect" a victim could become swept into the drama triangle by hooking into the thinking that some one is "to blame". The drama makes satisfying news stories. It sells newspapers and magazines, books, television shows and juries.

Mental Health Profession

Mental health professionals are called, appropriately, the “Helping” professions. From the very context of the relationship, we “Helpers” are set up to be “Rescuers”. (Lasch, 1979) Very well meaning, smart, wonderful professionals, acting in the Rescuer role, engage in the “Cycle of Egocentrism” with their clients.

When, in our “Helper” role, we teach assertiveness in order to defy the perpetrator; we reinforce the image of the client as the Victim, and anyone frustrating the Victim as the Perpetrator. (Wilson – Schaeff, 1986) Clients do benefit from being able to understand that the ways they are being treated by others is wrong. They do need to find empowerment to end these destructive relationships. However, *strengthening their position as a victim does not allow the client to change their paradigm*. Teaching them to operate from a totally new paradigm – the “Cycle of Compassion” is their only hope.

The “Cycle of Egocentrism” is encouraged by most helping professionals out of an honest attempt to assist the client in gaining strength and learning to protect themselves from abuse and mistreatment. But they are coming from a place of assigning *blame*, which perpetuates the “Cycle of Egocentrism”. (Barron, 2000) Only by identifying and assuming responsibility for their role in their predicament can clients free themselves from the shackles of the Cycle.

The Story of the “Cycle of Compassion”

The “Cycle of Compassion” is based on personal empowerment and confidence and results in love and aliveness. For those with lifelong histories in the “Cycle of Egocentrism”, it requires yielding to a new behavior without life examples. Moving in the direction of Compassion is the only way out of the chaos, pain and drama of the “Cycle of Egocentrism”. According to the Dali Lama compassion is “... the wish that others be free from suffering.” To ANIKIN from “Star Wars: Episode II”(2002) – “Compassion is that kind of unconditional love we feel for all of mankind”. The definition of compassion is expanded by using the Objectivism definition of love:

To love is to value. Only a rationally selfish man, a man of self-esteem, is capable of love - because he is the only man capable of holding firm, consistent, uncompromising unbetrayed values. The man who does not value himself, cannot value anything or anyone.

Ayn Rand, 1932

From this we can see that compassion must include self-love. One cannot be compassionate for others without also being compassionate with the self.

To feel true compassion for all beings, we must remove any partiality from our attitude toward them. Our normal view of others is dominated by fluctuating and discriminating emotions.

Dali Lama, 2001

For our clients to experience true compassion, we must move clients to a place where their “fluctuating and discriminating emotions” no longer dominate their view of themselves or others.

What Makes People Compassionate?

Troubled people are locked into roles they despise. They are unaware that other types of interactions are available. The desire to escape pain drives the “Cycle of Egocentrism”. A commitment to work through pain opens the door for compassion. A willingness to change, to face

the pain, to walk through the terror of feeling, allows clients to move into the “Cycle of Compassion”. Not every one is cut out for it; they may be too fragile or may simply lack the courage. Ideally, more than one family member participates, but change can occur even if only one person actively engages in the process. Breaking the cyclic pattern requires only one person to interfere with the “Cycle of Egocentrism”.

The Relational Impact of the “Cycle of Compassion”

Living in the “Cycle of Compassion” allows deeply satisfying and meaningful relationships. Conflict will exist; in fact, it may surface more frequently as people take responsibility for their own feelings. Re-framing conflict with respect, confidence and compassion allows each person to be separate, yet accepted as a part of the other’s whole world. Relationships functioning in the “Cycle of Compassion” are not static; they are constantly moving, flexing and growing.

The Responsibility Core

"It is not alone what we do, but also what we do not do, for which we are accountable."
Moliere (1622-1673)

The opposite of the Victim is responsibility.— Blame is a condemnation of a person’s behavior attributing all fault with one person, leaving the other partner the unimpeachable, blameless victim. *Unless we are children, we all have some responsibility for what occurs in our relationships.* One person is *never* totally to blame for what occurs. As adults, our clients have choice, therefore responsibility, in what has taken place.

Taking responsibility means recognizing that we are, at the same time, the victim, the problem and the solution. (Whitfeild, 1993) The need to assign blame disappears when

responsibility is assumed. Everyone is responsible for how they relate to others. No one “does it” to the others engaged in the cycle. (Lerner, 1989)

This simple truth is often missed; especially when one person is perceived of as being victimized. To quote Ann Landers “No one can take advantage of you without your permission” (1989).

Choosing to accept responsibility is the opposite of falling into the victim position of hopelessness, despair and entrapment. It is the one who is *unhappy* in a relationship who must make the move to change. Until clients can accept themselves as having a part in the quality of the relationship, they are not acting on the principles of personal responsibility. Clients have freedom of choice over actions, and are *accountable* for choices and the consequences. Taking personal responsibility is the willingness to face unappealing truths about themselves. (Paul & Paul, 1983) For clients with a primary ego identification of Victim, this is extraordinarily difficult because of the tendency to tirades of self-condemnation. Falling into the pit of shame protects the victim from reproach by others and helps avoid responsibility.

Each person must learn to only be responsible for his/her actions and feelings without focusing on the other’s actions and feelings. When clients feel their partner is responsible for their happiness, they will feel angry when their partners do not provide bliss. In fact that partner is responsible for her own unhappiness. Clients’ feelings and responses arise from personal beliefs, needs, fears, and expectations – not from another’s behaviors. (Paul & Paul, 1983)

Respect as a an antidote to victimhood

Rescuing behavior is disrespectful. Rescuers act on the belief that the victim is incapable of being responsible for themselves. Demonstrating a remarkable lack of respect, Rescuers take over the others’ responsibilities. Aside from infants and mentally incompetent adults, individuals are responsible for their own personal actions. (Beattie, 1987)

Respect starts with self-respect. Clients must be able to believe in, and have confidence their right to have and share feelings, beliefs and values. Low self-worth is at the core of the Rescuer position. Clients with a primary ego identification as Rescuer are compelled to take care of others in an attempt to relieve internalized shame.

To treat another with respect, confidence in the other must be developed. Behaving in a respectful manner toward others means having confidence that others can and will take responsibility for their behavior.

Respect does not mean giving up beliefs and values. Partners with respect for each other are able to listen to an opposite position without the sacrifice of self. It is not the same thing as “giving in” to the other, it is an honest setting aside of ones own position long enough to evaluate the other position’s merit. Listening and changing, through self-awareness, leads to increased self-respect. (Paul & Paul, 1983)

Empathy as an antidote to self-protectiveness

Charles Whitfeild, in Boundaries and Relationships (1993), characterizes a lack of empathy as a symptom of the “unhealthy narcissism” represented in the “Cycle of Egocentrism”. People unable to feel and express empathy are locked into the Self-Protector position. Empathy requires stepping out of the need to defend long enough to recognize someone else’s pain. (Luquet, 1996) The momentary experience of feeling the pain of another allows

defensiveness and the need for self-protection to disappear. Without the ability to empathize, no amount of “communication” will alter the functioning of the cycle because each is so caught up in self-protection.

Empathy also requires strong emotional boundaries. Boundaries keep an individual from becoming overwhelmed by the partner’s feelings. The Rescuing person often falls back into taking responsibility for the others feelings, thereby losing a sense of self and personal feelings. This preventing compassion and re-engages the cycle. (Loquet, 1996) A simple empathetic response to a defensive person immediately changes the quality of an interaction and moves clients into the “Cycle of Compassion”.

For disassociative and traumatized clients, learning *self-empathy* is crucial yet extremely difficult. The indoctrination that parents are *good* and the wounded self must be *bad*, poses a *challenge*. Disassociative and traumatized clients become so invested in these beliefs that they are terrified of seeing things differently. Trauma processing, psycho-education and cognitive therapy must focus on changing these distorted beliefs.

Elements of Compassionate Therapy

In the first step toward a compassionate heart, we must develop our empathy or closeness to others. We must also recognize the gravity of their misery. The closer we are to a person, the more unbearable we find that person’s suffering. The closeness I speak of is not physical proximity, nor need it also be an emotional one. It’s a feeling of responsibility, concern for a person... We must contemplate the short-comings of self-centeredness, seeing how it causes us to act in unvirtuous ways...”

The Dali Lama, 2002

The Therapist’s Role

Therapy is tricky for people with a history of trauma,. Most have been in therapy before and expect the-counselor to be engaged in the “Cycle of Egocentrism”. They expect the counselor

to perceive the client as Victim and name an identifiable perpetrator/Self-Protector. If the therapist takes sides and assigns blame, the “Cycle of Egocentrism” takes control of the process.

To change this pattern, therapists have some serious work cut out for them. First of all, a counselor must establish rapport and empathy not only for the client but also for those in the clients’ life. Even if it appears that someone is “dead wrong”, the counselor *must not take sides*. A conscientious counselor will establish firmly that everyone in their client’s life is in pain and needing help. *This must occur even if no other friends or family are in therapy yet*. To do otherwise sets the therapy up for failure, with a distinct probability that the client will either leave therapy or eventually abandon all relationships. Even in cases of partner abuse, the counselor must not *presume* assignation of blame, as the application of blame restarts the “Cycle of Egocentrism”. (Carter, 1996)

Instead, the counselor’s job is to hold the survivor *responsible* for how they experience their relationships and change automatic behavior into responsible, respectful and empathetic interactions. When clients begin to use their personal power to manage their responses, they can start and sustain the process of moving into the “Cycle of Compassion” *all by themselves*. At times, the necessary changes may result in the decision to end one or more relationships. In the “Cycle of Compassion”, this can occur without blame and fighting.

The concept is simple, however application is not. Counselors face a set of traumatized individuals who hold a lifetime of conflicting and deeply imbedded complicit views of self and others.

Criticism and attempts to hold clients responsible for their behavior are problematic. Since trauma survivors are at heart Victims, counselors “helpfully” attempting to provide them with new information about how they could do something differently or better often result in re-

engagement of the “Cycle of Egocentrism”. The Victim falls into a pit of despair and shame, perceiving that their badness has been exposed. The therapists’ attempt is to rescue the Victim; but instead the Victim pushes them into the Self-protector corner. Now the therapist has to either defend their position (reinforcing the Self-protector position) or find some way to retract their criticism (reinforcing the Rescuer position). The Victim either feels further attacked and compelled to counter attack, or vindicated. Either way, the Victim assumes no responsibility. Therapists only way out is to respond with compassion.

The primary ingredients that differentiate compassionate therapy for disassociative and traumatized clients’ from traditional psychotherapy are modeling, psycho-education about the cycles, teaching the skills described below, and trauma processing.

Modeling

Modeling may be the most important aspect of compassionate therapy. The therapist must demonstrate the elements of compassion with clients and be willing to share personal frailties and process with their clients. By being open, providing empathy, accepting responsibility for directing therapy and being respectful, counselors convey a sense of compassion for traumatized individuals. Through the counselors modeling, the client can experience the therapist’s self-empathy, but only it’s authentic. Modeling must be authentic to work.

Counselors must possess appropriate boundaries and be willing to share their own difficulties. Clients with a history of trauma frequently feel damaged and incapable of overcoming the relationship problems. When clients are told, authentically, of how the counselor resolved a similar problem, they are given hope and may feel less damaged. This allows clients to identify with the counselors and their empathy for the counselor allows self-empathy to emerge

The most important form of modeling in Compassionate Therapy takes place when disagreements or conflicts occur within the therapeutic relationship itself. Counselors make mistakes, misunderstand, and are wrong at times. Far from being a problem, these differences create rich opportunities for the counselor to demonstrate dialogue using compassion and empathy. In most cases neither party intentionally wronged the other. Any perceived misunderstandings or woundings *MUST* be processed using dialogue and compassion. Once the client experiences movement, with the counselor, out of the “Cycle of Egocentrism” into the “Cycle of Compassion”, they can see how to apply the process to outside relationships.

Psycho-Education

An education in the dynamics of the “Cycle of Egocentrism”, the “Wall of Grief”, the “Cycle of Compassion” and the patterns perpetuating the cycles provides clients with a solid foundation for their work. The diagrams illustrate the tragic consequences of remaining stuck in the “Cycle of Egocentrism” and the hope of the “Cycle of Compassion”.

First, the counselor introduces the process of engaging in the “Cycle of Egocentrism”. The counselor uses humor, personal life experiences, and examples from popular music, television and film to demonstrate the dynamics of the cycle. At this point, most clients are intrigued and recognize the negative impact of previous behaviors and cognition’s in other people.

Each leg of the triangle has a corresponding emotional response. Clients reporting shame and fear can easily connect with their placement in the Victim position. Those experiencing fear and anger can identify the Self-Protector position. Feeling shame and anger identifies the Rescuer position. With a clear visual connection to the positions, the client identifies their own dysfunction.

Next, the counselor introduces The “Cycle of Compassion” as a way out of the “Cycle of Egocentrism”. Clients begin to envision hope.

Between the “Cycle of Egocentrism” and the “Cycle of Compassion” is the “Wall of Grief”. Grief obstructs movement away from the “Cycle of Egocentrism”. The “Wall of Grief” contains the emotions of shock and denial, guilt, anger, grief, and acceptance. The “Cycle of Egocentrism” exists upon a background of pain. The pain creates an atmosphere for escapes such as disassociation, drugs, alcohol, food, exercise, work, sex and codependency. The ability to remain present enough to remain calm may not be consistent, but with psycho-education the consequences of egocentric behavior become clear. Clients can then choose to take responsibility for behaviors after their reactivity passes. This is the power of the “Cycle of Compassion”.

Skills Training

Clients learn a new way of interacting in the skills phase of therapy,. They learn the tools of containment, empathy, respect, responsibility and dialogue. It is through the application of these tools that the “Cycle of Compassion” begins to work.

Dialogue

Dialogue helps clients apply new skills including *empathy*, *respect* and *responsibility*. Using Harville Hendrix’s (1990) dialogue method, clients begin to apply the techniques described below and move toward active compassion. Counselors begin by coaching clients to use dialogue with the counselor or in group therapy sessions. The counselor coaches clients in dialogue until they can do it on their own. Each must assume responsibility for continuing until they understand and are understood. The goal is not to reach agreement. The goal is for each party to feel deeply understood.

Containment

Containment is the ability to hold back reactivity long enough to develop intimate connection. Clients must recognize their compulsion to deny responsibility and attack, blame, shame, rescue or despair. When the client feels they are under attack and become Self-Protective, then they know they must end the current dialogue, ask for a time out and agree to return to the dialogue at a later time. If they feel shame and fall into intense remorse or they sense the other as being too reactive to dialogue, then it is their responsibility to interrupt the dialogue (for now).

Once the client has practiced containment on their own, they can begin to allow themselves to practice staying with the dialogue and *containing* their reactivity until they reach understanding.

Empathy

Empathy is the ability to understand the other person’s feelings and position. Clients must learn to set aside hurt feelings, anger and confusion, and allow themselves to get into the other person’s shoes. By doing this, they allow others the safety to not have to defend or justify. Counselors then teach clients to respond to feelings with empathy and validation while containing their own thoughts and reactivity. This allows them to fully understand the others’ position. Empathy is sometimes very hard for people disconnected from their own feelings. Bodywork may be required before true empathy is ever really achieved. In the meantime, verbal responses can be taught which allow partners to have an experience of empathy. Empathy is the opposite of self-protective and defensive reactivity.

For disassociative and traumatized clients, the most important and difficult thing to learn is *self-empathy*. They are so invested in their sense of themselves as being *bad* and their parents being *good* that they are terrified of seeing things differently. Trauma processing, psycho-education and cognitive therapy must focus on changing these distorted beliefs. Correcting

distortions is crucial to lasting change. The need, then, is for disassociative clients to embrace each of their parts with empathy, especially those they perceived as perpetrators. Cognitively recognizing the courage and strength required of these parts for pure survival opens the door for empathy and respect for the often-bizarre behaviors.

Respect

Respect is an attitude of acceptance and confidence that someone can work through whatever they are experiencing. Self-respect is just as important as respect for others. Respect requires each person to refrain from interfering with the others’ process. If someone cares about another person, and that person is behaving self destructively, the other person’s job is not to *fix* it but to accept and confront it with a respectful, confident attitude. To *ignore* the behavior is the same as trying to *fix* it because it prevents them from being held responsible for their actions. Confronting problems directly communicates confidence in the other person’s ability to manage the problem.

The counselor teaches clients to express their feelings about other’s behaviors and feelings in a way that communicates respect. This is a skill to be practiced with coaching. Respect is the opposite of rescuing or care-taking.

Responsibility

Responsibility is the heart of compassionate therapy. Clients must accept 100% responsibility for how they respond to their world. The perception of “*wrong*” must include an analysis of the client’s participation. This is key to the work of moving from egocentrism to compassion. If clients view themselves as having no responsibility for the problem, then no progress can be made.

Clients must own and communicate their part of any conflict, situation, miscommunication or discomfort. This is very difficult for clients stuck in learned helplessness. Counselors must point out when clients verbally abdicate responsibility in an interaction or story telling. At first, many clients will express hurt, then irritation, if not rage, at the counselor for “blaming” them. Counselors must educate clients regarding difference between *responsibility* and *blame* – or even *credit*. Blame is a condemnation of a person’s behavior attributing all fault with one person, leaving the other partner the unimpeachable, blameless victim.

Responsibility means accepting that whatever occurs is due, at least in part or in some manner, to things that we ourselves have done, said, thought or felt. If there is something that someone does that is a problem, then the client must assume responsibility for participating in a resolution. If the client chooses to accept the behavior, then they cannot blame the other for continuing to behave that way. Choosing to accept responsibility is the opposite of falling into helplessness, despair, shame and fear.

Trauma Processing

The critical element in any trauma treatment is to engage the survivor in an experience sufficiently similar to an existing traumatic memory while they remain in touch with their present reality. Memories must be integrated into the survivor’s present reality as they arise. They have to be aware of who and where they are as the feelings take place for the emotional discharge to have any lasting impact. Only through awareness of the existing time, place, and situation can the bridge to reality form and allow for the feelings to be released. Without the context of the present reality, people repeatedly regress into childhood memories containing overwhelming feelings and nothing changes. (Kelley & Kelley, 1994)

The “Cycle of Compassion” provides a framework for clients to become safe in their present situation while remembering the emotions of the past. By experiencing old pain and fear in the context of their adult selves, clients can develop new ways to process their old trauma.

How the “Cycle of Compassion” works with the disassociative system

The work of processing trauma provides the opportunity for traumatized clients to begin to reframe experiences within the paradigm of the “Cycle of Compassion”. Receiving a therapist’s compassion, providing compassion in their relationships, and recognizing the effects of compassion in their world prepares clients to feel respect and compassion for themselves. They can then take responsibility for actions while maintaining a sense of respect and empathy for all parts of their disassociative system. From this paradigm, interactions with each of the parts are changed, and they develop shameless or non-fear based internal dialogue. They learn to confront each new memory from a place of acceptance, love, trust and confidence.

Conclusion

The “Cycle of Compassion” is a clear and readily understood tool for guiding disassociative and traumatized clients. For therapists, the challenge is to stay out of the “Cycle of Egocentrism” ourselves and allow our relationships with our clients to operate outside of that paradigm. For traumatized clients the challenge is to accept the new frame for their experience and to apply it to both their external and internal worlds. Learning compassion can lead clients from a life of the familiar pain of drama and chaos into an experience of intense aliveness.

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