

Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan



Episode 4: Motivational Interviewing & Compassion – with Stan Steindl, PhD

Glenn Hinds:

Hello everybody and welcome back to Talking to Change, A Motivational Interviewing podcast, episode four. Today we'll be exploring motivational interviewing and compassion. Without any further ado, I'm joined by my co-host and great friend Sebastian Kaplan. Hi Seb.

Sebastian Kaplan:

Hey Glenn.

Glenn:

We're really both quite excited because we're also now joined from the other side of the world in Australia by Dr. Stan Steindl. He's a clinical psychologist in private practice called Psychology Consultants, PTD. Stan's primarily a clinician providing therapy to a wide range of adult clients, specialized in working with people who have been experiencing post-traumatic stress, anxiety, depression, addictions and relationships problems. Stan's role in private practice also involves training the supervision especially in the training motivational interviewing, as well as training in compassion focused therapy.

Glenn:

He's also an adjunct associate professor in the skill of psychology, University of Queensland and is involved in a number of research projects investigating compassion, self-compassion, motivational and psychological wellbeing. In fact, his interests now have deepened in terms of the relationship between motivation interviewing and compassion focused therapy in both directions. Well Stan, you are most welcome. We are, like I said, both really excited about talking to you today and certainly reading around the material that you've sent us and further field. I think today's conversation's going to be really quite interesting for a lot of people.

Glenn:

Hi. How are you doing?

Dr. Stan Steindl:

Good day. Good day from Australia. I'm doing well. It's about 10:00 PM here or 10:20 now, PM, at night, and I'm also very excited. I've been looking forward to this all week actually. I was thinking it's a little bit like The Three Stooges. Except I'm the only one with hair by the looks, just looking at me. Yeah.



Glenn:

Ooh, touchy, touchy yeah.

Sebastian:

Low blow right off the bat.

Glenn:

Yeah, nice.

Dr. Stan Steindl:

Yes, no, I'm really happy to be here, and keen to talk a bit about compassion and MI.

Glenn:

Great. Yourself Seb, how you doing?

Sebastian:

I'm doing well. It's 8:00 in the morning here in North Carolina. Actually, it just struck me that we're literally at all spots on the clock here with myself in the morning, you in the early afternoon and Stan in the evening. So that's an interesting dynamic for us.

Glenn:

A truly trans global conversation today on compassion and motivation interviewing. I suppose one of the things we could kick off with Stan is that idea of understanding what this notion of compassion is because in one of our area podcasts we were talking about the spirit and obviously compassion is mentioned there, but it's maybe not gone into a lot of detail, and I was wondering could you maybe kick off and just give us some ideas about what compassion really is and some of the definitions that might be floating about?

Dr. Stan Steindl:

Yeah, I think this is the thing that really got me curious about compassion to begin with was when Miller and Rollnick added compassion to the MI spirit, probably in I guess 2013, in the third edition of their book. A little bit was described there about compassion and what that might mean in the context of MI. It's sort of to be compassionate is to actively promote the others welfare and to give priority to the other's needs. I think the idea was that it was added because some elements of the spirit previously, working collaboratively, being evocative, being respectful, a lot of those things can be done in other professions. Salespeople, for example, might take that same kind of approach and that's cool.

Dr. Stan Steindl:

But in MI, what we're doing is also adding this other element, which is about really doing what we're doing in the service of the other person, in the service of trying to kind of alleviate or prevent suffering for the other person. That was really what sparked my



curiosity. I started to look around and to try to identify a bit more about what this compassion thing is and also of course as a member of MINT and a trainer in MI, I was very curious too about how to sort of train it.

Dr. Stan Steindl:

What is compassion? Is it kindness? "Be kind for everybody you meet is fighting a harder battle," said Plato, and there's a really interesting kind of comparison there between compassion and kind or is it sort of acceptance? Is it a quality or is compassion some sort of action? I was sort of trying to ponder all this, I thought I might just throw it to you because it's often interesting to get everyone's point of view. What are some words that you would say would kind of relate to compassion and perhaps a definition or even just words that relate to what compassion is? What do you guys think?

Sebastian:

I guess for me, thinking of that question, there's certainly a caring that would take place. Being moved in some way, both emotionally and then with some sort of action behind it. I guess that's the piece that I keep hearing about what separates compassion with other terms like sympathy or empathy is there's the action component.

Glenn:

The action part of it is a relatively new idea for me, that it was the idea of anybody holds I suppose the experience of someone else with kindness in the heart or love for them or a desire for them to be well, but the action part of it is then the willingness to do something that will be of benefit to the other, and certainly that fits with motivational interviewing, what resonates for me now is not just wanting to be helpful, it's knowing how to be helpful and recognizing that being helpful is decided by the other person rather than the practitioner. That's my sense of it is that I'm not doing this for me, I'm doing this for you, but I have you in mind when I'm doing it.

Dr. Stan Steindl:

Yeah, I think those are some really wonderful points. Sometimes we just think of compassion as perhaps a feeling state or something like that, but it really is a multidimensional construct really. It does involve care for wellbeing and interest in the other person's wellbeing. It might even involve things like empathy and sympathy and feeling moved by suffering, and then at some point it really is also, it's kind of like a motivation. Paul Gilbert, who is the person that originally developed compassion focus therapy and The Compassionate Mind, he defines compassion as the sensitivity to suffering in self and others with a motivation and commitment to try to alleviate and prevent it.

Dr. Stan Steindl:

The thing that I feel is really wonderful for us in MI is that just in that definition, you can see the bidirectional nature of it, that compassion comes to be an art of MI and that it creates a motivation and intention in the MI practitioner to want to help others and be in



service of alleviating or preventing their suffering. MI can also be brought to compassion, especially around that notion of compassion as a motivation. Sometimes we can feel two ways about compassion, and compassion isn't boundless. There are things that can kind of become barriers for us in terms of actual compassionate action.

Dr. Stan Steindl:

That's what I've really been fascinated about is the idea that both compassion and MI can really sort of serve each other and make each of them more effective.

Glenn:

There's boundaries to the experience individuals can give or have in their compassion towards others, and from what you're describing, it sounds like the compassion can both grow and fall back again, depending on circumstances.

Dr. Stan Steindl:

Yeah, exactly. I mean there's a number of appraisals, I guess, that we make when we're looking at a person who's suffering. For example, we might make appraisals about the relevance of the sufferer to ourselves. Are they relevant to us? Are they similar to us? Do they have the same goals or value as us? Those sorts of things can creep into influence whether or not we have that compassionate motivation and whether we act on that, or secondly the sufferers deservingness of help. Whether we see them as trustworthy or cooperative or of good character or maybe if we feel as if they're to blame for their own suffering. Those sorts of appraisals start to shape our compassion as well.

Dr. Stan Steindl:

And then thirdly, a little bit like when you said a moment ago with the question of how that sense of ability, do we feel able to cope with the situation, with the suffering? Do we feel emotionally able to cope with that, or secondly do we have the knowledge or skill in terms of what to do and how to help that suffering? I think there are often these appraisals that go through our mind, perhaps even just unconsciously which influence whether or not we take action.

Dr. Stan Steindl:

I was down the park with my two kids, Freya who's 16 and Harry who's 13, and also the dog, Bruno, a Chocolate Labrador, and there were these two guys who were sort of doing something over the side. They were older fellas. I think they came from one of the local hostels that is in the area, and one guy was lying on the ground and the other guy was sort of pulling at his arm. Harry goes, "Oh, what are they doing? It looks like he's trying to help him stretch." I said, "Oh no, I think something's really happening there."

Dr. Stan Steindl:

I went over and tried to assess the situation, and I felt nervous about it. I wasn't really sure what was going to happen when I got there, whether I might just get yelled at or they'd been drinking, I suspect, and one of the guys was pretty much passed out. I was trying to assess the situation, and then some other fella comes over and says, "Oh,



don't call the ambulance. We don't want to bother them with all of this. Just call the police," or something like that. It was just really interesting to see those little appraisals sneaking in.

Dr. Stan Steindl:

For me, it was a nervousness and what do I do, and perhaps with this other guy it was, "These guys don't really deserve help anyway. Look at them. It's all their own fault maybe" or something like that. He just wanted to call the police. I guess that's the sort of stuff I was talking about, that compassion isn't really boundless. It can depend on those appraisals. The idea I think for an MI practitioner is actually to bring awareness to that, to bring awareness to our own appraisals and to be able to work with those in one way or another. Maybe to open ourselves to some different possibilities or maybe in the end, to decide that there's certain groups of people actually that we're better off referring on because we're not as able to be compassionate with that particular group as others.

Sebastian:

Yeah. You're really speaking to I suppose the internal world of the practitioner, and in I think a very helpful and valuable way. I imagine there are listeners who are not necessarily new to the profession. There could certainly be veterans in whatever profession they're in, and they might find themselves quite troubled with judgments that they might notice or experience about the people that they're trying to help. There may be a sense that they have to be the best possible physician or psychologist, social worker, you name it, and that part of their striving to be the best is that they shouldn't think negatively, they shouldn't have maybe preferences about one client or the other, that they shouldn't look at their schedule and say, "Oh no, I have so and so coming in a couple of hours."

Sebastian:

It seems like what you're saying Stan is that part of the role of compassion for an MI practitioner would be to certainly maintain an awareness of those sorts of reactions and thoughts, but kind of reduce the level of judgment that one might experience towards one's self and to try to make use of it and ultimately maybe decide that they're not the right person or the right fit. It's just kind of making it a little bit more of a flexible response or I suppose relationship with those internal appraisals, as you say.

Dr. Stan Steindl:

I think one of the things that Bill Miller and Steve Rollnick really invite us to do with bringing compassion into the spirit of MI is that I guess every next client we see sort of needs and deserves the same kind of compassion that the last client we saw might have received. Yes, I think it is really interesting now for MI practitioners just to be really reflecting on their compassion, the different kinds of clients they're working with and how their compassion sort of works with those different people, and also ways to keep the compassion kind of buoyant and manage fatigue as well across a long day or across a week or the years of practice.



Dr. Stan Steindl:

Yeah, I think we really have that invitation now to really put something of a spotlight on compassion and how to cultivate it.

Glenn:

Right. As I listen to you talk, it's almost like the invitation is for us as practitioners to step back because in some ways, by exploring compassion and the elements of it and that what's going around it, it's almost like you're redefining or clarifying what helping really is and the invitation for us practitioners is to, this is what really works and this is how to go about it.

Dr. Stan Steindl:

You said something earlier, Glenn, about I think you were alluding to the idea of is compassion defined by the giver of the compassion or in fact by the person receiving it?

Glenn:

Right.

Dr. Stan Steindl:

There's a lot to that as well. I think that fits beautifully with MI from the point of view of we don't necessarily know what's best for any given person. We need to stay really, even in compassion we need to stay open to people and their needs and their preferences and the things that actually might be most suitable for them.

Glenn:

That's the focus and element of the MI part where we are inviting the client to tell us what it is, the difficult issue or the challenge that they are facing from their perspective and from what you're describing in being compassionate, as being present to that without imposing our assessment or our program plan or intervention on them based on what we think is best for them.

Dr. Stan Steindl:

Yeah. I mean in a funny sort of a way, motivational interviewing is compassionate action because it is about trying to develop a really great understanding of a person and their suffering or their need and then exploring with them what might be most helpful in terms of alleviating that suffering.

Sebastian:

Not to shift gears necessarily, but you had mentioned the bidirectionality of it and the relationship between compassion and motivational interviewing and compassion is part of MI and part of the MI spirit, and then there's an element where MI can help with fostering or enhancing an individual's sense of compassion. I've heard you speak before and in some of the readings I've done, there also seems to be a bidirectionality within a person with regard to compassion where someone might experience compassion in sort



of an outward way towards others, and then there's also the notion or the concept of self-compassion.

Sebastian:

I wonder if you might talk a bit about that distinction?

Dr. Stan Steindl:

Yeah. I think this is a really fascinating piece of the compassionate mind approach to all of this and the idea that there are sort of three flows of compassion. Compassion might flow from the self to the other. Compassion might also flow from others to the self, and then compassion might flow from the self to the self. There's, Jack Kornfield, who you probably know as a Buddhist psychologist in America and one of his quotes is along the lines of, "Compassion without self-compassion is incomplete." I think this is a really interesting thing for MI practitioners to think about as well because even how compassion is pitched in the MI book, it really focuses on that idea of compassion from self to the other and almost is sort of suggesting that there can't really be any self-interest that. It has to be a very giving compassion to the other.

Dr. Stan Steindl:

I think for MI practitioners, we have to, well not have to, but it's very useful to think about also keeping one eye on the self and self-compassion becomes a part of self-care and maybe even how we can maintain this kind of compassionate stance. When we're cultivating compassion, we're cultivating the kind of compassion we might offer to other people. We're also cultivating really that same compassion in some ways to offer ourselves as well. The third flow of course is really interesting as well, and that is being willing to receive compassion for others. A lot of practitioners and clinicians and so on find that flow particularly difficult as well, is to be able to be on the receiving end of compassion at times, and yet a lot of work recently that's looked at these three flows has found that a person's openness to receiving compassion from another is actually most predictive of psychological wellbeing or depression or those sorts of psychological outcomes.

Dr. Stan Steindl:

We're wanting to get a good balance between giving compassion, receiving compassion and self-compassion.

Glenn:

There's a sense of an individual or others, I suppose sense of deserving in relation to the reception of compassion and that idea that you were describing that we practitioners, and I imagine many of the audience will recognize this, that the idea of helping is really what we do for others and our self-care comes further down the priority list, and what you're describing is that it needs to be included. The better we include ourselves in the care of all or more particularly recognizing if compassion of all involves the notion for the good of all includes ourselves and is what we are doing in our role-



Dr. Stan Steindl:

Yes.

Glenn:

... our contact with other people, having a negative impact on us, which in itself is counterintuitive to the notion of compassion.

Dr. Stan Steindl:

Exactly. Beautifully said. I went to the Mindful Self-Compassion Retreat with Kristin Neff and Chris Germer, and I was really struggling with this idea of self-compassion in a way because I was worried that if I put attention to myself in that way of self-kindness and so on, that I'd have to sacrifice some of the compassion that I offer others, and that's obviously a very big part of my life is about helping others. Chris Germer said something a bit like what you just said. He said, "Actually all we're doing is we're just extending our own circle of compassion to also include ourselves."

Dr. Stan Steindl:

I thought, "Ah yeah, that makes a lot of sense." I mean I'm a human being. Compassion is about helping human beings who might be suffering and other living beings as well, and so of course I can be included into that circle as well.

Sebastian:

Right. This is really I suppose timely for me in a sense as far as a clinical challenge, and Stan, just to go back to what you said earlier about a major predictor of one's psychological wellbeing as one's openness to receive compassion from others. I just found myself thinking about a client I've had this week. Part of my job as a psychologist is working on adolescent psychiatric inpatient service where kids will come for usually some suicidal event and will stay for about a week or so in the hospital to stabilize and hopefully change some course in their life and in the family's life of course.

Sebastian:

There's this young woman, young girl, about 15 years old and has just really experienced a lot of hardship. She brought with her a lot of outward behavioral challenges, I suppose, and challenges that she's probably developed with good reason and a need to protect herself in any way that she could growing up. She also, despite those behavioral challenges, she has this capacity of really drawing people in a very caring way. It's not the kind of interaction style I suppose that makes it really hard to connect. She's really drawing a lot of people in, and she's received a lot of outward expressions of care and compassion, I think both from staff and from the other kids that are in the hospital.

Sebastian:

So, when I'm doing this group with the teens every day, one of the things that occurred a couple of days ago was from two or three of the peers, and I would say from myself as



well, outward expressions of compassion, and she had a really, really hard time with that. It was almost a reject of it or statements of "That's not true," or "Yeah, but I always mess things up anyway." Your comment there really resonated just with this recent experience clinically. I guess I just wonder what are some things that you might say to that or when you experience that in the work that you do, how might you respond to that?

Dr. Stan Steindl:

Yeah, well certainly sometimes kindness or caring or warmth or compassion can actually represent a threat to our clients, especially for those who perhaps have experienced interpersonal traumas or abandonment or rejection or other, and especially when they've experienced that at the hands of caregivers. To them, often getting close to someone or someone getting close to them is very threatening. It means that they might hurt you or that you might lose them. Often, when working, I think in the context of MI and certainly in the context of compassion focused therapy, really the early work is around trying to explore and resolve the fears of compassion, the fears, blocks and resistances of compassion.

Dr. Stan Steindl:

People can have those sorts of fears, blocks and resistances to do with compassion for others, compassion from others or self-compassion. I sort of feel a little bit like this is where motivational interviewing really plays a very useful role. For example, if I ask you Seb what would you say are some of the not so good things about receiving compassion or someone offering you help or assistance or support or compassion? What are some of the not so good things about that for you?

Sebastian:

I imagine that there might be an initial questioning of it, whether it's doubting the validity of it or maybe questioning the motives that the other person might have, how genuine they are. It kind of goes through a quick filter of, "Yeah, is this person really being straight up with me?" I guess another filter might be just how I view myself and I, like anyone else, have doubts about myself or doubts about my abilities or the direction of things for me from time to time. If I receive compassion from someone else, I might find myself really comparing that or trying to reconcile that with how I might be viewing myself at that point in time and the contradiction there might lead me to stick with what I believe in that moment, which is often what we think ourselves.

Sebastian:

I guess those are just two reactions there.

Dr. Stan Steindl:

Yeah. On the one hand, it's tricky to know the genuineness of the person that might be there giving you compassion and wondering about their motives and what does that do for the relationship between you and perhaps even the power differentials there and that sort of thing. Then the other bit is to do with just what might that mean about you and if



you're someone who's receiving compassion, how does that really fit with how you see yourself. Also, it almost sounded a bit like a kind of self-criticism kicks in there, a sort of more critical view of yourself or what you should do or should be able to do as well.

Dr. Stan Steindl:

What about the flip side? What would you say are some of the good things about being open to compassion for others or having others come and offer some sort of help or support or compassion at times?

Sebastian:

Well just in the same way that we really tend to believe ourselves quite readily and oftentimes without I suppose a critical appraisal of what we think of ourselves, if we are open to what others say and think and feel for us, it can broaden our horizons in a way that allows us to see the world in a different way or through a different lens and quite possibly could foster some sort of personal growth that wouldn't necessarily be possible if we kept our eyes and ears strictly focused on what we think, what our thoughts are about ourselves or about the world.

Sebastian:

To be open to another person to allow someone else in, so to speak, it is a moment where there is a connection between two people or maybe multiple people, but to be simple about it, it's a connection that occurs between two people, and I think healthy connection and connection that's supportive and positive I suppose is a healthy experience for most people. Changing a perspective as well as the opportunity to connect.

Dr. Stan Steindl:

Yeah, exactly. On the one hand, it can create a little bit of a sense of reluctance around what's this other person's real motives and is it a sign that I'm weak if I need this help or what's it saying about me, and some of that self-criticism might kick in. Then on the other hand, actually maybe it does offer some personal growth or new perspectives, but also that very important element of social connection and affiliation, belonging, those kinds of things, which are very core human needs as well. It sounds like safeness, trust, understanding are important backdrops, but if you're able to kind of create some of that with a person, then there may very well be some benefits of being open to compassion from others as well to do with growth and connection.

Sebastian:

That very gentle exploration of what a person's experience is with receiving compassion from others, not trying to convince one that one side of it's better than the other. It's really just part of the work would be exploring how people receive it and sort of the pros and cons of it.

Dr. Stan Steindl:



That's exactly what I was sort of just playing with there a little bit was just to see if we could explore what everyone experiences, which is they feel, like everything, kind of two ways about this sort of stuff. It's often a kind of a "it depends" type of a feeling. Yeah, the idea there is to see if there's a way to use MI and many of those core skills just to gently explore and maybe gradually resolve some of that ambivalence that people can feel about especially receiving compassion and self-compassion. I find those two in particular people can have certain blocks and resistances there.

Glenn:

In some ways, it's that there's a recognition that compassion and the ability to be compassionate and receive compassion is ultimately a benefit to human beings and what you're describing, the interventions are find out where the individual is and then a continuum of that compassionate journey and meeting them there and it sounds like that the motivational interviewing will be of use in helping people navigate how to explore how to be more compassionate to other people and allow themselves to be more compassionate to themselves and receive compassion ultimately for their own wellbeing.

Dr. Stan Steindl:

Yes. That's right. Self-compassion is very much about doing things in the service of one's own wellbeing, and that could be ultimately any number of possible actual actions. For one person, self-compassion might be going for a run and for another person, self-compassion might be not doing so much damn running or something. The self-compassionate action is a very individual thing, but it's that idea of really exploring that motivation around being able to take steps in the service of one's own wellbeing or in the wellbeing of others.

Glenn:

From my own perspective, I'm curious about your own thought about do you believe that all of us have the capacity or the need to be compassionate in a similar way, or is it that given the fact that we're human beings and we live in a social network that we have to show our compassion in slightly different ways because of the different rules we have within our community and in the world as a whole?

Dr. Stan Steindl:

Hmm. I mean I would say that compassion really is an innate part of what it is to be human actually, and there's a lot of evolutionary theory around that really speaks to that, that speaks to the idea that compassion and compassionate motivation and that motivation and commitment to help those around us and to nurture and care for others really is kind of central to the survival of our species actually. That archaeological evidence of prehistoric human remains that have been found and that show evidence of disease in the bones, that really the person could only have possibly made it to that age had they been really looked after and fed and watered and cared for.

Dr. Stan Steindl:



We've always cared for each other. We can be obviously also the cruellest species on the planet. We can be very cruel to our own species and also terribly, terribly cruel to other species as well. It's not all about compassion, and we see in the world a lot at the moment, I think it's long been there but it's very prominent at the moment, some of this division and tribalism and fighting and cruelty. As a species, we are kind of innately compassionate. Then I think we do also then take on different kinds of compassionate roles. I mean my dad, for example, was an engineer. He spent a lot of time I guess on his calculator and working out angles and thicknesses and I'm not really sure actually.

Dr. Stan Steindl:

Engineering is an incredibly compassionate career because you are ... Engineering has saved more lives than really anything through being able to work towards dealing with sewage well, dealing with constructions and housing and shelter and things not falling down and all that sort of stuff. In its own way, engineering can certainly be a compassionate profession as well just as being able to sit with a person and listen and empathize and understand what they're going through can be compassionate too. There's a whole range of different ways I think that compassion can be represented.

Dr. Stan Steindl:

I do really believe that we all have that compassionate capacity and that we can cultivate that through awareness and sensitivity and then through the motivational effort to act.

Sebastian:

That's an interesting way of looking at engineering and building things. I imagine if you were to ask an engineer or ask people, "What do engineers do," it's like they build stuff. They design stuff and they build stuff, and that could be like the focus of that, that example of expanding the lens of what engineering is and how you can view compassion in sort of hidden ways. As a practitioner, it could really be helpful in working with somebody and trying to sort of unearth elements about them that they may not readily see if they're viewing engineering as a way to design and build stuff.

Dr. Stan Steindl:

Yeah, well the other example of that, I work a lot with combat veterans, and at first glance they hear the word compassion and it kind of comes along with sort of more touchy feely types of connotations. Sometimes when you talk to them about some of these evolved ideas around just looking after one another and the science of compassion and so on, and they often really, they'll start to say, "Actually, my whole career was really in a way a compassionate motivation." In a way, it was. They do lots of different things, but to leave their own country to go to another country to try to free the oppressed or whatever it might be, to look after their mates, there's a whole range of ways that they can start to connect with that compassion that might be within them.

Dr. Stan Steindl:



Then once they've got connection with that, then we can build on that. Then we cultivate it and sort of create more.

Glenn:

It sounds like when you're talking to soldiers who I imagine maybe have a sense of themselves as protectors, and not having that connection to the compassion, that the practitioner has that opportunity in rephrasing reflections and more protective but affirmations, have the opportunity to begin to introduce the compassionate idea, the compassionate content of what it is they're already doing. Rather than trying to introduce them to compassion, it's helping them recognize what it is, their desire to protect other people, their willingness to put their own welfare at risk in the protection of others in itself is a very compassionate act when seen from that perspective.

Dr. Stan Steindl:

That's a really great little kind of connection there, that a big part of starting to work with someone and cultivate compassion is to be able to affirm those strengths that might relate to some of the compassionate attributes that someone might have. Compassion, it's a bit about kindness but it's about other things as well. It's about wisdom and it's about strength and it's about courage, and sometimes it's about sacrifice. There's often these really nice steps that we can take to sort of identify those components of compassion in the person or in ourselves for that matter, and then start to cultivate that and make those connections.

Dr. Stan Steindl:

I think often I have noticed over the years that it is a little bit harder to bring men to the party with compassion. They often will have sort of a sense that compassion is sort of touchy feely or soft or nurturing, but compassion really is strong and powerful and courageous and wise and a whole range of characteristics, many of which women and men can kind of connect with.

Glenn:

Maybe it's about how we sell it differently to men?

Dr. Stan Steindl:

Hmm. I'm doing a little bit of research at the moment with an honor's student at UQ and we're giving this fairly long list of just compassion related words, and trying to get a sense of the relatability of different words to women versus men, people of different ages and people of different cultures across Australia and Singapore are the two cultures that we're looking at, because yeah, I think that's right. I think that we sometimes have to think about compassion in ways that might feel sort of relatable to the person that we're talking with and that includes often other clinicians or MI practitioners.

Dr. Stan Steindl:



What's the language that we can use around compassion so that it makes sense for them, it fits for them and it feels like something that they can really hook into and use with their clients?

Sebastian:

I imagine there are even times where a client might use a word that sort of means how you would define compassion, let's say, but they may not use the word compassion itself. They might use a different word. Like looking out for my mates, as you said, or caring for teammates if it's an athlete. It may not even be necessary to insert the word compassion. I wouldn't want people to think that that needs to be kind of forced into the conversation. It's really just these concepts that seem to be central in the openness for camaraderie or caring or whatever the words that a client would be comfortable with.

Dr. Stan Steindl:

Yeah, I really agree. If we're working with a bunch of young boys in sort of a sporting team and they're really trying to, they're focusing on high performance and mateship and camaraderie and teamwork and a whole range of other things, we might not need to be talking about the word compassion, per se, but it's in there. It's part of what's really going on and people, you'll often see, really quite compassionate acts on the sporting field, and often within a team, but some of them, most beautiful examples are when it may be across to the other team as well.

Sebastian:

Right.

Dr. Stan Steindl:

Those are really powerful moments I think with young people, athletes.

Sebastian:

Well one thing I was struck or I was thinking about and also imagining myself as an audience member and someone who may be following the podcast from the beginning, is when thinking about how a practitioner uses MI, and Glenn, we probably talk more from the standpoint of helping people with behavior changes. I'm sure we've used the word behavior several times and talked about the ambivalence of about making changes that are behavior or they're outward, visible by others. I was struck that a lot of what you're talking about, Stan, with regard to compassion isn't so much ambivalence about some outward behavior, although of course actions are a part of that. Some of what you're talking about at least is the ambivalence about stuff that happens within an individual, both a practitioner and the client.

Sebastian:

Then that's something I think within the world of MI that Bill and Steve have begun to explore, and not just Bill and Steve. Others as well, have begun to explore or expand how MI can be helpful beyond whether someone's drinking or not or smoking or not,



that there's a host of internal experiences that we're ambivalent about that could benefit from an MI kind of conversation.

Dr. Stan Steindl:

Hmm. Yeah, I think it's very interesting because the compassion and self-compassion is in a sense the motivation or perhaps guiding principle or perhaps it even fits in, from an MI point of view, in terms of values sometimes and that at the exploring end, we might be exploring the good things and the less good things around compassion broadly or compassion as a motivation, but sometimes at the commitment end where we are actually starting to define more clearly things in maybe behavioral terms and that's where wisdom, the wisdom of compassion is so important because that really is about trying to wisely choose the kinds of actions to take that are most compassionate.

Dr. Stan Steindl:

Paul Gilbert sort of gives the story of how you're at the beach and you're just sort of looking at the sea, and then all of a sudden you see someone put their hand up struggling and drowning, and you sort of throw off your attire and then you dive into the water and you think, "Oh no, I can't actually swim." There is certainly unskilful compassion and skilful compassion, and that's now getting at the behavioral end of it. One of the little research projects we completed last year at UQ and also Curtin University in Western Australia, was looking at, I mentioned before ... well self-compassion is also predictive of depression, and so higher self-compassion can sometimes mean less depression. We were looking at whether behavioral activation might be a mediator of that relationship.

Dr. Stan Steindl:

Yeah, sure enough we found that behavioral activation was a mediator of that relationship so that the higher self-compassion was related to higher behavioral activation and that was related to lower depression. That's just a little kind of snapshot example of I think exactly what you're saying that we can explore that internal world and we can sort of resolve some of our thoughts around that, and then often that that translates into nuanced behavioral changes that might wisely relate to that problem as well.

Glenn:

One of the things that struck me when I was reading some of the literature was some of the definitions referred to the sensitivity or the noticing of someone else's suffering as a component part of the compassionate structure. I know from working with a lot of practitioners one of the things that they often describe is the discomfort that they will be feeling in the relationship with a client.

Glenn:

What I'm curious about is what do you think, part of what I'm exploring with them is that I bet your dad as an engineer, the way he presented his compassion was to do good by making sure structures were well built and safe for everyone else, and soldiers are



being driven by desire to protect and keep safe, whereas we practitioners in some way, our innate need is to be helpful to maintain the wellbeing of the human nest that it's almost like the gift that we have as helpers is the sensitivity, a more acute sensitivity particularly to other people's distress, and that's what's triggering our efforts to be helpful and intervene with people.

Glenn:

In some ways being self-compassionate and manifesting compassion towards others is recognizing that sometimes what we're experiencing in the context of being with someone else is their experience, that we have the capacity to feel their pain, whether it's transference or the mirroring neurons or it's actually the fact that we have the capacity to feel another person's experience as a way of understanding it from their perspective. It seems like part of what we can be doing in helping practitioners being better and more comfortable practitioners is helping them learn to tolerate the experience of being with a client in distress without themselves becoming distressed.

Glenn:

I'm wondering what thoughts you have on that Stan and what work or what ideas you would have to how to support a client if that was the case that we are experiencing other people's pain, and one of the things that make us step back is an ability or willingness to contain or tolerate that discomfort while we're there with them.

Dr. Stan Steindl:

Yeah. The CFT kind of description of the attributes of a compassionate person I guess include that sensitivity, that ability to be aware suffering in others or in ourselves, a kind of a caring motivation or a careful wellbeing, that non-judgment piece that we mentioned earlier, and then empathy and sympathy. I think this is the bit that's often really interesting for us to all consider and for MI practitioners to think about is the roles of empathy and sympathy in compassion. Empathy is a little bit what you were saying there, that there's cognitive empathy, which is the ability of perspective taking and to kind of understand what another person might be feeling, and then there's affective empathy, which is much more about resonating with that feeling.

Dr. Stan Steindl:

With affective empathy, if a person is suffering or in pain, we feel some of that suffering and pain. That's a really important but tough position to be in is to be there with a person empathizing in such a way that we resonate with that suffering. Then sympathy is kind of where empathy is we're able to resonate and maybe even feel the other person's feelings and pain and suffering, sympathy is a feeling of our own. It's a kind of a feeling that we have in response to that, and we see another person who's suffering and we feel for them and we feel moved by that suffering or we feel touched by that suffering. That's a whole little cluster of feelings as well that we experience when being with someone.

Dr. Stan Steindl:



The sixth attribute of the compassionate person, at least from the CFT perspective, is distress tolerance, is that ability to tolerate, manage, sit with, accept our own distress that might come up when we are there in the presence of someone who's suffering. If we feel more personal distress in that situation, then we're more likely to take some sort of action to reduce our stress, which usually will be ... well in some cases it will be moving away from the suffering. I think too the other thing that it can be is it can feed into the writing reflex, that all of a sudden we're feeling distress because we're feeling so moved by that person's position. We can feel the pain that they're going through. We really care for their wellbeing, and we're wanting them not to suffer, but we become distressed by it and so therefore, we step in to fix it.

Dr. Stan Steindl:

That's sort of motivated in a way to alleviate our own distress. So yes, I definitely think that we're needing to really kind of practice the distress tolerance part of that, which is many of the stuff that we know and that we preach to our clients often is to be able to practice soothing rhythm breathing, practice imagery, practice mindfulness, practice certain self-care activities. I mean between clients, I show someone out and then I go back into my room, and I start to wipe down the whiteboard, and there might not be anything on the whiteboard, but I'm wiping down the whiteboard just to kind of get a clean slate and it's kind of just that little bit of moment to bring it back down again and be ready for the next person.

Dr. Stan Steindl:

One eye on distress tolerance I think is a very good idea.

Glenn:

It's almost like you're suggesting that by wiping down the whiteboard, you're putting that episode to bed, bringing your attention back to yourself so that the next person gets the cleanest, most focused, most present version of you.

Dr. Stan Steindl:

Yeah, and that little ritual is just what I do, but lots of people have little ways to do that. It can be important because in the Pari and thrust of a busy clinic or something like that, we can feel quite pressured to just go back to back and not have those little moments to manage these accumulating feelings that we might be getting, working with one person's suffering to the next.

Sebastian:

Yeah, you hear that a lot, of this transition from one to the other to the other of clients or physicians seeing multiple patients and just feeling almost like you can't catch your breath, and listening to a psychiatry resident just the other day talk about his awareness of working with, actually with the same client I had mentioned earlier today, of just how the experience with her, he noticed that he was becoming a bit consumed by that particular case because he was noticing how while he was working on things,



documentation or whatever for other kids on the unit, he found himself still focused on this other girl that he was helping with her care.

Sebastian:

It's certainly an experience I'm sure a lot of the listeners would resonate with. One of the beautiful things about that Stan was it didn't require a 30 minute meditation. It didn't require going to the gym and working out. It was I imagine a very brief, thoughtful moment where I imagine you took some deep breaths, you had a ritual that has worked for you, but the ritual itself isn't necessarily what's going to work for everyone else, but just finding a way that makes sense for all the practitioners out there listening is how do I take this brief break, whether it's 30 seconds, a minute, two minutes, whatever it might be, just to regather my thoughts and then move forward?

Dr. Stan Steindl:

One of the nice phrases that I like that a participant mentioned in one of my workshops is the notion of micro moments of self-compassion throughout the day. I think that's actually in some ways more important than having a big holiday or even having days off, but rather having these micro moments of self-compassion across the day, and sometimes that's in the breaks between clients but sometimes it's about being able to just send and receive or give and receive compassion on the breath as you're listening to your client, but you're listening, you're attentive and you're just slowing the breath and you're just breathing out compassion to that person that you're working with, and then you just breathe in compassion for yourself so that you're actually still very attentive, still listening.

Dr. Stan Steindl:

In fact, you're probably listening better because the breath is able to kind of slow the mind. You're just practicing these little strategies of soothing rhythm breathing during sessions or alongside sessions or in amongst the work you're doing. Yeah, I think little micro moments of self-compassion is a great and important way to keep your compassion for others buoyant as well.

Glenn:

Time has caught up with us, and there's still so much and so many different things we could be exploring with you Stan. We really appreciate you taking the time, given the fact that it's dead at night for you as well. You really opened up the box of compassion for us and began to let us explore some of the component parts and the efforts that are being made to try and explain it in a way that's both secular in its style and helping people to understand how it can be beneficial to them as individuals, but also in their support for other people. I'm quite sure there's people out there Stan who are more intrigued at the end of this conversation than they were at the start. If people are interested, how might they go about exploring compassion a bit more further or can you point them in a couple different directions, and if you were happy to receive communications, how can people contact you?



Dr. Stan Steindl:

Yeah, well there's a couple of organizations that are great to check out, and the first one would be The Compassionate Mind Foundation. That's the foundation in the UK that was established by Paul Gilbert. There's quite a lot of resources on there, related to his model. You can become a member of that site for a small fee, and then it opens up to a whole bunch of other resources and clinical sort of tools and questionnaires and things like that. The Compassionate Mind Foundation has an annual international conference, and I'm going to be having the great privilege of presenting at this year's CMF International Conference. I'm actually presenting on compassion focused therapy and the role of motivational interviewing in exploring and resolving inhibitors and facilitators of compassion.

Dr. Stan Steindl:

That's a workshop that I'll be doing as a pre-workshop for the conference. There's other many great workshops as well, and also the conference is full of great talks.

Glenn:

If people were interested, Stan, when is that? How do they sign up? Is it open to the public or is it more restrictive?

Dr. Stan Steindl:

Well it's definitely open to everybody or anybody. You don't have to be a member of anything to go. It's the, I think around the 5th, 6th, 7th of October this year, and it's held in London. Actually, Glenn, I'll be in your neck of the woods in October.

Glenn:

Yeah.

Dr. Stan Steindl:

There's a couple of MINTies who've talked to me about possibly actually going to that conference. No, it's ... If you want to find out more information, you can go to The Compassionate Mind Foundation website and they've got links there to describe the conference itself. In America, there is the Center for Compassion and Altruism Research and Education. That's at Stanford University, and the director there is Professor James Doty and he's been another very sort of kind and generous mentor to me over the years as well, and they do some wonderful stuff at CCARE. Not so much in the CFT area, but they've developed a program called Compassion Cultivation Training, which they run at Stanford.

Dr. Stan Steindl:

The other sort of major program that really is run in America is the Mindful Self-Compassion Program, and you can look up the Center for Mindful Self-Compassion on the internet, and that's Kristin Neff and Chris Germer and their program, and they run an eight-week and other types of programs of mindful self-compassion as well.



Dr. Stan Steindl:

In a much smaller way, we've established the Compassionate Mind Research Group at the University of Queensland, and so we have a little podcast, just a short 10 minute sort of a podcast, that James Kirby and I do on a bit of an ad hoc basis, talking about all things compassion. At the Compassionate Mind Research Group, we run the annual Compassion Symposium at UQ, which happens this year on the 7th and 8th of September. If anyone wants to be in touch, and I really do love this stuff and I love talking about it and I'd be very happy to send people PDFs or other things if they're interested, is just to email me, Stan@Psychologyconsultants.com.au.

Sebastian:

So dot com, dot au at the end of that?

Dr. Stan Steindl:

Yes. AU for Australia.

Sebastian:

Right.

Dr. Stan Steindl:

Also, just ... There's not many Stan Steindls in the world for some reason, so if you just look me up, you'd probably find, if anyone is interested.

Sebastian:

Right. Great. Well Stan, it sounds like you have a lot of exciting work ahead. Great to introduce to all of these wonderful organizations doing compassion-based work, and it's been great to hear from you today hearing about the links between motivational interviewing and compassion and just the symbiotic relationship between the two. Thank you so much for joining us, Stan.

Glenn:

We're going to finish it there. Again, delighted that you made yourself available Stan. Thoroughly enjoyed our conversation, and you know what, maybe we'll see you in London in October. If not, maybe in New Orleans if you're going there to the MINT Forum. Again, fantastic to talk to you, and take care.

Dr. Stan Steindl:

Thank you very much for having me guys. Enjoyed it.

