

# COVID-19 Exercise: Enhancing Compassion in The Face of Comparative Suffering

Erin Wheeler, LCSW  
Inner Resource Counseling

## Background

I wrote out this exercise because it's something I started doing with clients after I listened to Brene' Brown's recent podcast episode: "[Brene' Brown on Comparative Suffering, the 50/50 Myth and Settling the Ball](#)" on her podcast "Unlocking Us." In the episode, she talks about how a fear and scarcity mindset during COVID-19 can cause us to automatically compare our suffering to others, which leads us to delegitimize or minimize our suffering. She states, "even pain or hurt are not immune to being assessed or ranked. So, without thinking, we start to rank our suffering or use it to deny or give ourselves permission to feel." Some examples she gives include:

- A college student says to themselves, "I can't be disappointed in my college graduation being cancelled right now."
- A person fatigued with anxiety about getting sick who tells themselves "I can't be afraid of being sick because there are people sicker than me."

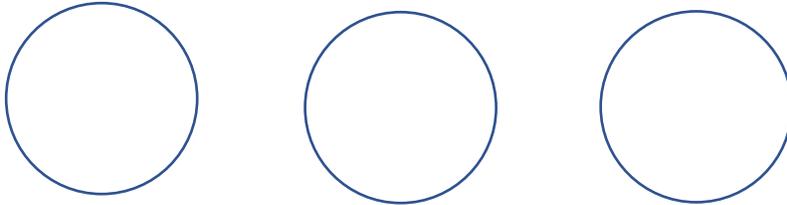
The biggest problem with this logic, she says, is that these emotions can't be talked out of existing because they are a response to real hardships and adversity. These primary emotional responses will find a way to show themselves, and in the meantime, we will add shame to the mix every time we turn away from acknowledging our suffering. We end up not only believing that our emotions are "bad," we assume we're "bad" for having them.

What Brene' Brown is speaking of with "comparative suffering" is a version of what DBT frames as the struggle to accept primary emotions in the face of secondary judgments. This parallel connection led me to try to find a way to walk my patients through rethinking their relationship to their suffering in this time of COVID-19. I hope you find this exercise useful, and I look forward to feedback and ideas.

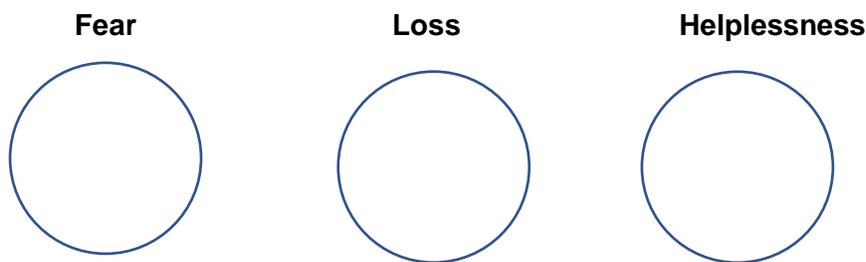
## The Exercise

First, I share a bit of Brene's quote about comparative suffering and then discuss the difference between primary vs. secondary emotions/responses. I talk about how primary emotions are signals in response to our environment. Fear, for example, is a real and essential signal that a threat (COVID-19) exists. Fear tells us to take action to stay healthy and safe during this pandemic. Secondary emotions are emotional reactions or judgments we have to the primary emotions. For example, a person may feel shame in response to becoming fearful. In this case, **fear** would be the primary emotion, while **shame** would be the secondary emotion. *Side Note: I sometimes use "guilt" interchangeably with shame if the patient uses these two concepts interchangeably, i.e., they mean "shame" but are saying "guilt."*

I then ask the client to take out a sheet of paper and draw three circles:



“Now, let’s work together to name three primary emotions that seem to be showing up most in some of the distressing moments you’ve mentioned during this current COVID-19 reality.” Some clients will automatically list “guilt” as an emotion, which creates a valuable opportunity to continue helping them understand how guilt/shame is a secondary emotion. Then I’ll ask the client to label each circle with the emotion. Ex: Fear, Loss, Helplessness.



“Take a few moments to fill out in each circle all the parts of your recent experience that have made you feel fear, loss, and helplessness.”



When they are done, I ask them to share what’s in their circles. It is an excellent time for me to just listen. I sense this is something they rarely get because they assume others in their lives would judge them as “complaining,” or they be seen as “a downer.”

I then ask the client to write at the top of the page:

**“This all makes sense, and it is ok to feel these things.”**

I inquire, “what do you notice after writing that phrase on the page?” Some patients report that writing these words allows them to experience greater self-compassion. Most though, admit that there is a part of them that “wants to believe it but can’t,” or a part that “feels guilty if I believe this.” I usually go explore with the patient, “what do you think is showing up that makes it hard to believe that these emotions are ok to feel right now?”

Patients often verbalize aspects of comparative suffering, saying something like, “Well, other people are much worse off than I am” or “It feels like I’m making a big deal out of things.” If that’s the case, I try to validate that gratitude is a real part of their experience of COVID-19. It can be a signal that they have certain privileges that others don’t have right now. But, acknowledging gratitude does not have to be at the cost of acknowledging other emotions. To help them reframe gratitude as just another primary emotion, I ask them to draw another circle next to the others that represents gratitude and fill it out.

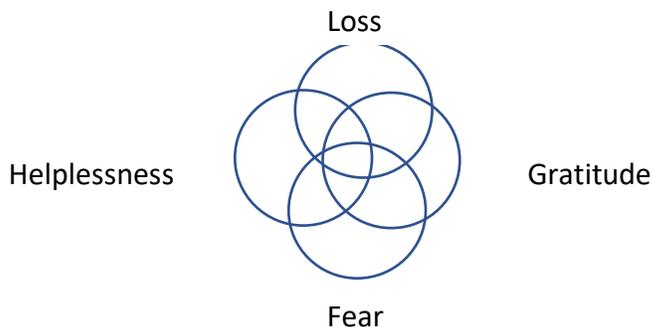
### Gratitude



When they are done, I ask, “how it feels to have the gratitude circle next to the other primary emotions?” Some of my clients get where I’m going here because they are used to my leading questions 😊 I will reflect back to them, “based on the way you were talking about gratitude before, it almost seemed that to keep gratitude on this sheet right now, it would mean exiling the other emotions (circles) from your sheet.” I see if they agree with this assessment. Then I ask them, “does exiling your other circles of fear, loss or helplessness make any impact on what emotions exist on other people’s sheets right now?” If the answer is no, I gently affirm, “notice that.”

### Additional Step

I will take out my own piece of paper and drawn four overlapping circles (a Venn diagram) with their emotions labeled to highlight that we can feel two (or more) of these feelings at the same time. I explain that in the absence of the secondary judgment, they don’t have to conflict. I hold it up, and we process together what shows up for them when they look at it



Quick case example:

I did this with a client who is a mother working from home full time as watching her toddler. After I drew this final Venn diagram, she reflected, “this reminds me of when my toddler was stalling going to bed the other night, and I was so mad, but I also felt love towards her because she can be so darn cute when she’s trying to keep me there.” I responded, “that’s such a great

example! Now, imagine what that experience might have felt like if you had spent the rest of your evening trying to decide whether you “should” have felt love towards her OR anger towards her?”

## **Possible Homework**

Goal: notice and name primary emotions without secondary judgment.

Encourage the client to pull out their emotions sheet when they notice themselves feeling distressed. Ask them to identify the primary emotions (“which circles”) were triggered. For example, if a patient is feeling angry and anxious all day, they might name the primary feeling of “helpless” and “fear.” They can then go further to look inside those circles to also name the reasons for those emotions, such as feeling “fearful of the financial impact of this on my family” and “helpless to control our income with everything shut down right now.” Process what they noticed at the beginning of the next session, including if it felt any more or less possible to access compassion for themselves in these moments.