

Developing kind parent mode in schema therapy and supervisions.

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Abstract

This article examines the development of the Kind (Good) Parent mode in schema therapy and supervision. A narrative review of literature on schema modes, Healthy Adult functioning, self-compassion, and experiential methods is integrated with therapists' and supervisors' clinical experience. We define the Kind Parent mode, distinguish it from related modes, and describe how it manifests in self-communication and communication with others. We outline cognitive, behavioral, experiential, imagery based, and supervisory methods, including guided discovery, cognitive restructuring, role playing, chairwork, and imagery rescripting, that can strengthen this mode in patients and supervisees. Because kindness toward oneself is often difficult for both patients and therapists, explicitly cultivating the Kind Parent mode may support self-love, emotional regulation, and relationships, while complementing existing work with the Healthy Adult mode.

INTRODUCTION

Schema therapy is a comprehensive therapeutic approach that systematically identifies and modifies long standing patterns of experience, thought, emotion, and behavior that profoundly affect emotional states and interpersonal relationships. This therapy is an integrative concept and treatment method that harmoniously combines elements of other therapy models, including cognitive-behavioural, emotion-focused, attachment, and psychodynamic models.

The effectiveness of schema therapy is well-documented in empirical research. For instance, Young *et al.* (2003) provided significant empirical support for the underlying schema therapy model. Furthermore, this therapy has demonstrated effectiveness in treating adults with various disorders. These include depression (Carter *et al.* 2013), personality disorders (Bachrach *et al.* 2023; Bamelis *et al.* 2014; Sempertegui *et al.* 2013), and even disorders with borderline personality features (Giesen-Bloo *et al.* 2008; Farrell *et al.* 2009; Nadort *et al.* 2009; Renner *et al.* 2013; Nenadić *et al.* 2017; Arntz *et al.* 2022).

A crucial component of schema therapy is cultivating a Healthy Adult mode. This mode represents a psychologically mature state of mind that guides informed and realistic decision-making in everyday life (Bach & Bernstein, 2019; Edwards, 2022). However, it has been observed that many therapists and patients often overlook the significance of the characteristic of the 'kind' aspect in Healthy Adult mode (Yakın & Arntz, 2023). This kindness, also referred to as the Good or Kind Parent mode, plays a pivotal role in fostering tolerant self-acceptance, positive self-esteem, self-love, and the capacity to extend kindness toward oneself and others (Gilbert & Procter, 2006; Ociskova *et al.* 2022).

In the Kind Parent mode, the therapist consistently responds to the Vulnerable Child with appreciation and empathy while creating a safe space for the Angry Child to express their feelings (Prasko *et al.* 2020).

The primary objective of this article is to underscore the importance of nurturing the Kind Parent mode in the context of training and supervision in schema therapy. We will delve into the functioning of this mode and provide practical guidance on how to cultivate and effectively utilize it in therapeutic practice.

METHOD

In this article, we use a narrative review that integrates published literature on schema therapy, self compassion, and experiential techniques with the clinical and supervisory experience of the authors. Within this framework, we describe the Kind Parent mode, its manifestations in self communication and communication with others, and methods used to cultivate this mode in therapy and supervision, as well as observed benefits and challenges.

RESULTS

What is a Kind Parent?

The Kind Parent mode is conceptualized as a component of the Healthy Adult mode that emphasizes kindness, empathy, and compassion in self-communication and communication with others. It represents a psychologically mature stance that supports informed and realistic decision making while maintaining a warm, supportive, and understanding tone. In contrast to more rigid or defensive modes, the Kind Parent contributes to the flexibility and balance of the Healthy Adult mode by responding to emotional needs with validation and care rather than criticism or avoidance.

The Kind Parent mode, as a part of the Healthy Adult mode, the Kind Parent mode plays a crucial role in fostering self-acceptance, self-love, and the ability to extend kindness to oneself and others. By cultivating this mode, individuals can achieve a healthier and more balanced psychological state (Egan *et al.* 2022).

It is important to distinguish the Kind Parent mode from other modes and to detect differences from the Healthy Adult because it has different functions. There could be potential for confusion between the Kind Parent mode and other modes, such as the Self-Soother or Overcompensator. Patients may mistakenly believe behaviours associated with these modes, such as self-soothing, avoiding emotions, or praising oneself for inactivity, are expressions of the Kind Parent mode. This confusion can hinder the development of the Kind Parent mode. It may lead to the reinforcement of unhealthy coping mechanisms.

To address these challenges, it is necessary to clarify the differences between the Kind Parent mode and other modes. Kindness, empathy, compassion, and understanding characterize the Kind Parent mode. In contrast, the Self-Soother mode focuses on self-soothing and avoiding distressing emotions. The Overcompensator mode, on the other hand, involves overcompensating for perceived inadequacies through excessive activity or achievement.

Furthermore, balancing the Kind Parent and Healthy Adult modes is crucial. While the Kind Parent mode is focused on providing comfort and support, the Healthy Adult mode is centred on making informed and realistic decisions (Yakın & Arntz, 2023). These two modes can help to ensure a more balanced and healthy psychological state.

Some therapists or supervisors may object to developing the Kind Parent mode as a standalone (Roelofs *et al.* 2016). Some may argue that this mode is part of the Healthy Adult mode and does not need to be singled out (Yakın & Arntz 2023).

However, Schema Therapy training and recommendations for working with the Healthy Adult mode (Wijngaart, 2021) emphasize the dual nature of the Healthy Adult mode – at the beginning, it is important to address and validate the Vulnerable Child's needs

and only then deal with the existing situation rationally, and make the necessary behavioural changes. However, the Schema Mode Inventory Short Form includes only limited content that directly reflects self compassion, forgiveness, or acceptance of one's imperfections. Its Healthy Adult items mainly emphasize problem solving, rational analysis, and assertive skills. This suggests that, in practice, the Healthy Adult mode is often operationalized more in terms of rational functioning than compassionate relating to oneself. Such an emphasis may contribute to patterns that appear adaptive on the surface but maintain overwork and self-neglect, especially when combined with schemas such as Self Sacrifice (Abeltina & Rascevska 2021).

Some therapists expressed concern that the Kind Parent mode might seem too sentimental, weak, unnecessary, or in conflict with their personal or professional values because it is harder to guard the boundaries of the therapeutic relationship, which may lead to spoiling the patients (Lobbestael *et al.* 2012). We argue that it contradicts the main idea of compassion and self-compassion. It is not about unhealthy self-soothing. It is about healthy boundaries in a kind way. Moreover, the last studies show that self-compassion makes a person strong, not weak. Self-compassion enhances well-being, happiness, and resilience. It also fosters greater autonomy, competence, cooperation, and better problem-solving skills while boosting motivation for self-improvement. Additionally, self-compassion development leads to improved relationships (Neff, 2023).

Meaning of Kind Parent Mode and its Manifestations

The concept of being a good, kind parent is pivotal in the development of self-love and the ability to extend kindness to oneself and others. Self-love is the capacity to accept oneself despite all the inherent mistakes and imperfections (Erekson *et al.* 2024). It involves appreciating oneself, providing self-encouragement, demonstrating tolerance, and offering self-forgiveness (Yakin & Arntz, 2023). Extending kindness to others encompasses showing empathy, compassion, respect, support, and cooperation. These abilities are fundamental to emotional regulation and relationship satisfaction (Arntz & Jacob, 2012).

In the context of schema therapy, the therapist embodies the Good/Kind Parent role. This role assists the patient in responding in a healthy way to challenging or stressful situations. Acting in the Kind Parent mode, the therapist consistently responds to the Vulnerable Child mode with appreciation, compassion, and empathy (Steindl *et al.* 2017). In this Kind/Good Parent mode, the therapist allows the Angry Child mode to be heard, validating the patient's feelings and experiences (Lobbestael *et al.* 2005; Prasko *et al.* 2024a).

In this mode, the therapist supports the patient in determining the coping methods that are still needed and those that can be relinquished (Cuppige *et al.* 2018). In the Kind Parent mode, the therapist instructs

the patient to confront their Punishing Critic and negotiate with the Demanding Parent. As a Kind Parent, the therapist encourages and praises the patient as they explore the possibilities of the Healthy Adult mode and encourages the Happy Child's play, fun, and creativity.

We see the Kind Parent mode as a core mode for the limited reparenting process, which is "the heart of the treatment in schema therapy" (Louis *et al.* 2021). As therapists, we cannot meet vulnerable child needs without compassion for clients, teaching clients to meet their needs without self-compassion, and providing reasonable supervision without compassion towards supervisees and oneself and, even more importantly – accepting oneself as an imperfect human (Neff, 2003).

The Kind Parent mode manifests in self-communication and communication through a kind, empathetic, supportive, compassionate tone, vocabulary, content, and meanings (Gilbert, 2009). In self-communication, this mode aids in overcoming negative schemas, criticism, and fear. For instance, the internal dialogue may include affirmations such as: "You are a good person who deserves love and happiness," "You made a mistake, but that is human. You can learn from it and try again," and "I believe in you, and I support you."

In communication with others, this mode fosters trust, empathy, and cooperation (Prasko *et al.* 2024b). For example, the dialogue might include statements like: "I hear you, and I understand you"; "I empathize with you and respect your feelings"; "I want to help you and find a common solution"; and "I appreciate your effort and cooperation". This mode, therefore, plays a crucial role in enhancing interpersonal relationships and promoting emotional well-being (Fox *et al.* 2021).

Self-compassion in the Kind Parent Mode

In schema therapy, the Kind Parent mode provides a compassionate, nurturing voice to counteract the inner critic and support emotional resilience. Self-compassion is central to this mode, as it facilitates a supportive internal environment that enables clients to approach themselves with understanding rather than harsh self-judgment. According to Compassion-Focused Therapy, self-compassion involves sensitivity to one's suffering and a commitment to alleviating it, which can help individuals with self-critical schemas and reduce shame and self-blame (Gilbert, 2010; Steindl *et al.* 2022).

Biological underpinnings of self-compassion

Self-compassion activates the parasympathetic nervous system, which can be observed through heart rate variability (HRV) associated with the vagus nerve. Increased HRV has been linked to positive emotions, social connection, and an ability to engage in self-soothing behaviours, all of which are essential elements of the Kind Parent mode (Di Bello *et al.* 2020). This process involves key brain areas, including the prefrontal cortex, that modulate emotional responses and reduce

activation of the threat system when individuals encounter setbacks (Sommers-Spijkerman *et al.* 2018). By strengthening these neural circuits, self-compassion can reduce self-criticism and enhance emotional regulation, making it a biological and psychological asset in schema therapy.

The Role of Self-compassion in Reducing the Inner Critic

As an internalized voice, the Inner Critic can perpetuate self-judgment and feelings of inadequacy and keep maladaptive schemas alive. Self-compassion is counterbalanced by fostering self-reassurance and decreasing reactivity to perceived failures or weaknesses. A compassionate inner voice replaces the punitive tone of the critic with understanding, allowing individuals to manage setbacks with greater resilience (Krieger *et al.* 2019). In schema therapy, developing self-compassion as part of the Kind Parent mode helps clients view their imperfections with empathy rather than criticism, which can significantly alleviate mental health issues such as depression and anxiety that are often associated with a harsh inner critic.

Strengthening Kind Parent Mode in Therapy

The Kind Parent mode can be facilitated during therapy and supervision using various cognitive, behavioural, experiential, and imagery techniques (Prasko *et al.* 2020):

- *Cognitive methods* emphasize identifying and altering negative thoughts that hinder the development of the Kind Parent mode.
- *Behavioural techniques* involve role-playing exercises to help patients practice and reinforce the Kind Parent mode in a safe and supportive environment.
- *Experiential techniques*, such as guided imagery and emotion-focused techniques, can help patients access and process difficult emotions related to their schemas (Boecking *et al.* 2024).
- *Imaginative techniques*, such as imagery rescripting, can help patients re-experience and reframe past traumatic experiences from the perspective of the Kind Parent mode. This can help patients develop a more compassionate understanding of their past experiences and to promote healing. Guided imagery exercises encourage clients to visualize a compassionate figure or imagine themselves as a nurturing presence. This exercise has been shown to activate soothing pathways, as seen on HRV, that foster a biological state conducive to kindness rather than criticism (Di Bello *et al.* 2020).
- *Breathing techniques*, such as deep rhythmic breathing, also activate the parasympathetic nervous system, which aids clients in calming their Inner Critic. This technique can also help them tune into a sense of safety and reduce physiological stress responses, which enhances their ability to engage with self-compassion (Sommers-Spijkerman *et al.* 2018).

By incorporating these techniques, schema therapy clients can cultivate a compassionate, supportive internal voice that moderates the Inner Critic and promotes emotional resilience. These methods appear to strengthen awareness and activation of this mode in both patients and therapists. In clinical practice, practising the Kind Parent mode is associated with shifts in how individuals perceive themselves and others and with changes in how emotions and situations are experienced (Prasko *et al.* 2024c; Rober 2023).

A more detailed description of those methods with vignettes is provided below.

Cognitive methods emphasize identifying and altering negative thoughts that hinder the development of the Kind Parent mode. Clients are encouraged to recognize the Inner Critic's voice as a distinct entity and to view it as a product of past experiences rather than an inherent self-truth. By acknowledging the Critic's origins and impact, clients can disengage from their judgements and adopt a more compassionate response (Steindl *et al.* 2022).

A therapist may also employ the "Downward Arrow" technique or other cognitive tools to assist patients in uncovering the schemas, modes, or cognitive distortions that influence their thinking and behaviour (Prasko *et al.* 2024c). A therapist can then guide the patient in challenging these negative thoughts and replacing them with kind thoughts that align with the Kind Parent mode (Young *et al.* 2003). Clients could also practice reframing self-talk from critical to compassionate by replacing judgemental phrases with supportive ones, such as "I'm doing the best I can." Repeated compassionate language helps internalize the Kind Parent mode, reducing the Critic's power and promoting self-acceptance (Krieger *et al.* 2019). Compassionate attitude and compassionate language can help to change attitudes towards traumatic experiences in clients' past, which are connected with judgemental attitudes towards himself/ herself nowadays. For example, phrases like: "It was very painful to experience this, and it is very understandable that now I'm afraid to trust others; still, I can try to do the best I can to make friendships" might help both validate experiences and foster constructive actions.

Behavioural techniques. Behavioural techniques are crucial in altering negative behavioural patterns that inhibit the development of Kind Parent mode. These techniques are designed to provide patients with practical skills and strategies to foster this mode in their daily lives. One such technique is *role-play*, which allows patients to practice the Kind Parent mode in a safe and controlled environment (Reinhard *et al.* 2022). During role-play, the therapist may simulate scenarios that trigger the patient's schemas or modes. The patient is then encouraged to respond to these scenarios from the perspective of the Kind Parent mode. This practice lets the patient experience the benefits of responding to situations in a kind, supportive, and empathetic manner.

Peter is a patient who struggles with negative thoughts and low self-esteem. He often tells himself that he has failed in some work or relationship situation and is incapable and inferior. These thoughts lead to helplessness, sadness, or anxiety in anticipation of a future situation where he fears failure. His therapist uses cognitive techniques to help him identify and change these negative thoughts. The therapist also administered the schema questionnaire and used the Downward Arrow technique to help Peter identify what schemas, modes, or cognitive distortions influenced his thinking and behaviour. They found that Peter has the "failure" schema, making him think he is inferior and incapable. By testing the schema, they concluded that Peter was capable and successful. He was significantly helped by the evidence of his achievements and abilities. For example: "Remember when you finished that project at work and got praised by your boss? Or when you helped your friend with his problem? Or when you learn a new skill?" The therapist also helped Peter to replace these negative thoughts about the schema with kind thoughts such as "I am a good person with many abilities and achievements" or "I appreciate myself for what I have accomplished and what I can do. I recognize my strengths and my potential. I believe in myself, and I support myself", which are in line with the Kind Parent mode. Thanks to this process, Peter feels better and has stronger self-esteem. A new view of himself helps him to regulate his emotions better and to resolve conflicts. He also has better relationships with himself and others.

Modelling is another effective behavioural technique used in schema therapy. In this approach, the therapist demonstrates the Kind Parent mode through interactions during limited reparenting with the patient (Millard *et al.* 2023). Observing the therapist's behaviour allows the patient to embody this mode.

Feedback is also a vital component of behavioural techniques. The therapist provides constructive feedback to the patient about their progress in developing the Kind Parent mode. This feedback can help the patient identify areas of strength and areas that need further improvement (Louis *et al.* 2021).

Once the patient has had the opportunity to practice the Kind Parent mode in simulated situations, the therapist then supports the patient in applying this mode in real-life situations. This transition from simulated to real-life situations is critical in ensuring the patient can effectively use the Kind Parent mode outside therapy sessions.

The patient has made a mistake at work and feels overwhelmed with self-criticism and guilt.

Therapist (as the patient's Self-Critic): You always mess things up. You're not good enough for this job. Your colleagues must think you're incompetent.

Patient (as the Vulnerable Child): I feel terrible. I'm scared that everyone will judge me. I'm worried I might lose my job.

Therapist (guiding the patient to the Kind Parent mode): Now, let's try to respond to these feelings from the Kind Parent mode. What would a kind, understanding, and supportive parent say to a child in this situation?

Patient (as the Kind Parent): Everyone makes mistakes, and it's okay. It's not a reflection of your entire ability or worth. You can learn from this experience and improve. You are still a valuable member of your team, and it's important to remember that everyone has bad days and could make mistakes.

In this role-play, the therapist helps the patient recognize their self-critical thoughts and respond to them from the Good, Loving Parent mode perspective. This practice can help the patient to develop self-compassion and resilience in the face of challenges.

In conclusion, behavioural techniques such as role-play, modelling, and feedback are instrumental in changing negative behavioural patterns and fostering the development of the Kind Parent mode. These techniques enhance the ability of patients to be kind to themselves and improve their interactions with others (Arntz & Jacob, 2012).

Jakub is a patient who struggles with negative patterns of behaviour that prevent the development of the mode of a good, kind parent. He often avoids confrontation, submits to others, or isolates himself. These behaviours lead to feelings of helplessness, anger, or loneliness. His therapist uses behavioural techniques to help him to change these negative behaviour patterns. The therapist uses role-play, modelling, or feedback to help Jakub practice this mode in simulated situations. It then helps him apply this mode in natural conditions and supports him in being kind to herself and others (Arntz & Jacob, 2012).

For example, Jakub practised with the therapist a situation where he felt dissatisfied with a work task assigned to him by his boss. The therapist played the role of the boss, and Jakub played the role of himself. The therapist modelled for Jakub how he could use the mode of a Kind Parent to address and normalize his inner struggle to be an assertive and Healthy Adult to express his opinion and ask for a change in the task. The therapist also gave Jakub feedback on his communication and helped him improve his tone, vocabulary, content, and intent. He then helped him apply these modes in a real-life situation with his boss and encouraged him to be kind to himself. This process makes Jakub feel better about himself and has more self-esteem in situations with his boss. He also became more assertive in communication with loved ones.

Experiential techniques

Experiential techniques are essential in activating and deepening the experience of the Kind Parent mode (Louis *et al.* 2021). These techniques are designed to provide patients with a more profound and personal understanding of this mode.

One such technique is *chairwork*, a powerful therapeutic tool that facilitates dialogue between different parts of the self. In schema therapy, the therapist may guide the patient to use chairwork to converse between the Kind Parent mode and other modes, such as the Vulnerable Child or the Punitive Critic (Saliani *et al.* 2024). This dialogue can help patients understand the

dynamics between these modes and how they influence their thoughts, feelings, and behaviours.

After receiving criticism at work, the patient struggles with feelings of inadequacy and self-doubt.

Therapist: Let's set up three chairs. One chair is for the Vulnerable Child who feels inadequate, one is for the Critic who is doubting your abilities, and one is for the Kind Parent.

Patient (as the Vulnerable Child): I feel so inadequate. I cannot do anything right. Everyone at work must think I'm incompetent.

Therapist: Now, let's move to the Critic's chair. What does the Critic have to say about this?

Patient (as the Critic): You should've done better. You always mess things up. You're not cut out for this job.

Therapist: I see. Now, let's move to the Kind Parent's chair. How would the Kind Parent respond to the Vulnerable Child and the Critic?

Patient (as the Good Kind Parent): It's okay to make mistakes. Everyone does. It doesn't mean you're incompetent or inadequate. You're human, and you're still learning. You have many strengths, and you're capable of growing and improving.

In this role-play, the therapist helps the patient experience and internalize the Kind Parent mode to counterbalance the self-criticism and self-doubt they're experiencing.

Another experiential technique is the *multi-chair method* (Ociskova et al. 2022). This method uses multiple chairs to represent different modes or parts of the self. The patient moves between chairs as they switch from one mode to another, allowing them to physically experience the shift between modes. This can enhance their understanding of each mode and its role in psychological functioning.

These experiential techniques can help patients strengthen their connection with the Kind Parent mode (Louis et al. 2021). By repeatedly activating and experiencing this mode, the patient can gradually integrate it into their identity. This integration process is crucial for lasting change, enabling the patient to access the Kind Parent mode daily, even outside therapy sessions.

Lucie is a patient who struggles with low self-esteem and a negative perception of herself. Her therapist uses experiential techniques to help her activate and deepen her experience of the Good, Loving Parent mode. The therapist uses chairwork or a multi-chair method to help Lucia dialogue with this mode or other parts of herself. It allows her to strengthen her connection to this mode and integrate it into her identity.

For example, Lucie sat in one chair and imagined her mode of being a Good, Kind Parent was sitting in the other. The therapist helped her establish a dialogue with this mode and express her feelings, needs, and desires. For example, Lucie asked, "What would you like to tell me, my Kind Parent mode?" And she imagined this mode responded to her: "I love you, and I'm here for you." I know you have worth and ability. I want to help you grow and be happy." The therapist helped her to deepen this connection and to realize that this mode is part of her identity. This

process makes Lucie feel better about herself, and she has more self-esteem. She can better regulate her emotions and resolve conflicts. She has better relationships with herself and others.

Imagery techniques

Imagery techniques play a pivotal role in activating and rescripting memories or fantasies that inhibit the development of the Kind Parent mode (Tenore et al. 2020). These techniques are designed to provide patients with a more profound and personal understanding of this mode.

One such technique is imagery rescripting, a powerful therapeutic tool that facilitates rewriting distressing memories or fantasies (Tenore et al. 2020). In schema therapy, the therapist may guide the patient to use imagery rescripting to imagine scenarios that activate the Kind Parent mode or other modes. This process involves the patient recalling a distressing memory or imagining a distressing scenario and then altering the memory or scenario in a way that is more positive or empowering.

Therapist: Linda, today we're going to focus on the memory of your father throwing you out into the cold. Would you like to tell me something about it?

Linda: I remember it was terrible. I was in my pyjamas, freezing outside, and he accused me of stealing something... but I didn't do anything. At that moment, I stopped feeling like myself... like it wasn't all real.

Therapist: That must have been scary. Now, let's try to look at the situation a little differently. Would you like to try it?

Linda: Yes, I'll try.

Therapist: Okay, imagine you're back there—little eight-year-old Linda, standing outside in the cold. Notice how you feel, what goes through your mind...

Linda: I feel helpless, I'm scared, I'm cold... and I feel abandoned.

Therapist: I understand. Now, I was hoping you could walk through a change in this memory. Imagine that someone who likes you and will protect you will appear. Who would you introduce?

Linda: My grandmother. She always took care of me.

Therapist: Excellent. Imagine that Grandma comes, sees what's happening, and tells your dad something to make you feel safe. What could she say to him?

Linda: She would tell him, "You can't treat a little girl like that. Shame on you! Linda, come to me."

Therapist: What would you most need at that moment? What should Grandma do to help you?

Linda: I need to feel safe. Grandma takes my hand, and we go inside. She takes me to my room, covers me with the duvet, and hugs me. She says everything is fine and that she likes me.

Therapist: How do you feel now that you see that Grandma intervened?

Linda: I feel good... protected, safe. I don't feel alone anymore. I'm suddenly warm, even inside, not just from the duvet.

Therapist: That's great, Linda. That is how you can now keep this new image. You can remember that Grandma is there to protect and comfort you whenever you feel these feelings.

Linda: Yes, that helps me. It makes me feel like I can afford to feel safe.

Therapist: Absolutely. This is the power of a loving and protective parent that you can create within yourself so that you are not alone when you feel threatened. Grandma reminds you that you deserve protection and love.

In this demonstration, the therapist uses rescripting to help Linda create a new internal image of support and safety that she can incorporate into her Kind Parent mode.

The therapist guides the patient through this process, helping him or her to visualize the scenario and the associated feelings (Tenore *et al.* 2020). The patient is then encouraged to rescript the scenario from the perspective of the Kind Parent mode. This could involve the Kind Parent mode stepping in to provide comfort, support, or protection or the patient imagining a different outcome.

Patients can change their emotional responses and behavioural patterns by rescripting these scenarios. This can help to strengthen their connection to the Kind Parent mode and integrate it into their identity (Louis *et al.* 2021). This integration process is crucial for lasting change, enabling patients to access the Kind Parent mode daily, even outside therapy sessions.

In conclusion, imagery techniques such as rescripting are invaluable schema therapy tools. They provide patients with a deeper, more personal understanding of the Kind Parent mode and other modes. This understanding, in turn, can facilitate the development of healthier coping mechanisms and a more balanced psychological state (Arntz & Jacob, 2012).

Karl is a patient who struggles with negative memories and fantasies that prevent the development of the Kind Parent mode. He often remembers situations where he was hurt or disappointed and feels helpless, sad, or angry. His therapist uses imagery techniques to help him to activate and rewrite these memories and fantasies. The therapist uses imagery rescripting to help Karl imagine scenarios that activate this mode or other modes. He then allows Karl to kindly rewrite these scenarios by using his imagination.

For example, Karl recalled a situation when his classmates ridiculed him as a child. The therapist helped him visualize this situation and activated his mode of being a good, kind parent. Karl imagined this mode, telling himself: "You are a good person, and you have value. Those classmates did not know you and had no right to make fun of you. You are strong, and you can overcome this." The therapist helped him deepen this connection by imagery rescripting several other negative memories. Karl also made a record of the Kind Parent every day, in which he wrote activities for which he could appreciate himself and understand himself well. A kind parent gradually became part of Karl's identity.

The practice of the Kind Parent mode has a transformative effect on therapy and personal development

(Louis & Louis, 2015). Its impact is manifested in many ways, fundamentally altering one's self-perception and perceptions of others and how emotions and situations are experienced.

Patients and therapists who cultivate this mode undergo a profound shift in their self-perception (Ociskova *et al.* 2022; Prasko *et al.* 2023b). They begin recognizing their inherent worth and abilities, enhancing their self-esteem and self-confidence. This newfound self-awareness fosters a sense of satisfaction and happiness, contributing to overall well-being.

The practice of the Kind Parent mode also has a significant impact on emotional regulation. By learning to respond to situations from the perspective of the Kind Parent mode, patients and therapists can better manage their emotions (Ociskova *et al.* 2022). They learn to respond to negative emotions with understanding and compassion rather than criticism or judgment. This leads to more effective conflict resolution strategies and improved coping mechanisms. Furthermore, the practice of the Kind Parent mode enhances relationships. It fosters a kinder, more empathetic approach to interacting with oneself and others. This can lead to healthier, more fulfilling relationships characterized by mutual respect, understanding, and cooperation.

In conclusion, the practice of the Kind Parent mode is a powerful tool in schema therapy. It promotes positive change in self-perception, emotional regulation, conflict resolution, and interpersonal relationships. The benefits of this practice underscore the importance of incorporating the Kind Parent mode into therapeutic interventions and personal development strategies (Farrell *et al.* 2009).

Strengthening Kind Parent mode in supervision

Uncovering and strengthening the Good/Kind Parent mode in supervision can be facilitated by various methods, including guided discovery, cognitive restructuring, role-playing, chairwork, and imagery rescripting (Louis & Louis, 2015). These techniques are designed to assist the supervisee in identifying and naming this mode, challenging negative thoughts, and replacing them with Kind Parent thoughts (Prasko *et al.* 2022). They also provide opportunities to practice this mode in simulated situations and to engage in dialogues with this mode or other parts of the self.

Mark is a supervisee who struggles with low self-esteem and a negative perception of himself as a therapist. He often questions his successes in managing the patients he brings to supervision and exaggerates his mistakes. His supervisor uses Kind Parent mode training to help him change this perception and deepen his experience of the mode. The supervisor uses various methods such as guided discovery, cognitive restructuring, role-playing, chairwork, or imagery rescripting.

For example, the supervisor used guided discovery to help Mark discover his thoughts, feelings, needs, and goals as a therapist.

The supervisor used open-ended questions, restatements, and reflective listening to help Mark identify and name his mode of Kind Parent and differentiate it from other modes. For example, the supervisor asked: "What would you like to achieve as a therapist? How would you like to be towards yourself and your patients? How could your Kind Parent mode help you?" And he helped Mark answer: "I want to be able to help people with their problems. I want to be kind to myself and them. My Kind Parent mode can help me by telling me I'm a good person and therapist and that I have worth and ability. That I can grow and learn." The supervisor thus helped Mark realize this mode in several other therapeutic situations.

Guided discovery

Guided discovery is a method that emphasizes open and inquisitive communication between the supervisor and supervisee (Heiniger et al. 2018). In this approach, the supervisor employs open-ended questions, restatements, and reflective listening to assist the supervisees in discovering their thoughts, feelings, needs, and goals (Prasko et al. 2022). The supervisor also aids the supervisee in identifying and naming their Kind Parent mode and distinguishing it from other modes (Lobbestael et al. 2012).

The supervisee struggles with feelings of inadequacy when working with a particular client who often expresses dissatisfaction with the therapy.

Supervisor: Let's explore this more. Can you tell me about the thoughts and feelings that come up for you when your client expresses dissatisfaction?

Supervisee: I feel like I'm not doing a good job. I start to doubt my abilities as a therapist.

Supervisor: It sounds like you're being quite hard on yourself... What might your patient have noticed that would support this statement?

Supervisee: I was silent for a while and didn't know what to say.

Supervisor: Based on this break and your emotions, you conclude you are incompetent as a therapist.

Supervisee: I'm probably not completely incompetent, but I'm rather critical of myself.

Supervisor: Imagine your colleague in the Kind Parent mode. What would he say?

Supervisee: The Kind Parent might say that feeling uncertain is okay and doesn't mean they are bad therapists. It's a challenging situation; seeking help and learning from it is okay.

Supervisor: That's a great insight. Now, consider how you can apply this understanding in your sessions with your client. What might be a different way to respond to your client's dissatisfaction?

In this example, the supervisor uses guided discovery to help the supervisee explore their feelings of inadequacy, bring in the perspective of the Kind Parent mode, and discover new ways of responding to the client's dissatisfaction.

In conclusion, enhancing the Kind Parent mode in supervision involves combining various techniques.

When used effectively, these techniques can significantly improve the supervisory process and contribute to the supervisee's professional growth and development.

Eva is a supervisee who struggles with excessive self-criticism, self-doubt as a therapist, and low self-esteem when confronting more difficult patients. During supervision, she often questions how she manages patients and exaggerates her mistakes. Her supervisor uses a guided discovery method to help her discover and distinguish her Kind Parent mode from other modes. The supervisor uses open-ended questions, reframing, and reflective listening to help Eva find her thoughts, feelings, needs, and goals as a therapist. The supervisor also helps Eva identify and name her Kind Parent mode and distinguish it from others.

For example, the supervisor asked, "How do you feel after the last therapy session with that patient?" And he helped Eva answer: "I feel bad. I don't think I helped him. I made many mistakes." The supervisor then rephrased: "So you feel bad because you think you failed as a therapist. What mode could it be?" Eva said, "That could be Critical Parent or Wounded Child mode." The supervisor reflected: "Ah, at some point in therapy, you will have Critical Mode or Wounded Child. What could your Kind Parent mode tell you about these situations?" Eva: "My Kind Parent mode tells me I'm okay and a pretty good therapist. Even though I am sometimes very critical of myself or anxious, I do well with most patients; They like me and are improving." Supervisor: "And is it true?" Eva: "It's true." I forget about it."

Cognitive restructuring

Cognitive restructuring is a powerful method that focuses on identifying and transforming negative thoughts that hinder the development of the Kind Parent mode. This technique is rooted in the understanding that our thoughts significantly influence our feelings and behaviours (Prasko et al. 2010). By changing our thoughts, we can change how we feel and behave. The supervisee is empowered to challenge and change their negative thoughts through cognitive restructuring. This process can strengthen the Kind Parent mode, leading to more effective therapeutic interventions and improved personal development (Young et al. 2003)

In supervision, the supervisor employs various tools such as the *Automatic Thought Record*, imagery rescripting, and chairwork to facilitate the building of Kind parents in the supervisee and the supervisee's patient (Prasko et al. 2020). The Automatic Thought Record is a cognitive tool that helps supervisees track their thoughts, feelings, and behaviours in response to specific situations. This record can offer valuable insights into the schemas, modes, or cognitive distortions that influence the supervisee's thinking and behaviour in patient situations (Prasko et al. 2024a).

Imagery rescripting is another powerful tool for building a supervisee's parent mode. It involves the supervisee visualizing a distressing scenario and then altering the scenario in a way that is more positive

or empowering (Prasko et al. 2023b). This can help the supervisee replace negative thoughts with kinder thoughts that align with the Kind Parent mode.

Chairwork is also used. It involves the supervisee engaging in a dialogue between different parts of the self, such as the Kind Parent and Critic modes (Prasko et al. 2024b). This dialogue can help the supervisee challenge negative thoughts and replace them with kinder thoughts.

Anna is a supervisee who struggles with a negative perception of herself as a therapist. She often questions her successes in managing patients she brings to supervision and exaggerates her shortcomings. Her supervisor used cognitive restructuring to help her identify and change these negative thoughts. He also used Working with Cognitive Schemas and Rescripting in Imagination to help Anna discover what schemas, modes, or cognitive distortions influenced her thinking, emotions, and behaviour in therapeutic situations. He helped her to challenge these negative thoughts and schemas, replacing them with kind thoughts and new attitudes that align with the Kind Parent mode.

Anna completed the Automatic Thought Record in which she described a situation in which she felt unable to help a patient with his problem. The supervisor helped her to identify the "Failure" schema that was influencing her thinking and behaviour, where she overcompensated, alternated therapeutic strategies excessively, and promised the patient that relief would come early, which led to repeated disappointments for the patient. The supervisor helped her to challenge this attitude by finding evidence of her achievements and abilities through guided discovery. The supervisor used this line of questioning: "Remember how you helped that patient with his anxiety? How did you help the client to resolve the conflict between him and his mother? Or when did you learn a new therapeutic technique?" The supervisor also helped Anna to replace this negative schema with a kind view: "I am a good person and a competent therapist. I have value and ability. I can grow and learn." Anna gradually began to tell herself more things, such as, "I appreciate myself for what I have achieved and what I can do. I recognize my strengths and my potential. I believe in myself and support myself." This process makes Anna feel better about herself and has more confidence in therapy. She can better regulate her emotions, be calm in treatment and supervision, and resolve conflicts more calmly. She has better relationships with herself, patients, and colleagues at work.

Role-playing is a dynamic method that emphasizes the practice of embodying the Kind Parent mode in simulated situations (Kühne et al. 2020). This technique provides a safe and caring environment for the supervisee to explore and experiment with this mode. In supervision, the supervisor employs role-play to facilitate this exploration (Ociskova et al. 2022). The supervisee is guided to enact scenarios that might typically arise in therapy sessions, taking on the role of both the therapist (themselves) and the client. That allows the supervisee to experience the therapeutic process from

both perspectives, which enhances their understanding and empathy.

Modelling is another key component of role-play (Prasko et al. 2024a). The supervisor may demonstrate the Kind Parent mode through their interactions with the supervisee, providing a pure and touchable example from which the supervisee can learn. That can be particularly beneficial for supervisees new to schema therapy or struggling to grasp the concept of the Kind Parent mode.

Feedback is also integral to role-play. The supervisor provides constructive feedback on the supervisee's performance during the role-play, highlighting areas of strength and areas for improvement (Prasko et al. 2023a). This feedback can help the supervisee refine their therapeutic skills and deepen their experience of the Kind Parent mode.

Tomas is a supervisee who struggles with serious self-doubts about himself in the role of a therapist. He feels like he cannot be authentic or kind enough and cannot maintain boundaries. That is manifested by frequent overruns, yielding to patients' wishes and requests, even if they are unreasonable. Tomas is aware of all this, but in therapy sessions, he needs to feel that the patient accepts him. In supervision, he often questions his successes in managing patients and exaggerates his mistakes. His supervisor uses role-playing to help him practice this mode in simulated situations. The supervisor uses role-play, modelling, or feedback to help Thomas practice this mode in patient interaction or supervision.

For example, with the help of supervisor Tomas, he practised when he felt dissatisfied with how he assigned homework to the patient, and the patient repeatedly did not complete it. The supervisor played the patient's role based on Tomas's description. Tomas behaved insecurely in the role of the therapist. He understood that the patient did not have homework. Still, he did not make an empathetic confrontation that would have alerted the patient to the fact that the therapist would want to emphasize the role of completing homework assignments. Then, the supervisor played the therapist and Tomas, his patient. In this scene, the supervisor showed Tomas how he could use the mode of a Kind Parent and then a Healthy Adult, expressed understanding for the patient, and at the same time firmly established his homework request. Then, there was a role change, and the situation was replayed. Tomas played himself as the therapist, and the supervisor played his patient. During the playback of these scenes, self-confidence was significantly increased in the given therapeutic situation. The supervisor also gave Tomas feedback on his communication skills and helped him improve his tone, vocabulary, content, and intent.

Chairwork is an active and collaborative method that accentuates dialogue with the Kind Parent mode or other parts of the self (Ociskova et al. 2022). This technique provides a tangible framework for the supervisee to explore and experiment with these modes. In supervision, the supervisor employs either a two-chair or multi-chair method. The two-chair method involves the

supervisee moving between two chairs as they switch from one mode to another, allowing them to physically experience the shift between modes (Prasko et al. 2024b). This can enhance their understanding of each mode and its role in psychological functioning.

Imagery rescripting is a powerful therapeutic method that focuses on rescripting distressing memories or fantasies that inhibit the development of the Kind Parent mode. In supervision, the supervisor employs imaginative scenarios that activate the Kind Parent mode or other modes (Prasko et al. 2024a). These scenarios might involve situations the supervisee frequently encounters in their therapeutic practice or personal life. The supervisor guides the supervisee to visualize these scenarios and the associated feelings while providing a safe and supportive environment for exploration. Once the supervisee has a clear image of the scenario, the supervisor guides them in rescripting the scenario from the perspective of the Kind Parent mode. This could involve the Kind Parent mode stepping in to provide comfort, support, or protection, or it could affect the supervisee's imagery towards a different outcome to the scenario. The supervisees can change their emotional responses and behavioural patterns through this process. They learn to respond to distressing situations with understanding and compassion rather than criticism or judgment. This can help supervisees strengthen their connections to the Kind Parent mode and integrate it into their identity.

Advantages and Disadvantages of Developing Kind Parent Mode

Developing the Kind Parent mode offers numerous benefits for patients, therapists, and supervisors (Prasko et al. 2020; Ociskova et al. 2022). This mode is instrumental in fostering self-love, enhancing self-esteem, regulating emotions, and improving relationship satisfaction.

- (1) *Self-love and self-esteem*: The Kind Parent mode encourages individuals to accept and appreciate themselves despite their imperfections. This leads to increased self-love and self-esteem, promoting a healthier self-image and positive outlook.
- (2) *Emotional regulation*: By responding to situations from the perspective of the Kind Parent mode, individuals can better manage their emotions. They learn to respond to negative emotions with understanding and compassion rather than criticism or judgment.
- (3) *Relationship satisfaction*: The Kind Parent mode fosters a kinder, more empathetic approach to interacting with oneself and others. This can lead to healthier, more fulfilling relationships characterized by mutual respect, understanding, and cooperation.
- (4) *Overcoming negative schemas*: The Kind Parent mode helps individuals to challenge and change negative schemas, criticism, and fear. By replacing

these with kinder thoughts and beliefs, individuals can break free from harmful patterns of thinking and behaving.

- (5) *Building trust and cooperation*: The Kind Parent mode promotes trust and cooperation within oneself and in relationships with others. This can enhance interpersonal relationships and promote a more harmonious social environment.
- (6) *Strengthening psychological maturity, flexibility, and adequacy*: The Kind Parent mode represents a psychologically mature state of mind that rewards positive activities and realistic decision-making in everyday life (Young et al. 2003).

While the benefits of the Kind Parent mode are numerous, it is also important to acknowledge potential challenges. For instance, individuals may initially struggle to embody this mode, particularly if they have a strong Critic mode or have experienced significant trauma or neglect in their past (Prasko et al. 2024b). However, with patience, practice, and the right therapeutic support, individuals can learn to strengthen and integrate the Kind Parent mode into their daily lives.

Lucie is a patient who struggles with low self-esteem, self-doubt, and excessive self-criticism related to the Failure schema. She constantly scares herself with thoughts about what she will have problems managing in the future. After working with the Critic and the Hypercompensator, which were her two most prominent modes, her therapist helped her develop the Kind Parent mode. He uses different approaches, such as cognitive restructuring, chairwork, or imagery rescripting. Thanks to this process, Lucia gradually accepts herself, rewards herself, and progressively feels accepted by others. In group therapy, she establishes warm relationships, can better regulate her emotions and resolve conflicts. It is gradually transferred to life at home and work outside the therapeutic group. She manages to develop better relationships with others.

Lucy found that the cognitive part of the Failure schema, which tells her she is a failure, often makes her think about how she is incapable and worse than others. In group therapy, she was able to challenge these negative thoughts by discussing the evidence that she had been doing quite well from birth to the present. The group also helped Lucia replace this negative attitude with the idea, "I am a good person with many abilities and achievements," which aligns with the Kind Parent mode. Developing a good, loving parent mode helped her improve self-love, emotional regulation, and relationship satisfaction. This mode also helped her overcome negative schema criticism and fear and build trust, empathy, and cooperation.

As a last example, we wanted to address the belief of spoiling yourself or losing your resources by being compassionate. Sometimes, this belief could be present not only in clients but also in therapists.

Pavel believed that his Kind Parent mode can sometimes be excessive or inappropriate. He may be self-sacrificing and kind

to others, forgetting his needs or boundaries. At other times, out of "self-kindness," he indulges in computer games as a reward but spends hours on them and avoids things he should be doing, such as studying for school. His therapist helped him realize that he was not in the Kind Parent mode but the Hypercompensator of his Abandonment schema and the Avoidant Defender of the Failure schema. Together, they learned how to use the Healthy Adult mode and the role of a Kind Parent mode.

Pavel discovered that his Kind Parent mode can sometimes be abused or manipulated by loved ones or friends. It happened to him that others asked him for help; he helped them regardless of his own needs, and they took it for granted and did not have time when he needed help after working on the Abandonment schema, which was related to the fact that his father abandoned him in childhood. His mother did not have much time for him. While processing the failure schema, which was related to excessive criticism of his mother, Pavel learned in therapy to say an assertive 'no' and speak up for his needs with loved ones, friends, and work.

Pavel also found that his Kind Parent mode sometimes gets confused with the Hypercompensator mode when it comes to helping others or with the Self-soother mode when he plays computer games or goes out for a beer. His therapist helped him realize the short-term and long-term consequences of hypercompensation and self-indulgent behaviour. Together, they looked for more adaptive behaviour. Pavel started playing more sports, communicating with people, and systematically preparing for exams at school. Pavel also found that his Kind Parent mode can sometimes be rejected or sabotaged. For example, it may be that his inner Critic or fear will prevent him from being kind to himself or others. His therapist helped him realize this risk and taught him how to overcome these obstacles and strengthen this mode. This process makes Pavel feel better about himself and has more self-esteem.

CONCLUSION

This article reviewed and illustrated ways of cultivating the Kind Parent mode in schema therapy and supervision. Drawing on literature and clinical and supervisory examples, we described how this mode supports self love and kindness toward oneself and others by shaping the tone, vocabulary, and intention of internal dialogue and interpersonal communication.

We outlined how cognitive, behavioral, experiential, and imagery based techniques can help patients and therapists become more aware of this mode and access it in emotionally salient situations. In supervision, methods such as guided discovery, cognitive restructuring, role playing, chairwork, and imagery rescripting can assist supervisees in identifying and naming their Kind Parent mode, differentiating it from other modes, and practicing it in simulated and real clinical situations.

We also highlighted potential challenges, including confusion of the Kind Parent mode with Hypercompensator or Self Soother modes, vulnerability to manipulation or rejection by others, and

skepticism about treating it as a distinct focus rather than subsuming it under the Healthy Adult mode. These observations underline the need for clear conceptual boundaries and thoughtful work with limits and boundaries when fostering kindness.

Further research is needed to clarify how the Kind Parent mode relates to constructs such as Healthy Adult and self compassion and to examine its role in treatment and supervision outcomes. The clinical experience summarized here suggests that explicitly cultivating the Kind Parent mode may enhance psychological flexibility, support self care, and enrich therapeutic and supervisory relationships.

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