Dear Delegate,

This workshop shares with you some new ideas about working with complex and challenging difficulties, especially those linked to high levels of shame and self-criticism. Coming along today suggests you have recognised that helping people with these difficulties can be difficult.

This workshop will explore ways to think about shame, distinguish internal from external shame, and look at why and how shame is linked to self-criticism and can be so difficult to work with. The workshop will then outline what Compassion-Focused Therapy and Compassionate Mind Training are and distinguish compassionate attributes from compassionate skills.

The principles behind this work are drawn from a wide range of fields including evolutionary psychology, neuroscience, developmental and social psychology, models of emotions, and a number of treatment models, such as CBT and DBT. We hope you will enjoy this workshop and will be able to take away ideas to integrate into your current practice and personally.

The CFT philosophical orientation is that life is difficult and confronts us with many tragedies. Second, that we have an evolved brain with emotions and social relational needs, which are millions of years old. Humans can have particular difficulties in co-ordinating these old brain motives and emotions with newer brain abilities for reasoning, reflection and self-awareness. This is not our fault – our brains are difficult to understand and regulate. This basic idea is stressed repeatedly.

Developing ways to understand compassion and how to apply it to self and others are ongoing scientific endeavours. To help facilitate these endeavours the Compassionate Mind Foundation (www.compassionatemind.co.uk) has been set up. Its mission statement is:

Promoting well-being through the scientific understanding and application of compassion

Compassionate Wishes
Three Types of Affect Regulation System

- **Incentive/resource-focused**
  - Wanting, pursuing, achieving, consuming
  - Activating

- **Non-wanting/Affiliative-focused**
  - Safeness-kindness
  - Soothing

- **Threat-focused**
  - Protection and safety-seeking
  - Activating/inhibiting

Anger, anxiety, disgust

Basic depictions of the three main affect regulation systems. Develop 'body' awareness by guided imagery, e.g. of threat, winning the lottery, kindness. Soothing is linked to attachment systems and contentment. The balance is patterned in childhood, life events and brain training.

What are the disrupters to soothing? e.g. conditioning, emotional memories, beliefs, and elevated drive and/or threat focussing (use functional analysis). CFT is very specific/detailed about how these systems work.

Multiple Processing in the threat system

- Threats
  - Rapid access of safety strategies
    - Angry-attack revenge
    - Anxious - flee submit
    - Cry want to seek reassurance

Threat to self-identity and self as social agent

Fragmented and fragmenting, confused and secondary safety strategies at management of inner conflicts

Analysis of threat processing is always in the context of safety strategies – trying to protect the self - both conscious and non-conscious.

It is important to outline how complex the threat system is: emotional memories; classical conditioning; modelling; and basic and multiple types of conflicts within the threat system and also between affect regulation systems. Normalise and invite reflection of how to move forward. Keep in mind the power and disorganising potential of approach-avoidance conflicts – teach and help people identify these.

Emotional Conditioning

How emotions and desires can become non-conscious (Ferster 1973)

- Anger
  - Punishment
  - Anxiety

- Care seeking
  - Punishment
  - Anxiety

Complex Feelings and Interactions

We often have many feelings going on at the same time and these feelings can conflict with each other - then we judge ourselves too - draw these out with people

- Meaningless
- Alone (no one understands)
- Anger
- Frustration
- Shame and Guilt
- Should not feel like this
- Feel different than others
- Self-critical/hating (I am Shit)
- Isolation
- Drugs
- Self-harm

FEEL SHIT

Self-critical/hating (I am Shit)
A model of shame with external shame as the central aspect

This model of shame places external shame centre stage and the processes of internalised and external defences flow from this. Shame can be automatic and people may not recognise the degree of threat and defence processing. Shame memories are often stored as scenes and therefore it is helpful if the therapist is able to identify specific memories and deconstruct the scene. This is given in the circles diagram below.

Associations of threat ‘meanings’ in shame-traumas

When working with shame based memories it is very useful to articulate in detail the fusion and combinations of feelings emanating from the other and those arising in the self. These are called shame scenes. One can then explore with clients how shame scenes contain multiple components and when activated can give us a flash of different feelings including feelings of being alone, having done something very wrong and so forth. Ask people to reflect on the experience to ensure they understand the process.
To illustrate the power of thought and imagery on our physiologies, and of self-criticism, engage the person in the examples above. There is also the way reading a novel and stories create feelings in us. Build up model slowly with client. Then explain therapy as ‘physiotherapy’ for our minds and build the picture with clients, asking them to reflect on experience. Explain how criticism and stress can act as a loop. Then move to the effects of compassion on soothing and link back to the three circles.

**Functional Analysis: Understand self-criticism as safety strategies rather than errors of reasoning**

Self criticism can take different *forms* for mild rebukes to self hating, despairing self-harming. Function analysis of shame and self-criticism is crucial because clients can often have unique reasons for being self-critical and can be frightened to give it up. Avoid concepts such as ‘this client does not want to change.’ If a client indicates that they feel ‘stuck’, this is usually about *fear* or *secondary gains*. Here are some possible functions of self criticism:

- as a warning of threat
- self-correction –improvement (but check on the affect)
- cueing from memory or habit
- avoid aggression (who are you protecting?)
- identity linked (what kind of person would I be if I didn’t self-attack)
- self-criticism and self-harm can act as an affect regulator
- get rid of the bad feelings inside

Nietzsche said “No one blames themselves without a secret wish for vengeance”. Freud borrowed this for his theory of depression. It’s always worth exploring if a serious self-criticism and self-hatred are linked to unprocessed and feared hostile feelings towards others.
Overview

It is useful to have a general model of self-criticism which will guide you in your explorations. Cohen said the processes outlined in the diagram. You can tailor your Socratic questions for each domain—for example in exploring form ask “when you are self-critical what form does your self-criticism take; what emotions do you direct at yourself” or “what emotions are in your self-criticism. When you come to explore functions you can ask “what is the function of your self-criticism; what would be your greatest fear in giving up soft criticism. You can also ask: “if you think of a typical time when you were self-critical what effects did you have on you – (this helps people emotionally recognize that self-criticism usually makes them feel worse)

Self-Critical Mind is also Threat-focused

Mind

Forms

Functions

Triggers - Emotional Memories

Self-Critical

Effects

Origins of shame and self-criticism

Self-critical people often have problems with their drive-achievement system. They can be as focused on achieving and unable to regulate threat with soothing the contentment. They often have insecure backgrounds. You can draw this out for them and make a distinction between valuing achievements (and committing oneself to goals and values) in contrast to using achievements to cover up fears of rejection or exclusion and being frightened of failing (and self-critical).

Types of Affect Regulator Systems

Drive, excite, vitality

Safety behaviours
Lose weight
Restrict eating
Competing

Content, safe, connected

Contentedness?
Safeness?
Connectedness?

Threat-focused

Loss of Control
Fear of rejection/bullying
Body sensations

Anger, anxiety, disgust

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**Compassionate Mind Training:**

The key attributes of compassion (inner ring) and the skills to develop them (outer ring)

“Sensitivity to the suffering of self and other with a desire and commitment to try to relieve it” - D.L.

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**Key points with Compassionate Mind Interventions**

Compassionate attributes and compassionate skills are used to counteract the feelings, styles of thinking and behaviour that arise

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<thead>
<tr>
<th>Compassionate Attributes</th>
<th>Compassionate Skills</th>
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<tr>
<td>1. Developing a motivation to be caring towards self and others – reduce suffering and flourish.</td>
<td>1. Learning to deliberately focus our attention on things that are helpful and bring a balanced perspective. Developing mindful attention and using our attention to bring to mind helpful compassionate images and/or a sense of self.</td>
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<td>2. Developing sensitivity to our feelings and needs of self and others (different from vulnerability).</td>
<td>2. Learning to think and reason, use our rational mind, looking at the evidence and bring a balanced perspective. Writing down and reflecting on our styles of thinking and reasoning.</td>
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<tr>
<td>3. Developing sympathy, moved and emotionally in tune with our feelings, distresses and needs for growth.</td>
<td>3. Learning to plan and engage in behaviours that act to relieve distress; reduces safety behaviours and moves us (and others) forward to our (or their) life goals – to flourish. Compassionate behaviour often needs courage.</td>
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<td>4. Developing abilities to tolerate rather than avoid difficult feelings, memories or situations (including positive emotions).</td>
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<td>5. Developing our insight and understanding of how our mind works, why we feel what we feel; how our thoughts are as they are – reflective functioning.</td>
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Key Therapeutic Processes

CFT uses many processes and interventions shown to be helpful. These include: The therapeutic relationship (compassion based), collaboration, guided discovery, personal meaning, Socratic dialogues, inference chains – (bottom line/ catastrophe/ major fear/ threat), functional analysis, chaining analysis, maturation awareness, shared formulation, change through practice, behavioural experiments, exposure, developing emotional tolerance, mindfulness, guided imagery, expressive writing, reframing, generating alternative thoughts and independent out-of-session practice -- to name a few! There should be increasing overlaps in our therapies if we are being science-based.

Qualities of Compassion

Consider the qualities of compassion and creating a ‘degree of safeness’; compassion as stimulating and balancing brain systems. Explain need to step out of, and shift, the attentional focus from threat to the caring/compassion system. Also important - wise, compassionate courage.

* Non verbal communication
* Motivated interest in caring
* Validation and feeling understood
* Encouragement

Gentleness, kindness and not judgment
Patient and tolerant
Sense of wisdom

Self-attacking increase sense of threat - self-compassion lowers it – draw this out. So explore how to bring these qualities into the self.

Distinguishing Compassionate Self-Correction from Shame Based Self-Attacking

Compassionate Self-Correction is Focused on:

* The desire to improve
* Growth and enhancement
* Forward-looking
* Given with encouragement, support and kindness
* Building on positives (e.g. seeing what one did well and then considering learning points)
* Focuses on attributes and specific qualities of self
* Focus and hope for success
* Increases the chances of engagement

Shame Based Self Attacking is Focused on:

* The desire to condemn and punish
* Punishing, past errors
* Backward-looking
* Given with anger, frustration, contempt and disappointment
* Focuses on deficits and fear of exposure
* Focuses on a global sense of self
* Focuses on a high fear of failure
* Increases chances of avoidance and withdrawal

For transgression

- Guilt, engaging
- Sorrow, remorse
- Reparation

Use the example of encouraging supportive teacher with child who is struggling.

Imagine two teachers - one using ‘compassionate’ correction the other using ‘shame’ correction – which would you prefer for your child? – which would get the better results? – which would promote confidence, enthusiasm and happiness? Which would you like to become [to] yourself?
Compassion Exercises
Three compassion processes

1. The compassion we feel for others (has been the focus for meditation research)
2. The compassion we feel from others towards ourselves
3. Self-compassion

Keep in mind that compassion underpins the focus for all CFT interventions

Key Targets of Compassion

Threatened Mind can Block Compassion

Guided Memory
To generate ideas about compassion you can work off memory
1. Recall feelings when someone was kind to you
2. Recall feelings of you being kind to others

Caution: Do not focus on times of high distress because then the patient will get more caught up in that. It is the compassion you are focusing on, and the desires for self and others to be free from suffering and happy.

Guided Fantasy/Imagery

Key Note: All exercises should ideally be done as mindfully as possible and you might wish to explore this with clients – i.e. the nature of mindfulness and how to deal with distraction and intrusions. We cannot go into any depth in this workshop on mindfulness; but in Buddhism, mindfulness and compassion are seen as the wings of a bird that work together.

We also use soothing breathing rhythm to focus on body slowing (see below and chapter 7 of the Compassionate Mind Book) but not all patients like this - so go with what they can do.

Imagery Preparation: Emphasise that imagery is only a vehicle to stimulate a particular affect system so clients shouldn't worry if they can't generate images; it is the 'sense of' and the feelings that one is working to stimulate that are the focus.
Emphasise that *imagery is rarely in Polaroid like pictures in the mind* - mostly just fleeting glimpses. E.g. imagine a meal or a holiday, it is fleeting and impressionistic – it is the orientation and focus that are key. Different people will have different preferences for a sensory modularity, i.e. imaging, compassionate sounds or voices might be easier than vision.

**Safe Place** A useful place to begin can be with safe place imagery. Ask the patient to sit quietly for a moment and think of a place they would like to be that could give them a sense of a place with feelings of safeness, warmth, soothing and contentment. Emphasise and engage with as much sensory detail as you can. For example: walking on a beach; imagine the feel of the sand underfoot, the colour of the sand, the blue of the sea and sky, the sound of the ocean, the smell of the ocean, the feel of the sunlight and warm breeze against ones face, etc. Go through all of the senses.

Key in CFT is that one then invites the person to *imagine that this place really welcomes them* because it is their creation and they are part of it. Try to generate feelings of being welcomed by the place. Some people will struggle with it, and this informs you how tough it is for them to ever feel safe – so it will need practice. Also explore the paradoxical ‘fear of being safe’.

*Feeling compassion in the body and becoming your Ideal compassionate person*

This uses a ‘method acting’ approach where individuals are encouraged to imagine themselves becoming/being a compassionate person focusing on having all the ideal attributes and skills of compassion. This can be done by sitting or lying quietly or by their standing up. Encouraging people to walk in a compassionate way; to hold the body in a compassionate way, to focus on the facial muscles and expressions of compassion, to feel a slight smile, to focus on the tone of one’s voice when in ‘kindness mode’, to focus on the nature of wisdom, maturity strength and warmth. Ideally people can practice this whilst walking in the morning, or engaging in activities such as shaving or doing the washing-up or standing at a bus stop. They can also do it as a meditation. Keep in mind at all times that clients can easily slip into ‘should’s, or become self-evaluative if they struggle, and this is not helpful.

**Contrast body states:** to help people recognise the difference between compassionate body states and other body states, one can use contrast states. Here one asks the person to remember and put themselves into the postures and feeling states of anger or anxiety. We then direct attention to the facial expressions, the tone of the voice if it were spoken, the body posture, the flow of thoughts and attention and the basic emotion. If people are enacting anger they can usually notice a tightening of the muscles, a harshness in the voice and a hostile/blaming stream of thinking. One can then switch them back to the compassion stance, with the relaxed musculature facial expressions, a slight smile and so forth and reflect on the differences.

**Compassionate Chair Work**

Many therapies use chairs where different ‘parts of the person’ can enact their thoughts and feelings. So, for example, you could have an angry chair where the patient simply engages with their anger and lets their anger speak, or an anxious chair, where a person engages with their anxiety and voices their anxious thoughts and feelings. You could have a self-critical chair, where the person becomes the self-critic. In some approaches you can them switch chairs and dialogue with other parts of the self. In CFT to all of these you can then invite the person to respond from the compassion by sitting in a facing chair and becoming the compassionate self. In straight CBT or emotion focused therapy you might invite the person to become more balanced in their thoughts etc and reflect and talk to the angry or self-critical part of self – moving back and forth between the chairs. In CFT though, it is the *motivation* and *feeling* - to try to compassionately help the angry, anxious or self-critical side that is key.

So discuss with a patient the nature of different parts of the self (spend time and normalise), and that part of therapy is to strengthen those parts that are capable of growth, change and healing
(e.g. the compassionate self). Then you may generate a collaborative agreement on this. If the patient agrees you can then choose which chairs and which roles the client can be active in; then starting with ‘becoming the part’ you want to work on. Ask the person to recall a time when they felt that part (e.g. anger, anxiety, self-criticism or sadness, etc) and give voice to that part – noting feeling and bodily experiences of that part.

Next the patient switches to a facing chair. Give the patient plenty of space to be able to create the feeling of a compassionate self before engaging in any dialogues or expressing any feelings. Use soothing breathing rhythm in the compassion chair, with mindfulness. It is, however, the feeling of compassion that is important. You might want to give the following guidance:

In your compassion chair now, feel yourself at your best. Maybe remember a time when you felt calmer, wiser and kind. Imagine all the qualities you would like to have as a compassionate person. Just feel those for yourself. Allow yourself to have a compassionate expression. Keep in mind that compassion is based on wisdom, and therefore, as the compassionate self, you have a lot of wisdom, maturity and strength. Try to feel that wisdom, maturity and strength of the compassionate self as you sit there. Allow yourself to breathe in your soothing rhythm, as your body is slowing down, feel yourself becoming the compassionate self.

Now spend time just feeling compassion for the angry, anxious sad part or self-critical part (check that the self-critical part is not the voice of an abuser, as this is a different process here). What would the compassion part like to say or do? Imagine that the angry, etc. part is a healed, how would it then feel? – How would that help? Just hold here. The client’s mind will wander so just bring them back with repeating the guidance of above. Imagine what happens if this part gets all the compassion they need?

Focus on the compassion: parent-like, wise and mature, with inner strength. Help the patient identify with wanting to become more like this – build into self-identity. Use the motto “we become what we feed/practice”. Focus on ‘training our minds’.

In compassion focussed work it’s always about building this part of the self as a counter to the threat system with its anger, anxiety and self-criticism etc. You will find that some patients start to be able to tolerate their negative emotions better and can remind themselves of their compassionate voice/feelings and thoughts.

**Compassion for others**

There is a basic Buddhist meditation that involves becoming the compassionate self, and then sending compassion to others - beginning with those we love. One wishes and imagines for them to prosper and be happy; and you then create images of them being happy and prospering. One spends 20+ minutes each day. One then extends this to all living things in steps. This has been used in a lot of research studies (see website [www.compassionatemind.co.uk](http://www.compassionatemind.co.uk) for details) – with good evidence of brain and other changes.

**Building a Compassionate Image: Practicing Receiving Compassion**

This exercise is to help you build up a compassionate image for you to work with and develop (you can have more than one if you wish, and they can change over time). Whatever image comes to mind or that you choose to work with, note that it is your creation and therefore your own personal ideal, what you would really like from feeling cared for and cared about. However, in this practice it is important that you try to give your image certain qualities. These will include:

**Wisdom, Strength, Warmth and Non-judgement**

So in each box below think of these qualities (wisdom, strength, warmth and non-judgement) and imagine what they would look, sound or feel like.
If possible we begin by focusing on our breathing, finding our calming rhythm and making a half smile. Then we can let images emerge in the mind – as best you can, do not too try too hard - if nothing comes to the mind, or the mind wanders, just gently bring it back to the breathing and practice compassionately accepting.

Here are some questions that might help you build an image: would you want your caring/nurturing image to feel/ look/ seem old or young; male or female (or non-human looking e.g., an animal, sea or light)? What colours and sounds are associated with the qualities of wisdom, strength, warmth and non-judgement? Remember your image brings compassion to you and for you.

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<th>How would you like your ideal caring-compassionate image to look/appear – visual qualities?</th>
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<th>How would you like your ideal caring-compassionate image to sound (e.g., voice tone)?</th>
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<th>What other sensory qualities can you give to it?</th>
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<th>How would you like your ideal caring-compassionate image to relate to you?</th>
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<th>How would like to relate to your ideal caring compassionate image?</th>
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**Meeting the Image**: Some people like to meet their image in their safe place. They might imagine the imagine moving towards them. Imagine it in movement; breaking into a smile.

Some people do not have much sense of vision but can hear a compassionate voice or sense a feeling of compassion close by.

Key is to focus on the *feeling* and intentions in the compassionate image. To be sensitive to suffering with a wish to relief it, **and** a deep wish for the happiness and healing of the person. The image understands and has wisdom of our tricky brains and how our early experiences shape us, etc). People with poor mentalising and little experience of compassion will struggle here -- so this is why it will take time and training. Stay collaborative and invite people to try things for themselves – but maintain the understanding of why building a compassionate mind can be helpful – if you lose that focus and intent you will need to go back to the therapeutic contract.

Some people find working on the compassionate self easier than working on compassionate images – so start with the ‘compassionate self’ but build up to using compassionate imagery.

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There are other exercises that help with opening us to 'compassion flowing in'; (or positive rewards/resources if you prefer that language!) such as having a day where one focuses on all the things one is grateful for or appreciates – again not as a 'should' but as attention training.

**Compassionate letter writing**

This can be a form of expressive writing (from the work of James Pennebaker) and is very good at helping people assimilate difficult experiences. It can be used in many ways. The person can write a letter to themselves from a compassionate-self point of view. They think about what they want to write about and then spend sometime breathing in the soothing rhythm way to get into a compassionate self pattern. Or if they prefer they can use the compassionate image. They may either imagine hearing the voice of their compassionate image talking to them and write it down, or if they prefer imagine a friend writing to them or what they would like to say to a friend. Again, engage in behavioural experiments. Do this in the spirit of finding the tone which is helpful to that person.

You can leave people (e.g. for 5 minutes or so) to write a letter during a therapy session as this can sometimes be helpful first time around. You can then read out their letters to them in a gentle voice. You can explore letter writing as between-session work.

You can also use this as a training vehicle because to begin with clients may not write very compassionate letters, and part of your skill is to recognise this and shape their writing and focus.

Does the letter show the following?

1. expresses concern and genuine caring
2. is sensitive to the person’s distress and needs
3. is sympathetic and is emotionally moved by their distress
4. helps them to face and become more mindful and tolerant of their feelings
5. helps them become more understanding and reflective of their feelings, difficulties and dilemmas.
6. is non-judging/condemning.
7. a genuine sense of warmth, understanding and caring permeate the whole letter.
8. helps them think about the behaviour they may need to attempt, in order to move forward.

The point of these letters is not just to focus on difficult feelings but to help people stand back and reflect empathically on, be open with feelings and thoughts, and develop a compassionate and balanced way of working with them. They will not offer advice or ‘should’s, etc.

**Appreciation exercises** behavioural psychotherapy has long focused on the importance of increasing positive rewardable behaviours, especially for depressed people who have disengaged from various activities. There is also increasing interest within positive psychology to help people build on their strengths and also to engage in gratitude and appreciation exercises. The key here is again the motive and spirit of the exercise. If clients are likely to do this exercise with thoughts of “I should appreciate things more; I am quite lucky really and therefore have no right to be depressed or anxious” this is completely the wrong tone and motivation and is therefore not helpful. If, on the other hand, the person recognizes that appreciation exercises are about attention training and stimulating positive emotions systems, (again a kind of physiotherapy for the mind) then this exercise can be very helpful.

Here the client is asked to keep a note of things they have liked and enjoyed and appreciated during the day. This can be quite small things such as the first cup of tea, taking a shower, the smell of a spring day. We invite people to spend time when they notice something that they “quite like”. Sometimes you can have sensory focused days. On Mondays we will focus on the things we ‘like to see’. This may be types of sky, colours of trees, and even going to a supermarket and noticing the
colours on labels and thinking about the colours one likes. It's all about attention to the details of one's life. Then we can have a 'hearing day' where we focus on things we like to listen to, e.g. this might be the birds or music, and engage with these activities.

Another form of appreciation exercises is to focus on the things one likes in a relationship or in oneself. Many patients will say that sort of letter will be a short letter and so helping them refocus their attention on things they can appreciate within themselves and the importance. We stress here that shame, depression and so on tend to skew and focus us towards threat. Quite understandably we therefore have to train the mind to become more balanced so we get some nourishment into the positive affect systems and make sure the threat system is ‘starving’. The dominance of the threat system is not letting information get through to the positive affect systems.

**Between session practice**

CFT stresses that it is a kind of physiotherapy for the mind/brain where practice is important. Therefore one develops between-session practice. For example, we use a technique called *compassion under the duvet* where clients will practice for two minutes every day before sleep, and on waking imagine themselves to be a mature, wise, calm and compassionate person. Other times when they are engaged in activities such as waiting for a bus or doing the washing-up; they practice doing it mindfully and imagine themselves as a wise, mature, strong and self-compassionate person. "Feed/practice what you want to become". The therapist checks on how this practice is going and obviously that it should not be narcissistic self-aggrandising!

Compassionate letter writing can be done within and between sessions - with the therapist checking carefully that the client has actually got the hang of writing compassionate letters and not 'you should' or ‘invalidation’ letters.

Practising compassionate attention (e.g. to the things one likes or appreciates), compassionate thinking (e.g. how one thinks to reduce suffering and promote flourishing; how one might help a friend) and compassionate behaviour (this could be on soothing but more commonly how one might reduce suffering and promote flourishing - including of course finding the courage to face the things that can be difficult!).

There are various ways that you care and help patients monitor their exercises during the week. These are often helpful to develop with the patient collaboratively. Monitoring should be understood as having value and not just a chore to do for you.

Coping with setbacks and ruptures is particularly important as people learn how to treat their cock ups with compassion! We practice De-shaming, De-shaming, De-shaming! We use the motto ‘the secret of success is the ability to fail’!

**Special Issues: The Fear of Positive Emotions, Well-Being and Compassion**

One of the problems many therapists can make, when treating shame and self-critical people, is to miss the fact that some people can be extremely frightened and resistant to many forms of positive emotion. Therapists are used to dealing with negative emotion but not the fear of positive emotion. In fact some people are frightened of excitement (losing control, shame); feeling safe (letting your guard down; ‘if I am happy something bad will happen’); being content (being lazy, missing out and not achieving, out-of-control); being close (open to abuse; distrust); feelings of compassion and forgiveness (self-indulgent and a weakness); and feelings of warmth (activation of deep yearning and grief that is overwhelming, distrust). There are actually many such beliefs, conditioned emotional responses and experiences that can be serious blocks to developing compassion and thus balancing the affect systems. It is useful therefore to always discuss this with the patient as normal (given their backgrounds, etc) but one does need to desensitise to positive emotion! THIS WILL TAKE TIME!
Many years ago John Bowlby noted that when he was kind to patients they could sometimes become anxious, irritable or even stop attending. His explanation was that kindness activates the attachment system, and when you do this you will activate whatever is in that system. For example in: we like chocolate cakes, but then you have some chocolate cakes that make you very sick. Normally if I offer you a chocolate cake I would expect you to really enjoy it and not go running to the bathroom to vomit! So a potentially positive signal can become toxic. It's exactly the same with the attachment system; it can be classically conditioned so that the feelings associated with warmth and compassion are actually experienced as a threat and rather toxic. Thus the therapist has much work to do here to detoxify their system and enable the patient to be able to experience these aspects as they were designed to be experienced. This nearly always involves a grieving process.

The diagram below shows how kindness can re-activate the attachment system and trigger different threat and self protective strategies linked to emotional memories:

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**Final Key Points**

CFT is very much on the evolution (tricky and hard to regulate brain) and biological behavioural wing of CBT.

CFT suggests that early conditioning and learning can be powerful sources of difficulties. Importance is placed on the acquisition of threat-processing leading to safety strategies: key fears/threats and threat-based beliefs, classically conditioned responses, problems in social relating, problems in relating to the self (self-criticism and self-hatred), fear and poor regulation of emotions, and other internal events.

The client’s difficulties are linked to the way in which they have developed safety (self-protective) strategies - both internally directed and externally directed.

CFT uses Socratic conversations to explore and focus on guided discovery within the CFT framework. CFT seeks to desensitise people to their emotions so they can tolerate all types of emotions – but especially those linked to the two positive affect regulation systems. Thus a lot of ‘in vivo’ work with emotion ‘part of the self’.

Often use silence to allow reflection and ‘being with’.

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Exercise 1: Your Intuitive Wisdom of Shame

To help you recognise the complex nature of shame and that you already have intuitive knowledge of shame, we would like you to engage in a short imagery exercise.

Let's take a hypothetical situation: Imagine that as part of this workshop you will be asked to describe something you feel ashamed about (and would rather keep hidden) to the person sitting next to you. We would like you to explore this in a series of steps. Rest assured, this is hypothetical, but try to imagine it as if it were to be the case.

1. Can you think about a shame related event, feeling or fantasy and imagine it?

   Now think about speaking about this

2. My first automatic feelings would be?

   ________________________________________________________________

3. Fill in the spaces below:

<table>
<thead>
<tr>
<th>Thoughts about what others will think/feel about you and how they will behave towards you</th>
<th>My own thoughts and feelings about myself</th>
</tr>
</thead>
<tbody>
<tr>
<td>They will think/ feel……</td>
<td>I think/ feel I am….</td>
</tr>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
</tbody>
</table>

   My key fear is that they will: | My key fear is that I will:
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
</tbody>
</table>

Given these key fears - what are your main coping behaviours – how might you cope with these? What might you do to stop any possible feared outcome?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

What have we learnt from this exercise?

_________________________________________________________________________________

_________________________________________________________________________________
Exercise: Mindful Soothing Breathing Rhythm

There are many aspects to resting mind and body so I’m going to take you through a few key and simple relaxing exercises. The first one is called mindful relaxation and involves learning how to pay attention in a gentle and kind way. Once you are familiar with this you can do the exercise sitting down, lying down or even standing up and walking. It is, however, preferable to do it sitting down to begin with so that you get the idea of it. Find somewhere to sit comfortably and then begin this talk again.

Okay, now you are sitting comfortably, place both feet flat on the floor about a shoulder’s length apart and rest you hands on you legs. Now what we can do is just gently focus on our breathing. As you breathe try and allow the air to come down into your diaphragm – that’s just at the bottom of your ribcage in the upside down ‘V’. Feel your diaphragm, the area underneath your ribs, move as you breathe in and out. Just notice your breathing and play and experiment with your breathing. Breathe a little faster or a little slower until you find a breathing pattern that, for you, seems to be your own soothing, comforting rhythm. It is like you are checking in, linking up, with the rhythm within your body that is soothing and calming to you. Now we can spend 30 seconds or so just focusing on our breathing, just noticing the breath coming down into the diaphragm, your diaphragm lifting and then the air moving out, through your nose. In through your mouth and out from your nose. Just focus on that for 30 seconds………………………………………….. What did you notice? You may have noticed that actually, although it was only 30 seconds, your mind might have wandered off. You may have had thoughts like “What’s this about? Will this help me? Did I do my job yesterday correctly?” You may have heard various things outside the room; your attention may have been drawn to the postman pushing letters through the box, or whatever. The point about this is that our minds are indeed very unruly and the more you practise this short breathing exercise and the longer you can extend it, the more then you will notice how much our mind simply bops about all over the place. When you first do this kind of breathing focusing, it can be quite surprising just how much your mind does shift from thing to thing. This is all very normal, natural and to be expected. So we need to train the mind and the only thing that is important in this training is not to try to create anything. You are not trying to create a state of relaxation. You are not trying to force your mind to clear itself of thoughts. All you are doing is allowing yourself to notice when your mind wanders and then, with kindness and gentleness, bring your attention back to focus on your breathing. That’s it. Notice and return. Notice the distractions and return your attention to your breathing. In other words the exercise is simply an exercise where we learn to focus attention and attending. You are not trying to achieve anything. If you have a hundred thoughts, or a thousand thoughts, that doesn’t matter at all. All that matters is that you notice and then, to the best of your ability, with gentleness and kindness bring your attention back to the breathing. Now, if you practise that ‘attention and return’ with gentleness and kindness you may find that your mind will bounce around less and less. It may become easier, but some days it will be easier than others. Remember you are not trying to relax as such. All you are doing in this exercise is noticing that your mind wanders and then returning to the focus on your breathing. So it is a notice and return and each time it wanders - that’s fine, don’t get angry with it, just kindly bring it back to the focus of your breathing.

The key thing is the mindful attention to the process rather than the result. We can explain that this is a bit like sleeping where we try to create the conditions that will help sleep but if we focus too much on whether we are ‘asleep or going to sleep’ this makes sleep more difficult.
**Threat/Safety Strategies Formulation**

<table>
<thead>
<tr>
<th>Historical influences</th>
<th>Key Fears</th>
<th>Safety/defensive behaviours</th>
<th>Unintended Consequences</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

(Emotional Memories)
Self As …. Other As …. 

**Self-to-self-relating**

**Key questions:** What do you see as possible background experiences to your difficulties? What key fears and concerns do you think these created for you (keep in mind to explore external fears and internal ones)? Looking back, how you think your mind has tried to protect you (again think about protecting self from *external* threats such as rejection and also *internal* ones such as overwhelming feelings)? Recognise that some people may close down on threat and may not be able to reflect on painful experiences or memories. They simply are unable to or don’t want to ‘go there’. Spend time enabling people to be empathic to their safety strategies as ‘best efforts.’ What have been the unintended consequences (disadvantages) of these safety strategies? What do you think about yourself when you run into these unintended consequences?
**Formulation Example: Threat/Safety Strategies Formulation for Shame and Self-criticism**

<table>
<thead>
<tr>
<th>Historical influences</th>
<th>Key Fears</th>
<th>Safety/defensive behaviour</th>
<th>Unintended Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical mother</td>
<td>External: Rejection/shame</td>
<td>External: Non-assertive/ appeasing</td>
<td>External: needs ignored</td>
</tr>
<tr>
<td>Distant father</td>
<td>Sensitive to people’s voice tones, facial expressions, moods</td>
<td>Try to please others/standards</td>
<td>Put upon and angry</td>
</tr>
<tr>
<td>School bully</td>
<td>Internal: Feeling alone desperate, vulnerable</td>
<td>Focus on ‘mind of the other’</td>
<td>Not achieve person goals</td>
</tr>
<tr>
<td>Many emotions/ shame memories…, <em>(Self as….. Other as…..)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Powerful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulnerable Hurtful</td>
<td></td>
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</tbody>
</table>

**Pointers**

Try to be relatively simple to start with, just the four or five headings
Focus on sharing and understanding together and encourage client to do his or her own or add to it.
Avoid language of *cognitive distortion* or *maladaptive schema* as this can be shaming for high shame clients.
Focus on “your defence system has tried to keep you safe; better safe than sorry”; “self-protection strategies as natural” but with unintentional drawbacks – e.g., little new learning and few opportunities for exploration.