Cultivating Self-Compassion to Help Your Client Heal from Shame

The Main Session with

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Dr. Buczynski: Hi, I'm Dr. Ruth Buczynski, a licensed psychologist in the state of Connecticut and the President of the National Institute for the Clinical Application of Behavioral Medicine. I'd like you to take a moment to think about one of your patients who is experiencing shame. As we progress through this module, perhaps you'll find it helpful to keep them in mind as we go over specific interventions that might be useful in your work.

According to Dr. Deborah Lee, "compassion is shame's antidote." Lee is a psychologist and head of a national treatment center for Post-Traumatic Stress Disorder in the United Kingdom.

The Pivotal Role of Compassion in Breaking a Cycle of Shame

Dr. Lee: Somebody who has profound feelings of shame walks around with the internal dialogue is highly toxic and self-critical. In my opinion, I think that one of my greatest learnings about compassion is the fact that I spent too long in my therapy history talking to a threat-focused shame mind expecting to find wise insights. Okay? I don't any longer.

There is nothing in our minds or in our life experience that is beyond the reach of our compassion. Nothing that is beyond the reach and the touch of our compassion. We just have to work at letting it in.

Dr. Buczynski: Did you catch how Deborah just mentioned that she stopped trying to find wise insights when speaking to a someone who was in the threat mode?

In today's program, we are going to look at how we as practitioners can work with clients who are stuck in a cycle of shame and how compassion can play a pivotal role in helping clients get "un-stuck."

Additionally, we'll share several case studies using compassion techniques to work with shame.

But let's start by looking at shame. It's no surprise that at our very first consultation with some clients, shame often enters the room.

Dr. Germer: Shame has many faces inside and outside of psychotherapy. Sometimes when we're feeling shame, it might come out in the form of hiding our faces or blushing or mumbling or fidgeting. It may come out in the form of anger. It may come out in the form of withdrawal . It may come out in ways that we describe ourselves such as foolish or incompetent or stupid, defective. That's a big one. People come into therapy. They often feel defective. Therefore, there's a vein of shame running through therapy from the moment a person comes into our consultation rooms. So, shame has many different faces. In my view, shame is the glue or the stickiness that makes difficult emotions persist.

It's almost like, say anxiety or grief or anger is what is visible. Say if you lost a key, you look for the key where the lamppost is, not where you lost the key, sort of in the darkness hidden is often shame, which is an attack on the self, a core belief that I am not good enough in some way. That's shame.

Dr. Buczynski: And that's where compassion comes in.

Dr. Tirch: We are stabilized by compassion. We know that, from the day we're born to the day we die, the presence of compassion, care, secure attachment emotions will contribute to our well-being on every level. And that's very different from the kind of social threat response that we find in shame.

Dr. Buczynski: What can we do to help clients who are stuck in a shameful, self-critical mode of being?

In Compassion-Focused Therapy, the clinician is helping the client develop what they call "Compassion Motivation."

Dr.

Gilbert: This "Compassion Motivation," this real willingness, this real desire to be helpful. How do you stimulate that? How do you work with your clients to get them to really focus on the wish to be helpful not harmful? There's quite a lot of, we spent a lot of time on helping people get this motivation because they say, "Yeah, yeah, of course. Yeah, of course I want to help myself, but let's sit with this for a minute. Just sit for this for a minute or a couple of minutes. Just focusing on this issue about really to be helpful to my pain. I want to be helpful to my pain. I want to be helped in my. . ." So really getting this feeling. Sometimes they start to cry in there or sometimes they, "ah yeah, I'm not sure about all of that."

> "Shame has many faces, it might come out in the form of hiding our faces or blushing or mumbling or fidgeting. shame is the glue that makes difficult emotions persist."

Dr. Buczynski: We are going to cover several applications that Paul Gilbert uses in Compassion Focused Therapy later in this program.

But first, let's talk about shame for a moment. Here's Dr. Laura Silberstein-Tirch and Dr. Chris Willard. Laura is a psychologist and the Director of The Center for Compassion Focused Therapy in New York City. Chris is also a psychologist and on the part time faculty at Harvard Medical School.

How Self-Compassion Transforms Feelings of Shame

Dr. Silberstein-Tirch: Shame is a social emotion that is connected to our experiences of social threat. We all care how we are held in the minds of others and shame is an experience of others seeing us as somehow bad, defective, wrong, inadequate. So the social emotion and the social threat is an experience of having this feeling of others or seeing yourself as bad, ineffective or defective in some way.

Dr. Willard: I think about shame sometimes as being like this big barrel of oil almost or something that gets knocked over so easily and can start to overwhelm us and flood people really with this just like icky, sticky mire and muck and self-compassion can really start to absorb that, and actually better than absorb it, what it can do is actually start to ultimately

really transform it in some ways.

Dr. Buczynski: When we look at shame through the eyes of compassion, it looks very different.

Dr. Neff: The research shows a really strong negative link between self-compassion and shame. Actually, I was just on a paper that showed veterans coming back from combat, that self-compassion reduces suicidal ideation. And one of the main ways it does that is by reducing shame. You know, so extreme shame can lead to thoughts of killing oneself. And so this very important aspect to how do we do shame. We can't tell people, "Stop being so ashamed of yourself." You know, that doesn't really work. But we can help people have compassion, kind of be understanding towards themselves, recognize that they aren't alone. Recognize this is part of the human experience and be kind to themselves. And that reduces shame and therefore can do things like reduce PTSD or suicidal ideation.

Dr. Pollak: Well, I really love the research by Kristin Neff. And one of the things she helps us understand is that our feelings of sadness, anger, and regret can be mediated by self-compassion. So we don't get trapped in shame. So hiding the shame is really what keeps it alive. Keeping silent is what keeps it alive. So basically we're afraid that if anyone finds out, we'll be rejected, we'll be shunned, we'll be found to be defective. So what we do to protect ourselves is we isolate. And what's really exciting here is that self-compassion is the antidote to shame.

Dr. Buczynski: More studies are needed but the research is promising. When shame meets compassion, something very different transpires.

Dr. Germer: It allows us to rescue the sense of self, to begin to hold ourselves in our moment of shame in a way that we can reconstitute ourselves and then be able to do something useful with it.

Dr. Buczynski: I just want to spend a moment distinguishing between external shame, internal shame, and guilt. Let's take them one at a time.

External shame is how we believe we exist in the minds of others. Patients with external shame believe that if people got to know them or got too close, they wouldn't like what they found.

In Dr. Gilbert's model, validation and acceptance is a key intervention in treating external shame.

Dr. Gilbert: So if you're feeling people look down on you, then it's a very painful, difficult experience. So validating the pain and external shame, understanding the source of external shame. What would a compassion orientation be then if you had a compassionate orientation to experience that external shame, how would that be? And then developing ways in which individuals might begin to sort of work with that sense of external shame. So if there's a secret, for example, the idea that "Well, if people really knew about me then they wouldn't, if they knew about what was going on in my mind then they wouldn't." Then that might well be saying that you would then explore with them. So let's have a look about and see where it leads. "What is your greatest fear?" "They wouldn't like me." Okay. So see if we can begin to look at the issue of the things that they are frightened to reveal.

> "Shame is a social emotion that is connected to our experiences of social threat."

Dr. Buczynski: Paul's approach is to offer validation and acceptance toward whatever it is clients are trying to hide from others. In doing that, he is helping the client develop a compassionate orientation toward their external shame.

So now, let's look more closely at internal shame. Internal shame is more concerned with what clients perceive to be true about themselves. This often comes with feelings of "not good enough" and high self-judgment. These are clients who feel badly about themselves regardless of how others perceive them.

According to Gilbert, external shame is often most relevant for clients with social anxiety. Depressed clients are more likely to have both internal and external shame.

Dr. Gilbert: Then internal shame is much more to do with the things that you feel you should be doing better or things that you know about you. Even when people know about these

things, and they're not critical, you are.

Dr. Buczynski: Internal shame involves how the individual feels and thinks about themselves. Although your client may get external validation from others, it's rarely effective to tell them that their negative feelings about themselves aren't true. Later today, we'll give you several techniques to work with internal shame.

But now let's look at guilt. When most people think of guilt, they think of doing something bad along with the emotions of remorse and sadness. But according to Gilbert, guilt is also related to compassion because the focus is not just on blame for the harm that one has caused, but also on the desire to repair it.

Dr. Gilbert: You're not getting at yourself blaming someone, you're just thinking, "Oh dear, how can I repair that? How can I help that person who I've betrayed or hurt or unintentionally, whatever, how can I do something about that? How can I repair that damage?" It's focused more on your behavior and so forth, but it's a caring focus, not on my status, my standing, my self esteem, it's not that. It's not about you, it's about the person that's been harmed. So this is very important also when we begin to look at it in terms of working with the self. So when people begin to realize that some of the behaviors have caused them harm, such as eating or whatever, or drinking or cutting, or whatever it is, they could feel ashamed about that. But what you do as a therapist, is you move them into guilt so they can just experience the sadness and sorrow that they're in such a state and they did that, and that's something that they can now regret and feel sorry for, without attacking. It's just, that is sad, right? The ability to grieve what's happened is a very important process in CFT.

> "External shame is how we believe we exist in the minds of others."

Shame is unreliable, but to be able for them to begin to really feel sadness for what they've done, that is the beginning of change. So this ability to get this caring system activated is very important

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> "Internal shame is more concerned with what clients perceive to be true about themselves."

Dr. Buczynski: According to Paul, activating the care system is key to addressing feelings of shame.

So how can we begin to transform shame with self-compassion? We can start by shifting the way our clients engage with shame.

We're going to examine the importance of labeling shame as well as how to educate clients about the shame cycle.

Research suggests that the process of labeling our experiences, including shame, can deactivate the amygdala. Labeling can help move the client out of a place of reactivity and into a place of perspective.

The Importance of Labeling Emotions and Educating Clients About Shame

Dr. Pollak: One of my meditation teachers said that "labeling is like putting a frame around a picture. It helps you recognize the object more clearly and it gives you greater focus."

Dr. Buczynski: Recognizing and being with emotions, even the painful ones like shame is so important because without doing so, we can get locked or stuck in it. Chris Willard believes that labeling shame helps clients build emotional intelligence and fluency.

Dr. Willard: And then the more we do that over time, just getting to know it, then we recognize it, right? We recognize at first, oh, there's that, that wave. There's that heat, there's that heaviness, there's that whatever it is for our clients. We feel that and then it goes to a different response. Label it, gets quieter, label it, gets quieter. That becomes automatic.

> "Guilt is not just blame for the harm that one has caused, but also the desire to repair it."

That's what we're really trying to offer our clients is not "oh, someone's walking up to me, I immediately feel

shame." Before the interaction has even begun, I've prejudged it's all going to go badly. I feel shame. They're about to judge me and then it goes to avoidance or it goes to this or it goes to that, right? But just labeling that early on, again, shifts to where the blood is flowing in the brain, that starts to create new neural pathways so that just becomes a habit where then we get the trigger, it doesn't overwhelm us in some ways and that's where the healing can really start to begin. Then we can teach clients some new skills, some new behaviors that they can do in that moment to build their confidence and start to really step out of that shame.

Dr. Buczynski: When we recognize shame as one of many emotions, it can lose its power.

Dr. Pollak: So one technique I really like is from the meditation teacher, Joseph Goldstein. And what he has people do is name or label the emotions. So for example, you might say, "This is shame, and the sky is blue." So again, bringing a vastness to the experience. "Oh, okay. This is an emotion. Everyone has emotions. And yeah, the sky is blue. I don't have to be stuck in that rain cloud of shame."

Dr. Buczynski: What this technique of labeling does is it neutralizes the power that shame has. And that gives us some distance.

In what other ways can labeling shame help clients?

Dr. Willard: So giving things a name also can really start to take the shame and the stigma out of things. This is also where self-compassion really starts to come in, just as labeling it for a friend who comes to us, we want to label what they're feeling and the validation first. That's the first thing you want to do. "Oh, you're feeling this." That helps them then feel understood. Feeling understood and feeling connected, that really starts to. . . that's like drawing up the shame big time because shame really lives in isolation. When we talk about something, when we put words to it, it's changing of course what's happening in our brain, our perception of it and the strongness of the emotional identification reaction, but also it's starting to help us feel like, "oh, this is a thing that has a word. I'm not quite so alone with

this. I've said this thing out loud." It's actually. . . it's like exposure therapy really for our difficult emotions in some ways, because we're often afraid of our emotions.

> "Labeling helps you recognize the object more clearly and it gives you greater focus."

Dr. Buczynski: In addition to labeling shame, we also want to help clients understand what Deborah refers to as, "the nature of the beast." She believes one of the first things we can do is to educate clients on shame so that we can help them depersonalize it.

Dr. Lee: The first thing you would do with shame and self criticism is educate people about the human condition and why they're feeling it. So we want to depersonalize it and develop a meta-perception on it. Okay?

Shame doesn't heal shame, and threat based minds don't come up with helpful insights for recovery. So you've got to just understand the condition. The more you have a shared language, the more you can say that's your threat brain, that's your shame. There's your self criticism. Let's just own what we know.

Dr. Buczynski: Deborah believes it's best to be matter of fact when explaining shame to clients. She also believes that when we are working with shame, it's key to find the "right tempo" in the therapeutic relationship.

Dr. Lee: The most important thing is you get the tempo right in the therapeutic relationship because our natural therapy stances are warm, open hearted, empathic, and we often like to communicate this with kind faces. That is revolting to a traumatized person. They hate it, absolutely hate it, yuck, yuck, yuck. Don't be nice to me. I hate it. Yuck.

You have to be much more matter of fact in tempo with shame. You've got to describe the condition so they understand it and why it's come about.

Dr. Buczynski: Shame is a normal part of the human condition but it can be very troublesome when we don't know how to deal with it. According to Deborah, "We feel shame because we are human, not because we are bad."

Coming up, we're going to a take a detailed look at the Shame Cycle and what we can do to help clients get out of it.

> "Giving things a name also can really start to take the shame and the stigma out of things."

Before we go further, I'd like to introduce you to Dr. Ashley Vigil-Otero. She's a licensed psychologist in the state of Florida and the co-host of this program.

Understanding the Process of the Shame Cycle

Dr. Vigil-Otero: Thanks, Ruth. So our goal for clients isn't to get rid of shame entirely but to learn three things: how to notice it, what to do when it arises, and how to recover from it.

So let's look at how this plays out. A client could have a shame memory which triggers feelings and thoughts of shame.

And a common way humans deal with our shame is to avoid. We go to our instincts like fight, flight, and freeze, or we seek to appease, and try to placate others as part of our safety behavior.

But here's the thing: this creates unintended consequences and a cycle of shame is set in motion.

So part of our compassion work with shame is to normalize it. According to Deborah, shame is a safety warning. It's a signal from the brain telling us that we may be rejected or

disconnected from the social group. This is an important safety warning because our survival is highly linked to the social connectedness that we get when we are part of the group.

> "Shame doesn't heal shame, and threat based minds don't come up with helpful insights for recovery. We feel shame because we are human, not because we are bad."

Shame is the brain's way of dealing with the threat of disconnection.

Dr. Lee: So the reconnection takes place if we can access our self-compassion. So if we feel ashamed, we want to move from shame to guilt, to taking responsibility, ownership. And that's the reconnection to the social group. So if you've done something to the group or to another person that's unhelpful or harmful, and you feel ashamed, your moment to shine is to move to a place of actually feeling guilt for hurting another, pro-social, and then to say, "I'm so sorry I hurt you. I want to make it better. I want to make good. I want to repair the rupture that shame has caused in our relationship."

Dr. Vigil-Otero: Compassion doesn't allow us to ignore what we've done. Instead we apologize and attempt to repair the disruption. If we don't attempt to reconnect, our go-to responses become fight, flight, freeze, and appease. And that can lead to even more shame, with that inner-critic chiming in and making things worse. The more we do this, the further away from compassion we move. And that's why the cycle of shame thrives.

Dr. Lee: So you have a shame memory and it makes you feel dreadful. And then the self-critic comes up to say, "That was really rubbish. You were really crap. You behaved awfully. You're disgusting. No one likes you." And it pours petrol on the bonfire.

So it fuels because the critic has a very nasty tone and that will be registered by your brain as a threat tone. And it literally starts to fan the flames of the shame-based memory and therefore it maintains the distress. And if you can't tolerate that, you're going to have to do

something to get rid of this horrible shame state, and you'll go to your go-to response, your safety strategy, which might be to drink or to cut or to do whatever or to attack. And then repeatedly engaging in that leads to the unintended consequences of being alone or disconnected or in other issues that go on because your safety strategy has been helpful in the moment, but with longer term consequences. So the critic maintains and fans the flame of the fire of shame.

Dr. Vigil-Otero: So how can we help clients break the cycle of shame? According to Deborah, this involves training the compassionate mind and then using it to regulate emotions and engage in helpful behaviors. This can dismantle the shame cycle.

One Simple Imagery Exercise to Help Clients Retire Their Inner Critics

Dr. Lee: So we have to develop another capacity. We have to develop self-compassion alongside knowing, owning and seeing, “oh that's my threat mind. But let me develop my compassionate mind, my compassionate inner-voice.” So then when I have my shame experience and I notice it, mindful attention, and I settle it with my breathing, and I engage in my imagery or my perfect nurture or whatever, and then I use my compassionate voice to soothe and regulate what I want to do. So sort of all roads lead back to the same point. The compassionate mind is developing the human's natural capacity to be deeply helpful to themselves and be helpful and not harmful. And it breaks the maintenance cycle of the critic because it engages in the compassionate voice as opposed to the critic. So we never argue with the critic because that gets you nowhere very quickly. And so we just park it and develop another response.

Dr. Vigil-Otero: Replacing the inner critic with a different response can be incredibly challenging for clients. That’s because the emotions of shame can be deep-rooted, going back to early childhood.

Dr. Lee: It takes courage to go up to another human being and say, "I'm so sorry that my behavior hurt you. It was about me, not you." Because the relationships can only take so

many hits and sometimes it's irrecoverable. But that's what you need to own. So my traumatized clients are deeply courageous. When they get to the point of trying to act differently, I'm just full of admiration for them because it's so hard. And if we can get away with it, we won't, you know? And so to embody that and to feel it and to act differently is hugely important.

> "Shame is the brain's way of dealing with the threat of disconnection."

Dr. Vigil-Otero: How can you help a client talk to their inner-critic? Deborah uses Paul Gilbert's technique when she tries to bring "lightness" to the "heaviness" of shame.

Dr. Lee: We can talk about things like, your self-critic is exhausted. It's been working all your life. We can't knock it, it's just trying to keep you safe. It's a job's worth. It's job's worth, right? On duty 24 hours a day, making sure it never misses a threat, in there, keeping you safe. "Don't get any fancy ideas that life's going to work out for you. Let's just stay here where it's safe." It just needs a long holiday or maybe even retirement, so we can pop into the retirement home for old critics and it can meet mine there and it can hang out. It won't be lonely because there's a load of other old critics that hang out there. We bring this kind of lightness really, and we talk about it as absolutely maintaining it, but therefore they are the orchestrator of their own distress, and thus their own recovery and that's really important. You control your mind. All right? So let's empower you.

Dr. Vigil-Otero: Now, we've just heard Deborah Lee share the important factors that clients should know regarding the shame cycle.

Coming up, we are going to hear from Dr. Chris Germer. He believes there are three critical insights patients should also know about shame.

Three Critical Insights to Illustrate How Compassion Disrupts the Cycle of Shame

Dr. Germer: Shame feels very blame worthy, but it's actually an innocent emotion. The insight is that it's an innocent emotion even though it feels blameworthy. That's a paradox. The next paradox or insight is it feels very isolated. In other words, even one of the definitions of shame is that we feel separate and alone, isolated. Very isolating, but it's actually a universal emotion. Just about everybody has it. Third, shame feels very old and all encompassing. When we're in the midst of shame, it feels like we're close to our true self, but it's actually a temporary emotion because it's an emotion. It comes and goes. It's temporary and it also only represents a part of us .

> "The compassionate mind is developing the human's natural capacity to be deeply helpful to themselves."

Dr. Buczynski: Those three insights connect directly with the three components of self-compassion: one is mindfulness, two is common humanity, and three, is kindness.

According to Chris, shame can feel all-encompassing. This is where mindfulness comes in because with mindfulness, we can de-identify from shame. It helps us realize that shame is only part of who we are. Not only that but shame is temporary.

And even though shame often feels isolating, it is universal in the sense that we all feel it. This relates to common humanity.

And finally, shame is an innocent emotion, even though it feels blameworthy. This relates to kindness.

So how do we best help clients loosen the grip of shame?

Dr. Germer: The amazing thing is, is that when we are caught in a moment of shame, like really caught in a moment of shame, and we can say something to ourselves like, "Just as

everyone wants to be loved, I just want to be loved.” Or, “I just want to belong." If we can connect with that deep primordial wish to be loved, shame loses its grip and it's really quite remarkable.

Dr. Buczynski: Now let’s look at a case study. Here’s how Chris helped one of his clients see that shame is innocent.

Dr. Germer: Sometimes therapists like to remind severely traumatized people or suggest to them that their basic nature is unconditioned and good. But to say to somebody who has been so severely mistreated that they are fundamentally good or that there's even something good about them, can just be further activating as just not believed.

However, this particular person that I have in mind, I once asked him when he was telling me how worthless he is and how he's garbage, I once asked him, "When you were being told those things, while you were being told these things, while you were being harmed, was there always a part of you. . . Did you nonetheless wish to be loved? In spite of everything that's happened to you and what's happening to you at the time? Did you wish to be loved?"

He became very quiet and the tears started trickling down his eye and he said, "Yes." I said, "Even now, even though these voices are raging in your head and life is pretty difficult, is it so that most of the time you just wish to be loved?" He said, "Yes. Yes." It was really an interesting moment in therapy because from that time onward, it became clear to him that since this wish was with him since birth and since in his childhood, the experience of being loved was non-existent, quite the opposite happened, that in his adulthood that he would make sure that that child was loved.

Dr. Buczynski: Now Chris communicated to his client that he was worthy of love. He did this by helping his client get in touch with his innocence in childhood, before shame, before any emotional wounding had occurred.

Dr. Neff: So if we turn toward shame with some kindness and compassion and we say, "Hey, of course we want to be loved. Everyone wants to be loved. It's not just me." Then that kind of softens our stance toward yourself and that allows us to start remembering, "okay, well actually it's not totally my fault. There's a lot of causes, conditions that cause this. It's not just me."

Dr. Buczynski: Now let's dive into more applications.

So often we try to use logic or cognitive techniques to combat shame. But this is an uphill climb. Your client might understand logically, but that doesn't mean they feel any different.

Dr. Lee: Then you really, in my opinion, when you're working with it, the reason you're getting stuck in the heart-head lags is because there is no emotional antidote yet available. Okay?

Dr. Buczynski: As Deborah just mentioned, there is often a lag between the heart and the head when working with shame. Sometimes we refer to this as the "heart-head dilemma." This is where your client might understand things logically. Of course they aren't horrible and it might not be their fault but that doesn't mean they *feel it*.

> "Shame is an innocent emotion even though it feels blameworthy. It's very isolating but it's actually an universal emotion."

In compassion work, we are attempting to shift emotions, rather than just focusing on shifting thoughts. This is especially useful for clients with deep-rooted levels of shame.

Dr. Lee: The work is in developing the compassion, the felt sense, the motivation to care, the felt sense, the physiology that powers the compassion in the human system. And I think all too often with profound states of shame, we think that we go through the cognitive system will somehow get a shift and Compassion Focused Therapy is bottom up, it's emotion

focused. We create people's other experiences and that's the heart-head lag that brings it together, the gel, the glue.

Dr. Vigil-Otero: After we've helped clients become more sensitive and aware of shame, what do we do next?

We can start with an application called the Functional Analysis from Compassion Focused Therapy. The goal of this technique is to help a client move from judgment to understanding the function of shame and self-criticism.

Key Questions to Help Clients Understand the Function of an Inner Critic

Dr. Gilbert: The next thing is let's see if we can understand why you are having those thoughts. What's that about? Where's that come from? That's not your fault. That's partly your mind, isn't it? You can begin to understand that you don't need to blame yourself. That's the non-judgment aspect.

Dr. Vigil-Otero: One of the ways the Functional Analysis confronts shame or self-criticism is by asking the client the function of their inner critic. Once they can see their shame and criticism as misguided ways to help them, things can start to shift. The next question we ask is "What is your greatest fear of losing this shame or self-criticism?"

Dr. Tirch: If they didn't have this self-critical voice, what would they be afraid of? If they left it there, in my office, what would they be afraid of? We used imagery and visualization so that they can imagine their inner critic and see the inner critic for what it is. "How did that inner critic make you feel? What intention did this part of you have for you? Did it feel good? Did it feel supportive? Did it feel like this inner critic was on your side?"

Then after someone could see that this critic might actually be trying to get them to be a better person, or trying to make sure that they worked really hard, or that they didn't fall behind in their progress notes, or whatever it was, that that inner critic actually had the effect

of making them feel sad, and frightened, and making their lives smaller.

And from that place of recognition, that this inner critic was a part of them, that was just getting its job colossally wrong. It was a part of them that was driven by threat-based emotions, like anger, disgust, shame and fear. One of the things that would then happen is we could help people to cultivate a warm, supportive, compassionate view of themselves, to have them embody and become this compassionate version of themselves. And once those feeling states were evoked, evoked with imagery, evoked with specific exercises, and even evoked in the psychotherapy relationship, something very special was happening. People would begin to spontaneously compose the kinds of cognitions that we really were trying to negotiate them into.

Dr. Vigil-Otero: Did you catch that? Dennis just described how change can happen not necessarily by direct intervention with the client's thoughts, but instead by helping the client develop a more supportive, compassionate version of themselves. For Dennis, part of this work includes a visualization technique where you help a client bring a younger, innocent version of themselves into their mind's eye. Here's how he would do this with clients.

> "The "heart-head dilemma" is where your client might understand things logically, but that doesn't mean they *feel it."*

Dr. Tirch: So rather than looking at the costs and the benefits of believing the thought, and then seeing the thought from the balcony, and looking at the evidence for and against, and all these clever techniques, which we all loved, and sometimes still love, we would have someone come into contact with viewing themselves, perhaps, as a child, look at the way their haircut used to be, the look of innocence and hope in their eyes, and imagine that they were a supportive, caring, loving presence in that child's life, and that that child was looking up to them and saying, "I haven't finished my progress notes. I think I'm a bad person. I'm just a lousy piece of garbage. I'm always behind. I can't stand it. I can't stand myself. Sometimes I just want to drive off a bridge."

“And what would it be like as a compassionate, loving, supportive presence, who was on the side of that little kid? What would it be like for you? And what would you want to say?” And we have these really, really, reticent, tough, inner critic kind of clients with chronic shame that would get very moved. You could see it in their body language. They would become more upright. They would look at the child. Sometimes they would cry, but even if they were crying, they would say, "You don't have to treat yourself that way. I know that you have such a big heart. You're working so hard. You want to help your clients and you've fallen behind, and it's not the end of the world. And I'm going to be here for you. I'm going to walk you through this. You're not alone. It's all right."

It seems like we lead with the thinking and we try to move the emotions and the behavior. And when we lean into the emotions and the actions, the thinking just falls in line. And it was pretty stirring. It was pretty inspirational, really.

Dr. Vigil-Otero: There is a common thread in our understanding of the purpose of the inner critic, both in Compassion Focused Therapy and in Mindful Self-Compassion. Here’s how Kristin Neff would approach an entrenched inner critic.

Dr. Neff: In the Mindful Self-Compassion program, what we do is we actually help people have compassion for the inner critic. Understanding how it's trying to keep them safe, and thanking the inner critic. This is actually based on internal family systems, which is brilliant at doing this. So having compassion for the inner critic, thanking it, recognizing what it's doing. Then when we do that, when we give attention in this kind way that listens to this part of ourselves and actually allows space for other parts of ourselves, which often we don't have access to, which is more of our self-compassionate part.

Really you might say that kindness and self-criticism, they actually can't coexist in the same sphere simultaneously. It doesn't seem to be. Either they're separated into different parts, right? Or in one mindset, when we start being kinder, we automatically start being less self-

judgmental and self-critical. The two can't coexist together.

> "Change can happen not necessarily by direct intervention with the client's thoughts, but instead by helping the client develop a more supportive, compassionate version of themselves."

Dr. Buczynski: Let's talk about some additional strategies for "working with shame." Today we are going to look at how to use imagery to help shift a client's shame. We do this by helping the client imagine their most compassionate self. That will serve as a reference point that you can bring your client back to throughout your therapeutic work.

One Key Imagery Practice to Cultivate a Compassionate Perspective

Dr. Silberstein-Tirch: In CFT we use a lot of method acting techniques. We have our clients kind of embody this "compassionate other" and kind of set the context for this compassion perspective to arise.

"What would my "compassionate others" say to me in this moment? How would they think or feel about what's going on for me in this given moment?"
So it becomes a bit of a compassionate alternative responding as well. Being able to think about how they might respond in a given moment. Are they able to practice kind of bringing this imagery with them in real time? They like to say in Compassion Focused Therapy, "the more you become available to your compassionate mind, the more you become available to your "compassionate other" or "compassionate self," the more they become available to you." So we look for opportunities to open up this availability, to become open to the experience of having that compassionate self with us on our journey.

Dr. Buczynski: Sometimes coming up with the "compassionate self" can be challenging for clients. If that's the case with your client, you might want to come up with a "compassionate other." It's important to note that when we are working with imagery, we can take time to help a client visualize a strong, protective, compassionate presence.

Here's how Dennis Tirch phrased this with one of his clients who was having a difficult time

coming up with a “compassionate other.”

Dr. Tirch: "Is there someone from a movie or a book who would really be this kind of caring, a little bit humorous but really powerful presence?" The client said, "No, it's nothing from a movie or a book." It was something in the way they dismissed it, I kind of asked them, "So, wait, let's think. What about from TV, from . . ." just stayed with them, "someone from college, a friend, a person in your fraternity, if you had one."

Then eventually there was someone they had in mind that was right there, just sort of like, "Well, I guess I could imagine this combination of Obi-Wan Kenobi and this aunt of mine who was really very, very caring and very supportive, and I would go to her house and sit on her porch. Even if she wasn't home, I felt soothed by just being on her porch because I knew she'd always look after me.” Then we stayed with it, and it was like, "Okay, is this a younger, older, is it a male or female or on a continuum spectrum of gender? Who is this being? What do they look like?" They fleshed it out completely, and then when they went into the imagery, it was a very powerful experience for them. They had this new protective nurturing presence.

What I would suggest is sort of like a pro-tip or a life-hack. You could just take a little extra time and help someone come up with this being, even if it feels like they want to get away from it, even if it feels like it's taking a little bit long, because here's the super insider pro-tip, what you're doing there is you're actually having a secure, caring, nurturing, affective experience while they work on a project, like they probably needed when they were a kid anyway, like they're learning to do it but they're learning how to be in the presence of a loving, supportive other, so it kind of adds a little extra energy.

Dr. Buczynski: What Dennis is referring to here is a parallel process. While he was helping his client come up with the compassionate imagery, that activity in and of itself was an intervention.

Now, let’s look at one of Laura’s case examples. She’ll walk us through the story of “Seth” and how she used Functional Analysis as well as imagery of the “compassionate other” to help Seth change his relationship with criticism. Using these two methods from Compassion Focused Therapy allowed Seth to move from shame-based self-criticism to compassionate self-correction.

“Seth” was a young actor and dancer in his late twenties who had high levels of shame-based self-criticism. Laura did an inventory of the types of things Seth would say to himself when he was disappointed in his performance. He often called himself names and told himself that he was never good enough. His usual style was to not just focus on this one mistake but to lump in every mistake that he’d ever made.

Dr. Silberstein-Tirch: And we looked at how his criticism left him feeling and thinking about himself. And often he found himself plunged into experiences of depression, sadness, and anxiety, leading him to often avoiding activities of his daily life, staying home for days on end, not going out or interacting with other people.

I asked Seth the question that we asked many of our clients in Compassion Focused Therapy. I asked him if I were to take away his inner critic, if I somehow had the magical power that could remove his ability to criticize himself, that when he left my office, he would never criticize himself again, what would be his greatest fear? And Seth said to me that he would be afraid that he would be not good enough, that he would constantly be making mistakes, that he would go off the rails with his behavior, that he would do things that weren't in line with his values and that he certainly would never improve, become a better actor, a better dancer.

> “The more you become available to your “compassionate other” or “compassionate self,” the more they become available to you.”

Dr. Buczynski: So the first thing Laura did was to use Functional Analysis to help Seth get in touch with what his inner-critic was trying to do for him. She followed that by helping him cultivate a “compassionate other.”

Dr. Silberstein-Tirch: And so we started to do some of our compassion focused imagery and we started to cultivate his ideal compassionate self. But what was really helpful for Seth was cultivating his ideal “compassionate other,” a coach, a mentor that was there to root him on when he was doing well, that took joy in his successes, but also noticed when he was failing. Noticed when he was having difficulty or noticed when he was struggling. And was able to provide correction to help return to his attention and do things a

little bit different.

> "Just take a little extra time and help someone come up with this being, because you're actually having a secure, caring, nurturing, affective experience while they work on a project, like they probably needed when they were a kid anyway."

So again, it was about allowing himself to respond more effectively. We started looking at examples of those teachers or coaches that got the best performance out of their students or players, those individuals, perhaps over the course of Seth's life that he felt inspired him, that motivated him to do more, but didn't paralyze him with fear and anxiety like this critic had been doing. So we began cultivating these examples. He read some biographies on different coaches. He watched a bunch of teaching movies and together we worked so he could construct his ideal "compassionate other," his compassionate coach that could come with him on his auditions when he was trying out for shows or for gigs. He could have this "compassionate other" with him as he engaged in the different areas of his life that were meaningful to him, that allowed him to live a bigger, fuller, more vital life and didn't leave him home, alone, isolated.

Dr. Buczynski: So Compassion Focused Therapy teaches clients to use compassionate self-correction rather than shame based self-attack. Moving to a compassionate state is not about "letting yourself off the hook". In fact some clients like "Seth" are reluctant to let go of their inner critic for fear they will let their standards down.

This is where the "two schools" metaphor can be particularly helpful for clients who are struggling with shame to re-orient toward compassion.

How does it help clients who struggle with shame? Here's how Dennis explains "two schools" to his clients.

One Metaphor to Help Clients See the Importance of Compassion

Dr. Tirch: Let's imagine that you have this child you care about. They're doing great. They've really studied really hard, and just like you, they're really perfectionistic, they're working to get everything right, and they're even good at athletics, they're good at soccer, and here they

are, they're being interviewed for two schools. You go to the first school and you meet the admissions officer who also happens to be the principal of the school, and the principal says, "We're really glad that you brought your child here today, and we need you to know that we take things very serious here. We don't tolerate indiscipline, and it's highly competitive. When the kids screw up, we make sure that we get them back on track. Sometimes we need to let them go, and we're not going to take infractions lightly, and you should know this right now. This is a very serious place."

And you take the child to this other excellent, stellar school. Both of these schools have really great reputations, and you meet with the principal and she says to you something like this: "Well, it's really great to meet you, and I want to be able to spend a little time with your child and get to know what they're looking for and what you're looking for, and we really need to understand if it's going to be a good fit, because clearly the academics are there, and the main thing is whether this is the right fit. You should know, this is a very rigorous and stimulating academic environment, and we have really high standards. When the kids have trouble, we are there for them. We try to lift them up and help them to meet these standards, but sometimes it's not for everyone and some of the kids wind up heading to other schools. It's competitive, it's challenging, and sometimes it's even stressful. So if you think that this is the right kind of environment and you think that it's the kind of academically intense situation and even competitive situation, I'd love to meet with you, love to meet with your child, and see how this works out."

Which of those two principals would you rather have in your life, in the life of your child? People mostly go with the second one.

Dr. Vigil-Otero: The "Two Schools" metaphor can help clients get oriented to this kind of work.

Ok, so now let's talk about the cognitive elements of shame. Let's begin by looking at how shame can affect core beliefs.

Three Important Steps in the Process of Working With Shame

Dr. Germer: Shame is an emotion and has a beginning, a middle and an end. As an emotion, it also has a mental component and it has a physical component. So, the mental component of shame is usually what we call a negative core belief.

> "Compassion Focused Therapy teaches clients to use compassionate self-correction rather than shame based self-attack."

Dr. Vigil-Otero: Rather than just challenging a core belief, Chris Germer has a different approach to working with shame. He begins by naming the negative core belief and then continues by finding shame in the body. And finally, he works to create a "corrective emotional experience" with compassion.

Dr. Germer: So, just naming the negative core belief actually isn't enough. You don't want to name a negative core belief in robotic way like, "Oh, you feel like you're stupid or you feel incompetent or you feel unlovable." What we want to do is to have a corrective emotional experience. We want to transform the experience of shame with compassion, which means that it's not just naming the negative core belief, but also how we name the negative core belief. So, we want to actually be able to speak sympathetically with ourselves and have our hearts in a sense even melt a little bit because we feel shame as if somebody had revealed to us a long held secret. If somebody said, "I have spent my whole life feeling stupid." You love this person. What would you say to that person?

You'd probably say, "Really? Oh, I had no idea, but I'm so sorry. That must have been. . . I just imagine all the unnecessary suffering that you've felt around this through your whole life. So, you thought you were stupid." We can talk to ourselves in the same kind way. "Oh, stupid. I'm a grown man and my whole life I have been feeling stupid." You understand what I'm saying? So, in Compassion Based Therapy, we use the mindfulness approach of naming and labeling difficult emotions or negative core beliefs, but what's really important is not just naming it, but how we named them. In other words, what we're doing is learning over and over again that particular tone, and ultimately self-compassion training is tone training, attitude training, goodwill training.

How Tone Training Can Help Clients Accept Self-Compassion

Dr. Vigil-Otero: Chris brought up an important point about tone training.

So what exactly is tone training? It's training that inner voice, addressing it's cadence and tone. If your client is able to reframe their negative thoughts but still ends up with a harshness in their tone of voice, that might indicate that they don't believe or feel the alternative thought.

Paul Gilbert found that clients with high levels of shame and self-criticism didn't respond to cognitive interventions. He noticed that even though they reframed their thoughts, their emotional tone remained hostile.

Paul believes that it is very important to respond to the inner critic in a supportive and kind way. This activates the "Soothing System."

Dr. Gilbert: Well tone, voice tone, of course is your brain, particularly your amygdala, and other things are very sensitive to voice tone. So you're using stimuli that your brain recognizes in a certain way. So harsh tone, your amygdala will think, "ah, threat." Whereas a soothing tone, your brain would think, "ah, soothing."

So voice tone is very, very important.

Dr. Vigil-Otero: In addition to asking questions like how would you speak if you were helping a friend, Compassion Focused Therapy also uses a lot of experiential work.

Dr. Gilbert: So for example, we'll be sitting with a voice practicing hearing the voice in your mind. So when we do breathing exercises, we create a voice. We just, we have maybe a couple of minutes of silence where the client just practices the imaginative voice. We have a time where we just sit in silence just really focusing on the sensation of wanting to be helpful to myself. You know, wanting to really address my pain, it's very powerful.

Dr. Vigil-Otero: Practicing that calming voice with a client to get the tone right is a key element of Compassion Focused Therapy.

Dr. Tirch: Moving towards self acceptance is a really big part of this whole process in Compassion Focused Therapy and compassion-focused work. It often begins with perspective and mindful awareness and differentiation, so we can see which parts of ourselves are showing up. We can have insight into what sits behind our pain. As Chris Germer likes to say, "the pain behind the poison." Then from this differentiation, we can then have flexibility of

how we respond to these different parts of who we are. We can be open and accepting of all these parts, and we can integrate these different parts. There's some evidence that there's actually greater neural integration when there's stronger degrees of mindfulness, compassion, and secure attachment, that there's a greater possibility to integrate meaning, and that's often where the transformation can occur in someone's life, when they're experiencing their inner lives with mindfulness, compassion, and acceptance, and their old behaviors don't have to show up as much. We don't have to hand our lives over to these experiences that we've been struggling with. We can hold them in compassion.

> "Name the negative core belief and then continue by finding shame in the body. And finally, work to create a "corrective emotional experience" with compassion."

Dr. Buczynski: Whether we are talking about tone training, lovingkindness meditation, or compassion training, our goal is to help clients shift their intention and motivation. This supports what ancient wisdom has long described as the central transformation that comes from self-compassion.

Dr. Kornfield: It sets the direction of the heart, to say, "In this life, what matters to me, and how am I motivated, and how will I move through this life," and it reminds us that we can be a blessing wherever we go, and whatever we touch.

In the end, you know, most all of therapy is about love. It's how it works. People come in, and they have their struggles, and they have the ways that they get caught in their own mind, with their obsessions or their fears, you know? Their nightmares, their self-judgment and self-hatred, their reactivity to the world, and their delusions. And while we have many beautiful tools to work with the rewriting of stories, from unhealthy to healthy stories, with the opening of the body of fear that holds so much of past trauma, with the ways of allowing emotions to be released in present and not so frightening, that it's possible to be with our human experience in a wiser, more spacious, less activated and frightened way with the whole of our

> "Clients with high levels of shame and self-criticism didn't respond to cognitive interventions. Even though they reframed their thoughts, their emotional tone remained hostile."

life. In the end, along with those techniques, what really matters is love.

Dr. Buczynski: We work toward reducing shame by increasing self-acceptance, even for the parts of ourselves we don't like.

Now, in next week's program, we're going to look at how to skillfully apply compassion for the treatment of trauma and attachment ruptures.

But for now, please go on the comment board and share your biggest takeaway from today's session. Let us know how you're going to apply it to your work. You can find a link right below. While you're there, you'll also have a chance to see what other practitioners have to say about how they're using it with their clients. It just might spark some ideas.

Thanks for watching. I'll see you next week.