

Overcoming Shame, Guilt & Self-Criticism

Diane Bigler, LSCSW, LSCSW

www.dianebiglertraining.com

Learning Objectives

Download the RESOURCE LINKS + CASE STUDY in the chat now!

Explain at least five core concepts of shame and three examples of shame related to mental health.

Discover multiple therapeutic approaches and interventions to address shame with clients.

Employ resilience-growth models of shame recovery to enhance coping and wellness.

"Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love, belonging, and connection."

- Brené Brown



Key Concepts

What Is Shame?

Shame is an emotion that arises after a person makes a choice that does not align with their values. They may believe they made this poor choice because something is inherently wrong with them. These negative and self-critical internal judgments can leave many feeling inadequate or unworthy of being loved.

Shame: Definition, Examples, Causes, & How to Cope

What Causes Shame?

Any critical internal or external rejection can typically trigger existing insecurities, beliefs, or flaws. These existing insecurities usually develop in early life as responses to painful criticism, rejection, or pain. These “shaming” experiences cause people to see specific mistakes, flaws, or character defects as threats that deem them unacceptable or unloveable

choosing therapy

Case Examples

Shame after an affair: Trudy, 47, enters therapy due to anxiety and problems with her husband, to whom she has been married more than 20 years. Talking with the therapist, she is tearful, and soon begins to disclose that she had an affair early in her marriage. Therapy helps her achieve emotional release and move past her shame into remorse and self-forgiveness. She then resolves to disclose the secret to her husband. When she does so, he is hurt. This re-triggers Trudy's shame, but their relationship survives, and Trudy is eventually able to feel a sense of peace.

Adult shame after childhood molestation: Pablo, 21, is starting to date seriously and finds himself anxious and ashamed about sexual matters. After a few sessions with a therapist, he is able to disclose that he was a victim of sexual molestation 10 years earlier. Pablo feels ashamed of this event, though he is not sure why. The shame interferes with his ability to be relaxed with a partner. The therapist helps Pablo uncover and examine the beliefs that reinforce his shame, and he attempts to discard the beliefs that are untrue and unhelpful and develop new beliefs that more accurately reflect reality and lead to a stronger sense of self and hope.

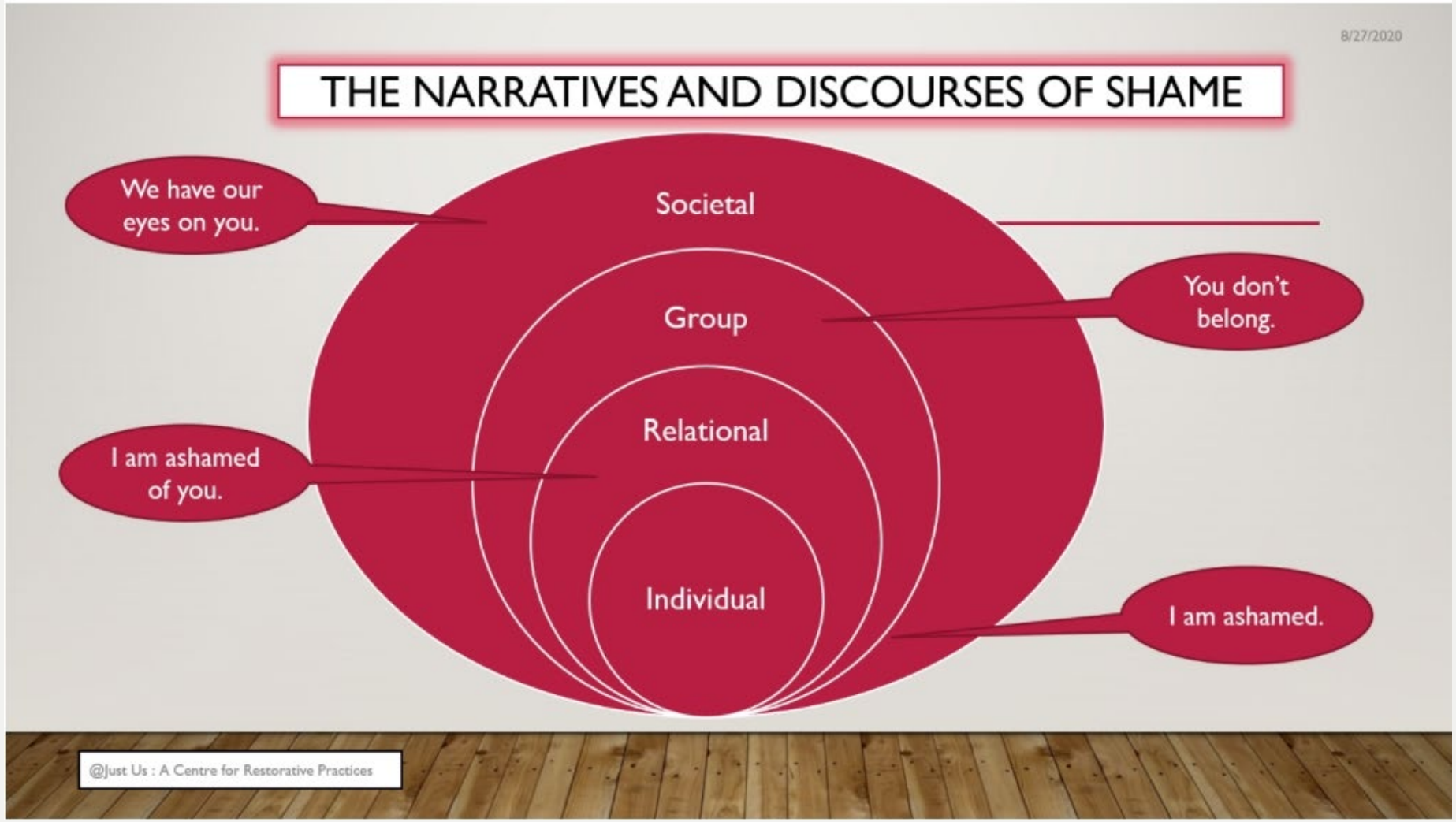
Brené Brown: Shame

TED Talk: "Listening to Shame"
https://youtu.be/psN1DORYYV0?si=BT01XH4ojUhh3ikD

THREE PILLARS OF SHAME

1. We all experience shame. It is universal. It is a primitive emotion shared by everyone unless they completely lack empathy or the capacity for human connection.
2. It's not easy to talk about shame. Even mentioning the word "shame" can lead to an experience of the emotion and evoke a strong sense of fear.
3. Talking about shame brings a sense of control. That control gives us the strength to overcome our feelings and move forward with our lives.

Narratives and Discourses



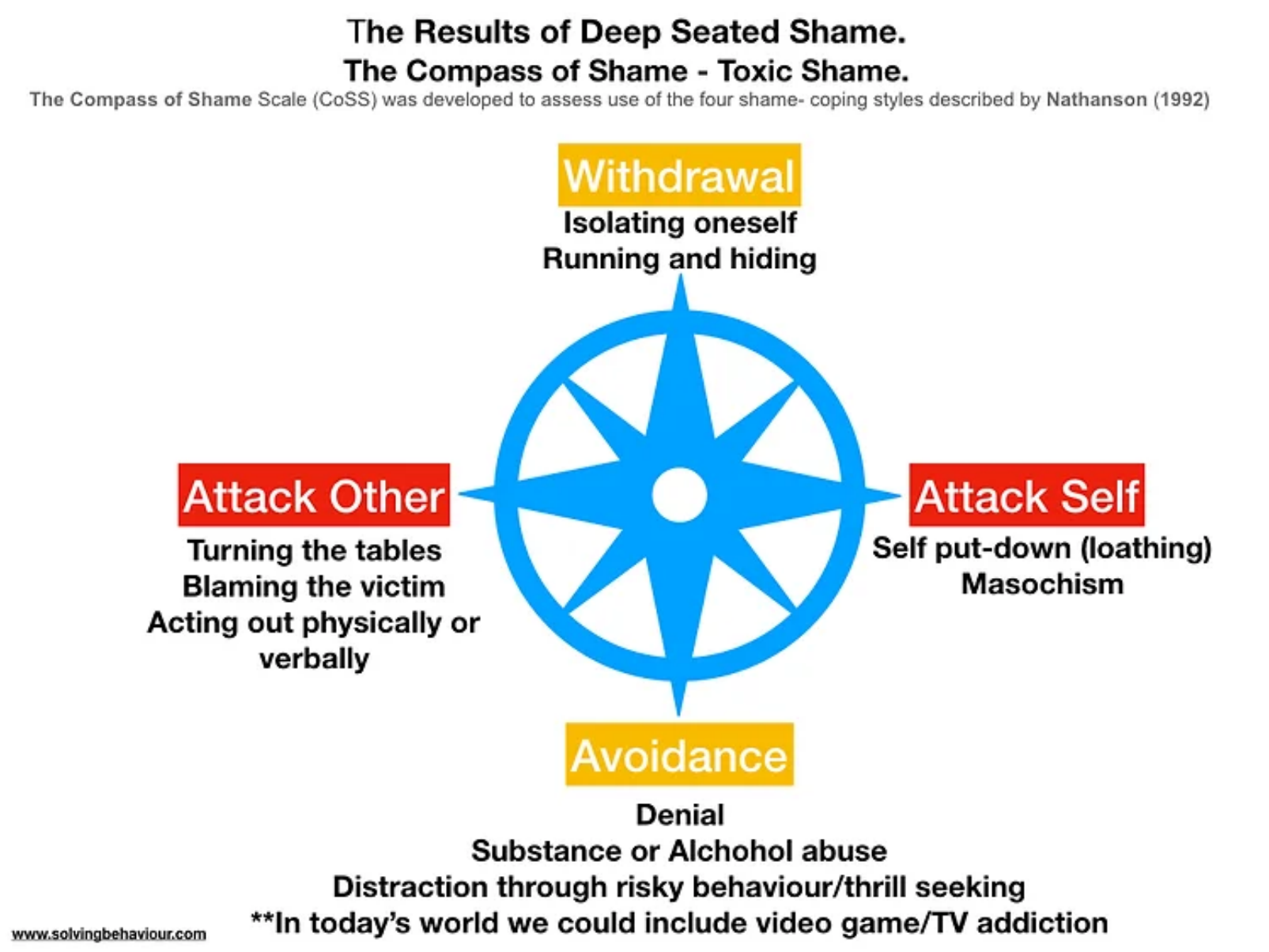
Shame Is…

- *“Shame is my husband leaving me for my next-door neighbor.”*
- *“Shame is infertility.”*
- *“Shame is flunking out of school. Twice.”*
- *“Shame is hiding the fact that I’m in recovery.”*
- *“Shame is bankruptcy.”*
- *“Shame is having a mentally ill child.”*
- *“Shame is struggling to pay attention when others tell you to just focus.”*
- *“Shame is getting divorced.”*
- *“Shame is not knowing how to do something.”*
- *“Shame is growing up in foster care.”*
- *“Shame is _____.”*

Exacerbating Shame

- Distraction
- External validation
- Secret keeping
- Comparative analysis
- Self-criticism

The Shame Compass



HANDOUT:

What Keeps Low Self-Esteem Going?

Types of Shame

Shame and self-criticism are typically central to the struggles of our chronic, interpersonally difficult, and most stuck clients. *Thoughts?*

Transient shame: Transient shame is short-lived and does not create significant distress or disruption to daily functioning.

Chronic shame: Chronic shame occurs over a long period, feels persistent, and does not have a finite duration. Stigmatization due to social norms or being part of a marginalized group can contribute to this kind of shame.

Toxic shame: A person may develop toxic shame when they experience long-term self-loathing and feelings of worthlessness.

Internalized shame: Internalized shame originates from personal beliefs about perceived flaws, as opposed to the perceptions of others.

Secret shame: This means feeling ashamed about being ashamed. People will often go to great lengths to hide these beliefs from others.

Vicarious shame: Vicarious shame is when someone feels shame on behalf of someone else.

Performance shame: Someone may experience performance shame when they expose perceived flaws to a larger audience.

Shame around strangers: People may experience shame around strangers because of a deep-rooted fear of being perceived as flawed or inadequate. These feelings may take the form of social anxiety.

Guilt vs. Shame

Helpful Resource!
https://www.nicabm.com/guilt-vs-shame/



Shame	Guilt
Focus on the entire self	Focus on the act that harmed them
Feel bad about who we are	Feel bad about what we did
Ask, how could I have done that?	Ask, how could I have done THAT?
Feel extreme distress and impairment	Feel moderate pain
Believe in no control over adverse outcomes	Believe in personal control over adverse outcomes
Desire to shrink, avoid, escape	Feel tension and remorse
Motivated to hide or attack self or others	Motivated to repair damage, made amends
Blame others, find scapegoats	Take personal responsibility

HANDOUT:
Guilt vs. Shame
Contrast table,

Cause and Effects of Shame

POSSIBLE CAUSES

- Childhood abuse or neglect
- Pre-existing mental health conditions
- Setting unrealistic expectations
- Bullying/harassment
- Rejection or exclusion from others
- Substance use
- Domestic violence
- Others?

POSSIBLE EFFECTS

- Social withdrawal
- Substance abuse
- Physical symptoms
- Depression, anxiety
- Relationship problems
- Low self-esteem
- Perfectionism
- Feelings of emptiness
- Eating disorders
- Others?

Thoughts	Feelings	Behaviors
Thinking more cynically about the future	Feeling embarrassed or humiliated	Self-destructive behaviors like drug and alcohol use
Negative and self-critical thoughts, hyper-focusing on flaws	Urges to hide or withdraw from other people	Isolating, avoiding, and withdrawing from others
Rumination on past failures and rejections	Feeling small, weak, helpless, or “frozen”	Defensiveness, pushing people away, not letting guard down
Underestimation of abilities and strengths	Unsettled stomach or feeling nauseous or sick	Avoiding unfamiliar or challenging situations
Personalizing negative events and experiences	Feeling numb, detached, or disconnected from the present	Self-sabotaging opportunities or relationships
Being more suspicious and distrustful of others	Feeling overstimulated, hypervigilant, or overly sensitive	Compromising or settling for less because of fears of failing
Anticipating or dreading future failures or rejection	Feeling irritable, impulsive, or on edge	Not standing up for oneself or voicing needs or concerns
Being overly focused on self and less aware of others	Feeling moody or more emotionally unstable	Pretending or misrepresenting oneself to conceal shameful parts

What is the Purpose of Shame?

Shame can motivate us to conform to what might be most socially acceptable.

Specifically, shame can keep us from behaving in ways that may result in us being rejected by others.

Shame can sometimes alert us when we are doing something that does not align with our values.

On the other hand, sometimes shame doesn't have any useful purpose and is simply a result of internalizing past experiences of being devalued, objectified, humiliated, or abused.

This is especially true when shame is chronic or frequent.

Therapeutic Questions:

Can you think of a time when it might be helpful to listen to shame? Was there a time in your own life when listening to shame was useful in some way?

Can you think of a time when it might not be helpful to listen to shame? Can you recall a time when listening to or getting caught up in shame actually got in the way in terms of your interactions with others?

How Does Shame Affect Our Thoughts?

- General shame thoughts*:*
  - *There's something wrong with me*
  - *I am stupid*
  - *No one would ever love me*
- May also have thoughts that have to do with thinking you are seen negatively by other people, or feeling exposed, like these:
  - *People look down on me*
  - *People can see my defects*
- Thoughts that compare you to others or to your own ideals, like these:
  - *Other people are more important than me*
  - *I don't measure up*
- Thoughts about being unworthy or undeserving, like these:
  - *I don't deserve kindness*
  - *I'm worthless*

- Do you usually notice your thoughts when you are feeling shame? Do your thoughts race?
- Does your mind go blank?
- When you do notice your thoughts related to shame, what do they say?

How Does Shame Affect the Body?

- "The shame display"
- Changes that happen inside the body when we are in shame.
- Shame comes with an increase in stress hormones and an increased immune response and inflammation.
- Chronically high levels of shame can put the immune system on overdrive and result in it not working well when we need it.
- Shame researchers believe these changes happen because the body thinks it is under attack when you feel shame, and it is preparing to heal from wounding.

- How do you think you appear when you are feeling ashamed?
- If someone were to see you, are there any signs they could detect that you are feeling shame?

How Does Shame Affect Relationships?

- Shame makes us want to withdraw and hide.
- When we are busy hiding what we feel is shameful about us, we can end up feeling disconnected, isolated, or lonely.
- Learning new ways of relating to shame that can make fulfilling relationships more likely.

- Are there times when you retreat from others when you feeling shame? If so, when does that tend to happen?
- Can you think of a relationship in which your reactions to your shame may be interfering with developing a deeper relationship with someone you care about?

Reflective Exercise



- Think of a client who is highly self-critical and ask yourself the following questions about them:
  - What kinds of behaviors does this client engage in to avoid shame in sessions?
  - How can you tell that they are experiencing shame?
  - What do they feel shame about (if you know)?
  - What do you think the functioning of their self-criticism is?
  - How does being organized around shame get in the way of their lives?

Assessing Shame Clinically

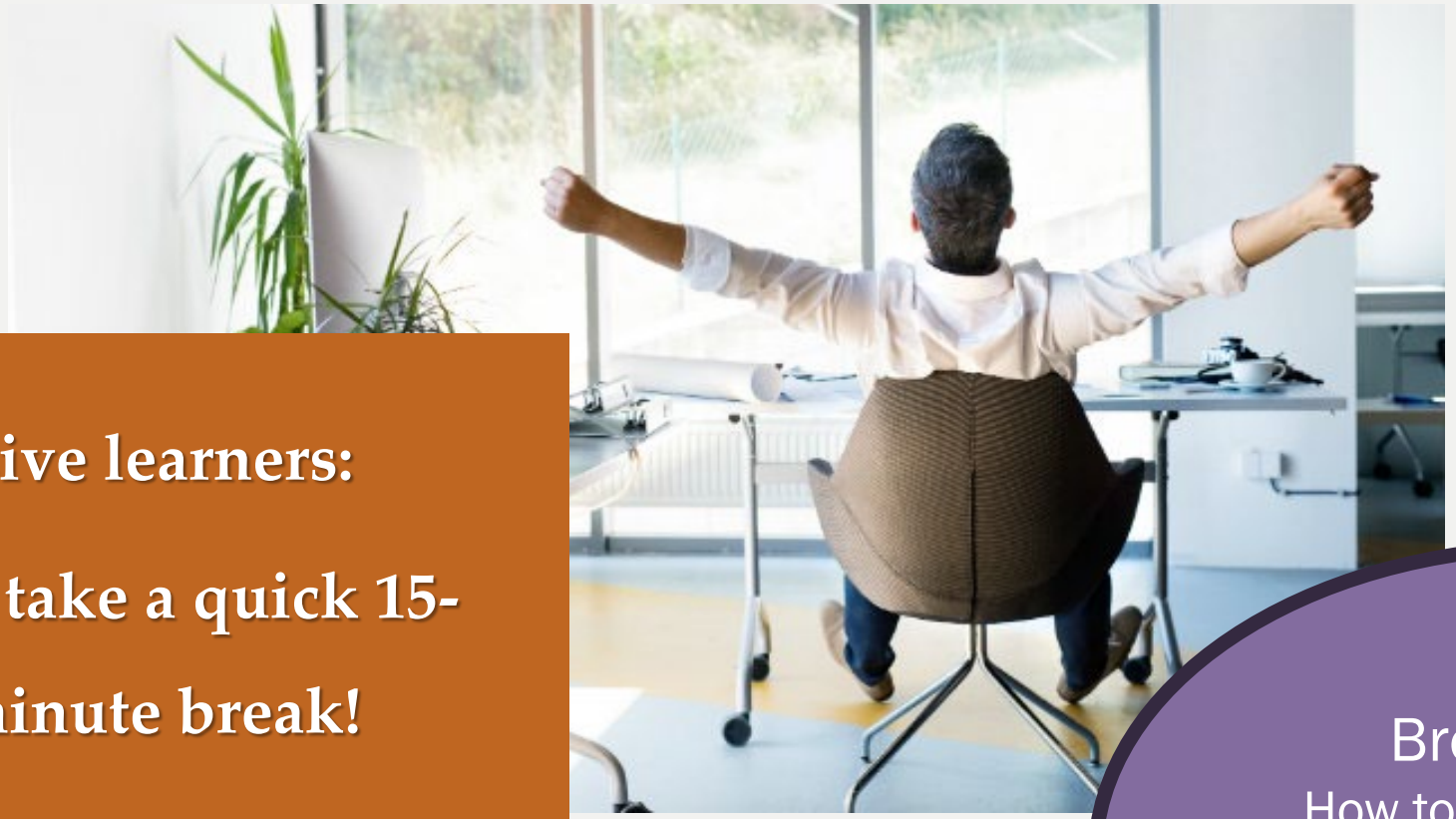
- Internalized Shame Scale
- State Shame and Guilt Scale (SSGS)
- Forms of Self-Criticism and Reassuring Scale (FSCRS) – last week version
- Internalized Shame Scale (ISS) – last week version
- Self-Compassion Scale (SCS-short form)
- Functions of Self-Criticism/Attacking Scale
- Early Memories of Warmth Scale
- Rizvi's (2010) Shame Inventory
- Compass of Shame Scale

HANDOUTS:

SSGS

Video:
One Clinical Mistake That Can Heighten a Client's Shame
(Peter Levine)
https://youtu.be/6FzDWa7fW7w?si=BkTwXVPfsyvv2pIf

BREAK TIME!



Live learners:

Let's take a quick 15-minute break!

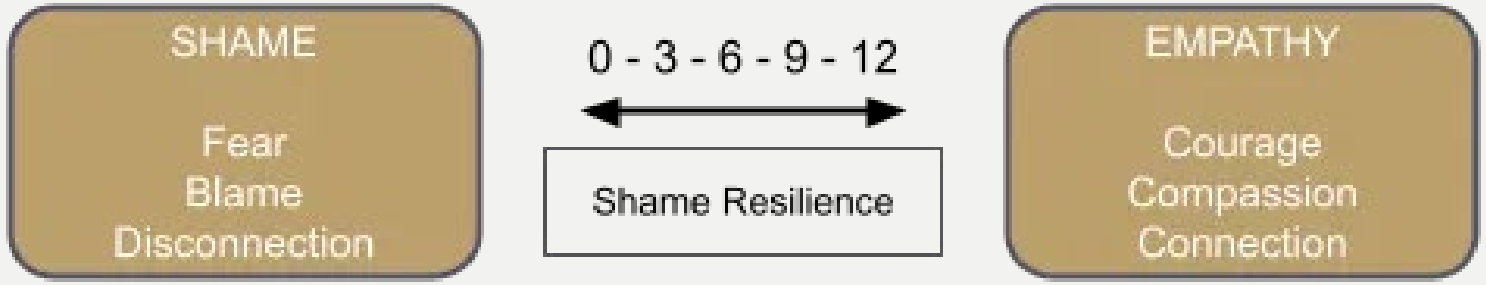
Online Learners:

A video will play during the break.

Break Video:
How to Overcome Toxic Shame by Dr. Peter Levine
https://youtu.be/SeucbAfy0WY?si=OPITY-PWydH-b6oT

Shame Resilience Theory

- Capacity to recognize our experiences of shame
- Ability to move through shame constructively, maintaining our authenticity and growing from our experiences
- Stronger, more meaningful connections with people in our lives



As Brown (2007) points out, shame resilience is not all or nothing, present or absent, but a continuum between shame (fear, blame, and disconnection) and empathy (courage, compassion, and connection).

Four Elements of Shame Resilience



What Helps When Stuck in Shame

- Shame is neither all good nor all bad.
- Taking the posture of *being curious* about shame when it shows up, asking in which ways it may be helpful and in which ways it may now be getting in the way of having the life we want
  - Can allow us to let go of our struggle with shame and respond more effectively when it shows up.
- The problem with shame isn't so much that we experience it, but that we can get stuck in it or respond to it in rigid or unhelpful ways.

- Reflecting on your own experience of shame, how do you hope therapy would help?
- If you no longer struggled with feelings of shame, how do you imagine your life, your relationships, might be different?
- What might be the single most important change in your life that you think could possibly happen if shame was less of a presence in your life?

A Case Study in Shame: Trevor

HANDOUT:

Trevor Case Study

"All my life feels tainted," was the chorus line to counseling Trevor. As you have heard Trevor share his story over the last three sessions, you understand why. For three hours he didn't leave much room for you to talk. He plowed through telling his story until the hour was up. You almost felt like he was testing you, to see if you could hold up to hearing his pain. As he talked, he didn't make much eye contact. He was reliving events and flinching at his demons as he gave you a tour of his life.

Sharing that much of himself finally led Trevor to say why he wanted to meet with you. If he was considering getting married, that meant he was close to being a dad. Nothing excited or terrified him more. He had been “A screw up all my life and I couldn’t live with myself being a screw up as a father. Nobody deserved what I’ve had to endure.” You couldn’t help but notice these two sentences are the only moments of tenderness and vulnerability Trevor has shown in three hours of telling his story. He actually looked at you as he spoke these words.

That’s when he said, “All my life feels tainted, like one big pile of crap. I hate being alone. I hate when people look at me. But my girlfriend is finally someone I can let know me a little and not have an allergic reaction of anger. I want to be a dad so bad, but nothing scares me more. Can you help me figure out what to do with myself? I know I’m messed up, but is there hope for me to be the kind of person who can be a good dad?”

That’s the question Trevor leaves you with when he finally let’s you say more than scheduling the next meeting. You feel overwhelmed by the number of targets (potential goals for Trevor), empathetic emotions for Trevor, and pressure from Trevor to make things better. But, for once, he doesn’t speak to rescue you from the uncertainty. You almost get the sense that he is relieved that you are as confused as he is.

What would be your next steps with Trevor?

Therapeutic Interventions for Shame

HANDOUTS:

Example Sessions Outline, What is CFT?

Session Goals

Six Core Processes (ACT)

Checking the Facts

Compassion Focused Therapy (CFT)

Guilt Exercise

ACT Matrix

Solution-focused Questions

Self-Worth Enhancement

Nesting Dolls, Tree of Shame, Masks

Breaking Patterns of Moral Injury: Warzone Veteran

Step A: Write down in Circle 1 something you did in response to feeling shame, guilt, anger, disgust, or contempt that would be helpful to understand.
Step B: What triggered the target behavior **this time**? Write this in the box labeled **2: What happened that triggered...**
Step C: How did you get from the **trigger in circle #2** to the **target behavior**? Fill circles 3-9 with the thoughts, emotions, sensations, urges, behaviors, or actions that happened in between the trigger (Circle 2) and the behavior you're trying to understand better (Circle 1).
Step D: What happened to your *internal experiences* immediately after the **target behavior**? Write this in Box 10. (Rate the intensity from 0-100)
What happened to your *external experiences* immediately after the **target behavior**? Write this in Box 11. (Rate the intensity from 0-100)
Step E: What are the long-term impacts of the **target behavior**? Write these in Box 12.

2: What triggered the target behavior *this time*?
Girlfriend told me her son was coming over to spend the night. She said he was excited to see me

10: What happened to my thoughts, emotions, sensations, urges, memories right after? *(internal experiences)*
Felt less immediate shame, guilt, and disgust while at work. Knew my girlfriend's son would be asleep when I got home and wouldn't have to see him.

1: Target Behavior
Told girlfriend something came up at work and stayed 3 hours late to avoid seeing her son before he went to sleep.

11: How did other people respond or my surroundings change right after? *(external experiences)*
Girlfriend was angry and told me she would move out and we would be over if I didn't interact with her son. I felt slightly relieved, but wanted to be in a relationship with her.

3. I had the thought, "why is he excited. I'm a piece of shit."

4. I had the thought, "I can't be trusted around kids."

12: What are the long-term impacts of the behavior in 1?
(e.g., Relationships, spirituality, Impacts on mental and physical health)
Can't sustain a relationship, don't go to events (e.g., sporting events which I used to enjoy) where kids might be present, don't go to church with my girlfriend or family. Felt guilty and ashamed of my behavior related to my girlfriend too.

9. (Just before the behavior)
Shame
Guilt
Disgust
"I can't handle this"

5. I told my girlfriend I didn't think it was a good idea for her kid to come over but she insisted.

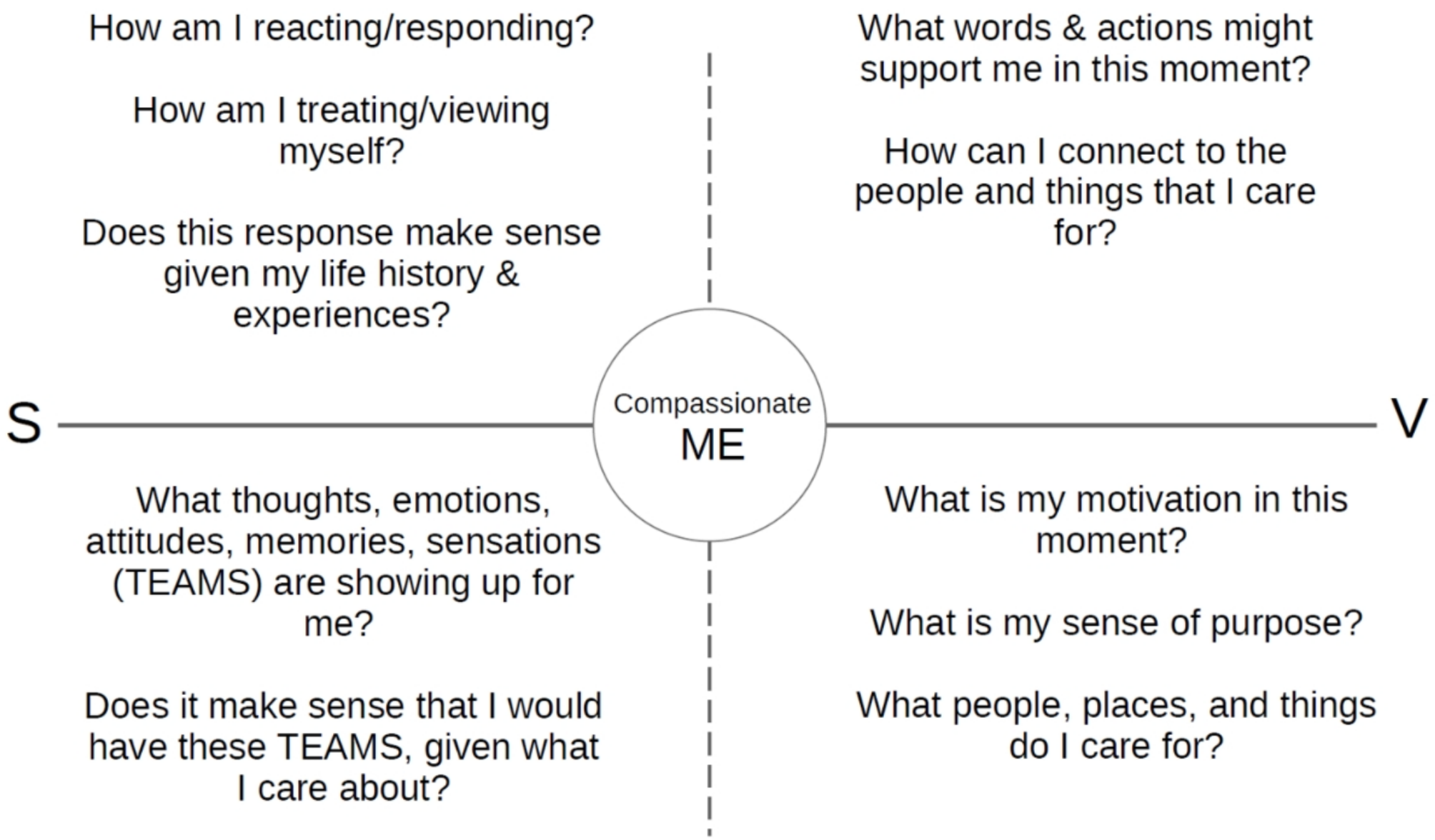
6. Felt shame. Reminded of my MIE in war.

7. Told girlfriend I'd be home soon. Lied to her.

8. Volunteered to stay late to work on a work task that wasn't pressing

MIE: I killed a child in war the who was around the same age as my girlfriend's child.

CFT Quadrants



Solution-Focused Questions

- If shame were no longer an issue for you…
  - What would you stop doing or start doing, do more of or less of?
  - How would you treat yourself, others, life, the world, differently?
  - What goals would you pursue?
  - What activities would you start or resume?
  - What people, places, events, activities, challenges, would you approach, start, resume or contact - rather than avoid or withdraw?

Working with Shame in the ACT Model

- Body posture.
- Defusion (including noticing & naming).
- Acceptance (including normalizing, validating & expansive awareness).
- Contacting the present moment (including grounding & centering).
- Self-as-context (including noticing how shame changes over time).
- Values
- Committed action.
- Self-compassion.
- Exposure.
- Urge-surfing.
- Acting flexibly with shame.
- Insight into how shame developed, and functions it has had both past and present.

Important Values Questions

- How would you treat, and/or what advice would you give to a loved one who had been through similar events and felt the same way as you do?
- What does this shame tell you really matters to you? That you need to address, face up to, take action on?
- What does shame remind you about the way you ideally want to treat yourself/ treat others?
- What does shame tell you that: you've lost/ you need to be careful about/ you want to stand up for/ you deeply care about/ you need to deal with?
- What does shame tell you about the way you'd like the world/yourself/ others/life to be?

7-Step Process for Dealing with Guilt & Shame

Step 1: Reflect on the specific actions or behaviors that are causing the guilt or shame.
Identify the specific actions or behaviors that are the source of the guilt or shame and think about how they align with your values and beliefs.

Step 2: Examine the facts of the situation.
Consider if the guilt or shame is fitting the facts of the situation. Is it appropriate and warranted given the circumstances?

Step 3: Consider the potential consequences of your actions.
If the guilt or shame is justified, it may indicate that your actions have caused harm or violated important values or morals.

Step 4: Reflect on your thoughts and feelings.
Take a look at the thoughts and feelings that are accompanying the guilt or shame. Are they realistic and based on facts or are they exaggerated and distorted?

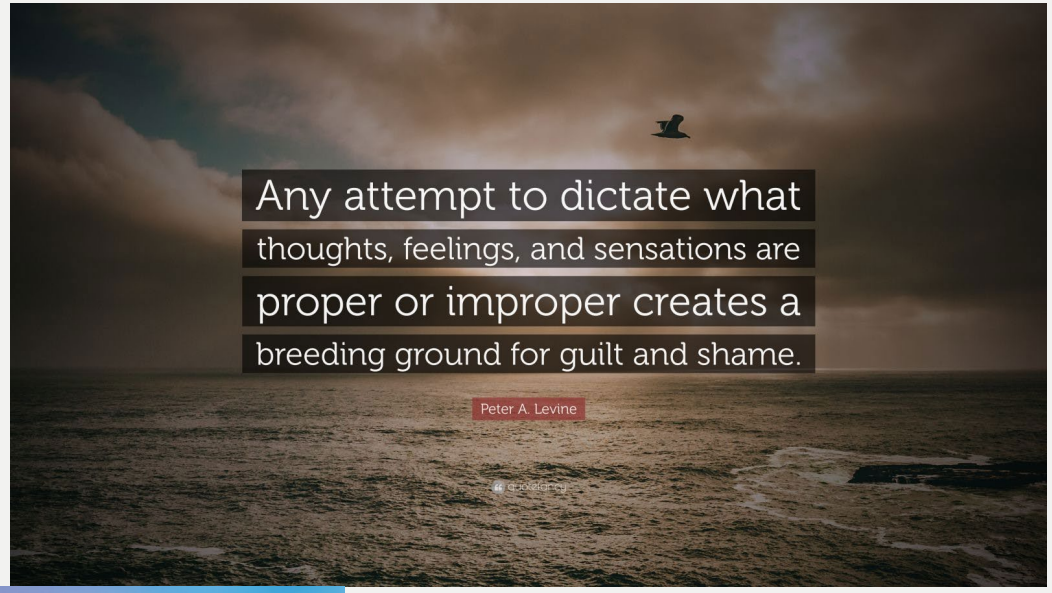
Step 5: Seek feedback from trusted individuals.
Talk to trusted people such as friends, family, or a therapist, to gain perspective on the situation and whether or not the guilt or shame is justified.

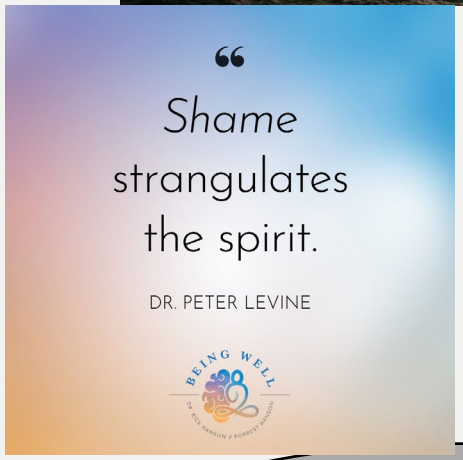
Step 6: Determine if Guilt or Shame is Justified or Unjustified.
Based on the information gathered in steps 1-5, make a determination if the guilt or shame is justified or unjustified..

Step 7: Take Appropriate Action.

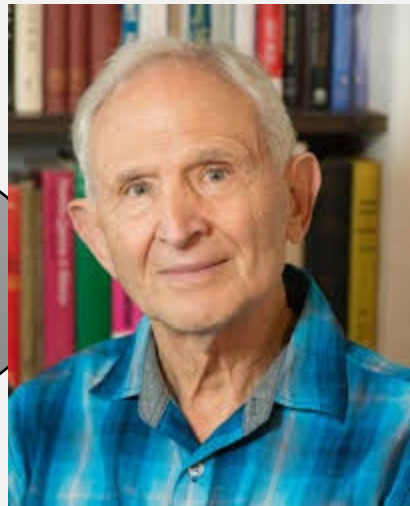
If the emotion is justified, take steps to repair the transgression, apologize, commit to avoiding the same mistake in the future and accept the consequences of your behavior.

If the emotion is unjustified, consider using DBT skills such as opposite action to regulate the emotion.





Video:
Overcoming Shame by Dr. Peter Levine
https://www.youtube.com/watch?v=SeucbAfy0WY

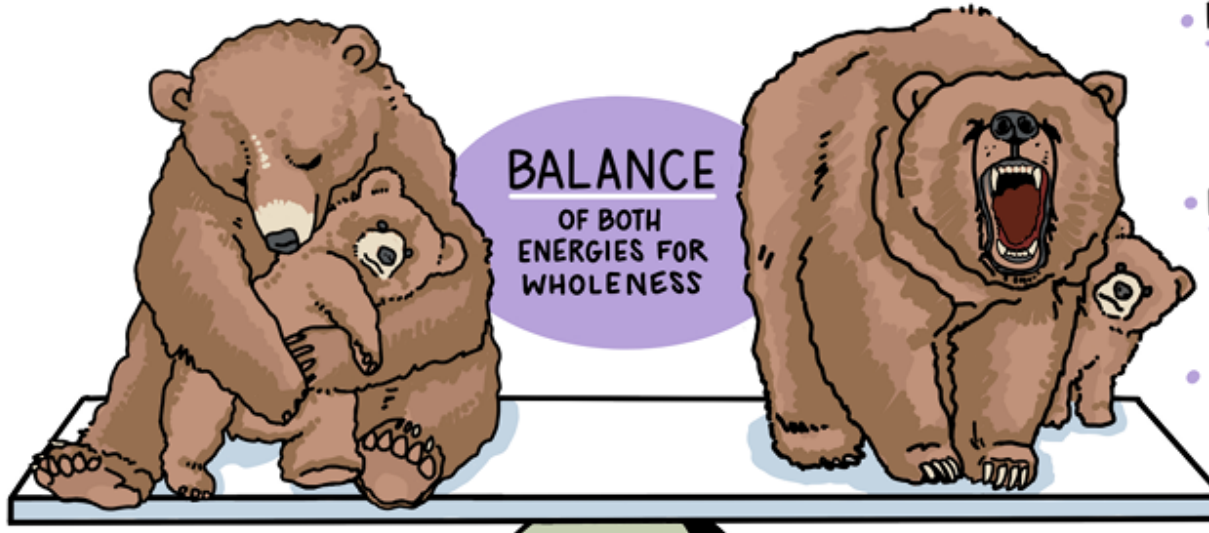


FIERCE SELF-COMPASSION

DR. KRISTIN NEFF
self-compassion.org

TENDER SELF-COMPASSION
ACCEPTING OURSELVES
TO ALLEVIATE SUFFERING

FIERCE SELF-COMPASSION
TAKING ACTION
TO ALLEVIATE SUFFERING



BALANCE
OF BOTH ENERGIES FOR WHOLENESS

- **PROTECTING** DRAWING BOUNDARIES AND SAYING **NO**
- **PROVIDING** AND SAYING **YES** TO OUR NEEDS
- **MOTIVATING** TO LEARN, GROW AND CHANGE THE WORLD





INNER HEALING
TENDER

OUTER CHANGE
FIERCE



OUR
AUTHENTIC SELF
CLAIMS BOTH OUR TENDER & FIERCE SIDES



COUNTERING THE GENDER ROLE SOCIALIZATION WE HAVE ALL BEEN STEEPED IN



together
CREATES A **CARING FORCE**



ALLOWING US TO **THRIVE**

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“Meditation on Love” by Steven Hayes

I will hold myself gently.

I will hold myself in love.

Not love as something I earn.

Not love as a judgment, nor a conclusion.

Not a plan, a decision, or a hope.

Not love as a manipulation.

Nor wish.

Rather love as a choice.

As an assumption, a gift.

Love as an action, a foundation, an essence.

As an experienced reality.

I am here now.

And lovingly,

I care.

HANDOUTS:

- Before I Blame Myself and Feel Guilty
- 7 Step Process for Dealing w/Shame and Guilt Exercise
- Checking the Facts
- Compassionate Thought Challenge Record
- 10 Suggestions for Coping w/Feelings of Guilt
- 21 Ways to Feel Good About Yourself

Helpful Resources

- Building Shame Resistance in Clients: https://www.aipc.net.au/articles/building-shame-resilience-in-clients/
- Train Your Brain: From Shame to Worth: https://www.wisebrain.org/wortharticle.pdf
- Working w/Shame: Practical Tips for ACT Therapists: https://contextualconsulting.co.uk/wp-content/uploads/2020/02/Working-with-Shame-Russ-Harris.pdf
- Tree of Shame activity: https://restorativeteachingtools.com/wp-content/uploads/2020/08/The-Tree-of-Shame-from-Rick-Kelly.pdf
- Checking the Facts examples: https://assets.circle.so/b5pqd98azrwefhj2rjzdjw8re16g?_gl=1*pnvqz7*_ga*NjMzMzYzMzE4LjE3MjUxNDYwNjg.*_ga_9VJ3L9M37C*MTcyNTE0NjA2OC4xLjEuMTcyNTE0NjA4Ni4wLjAuMA..
- Managing Shame and Guilt handouts: https://mydoctor.kaiserpermanente.org/ncal/Images/webex-ECS-Week-6-Guilt-and-Shame_tcm75-2428086.pdf
- Brené Brown: https://brenebrown.com/

More Helpful Resources



- Nesting Dolls, Mask Shame exercises: https://brightontherapypartnership.org.uk/exercises-understand-shame/
- "I Thought It Was Just Me But It Isn't" (Brené Brown): https://brenebrown.com/wp-content/uploads/2021/09/ITIWJM_Worksheet.pdf
- DBT Workbook for Shame (+ clinical resources): https://www.newharbinger.com/9781684039616/the-dialectical-behavior-therapy-skills-workbook-for-shame/#nh-book-accessories
- Shame and Anger in Psychotherapy (APA): https://www.apa.org/pubs/books/3838965-sample-pages.pdf
- Shame and Guilt handbook: https://www.chestnut.org/resources/33e04f5c-bedb-446d-b17c-11d742ad7ac9/Dr.%20Ernie%20Kurtz%20Shame%20-ampersand-%20Guilt%202007.pdf
- "Healing the Shame That Binds You" by John Bradshaw (non-secular book excerpt): https://www.chestnut.org/resources/33e04f5c-bedb-446d-b17c-11d742ad7ac9/Dr.%20Ernie%20Kurtz%20Shame%20-ampersand-%20Guilt%202007.pdf

Figure 1.2. Shame - Guilt Contrast

	Toxic Guilt	Healthy Guilt	Toxic Shame	Healthy Shame
Origins and Description	Abortive development due to superego distortion; results from perfectionism, family enmeshment	Develops later than shame (age 3-6); Erikson's 3rd psychosocial stage; initiative versus guilt; conscience former	Abortive development a. shame-based models b. abandonment trauma c. shame images interconnected	Develops early, 15 months-3 years; Erikson's 2nd psychosocial stage
Responsibility* and Power	Grandiose responsibility; way to be powerful in a powerless system	Adequate responsibility; accountability; exercise of power choice	No responsibility; lack of power; failure of choice; incapacity	Limited power and responsibility; power comes by knowing limits; I need help
Felt Sense	Somber-serious; no place for mistakes; I can't make a mistake – it would be terrible	I made a mistake; transgressed my values; I feel bad – sense of wickedness	I'm a mistake; It's hopeless; I'm no good; I'm worthless	I can and will make mistakes; it's normal and mistakes can be remedied
Fault *	Fault of role rigidity; fault of thought distortion (belief you are responsible for *other's* life)	Fault of action; about doing; remedial	Fault of Being; about being defective and flawed as person – irremedial	Limte of being; fault of natural finitude
Morality Goodness	I can be good if I'm perfect if I follow all rules (legalistic) and do my duty (my role)	What I did was not good; I'm adequate to repair the damage	I'm bad; I'm no good; I'm inadequate, pre-moral	I'm good but limited - permission to be human
Boundary	No right to a boundary, except through my rigid role or performance	Transgressed moral boundaries (values)	No boundary; nothing about me is okay	Core boundary
Sports Analogy *	Violation of a simple rule – like being off-side; with excessive penalty, like expulsion from game	Violation of a restraining boundary like running out of bounds on a football field	Violation of the game itself; failure to attain goal – like never reaching the end zone	Violation of the rules; simple infraction; too much time – 5 yds

*** The ideas about responsibility and fault aspects of healthy guilt and toxic shame, as well as the idea about sports analogy are adapted from *SHAME*, Hazeldon, 1981.**

What Keeps Low Self-Esteem Going?

People with low self-esteem come to believe very negative things about themselves. For example:

- I'm a failure.
- I'm not good enough.
- I'm unlovable.

Beliefs aren't necessarily facts – they are more like opinions. Acting like your core belief is a fact – and never questioning it – can get you into trouble.

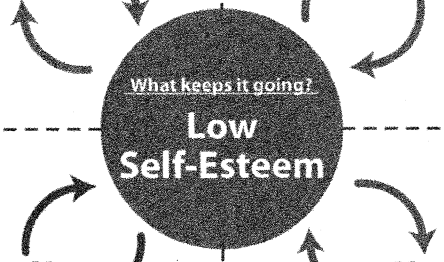
Your core beliefs

If you believe that your core belief is true, you might try to overcompensate with strict 'rules for living'. For example:

- If I do everything perfectly, I am OK.
- I must always please people and never let anyone down.

Rules are often well-intended, but when they are too strict or inflexible, they set you up to fail. When this happens you end up believing your core belief even more strongly.

Unhelpful rules for living



Speaking to yourself in a critical way

You might have learned to speak to yourself in critical ways from how others have spoken to you. You might even think of it as a way to motivate yourself. Self-criticism includes saying things like:

- I'm a failure.
- I'll never get it right.

Self-criticism is rarely the best form of motivation. Emotionally, it has the same effect as being bullied or attacked by someone else, and it can leave you feeling defeated and demoralized. When you criticize yourself you may not be treating yourself fairly. Ask yourself: would you speak to a friend that way?

Negative predictions and unhelpful behavior

When you have broken (or might break) one of your rules for living, your core belief is 'activated'. This can influence what you pay attention to, and what you think. You may start making negative predictions about what might happen:

- I'll mess it up.
- What if I upset them?

Negative predictions are anxiety-provoking, and you might try to do things to stop the worst from happening:

- Over-prepare so you don't mess it up.
- Appease and be extra-nice so you don't upset anyone.

There are often unintended consequences to the ways we behave. The ways you behave might strengthen your core belief.

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State Shame and Guilt Scale (SSGS)

The SSGS is a self-rating scale of in-the-moment (state) feelings of shame, and guilt experiences. Ten items (five for each of the two subscales) are rated on a 5-point scale Likert scale. The following are some statements which may or may not describe how you are feeling **right now**. Please rate each statement using the 5-point scale below. Remember to rate each statement based on how you are feeling **right at this moment.**

	Not feeling this way at all		Feeling this way somewhat		Feeling this way very strongly
1. I want to sink into the floor and disappear.	1	2	3	4	5
2. I feel remorse, regret.	1	2	3	4	5
3. I feel small.	1	2	3	4	5
4. I feel tension about something I have done.	1	2	3	4	5
5. I feel like I am a bad person.	1	2	3	4	5
6. I cannot stop thinking about something bad I have done.	1	2	3	4	5
7. I feel humiliated, disgraced.	1	2	3	4	5
8. I feel like apologizing, confessing.	1	2	3	4	5
9. I feel worthless, powerless.	1	2	3	4	5
10. I feel bad about something I have done.	1	2	3	4	5

Scoring Each scale consists of 5 items:
Shame - Items 1, 3, 5, 7, 9
Guilt - Items 2, 4, 6, 8, 10
All items are scored in a positive direction.

Total Shame (25 max): _____

Total Guilt (25 max): _____

References

Marschall, D. E. (1996). Effects of induced shame on subsequent empathy and altruistic behavior. Unpublished master's thesis, George Mason University, Fairfax, VA.

Marschall, D. Saftner, J., & Tangney, J. P. (1994). The State Shame and Guilt Scale. George Mason University, Fairfax, VA.

Case Study: Trevor

- Trevor grew up in a single-parent home because his father died in a car wreck when he was 3 years old. Trevor's few personal memories of his father have been crafted together with snippets of stories from his dad's friends into a version of a man that seemed almost like a Marvel Comic superhero.
- Trevor was an angry child, frequently fighting with his mother and the three stepdads he had between the ages of 6 and 18. Trevor didn't like leaving the house where his dad lived or the idea of anyone replacing his dad. He intentionally punished his mother for "moving on" and not really loving his dad.
- Between getting in trouble for his anger and being upset that he was the only kid without a dad there, Trevor didn't play many sports or engage with other extracurricular activities.
- Two of his stepdads got into frequent physical altercations with Trevor; half trying to protect his mother and half wanting to give him a dose of his own medicine. Between the physical abuse and foul things that were said, Trevor got the message, "You're just a messed-up kid and we can't wait until you're gone."
- In the teen years, Trevor quickly escalated from tobacco to alcohol to street drugs to prescription pain meds. He decided he liked the latter best because of how they mellowed him out. He became enough of a drug connoisseur to realized he liked a "drugged low" to settle his anger instead of a "high" that just set his pain-drenched soul on fire.
- Early adulthood was marked by the heartache of addiction, serial relationships, being arrested a few times, and a couple of stints of homelessness. While in prison, Trevor finally got sober and "got in touch with his spiritual side" (which you took to mean willingness to feel instead of fight his unpleasant emotions).
- By the time he started seeing you, his life was as good as it had ever been, which even he admitted didn't mean much. He was living with a girl he liked enough to consider marrying. She knew most of his story and he told her he didn't need to know hers. He didn't want to carry any more baggage and none of it would matter anyway, because he was more messed up than she could ever be.

Example Session Outline: Therapy for Shame

Session 1

- Understanding a framework for understanding shame that is based in its neurobiology.
- Understanding that to work effectively with shame there is a neurobiological sequence, from changing our state to changing our stance to changing our story.
- Exploring the neurobiological correlates of trauma and shame.
- Examining the phenomenological role of 'shame gremlins' in our lives.
- Exploring the concept of shame resilience especially in terms of daily life mode (approach) rather than danger mode (avoid).
- Introducing a technique for modulating distress.
- An overview of the lived experience of shame.
- Exploring the need in working with shame to sitting with distress, rather than exacerbating it.

Session 2

- Introducing a roadmap for the course content based on a non-triggering approach to shame (state, stance, story).
- Introducing the concept of shame not as 'a bad thing' or as dysfunction but as an essential survival mechanism.
- Introducing polyvagal theory in terms of a 'trauma traffic light' and shame as a 'red zone' instinctive physiological and neurobiological response.
- Examining behavioural responses to shame linked to the trauma traffic light (moving away, moving towards, moving against).
- Introducing the concept of shame's impacts on relationships via a shutdown of the 'social engagement system'.
- Introducing the idea of developing a 'drill' (a pre-planned sequence of responses) when shame is triggered.

Session 3

- Introducing the concept of 'neuroception' and shame as a response to unsafety in terms of relational threat.
- Understanding shame behaviours as strategies to attain relational safety.
- Applying this understanding to the therapist's need to communicate safety to a client at both a conscious and unconscious level.
- Exploring the idea of the medical model as an implicit shame trigger.
- Exploring how judgment of the client can trigger shame.

Session 4

- Exploring the idea of safety as the neural basis for the green zone of 'social engagement'.
- Examining different instinctive physiological responses to connection bids (e.g. smiling) based on prior experience.
- Exploring the impact of prior trauma on state regulation, and framing resilience as the ability to shift fluidly and contingently between states.
- Understanding crossover physiological states of amber/red (intimacy, vulnerability) and amber/green (play, courage).
- Understanding the red zone as disconnection and the green zone as connection.
- Further understanding the green zone as home to compassion, empathy and attunement, and the relevance of this for healing from shame.
- Exploring the dual stages of a compassionate response, via an amber zone response which can result in empathic distress, or pushing through to a green zone response which results in true compassion.
- Exploring skills for developing true compassion, including mindfulness and ego-boundary distinction, and the importance of avoiding rescuing.
- Exploring the profound effect of compassion on changing neural architecture and even immune response.

Session 5

- Practical guidance from the research on how to communicate compassion
- Exploring the dogma of 'no touch' and counterarguments
- Exploring the suitability of the 'standard therapeutic frame' for working with complex trauma and embedded shame.
- Exploring the need in working with shame to meet rather than shame needs and how such needs can be met ethically.
- Introducing the concept of shame and stuckness as being neurobiological correlative states.
- Addressing the drive towards quick solutions which exacerbates the shame of being stuck.

Session 6

- Exploring the concept of 'changing the stance of the self' as established in the attachment literature and in relation to shame.
- Exploring the phenomenological experience of shame and self-hatred and the cycle of numbing and attack.
- Exploring the concept of reframing shame from being 'the enemy' to being 'our friend'
- Understanding the evolutionary survival advantage of shame as a brake on behaviours that risk our exclusion from the tribe.
- Exploring the physiological correlates of shame (and 'unshame') in terms of posture.

Session 7

- Exploring the systemic shame endemic in the therapy professions.
- Exploring the need for therapists to guard against 'puffing up' (taking on the role of the 'expert', or shaming the client) or 'shrinking down' (acceding to imposter syndrome, or being shamed by the client.)
- Exploring the importance of holding boundaries which are regulating for both therapist and client.

- Exploring the experience of 'shame-rage' and how as a therapist to handle it.

Session 8

- Exploring the concept, having focused firstly on changing both state and stance, of changing the 'story' survivors have around shame.
- Exploring the role of developing self-compassion rather than continuing to self-shame.
- Understanding the ineffectiveness of shame in behavioural change.
- Exploring tools to develop self-compassion and other-compassion on the road to healing from shame.

Session 9

- Exploring the phenomenological experience of shame in the context of relational breakdown.
- Exploring how the emotion of shame can block the processing of all other feelings.
- Exploring the concept of using the 'accelerator' as a counter to the 'brake' of shame.
- Exploring the concept of sharing our shame stories to defuse them, but only to people who have earned the right to hear them.
- Distinguishing between the courage to share shame stories in person (in therapy) versus to strangers on the internet.
- Exploring the idea of shame offering the safety of a prison cell, whereas healing from shame requires compassion, courage and a sense of purpose.

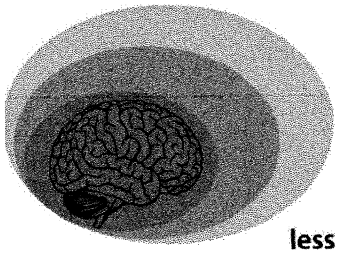
What Is Compassion Focused Therapy (CFT)?

Background

Compassion Focused Therapy (CFT) was developed to treat shame, self-loathing, and self-attack (self-criticism). CFT is transdiagnostic and is useful for working with diverse conditions such as depression, anxiety, trauma, and psychosis. CFT is a new model of psychological functioning - it draws upon the science of human nature, evolution, and attachment.

Evolution and the brain

CFT builds upon the science of human nature. This means understanding that our brains are the product of evolution, and that we live with the legacy of brains that were not designed with our happiness and wellbeing in mind. Different parts of our brains have different motivations, abilities, and interests. The way our brains are built, and the context in which they have developed, affects our experiences and how we can live our lives.



more evolved

The human brain is concerned with: extended care-giving, attachments, thinking.

The mammalian brain is concerned with: living in groups, hierarchy, status, caring.

The reptilian brain is concerned with: territory, food, sex, survival, temperature.

less evolved

The CFT model

CFT proposes that human beings have three systems for managing their emotional states. Each system has different motivations, foci of attention, thoughts, emotions, and body feelings. Each system is associated with different parts of the brain, and with different neurochemistry.

	Threat system	Drive system	Care-giving system
Motivation	Survive	Achieve, win	Look-after, soothe
Attention	Threat-focused	Goals, advantage	Empathy to distress
Thoughts	About danger	Achieving	Caring, soothing
Emotions	Fear, anxiety	Positive, motivated	Safeness
Physiology	Highly aroused	Aroused	Calm
Behavior	Fight or flight	Focused	Look-after, soothe

We are all born with threat systems that are ready for action. If our other emotion systems are well developed we have choices about which system we use at any particular time. Through no fault of their own some people's childhoods were not as good as others – and so they have not had the opportunities for their care-giving system to be as well developed. This means they have fewer ways of coping with the stresses that everyone faces in life. People in the threat mindset are more likely to try and cope by fight or flight – avoiding things (flight) or being self-critical (self-fight).

Alleviating suffering by developing compassion

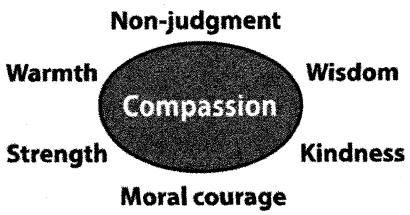
Everyone will experience pain in their lives, but suffering is a particularly human ability. Suffering is associated with the way we experience our own minds. The goal of CFT is to alleviate suffering by developing your care-giving (compassion) system – allowing you to live more comfortably in your own mind. The care-giving system has the qualities of non-judgment, strength, warmth, empathy, wisdom, kindness, and moral courage. Treatment using CFT involves: learning about human nature, learning skills to develop the care-giving system, practicing activating the care-giving system and using it in your life.

Key messages

"The things that have happened to you in your life are not your fault, but it is your responsibility to alleviate your suffering"

"Compassion is about choosing to be the best version of you that you can be"

"You are living a life that was not of your choosing"



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Before I Blame Myself And Feel Guilty

Survivors of trauma often feel inappropriate guilt or shame about things they did or did not do. Before you blame yourself for what happened to you read about the thinking errors that victims of trauma commonly make. Tick if any apply to you. If any are familiar then it may be necessary to adjust your thinking.

☐ **Hindsight bias**
Hindsight bias is an illusion where knowing the outcome distorts what we think we knew at the time. Survivors of trauma often falsely believe that they knew the event would happen, or that they overlooked events which 'signaled' what would happen. They then falsely conclude that they caused the events to happen.

☐ **Exaggerating my role in events**
Every event has many contributing factors but we have a tendency to magnify our own role. Consider the victim of abuse who blames herself for not disclosing the abuse. Other factors she is failing to consider include: caregivers for failing to protect her, systems around her for failing to notice what was happening, police for failing to catch a criminal, and most importantly the perpetrator for choosing to abuse.

☐ **I could have prevented it ≠ I caused it**
Just because you could have prevented the outcome does not mean you caused it. Jane thinks to herself *"If only I had caught a taxi instead of walking I would not have been attacked"*. She is making the mistake of ignoring the attacker's intentions and, ultimately, his responsibility.

☐ **Assuming that because I was accountable I had the power to alter the outcome**
Some trauma survivors make the mistake of thinking that because they were accountable - perhaps because they had a role as parent, or as a person-in-charge - that they had the power to prevent the terrible outcome. Saying *"It was my job, I was supposed to look after them"* ignores what was actually foreseeable and possible.

☐ **We make decisions differently when under pressure or in an emergency**
Survivors of trauma often feel guilty about the way they reacted at the time. They might say *"Why did I freeze?"* or *"Why didn't I tell?"*. Our thinking changes when we are threatened. Options that may seem obvious to us when we are relaxed may not even come to mind when we are under pressure. We are hard-wired to respond automatically at times of trauma in a number of stereotypical ways (typically: freeze, appease, flight or fight).

☐ **What options was I aware of at the time?**
It is common to look back and 'postmortem' our behavior. Have you ever replayed a conversation in your mind and thought *"Why didn't I just say that?"*. This is unfair - we can only act based on what we think of at the time. What options were you aware of at the time?

☐ **Am I comparing what I did to some fantasy / ideal standard?**
Is it possible that you are holding yourself to an unreasonable standard? Are you expecting more than was possible? After a trauma some people say *"I should have done something, I don't know what it was, but I should have"*. A more reasonable standard to live up to is to ask yourself *"What would I expect from a friend if they went through a similar situation?"*.

☐ **Am I only focusing on the good things that might have happened had I chosen a different option?**
It is common to engage in 'counterfactual thinking' - thinking about what might have happened if events had played out differently. Often we imagine having acted differently and then concentrate on a happy outcome. This ignores the possibility - equally likely - that acting differently could have had worse outcomes. Jane felt guilty when she thought *"What if I had just tried to run?"* but this ignores the possibility that her attacker would have hurt her more.

☐ **Am I ignoring the benefits of the option I did choose?**
Similar to focusing on the good outcomes of a different action, ignoring the benefits of the option you did choose means that you are likely to view the situation in a biased way, and to feel inappropriately guilty. Consider: what were the benefits of the path you chose? Were there options you could have chosen that would have resulted in worse outcomes?

☐ **Am I saying that I should have acted on a 'hunch' or a 'gut feeling'?**
We normally act based on the evidence before us. If we all acted on hunches then we would constantly be acting oddly. Just because a low probability event was predicted by a hunch is not evidence that one should act on hunches. If the best you had to go on was a hunch, then you can't be blamed for the way you acted.

☐ **Am I blaming myself for the outcome and ignoring what my intentions were?**
Sometimes survivors of trauma believe that they are guilty of doing something wrong not because of their behavior, but simply because the outcome was terrible (and unforeseeable). An example might be thinking *"I must be to blame because someone died"* and ignoring the fact that the outcome was not your intention.

☐ **Am I blaming myself for having had an emotional reaction?**
Human beings are emotional animals. Soldiers sometimes blame themselves for feeling fear, even though this is a normal automatic emotional reaction to danger. Some victims of sexual trauma experience sexual arousal during their abuse and then feel that somehow they must have invited it. However, sexual arousal is in large part an involuntary reaction - it does not mean that the action causing it was invited.

☐ **Am I ignoring the fact that when all choices are bad, choosing the 'least bad' option is a moral choice?**
Many victims of trauma are faced with an array of options, all of which lead to bad outcomes. Victims of abuse are likely to suffer negative consequences whether they fight back or not, or whether they disclose or not. Soldiers are often in a 'kill or be killed' situation. In these circumstances choosing the 'least worst' option is highly moral.

☐ **Am I confusing a feeling with evidence?**
Just because you feel guilty does not make it so, but emotions often give a feeling of truth or untruth to an idea. An analogy might be the fact that feeling as though your lottery ticket is a winner sadly doesn't make it happen.

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7-Step Process for Dealing with Guilt & Shame (Exercise)

Step 1: Reflect on Specific Actions or Behaviors -What specific actions or behaviors are causing the guilt or shame? -How do these actions or behaviors align with my values and beliefs?

_____

_____

Step 2: Examine the Facts of the Situation -Is the guilt or shame fitting the facts of the situation? Is the guilt or shame appropriate and warranted given the circumstances?

_____

_____

Step 3: Consider the Potential Consequences -What harm or violations of important values or morals have my actions caused? -How might my actions affect others?

_____

_____

Step 4: Reflect on Thoughts and Feelings -What thoughts and feelings are accompanying the guilt or shame? -Are these thoughts and feelings realistic and based on facts or exaggerated and distorted?

_____

_____

Step 5: Seek Feedback from Trusted Individuals -Who are some trusted individuals such as friends, family, or a therapist I can talk to for feedback?

_____

_____

Step 6: Determine if Guilt or Shame is Justified or Unjustified -Based on the information gathered in steps 1-5, is the guilt or shame justified or unjustified?

_____

_____

Step 7: Take Appropriate Action -If the emotion is justified, what steps can I take to repair the transgression, apologize, commit to avoiding the same mistake in the future and accept the consequences of my behavior? -If the emotion is unjustified, how can I apply 'opposite action?'

_____

_____

Checking the Facts (Exercise)

"Checking the Facts" helps to determine if emotions like guilt or shame are justified, which will help determine how to resolve it.

Emotion Name: _____ Intensity (0-100): ____

Prompting Event: _____

Facts: _____

_____

Interpretations (thoughts, beliefs, etc.):

- _____
- _____
- _____

Checking the facts:

- _____
- _____
- _____

Reframe:

_____

_____

Action:

_____

_____

_____

Compassionate Thought Challenging Record

Situation Who were you with? What were you doing? Where were you? When did it happen?	**Emotions & body sensations** What did you feel? (Rate intensity 0–100%)	**Automatic thought** What went through your mind? (Thoughts, images, or memories)	**Compassionate response** What would a truly self-compassionate response be to your negative thought?
		If you had an image or memory, what did it mean to you?	Try to respond to yourself with the compassionate qualities of wisdom, strength, warmth, kindness, and non-judgement • What would my best friend say to me? • What would a truly compassionate being say to me? • What tone of voice would I need to be talked to in order to feel reassured?

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10 Suggestions for How to Cope with Feelings of Guilt –

1. Face the feelings of guilt. Release feelings of guilt by talking about them, sharing, confessing, getting honest

2. Learn to forgive yourself. – Do you judge yourself too harshly?

3. Examine the origins of your guilt – Is the reason that you feel guilt *rational* and *reasonable*? Inappropriate or irrational guilt involves feeling guilty in relation to something that in reality you had little or nothing to do with.

4. Change the related behavior so that the action or actions triggering feelings of guilt and remorse cease. Simply put: If something you are doing is causing you to feel guilty, then stop doing it and you will no longer have a reason to feel guilty any longer.

5. Clarify new values for yourself and take realistic action in the present instead of dwelling on the past. Think about positive action you can take in your life now to feel better. What can you do to improve things going forward?

6. Practice forgiving others, helping others and doing good for others. Learning to empathize and forgive others can help you to learn to forgive yourself.

7. Apologize or just seek peace. Is there something you can say or do in order to try to show that you are willing to make peace where there has been hurt, conflict, or disagreement?

8. Let go - The past is the past, so at some point, even if there are things you have done to hurt others, if you are sorry now, you need to let them go. Or, if you are truly remorseful over something you have done wrong in the past and you tried to make peace or amends, you can still forgive yourself even when others do not forgive you. By the same token, if someone who hurt you is sorry, learn to let it go yourself so you can forget about the hurt and then focus on moving forward

9. Was there a legitimate cause for your past actions that was beyond your control at the time? For example, perhaps you hurt others while you were experiencing untreated mental illness or as the result of active drug or alcohol addiction that you are now making efforts to properly care for. If your behavior was influenced by substance abuse and/or untreated mental health issues then you should give yourself some slack with regard to judging yourself to harshly with regard to whatever you might have done when you were not well. Instead focus on behavior change which will influence better decisions in the present and future

10. Avoid **Shame** – See below –

21 Ways to Feel Good about Yourself

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1. Do the right thing. The bliss of blamelessness. Practice the virtues that are the foundation of any psychological growth or spiritual practice.

2. Tend to the causes of accomplishment; do the things that will legitimately earn you success. All you can do is feed the fruit tree; you can't make it give you an apple. Take initiative, be "ardent, diligent, resolute, and mindful," and be at peace with whatever happens. As Meher Baba said: "Don't worry. Be happy. Make efforts."

3. Love. Practice lovingkindness for everyone, including (especially?!) neutral and difficult people. Feelings of love neutralize feelings of shame.

4. Do things that ground you increasingly in a sense of your own beingness, always already awake, benign, and contented. For example, meditate, spend time in nature, cuddle your children (or sweetie), do yoga, etc.

5. Relax "self." Take things less personally. Give up trying to perfect yourself; that's like trying to polish Jell-O.

6. Accept yourself as you are. You are what you are, and you cannot change how you are in this instant, though you can create the causes that will develop you in the future. But at any moment of *now*, there is nothing you can do besides accept it and act to improve it. In particular, try to accept the vulnerable or not-so-pretty parts of your self; everyone has these; for example, it is not bad to be anxious, sad, or needy.

7. Accept where you are in the four natural, unavoidable stages of learning and getting better at anything: unconscious incompetence, conscious incompetence, conscious competence, unconscious competence. The second stage – conscious incompetence – is the hardest one, and it's where people are prone to quit, but keep going toward growing competence, which will support your sense of worth.

8. Serve the world. Donate to charity. Tend to your friends and family (including animal companions). Be nice to strangers.

9. Exercise your capacities. If you have talents lying fallow, start using them. "The most expensive piece of equipment is the one not making any money."

10. Reflect on your accomplishments and good qualities each day. Perhaps take brief inventory before going to bed each night, answering questions like these: What did I get better at today? How did I act with good character? What have I gotten done? In what ways did I help others?

11. Be in reality about the facts of who you are, and what you have done in your life (the good and the bad). See yourself as a mosaic with a hundred tiles, and tell the truth about what is actually there; it's always mostly good.

12. Be fair. You would want to be fair in your judgments of others; why do you, another human being like them, deserve any less?

13. Take in the evidence of your own contributions, skills, accomplishments, loveableness, value to others. Fill that hole in your heart so that you become less hungry for "narcissistic supplies" over time.

14. Spend more time with people who like you. Perhaps even identify a kind of "go-to" or support team of key people who are major and credible validators of you, and deepen your involvement with them.

Spend less time with people who are neutral, indifferent, or negative toward you. If people are critical, it can help to reflect on the myriad factors that led them to treat you that way, which can put it in context and make it feel less personal. If appropriate – and not just getting sucked into wrestling with the tar baby – stick up for yourself. If appropriate, ask others to stick up for you, too.

15. Ask for appropriate positive feedback. It is a lot more useful to know what you are doing right than what you are doing wrong, since the latter only tells you that you're missing the target, not where it is or how to hit it.

16. Get a sense or image of internal nurturing and encouraging figures, such as the loving eyes of your doting grandmother, a guardian angel, or simply a clear voice of reason in about your good qualities. Build up the realness of those internal "nurturing parent," "protector," or "guide" figures, and listen to them more often.

17. Sort criticisms about you into four piles – "not valid," "valid but to heck with it, I'm not going to change that one," "not a moral fault but worth putting in correction from now on," and "deserves a healthy wince of remorse" – take maximum reasonable responsibility for the third and fourth piles, make the appropriate changes sincerely and diligently (perhaps even specific amendments or expiations for serious wrongdoings), and move on.

18. Forgive yourself your past misdeeds and your present faults. This does not mean letting yourself off the hook for them, but means instead not berating or whipping yourself over and over for them. In a way, self-flagellation is a kind of avoidance of responsibility; when we take true responsibility, there is a kind of forgiveness, an honest facing and then a moving on. If you like, write out sentences like, "I forgive

myself for _____." Or imagine others forgiving you, like the other people involved, or beings who have a powerful meaning to you (e.g., a teacher, Jesus, the Buddha).

19. See the empty nature of both your good qualities and your bad ones. They are all compounded from smaller parts, they're the result of ten thousand factors (give or take a few), and they arise and disappear interdependently with the whole wide world; therefore, they have no inherent static independent existence. They are simply qualities, some good, some bad. The good ones are worth encouraging, and the bad ones worth discouraging – for the sake of yourself and all beings – but none of them is worth identifying with.

20. Stick up for yourself within yourself. Talk back to irrational or self-critical thoughts. Classic examples: Comparing yourself to others (especially unfair comparisons); equating the worth of who you *are* with the success of what you *do*;

21. <u>You</u> should treat yourself as if you matter. Listen to your innermost hopes and dreams, don't dash them, don't rain on that parade, but encourage them in realistic ways. Give yourself empathic attunement – which may have been in short supply when you were a child – for your own feelings, being mindful of them, friendly toward them, and accepting (meditation is great for developing this ability). Let yourself let down sometimes; drop the load, put your feet up, and relax; maybe you need a good cry, for real; build in routine times for rest and respite; take more long baths, long walks, long lovemaking, long board games with the kids, long chats with good friends.