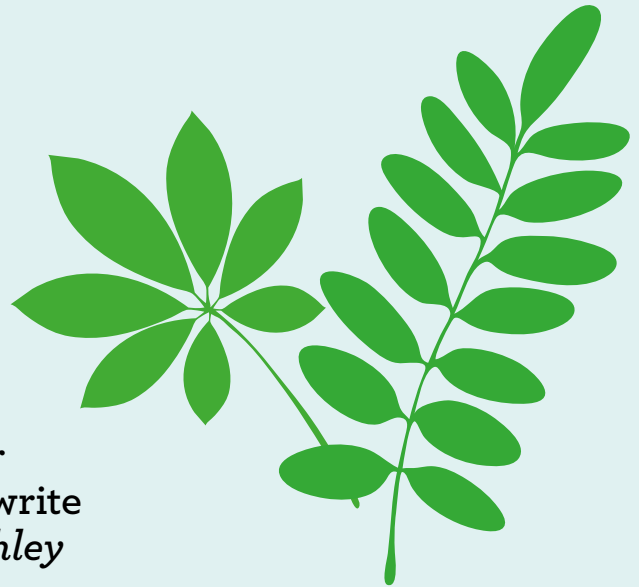


Take care of yourself



Mental health practitioners can improve their effectiveness by practising self-compassion, write Dr Elaine Beaumont and Noah Sisson-Curbishley

Whether you are a qualified practitioner or a trainee, working with people who are emotionally distressed can be challenging. As a result of such challenges, practitioners might question their ability, experience fear or anxiety, or feel overwhelmed.¹ They might also judge themselves harshly, particularly if they feel they have failed in their attempt to help their client.^{2,3}

The Dalai Lama⁴ suggests that before individuals can develop genuine compassion for others, they first have to commit to caring for their own wellbeing. Self-care is therefore essential, if practitioners are to avoid emotional overload and personal suffering.⁵

A sample (n=54) study⁶ of student cognitive behavioural therapists and counsellors found that higher levels of self-compassion were correlated with lower levels of compassion fatigue and burnout. The study also revealed that higher levels of self-criticism were correlated with symptoms of burnout, compassion fatigue and reduced psychological wellbeing.

Techniques and interventions that encourage self-reflection and self-practice can help student practitioners to cultivate self-compassion and promote self-care.⁷⁻⁹ In 2019, I (Elaine) therefore decided to offer an optional, compassion-focused therapy (CFT) module on the MSc in Advanced Counselling and Psychotherapy and the MSc in Cognitive Behavioural Psychotherapy courses at the University of Salford.

A pre- and post-mixed-methods study of 15 students was conducted to explore the

impact of the module on the students' levels of self-compassion, self-reflection, self-practice and self-criticism. The main aims of the study were to:

- evaluate the impact of self-reflection, self-compassion, self-criticism and self-practice on students and their work with clients
- explore whether compassionate mind training (CMT) provides students with some of the self-care strategies needed to face organisational, placement and academic demands.

‘Techniques that encourage self-reflection can help student practitioners to promote self-care’

CFT and CMT were developed by Professor Paul Gilbert¹⁰⁻¹² to help people who are severely self-critical and suffer from low mood. CFT integrates fundamentals from evolutionary theory, attachment theory, neuroscience, Buddhist practices, social and developmental theory. It focuses on cultivating affiliative emotions to help regulate threat-processing and social motivational systems.

The CFT module involved practising and learning about a number of CMT exercises,¹³

including soothing rhythm breathing (SRB), which activates the parasympathetic nervous system, thereby reducing any physiological excitement by lowering heart and respiratory rates. Other interventions focused on memory (thinking of times when we've felt cared for), mindfulness, compassionate letter writing, imaginal interventions (generating a compassionate other and creating a special, calm, peaceful place in the mind's eye) and putting together a compassionate kit bag.

As part of the research project, Noah, one of the students on the MSc Advanced Counselling and Psychotherapy course, kept a journal of his compassionate mind journey.

Noah's story

I worked in the ambulance service for 13 years and was often called to assist people in distressing and traumatic situations. I was good at making other people feel better, by showing them compassion, no matter who they were or what they had done. I could also, occasionally, accept compassion from others. But if I was good at showing and sometimes accepting compassion, I was not necessarily adept at self-compassion, at directing kindness towards myself – and I had little idea of how it could benefit me or my practice.

At the end of a tough shift, I would often be left with ‘what ifs’ and ‘should haves’. My crew mate and I were good at supporting each other. However, the mutual support did not always help to soften our self-criticism or dispel our internalised shame. I knew the power of compassion and was able to extend it to others, but it was much harder



to internalise it and recognise the struggles I faced.

I left the ambulance service and qualified as a counsellor many years ago. But my experience in the emergency services, as well as my personal beliefs and professional practice in the person-centred approach, led to an interest in CFT. I thought it would be beneficial to gain a better understanding of compassion and how it motivates and drives us to alleviate suffering in others and ourselves, reducing self-criticism and internalised shame.⁹⁻¹¹

I found that practising SRB, whether on myself or a client, was enormously helpful. I felt a deeper interpersonal connection and could empathise on a more profound level. I also noticed that the person-centred approach's core conditions of empathy, congruence and unconditional positive regard came much more readily when practising SRB, because I was truly present with the client. The benefit I gained from SRB was just as pronounced outside the therapeutic space. I felt grounded, rested, focused and more responsive.

We were encouraged on the module to imagine a compassionate other. I brought to mind my mother, although the compassionate other could be real or imagined.¹³

I could clearly hear my mother's voice telling me that it was OK, that I was doing well. The voice fostered an inner awareness that I was being hard on myself and unnecessarily critical. The exercise not only made me think about my own difficulties, but also about my mother's struggles. I lost my mother to cancer when I was 12, and knowing that she faced such challenges gave me the inner resolve to be courageous and self-soothe.

I consider smell to be one of the most powerful senses for memory recall and imagery. I have a tester bottle of my mother's signature scent, and the smell brings me instant comfort and happiness. I put the bottle into my compassionate kit bag.¹⁴

The compassionate kit bag is an easily accessible, go-to collection of objects that stimulates various senses and helps ground, soothe and restore your self-compassionate response.¹⁴ As well as the perfume, my kit bag

Table 1: Key skills of compassion

Compassionate attending

Developing sensitivity, sympathy, acceptance and insight into one's own difficulties through self-reflection and mindfulness

Learning to notice and experience physiological and psychological reactions with compassion

Developing breathing techniques (soothing rhythm breathing) that have been associated with positive health outcomes and give a sense of slowing down

Compassionate imagery and memory

Recalling times when we have felt compassion for another, when we have received compassion from another and given compassion to ourselves

Creating an imaginary calm place in the mind's eye that provides a sense of relaxation and peace

Imagining and using acting skills to experience a compassionate self (getting into a role as actors do when they take on a part)

Experiencing compassion as a flow, which can flow in three ways:

- From other people to us
- From us to other people
- From self to self

Creating a compassionate self, ideal compassionate other and compassionate team

Compassionate thinking

Using thought records to explore the role played by self-critical rumination

Learning to take a step back and focus on what would be helpful from a compassionate perspective, as opposed to judging and criticising oneself

Learning to respond compassionately to the 'bully within'

Thinking about and responding to our multiple selves – the anxious, sad, angry and critical self

Compassionate behaviour

Compassionate letter writing, which aims to help individuals to engage with difficulties and problems by focusing on being kind, supportive and nurturing, as opposed to being self-critical

Creating a 'step by step' approach to cope with trauma symptoms such as avoidance

Creating a compassionate kitbag

Table 2: Notes from Noah's journey

Technique	Benefits	Awareness
Soothing rhythm breathing	<ul style="list-style-type: none"> Creates therapeutic presence Keeps you grounded Can be practised in most places Creates deeper empathic connection Benefits outside therapy room 	<ul style="list-style-type: none"> Can be difficult initially with mind wandering Critical self wants to 'give-up', believing it can't do it if not immediately successful/soothed
Formulation	<ul style="list-style-type: none"> Very clear and succinct arrangement of feelings/behaviours Collaborative Reduces blame/shame/self-criticism with compassionate response 	<ul style="list-style-type: none"> Can be overwhelming Self-critic can create resistance
Ideal compassionate other	<ul style="list-style-type: none"> Creates a physical response to a memory/imagined stimulus Real sense that you're not alone Recognise the struggles of others 	<ul style="list-style-type: none"> Some find visualisation difficult – use all senses Choose one compassionate other to focus on, rather than wandering to a few Someone who has never experienced compassion may find this difficult
Compassionate tool kit	<ul style="list-style-type: none"> Really personal Easily accessible Creates an understanding of, and connection to, the suffering of others 	<ul style="list-style-type: none"> Can be used as more of a metaphor than literal Activate as many senses as possible

contained a phone playlist to calm and empower me. I also curated a photo album on my phone of people who are supportive and compassionate, but have also been through their own struggles.

I have integrated CFT into my therapeutic practice. It helps with clients who want something to take away from sessions, which they can use as a support in between appointments. CFT not only gives my clients the tools to tolerate their negative experiences, but also the ability to extend compassion to others.

The CFT formulation gives the client a framework in which to identify their negative thinking loops, by pinpointing historical, unhelpful influences and the effect on our present lives and the way we relate to others.¹³ I completed my own formulation with some apprehension about the emotional and cognitive issues it could provoke. However, it has greatly informed my work with clients. I create a formulation with my clients in an open, collaborative and empathic way, which gently challenges the client about their understanding of themselves.

As a student and practitioner, using CMT has given me an insight into the subtle nuances of employing the techniques with

clients, so I can remain present and engaged while simultaneously calling on a deeper level of empathy to connect with and support my clients, and ultimately myself.

In conclusion, as an educator and clinician, encouraging students to consider how they would behave, hear, work with, and respond to themselves and others when at their compassionate best can help them to bring self-compassion to their own doubts and self-criticism.

Dr Elaine Beaumont is a psychotherapist and lecturer at the University of Salford. Elaine's research explores the impact of CMT and CFT on people working in the helping professions and on people who have experienced trauma. Elaine is co-author of *The Compassionate Mind Workbook*: a step-by-step guide to developing your compassionate self.

Noah Sisson-Curbishley is a psychotherapist and student at the University of Salford. Noah has a special interest in gender, identity and sexuality. He is currently researching the effects of mobile dating platforms on the mental health of sexual minority men.

References

1. Reeves A, Mintz R. The experience of counsellors who work with suicidal clients: an exploratory study. *Counselling and Psychotherapy Research Journal* 2001; 2: 37–42.
2. Wheeler S, Bowl R, Reeves A. Assessing sk: confrontation or avoidance – what is taught on counsellor training courses? *British Journal of Guidance & Counselling* 2004; 32(2): 235–247.
3. Beaumont E. A compassionate mind training model for healthcare practitioners and educators. *Healthcare Counselling and Psychotherapy Journal* 2016; 16(3): 22–27.
4. Dalai Lama, Cutler HC. *The art of happiness: a handbook for living*. London: Hodder Paperbacks; 1999.
5. Beaumont E, Durkin M, Hollins-Martin CJ, Carson J. Measuring relationships between self-compassion, compassion fatigue, burnout and wellbeing in student counsellors and student cognitive behavioural psychotherapists. *Journal of Counselling and Psychotherapy Research* 2016; 16(1): 15–23.
6. Beaumont E, Rayner G, Durkin M, Bowling G. The effects of compassionate mind training on student psychotherapists. *Journal of Mental Health Training, Education and Practice* 2017; 12(10): 200–312.
7. Beaumont E, Martin CJH. A proposal to support student therapists to develop compassion for self and others through compassionate mind training. *The Arts in Psychotherapy* 2016; 50: 111–118.
8. Kolts R, Bell T, Bennett-Levy J, Irons C. *Experiencing compassion-focused therapy from the inside out*. New York: Guilford Press; 2018.
9. Bennett-Levy JK, Lee N. Self-practice and self-reflection in cognitive behaviour therapy training: what factors influence trainees' engagement and experience of benefit? *Behavioural and Cognitive Psychotherapy* 2014; 42(1): 48–64.
10. Gilbert P. *The Compassionate mind*. London: Constable; 2009.
11. Gilbert P. *Compassion focused therapy*. London: Routledge; 2010.
12. Gilbert P. The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology* 2014; 53(1): 6–41.
13. Irons C, Beaumont E. *The compassionate mind workbook. A step-by-step guide to developing your compassionate self*. London: Little Brown Publishers; 2017.
14. Binns A. *Compassionate kit bag* [Online.] <http://www.alibinns.co.uk/resources/compassionate-kitbag> (accessed 23 July 2019).

