

***The Eating Well Workbook: A Compassion Focused, Therapist-guided, Self-help Intervention for Clients who Overeat***  
by Lesley Armitage

Based on *The Eating Well Workbook: Addressing Overeating Using Your Compassionate Mind*  
by Ken Goss

## **Acknowledgements**

This guide is dedicated to my husband, James and children, Henry and Harriet, for supporting me on this journey and putting up with me spending so many evenings and weekends on my laptop!

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I will be forever grateful to my patients and clients, from whom I have learned so much. I hope I have done you all justice in the quotes you kindly gave me permission to use. I feel privileged to have been able to sit alongside you as you face life's challenges with grace, courage, creativity and commitment.

With warm compassionate wishes,

Lesley

## Introduction

### Welcome

Welcome to this clinician's guide. Our hope is that the guide will provide you with a framework for using the compassionate mind approach with clients who overeat, in conjunction with *The Eating Well Workbook: Addressing Overeating Using Your Compassionate Mind*. In this guide, we will set out a ten-session, therapist-guided self-help (GSH) protocol, following the chapters of the book, plus two optional additional sessions. This protocol was piloted with fourteen clients as a time-limited psychological intervention, delivered remotely by telephone as part of a specialist weight management service during the COVID-19 pandemic. The protocol was based on a previous study investigating the efficacy of guided self-help bibliotherapy for obesity using a compassionate mind approach (Loader, 2013).

### Who is this clinician's guide for?

According to the World Health Organization, 39% of adults worldwide were overweight in 2016 (WHO, 2021). In England in 2021, 63.8% of adults were overweight or obese (Office for Health Improvement and Disparities, 2023). Obesity is linked with both physical and mental health issues (Office for Health Improvement and Disparities, 2023). Whilst there are many complex biopsychosocial factors that contribute to obesity, emotional eating and binge eating are major contributing factors (British Psychological Society, 2019). We can therefore assume that those of us working with clients in a variety of public sector services or in independent practice are likely to come across people who overeat.

This guide is particularly relevant for psychologists and therapists working in NHS weight management services but will also be helpful for therapists working in any context, who provide therapy for clients who overeat. Studies have indicated that guided self-help may have more success than when the 'guide' is a therapist, due to the therapist's additional skills in working with the therapeutic relationship and adapting the intervention to best suit the needs of the client (Traviss, 2011).

*The Eating Well Workbook* is designed to be used by people without any prior knowledge of compassion focused therapy (CFT), but it is suggested that any therapist wanting to use this guide with a client would benefit from some background knowledge and practical experience of CFT, in order to be a confident and competent guide for the client. To find out about training workshops and further information about CFT, including how to find a CFT supervisor, please visit the following websites:

- [www.compassionatemind.co.uk](http://www.compassionatemind.co.uk)
- [balancedminds.com](http://balancedminds.com)

### Why a compassion focused approach?

The founder of CFT, Paul Gilbert, when providing therapy for clients with depression, noted that some people described their internal experience of therapy techniques (such as cognitive restructuring, behavioural experiments and exposure) as hostile, aggressive and blaming / shaming. This prompted him to help clients to develop a

warm, kind internal voice to support therapy tasks; this later developed into compassion focused therapy (Gilbert, 2010).

When working in an NHS tier 3 specialist weight management service, I noticed that many patients were presenting with high levels of shame and self-criticism, which created barriers to them benefiting from multi-disciplinary weight management input and traditional therapy approaches did not always hit the mark. Phrases I regularly heard included 'I know what I need to do, but...' or 'I feel like I'm self-sabotaging and I don't know why.' On further exploration, at the core of this resistance to change was often a deep-rooted shame about themselves, their weight and a nagging internal critical voice saying something along the lines of 'there's no point in trying, you always fail anyway...'

Clients with high levels of self-criticism and low self-compassion are most likely to benefit from a compassion focused approach. I have observed that many clients who benefit from this approach are hard-working parents or carers, who put everyone else before themselves and have little time or energy left for self-care.

My plan was to bring these people together in a compassion focused therapy group, to develop a sense of shared understanding and compassion that could counter the self-critical voices and chip away at their shame. Ken Goss and I were working on developing that group when the COVID-19 pandemic hit. Without the technology required to be able to quickly set up online groups, we developed a plan B. This involved using *The Compassionate Mind Approach to Beating Overeating* self-help book (Goss, 2011) for the patients to work through at home, guided and supported by me, using telephone and video calls to provide support and therapeutic input. The therapist-guided self-help protocol was based on a study conducted by Loader (2013).

The aim of the guided self-help (GSH) intervention is to help the client to understand and change their approach to eating, by improving their self-compassion and developing alternative strategies for managing difficult emotions. This is achieved through psychoeducation, compassionate mind skills training, reflection / formulation and facilitating behaviour change using compassionate motivation.

### **What is therapist-guided self-help?**

Guided self-help (GSH) is a form of standardised psychological treatment which is less intensive than psychological therapy, providing an opportunity to deliver psychological support in a cost- and time-effective way (Jenkins et al, 2021). It can be delivered over the telephone, face-to-face, via e-mail or other online methods of communication. It can be used as part of a stepped care approach within a wider treatment pathway or as a standalone intervention. It is designed to be used with individual clients, but can easily be adapted to use with groups.

The proposed structure for the GSH intervention is that clients work through the self-help book at a rate of approximately one chapter every two weeks. The intervention is designed to be delivered using ten fortnightly sessions. Each session offers support focused on relevant chapter(s) of the book. Support sessions last approximately forty-five minutes and have clear boundaries, guided by an

established protocol. If this structure is followed, the GSH intervention should last for a maximum of six months.

There is considerable evidence to show that guided self-help is effective in treating binge eating disorder (e.g. Loeb et al, 2000; Jenkins et al, 2021) and it is recommended as a first-line treatment in the NICE guidance for binge eating disorder (NICE, 2017). Studies such as Traviss et al (2011) and Plateau et al (2018) have indicated that the various roles of the 'guide' in GSH for disordered eating include: helping clients manage and adhere to the self-help materials and exercises; monitoring, supporting and facilitating; assessing suitability for the intervention; tailoring materials to the client's needs and providing supplementary materials when required; using therapy skills, including maintaining a good therapeutic relationship, motivational interviewing and identifying blocks and barriers to change.

### **How do I use the clinician's guide?**

Following this guide will help you to structure your intervention, set clear boundaries around the nature and content of the work and help maintain them. Of course, not all clients and therapists will want to stay within this structure and there may be times when it is not appropriate to do so. We will outline when guided self-help might be less effective and how to discuss alternatives, signposting clients to ensure they get the best support to meet their needs. It is assumed that this guide will be combined with a client-centred approach, considering the individual's preferences and needs, their speed of reading and comprehension and other factors that may require a more personalised approach. However, for those who are appropriate and want to make the most of this approach, it is recommended to stay as close as possible to the protocol.

This guide is split into ten 'sessions' (and two optional additional sessions), each following 1-2 chapters of the self-help book. Each session includes examples and reflections from using this approach with real clients, including a section on what to do if the client gets 'stuck' (for example, they struggle to understand the chapter, have lost motivation or interest, life gets in the way, their emotions become overwhelming, and/or they retreat into overeating). In compassion focused therapy, we call these stuck points 'FBRs' – fears, blocks and resistances. If the client did not have these, they would probably be able to work through the self-help book themselves without the need for therapist support. Your task as a therapist is to help the client to identify and overcome these FBRs as they work through the book, encouraging self-reflection and self-compassion. The aim is to facilitate opportunities to learn from FBRs, which will facilitate movement and growth. In each session, I have outlined some of the most common FBRs at that stage of the intervention. If you get stuck at any point in the intervention, you can skip forward to Session 11 for a more comprehensive list of FBRs and what to do about them.

Throughout the guide, there are opportunities to build your own reflective practice. This includes a written section after each session to encourage you to consider your own learning and development as you journey alongside the client. We hope that you will find this helpful for personal and professional development. We will also include notes about additional training and supervision, to enable you to broaden the scope of your practice. We expect that you will be accessing supervision to support

you in this intervention and recommend that this is with a compassion focused therapist.

We hope that this guide will facilitate the development of a community of practitioners, who can come together to share ideas about using this approach and continue to learn together. We look forward to sharing this journey with you and we welcome your feedback, thoughts and questions. You can do so via emailing [ken@balancedminds.com](mailto:ken@balancedminds.com).

## **Screening and assessment**

An important part of screening for any psychological intervention is identifying and managing risks. This intervention is not designed for clients who present with severe mental health problems. It requires a reasonable degree of self-efficacy, motivation and reflective capacity. Furthermore, a key aim of this intervention is to change overeating behaviours; in the compassionate mind approach, these are usually understood to be coping strategies for managing distress. We can expect that working on this will increase the client's awareness and experience of distress (although they will first learn alternative distress tolerance strategies). Therefore, we suggest that clients with moderate to high risk of self-harm are excluded from the guided self-help approach. During the course of the work, clients may disclose risk; we expect that this would be prioritised, assessed and taken to supervision.

Decisions as to whether to continue the approach would then be made on a case-by-case basis following supervisory consultation. However, some level of stability would be required to maintain engagement with a guided self-help programme.

For similar reasons, if clients present with a known history of complex trauma, significant attachment trauma, or recent or current psychological traumas, we suggest proceeding with caution, especially for people with relational trauma, for whom a compassionate mind approach may actually trigger the threat system and re-activate previous traumatic memories. If a client is presenting with current symptoms of psychological trauma (i.e. flashbacks, nightmares, etc.), they should be signposted to access trauma-focused therapy or if they wish to continue with a self-help approach, *The Compassionate Mind Approach to Recovering from Trauma* (Lee, 2012).

It is likely that, once clients understand the approach and what is expected of them, they will self-select for appropriateness. However, it is important to be aware of when FBRs need to be addressed in more depth than GSH can achieve. We will discuss this throughout the guide and will highlight when / if it may be appropriate to move clients from guided self-help into more intensive therapy.

Evidence shows that a guided self-help approach may be less effective for the following people: those with severe / complex mental difficulties, high levels of depression or chaotic / busy lifestyles; substance misuse; low motivation or lack of ability to engage in self-directed learning / personal practice (Traviss et al, 2011; Wilson & Sandberg, 2012; Jones et al, 2012). It may be worth sharing this information with clients to help them to make an informed choice about whether GSH is for them, and (if they decide to go ahead) to highlight which areas to focus on to

help them make the most of the intervention. Traviss et al (2011) recommend evaluating the client's stage of change as part of the screening process, in order to assess whether any preparatory work (e.g. motivational interviewing) may be required prior to the GSH intervention.

Finally, a note on how this intervention might be adapted to use with clients who have difficulties with reading. One of my clients informed me that she had dyslexia, but was still keen to continue with the approach. I recorded some of the exercises and sent her MP3 files to listen to on her phone. She asked me to print out some key pages of the book and enlarge the print size to make them easier for her to read. She used creative techniques such as Post-it notes, stones and small cards to write short, simple affirmations from her compassionate mind, practised them in front of the mirror and recorded them as voice notes on her mobile phone. For her formulation and compassionate life story, she used photos and artwork. As she began to see and feel the benefits of the approach (e.g. being able to go out walking with her family, buying clothes in bright colours rather than hiding her body in black baggy clothing), she took a photo and added it to her storyboard, so that she could build a compassionate scrapbook of her life.

### **Preparing clients for the intervention – what to do before Session 1**

Plateau et al (2018) suggest that the effectiveness of GSH can be enhanced by providing clients with information and rationale for the approach prior to starting. I have found it helpful to send clients written information about the intervention (see Appendix 1) which I can come back to if needed. This information should include a rationale and definition of therapist-guided self-help, explaining that it will last approximately ten sessions, and each session will last a specified amount of time (we recommend forty-five minutes per session). Each session will have an agenda to guide it, based on reflective questions from the client's reading over the last two weeks (we suggest providing at least some of these questions in advance, so that the client knows what to expect, as this will help you to stay on track during sessions). Make it clear that the client's responsibility is to read the book and be prepared to discuss it each session. The therapist will be responsible for time-keeping, ensuring that each session allows time to reflect on the client's reading and problem-solve any difficulties. It is important to remember that the client will work at their own pace, and you may need to adapt the structure to suit individual needs. We also suggest that clients make a note of any questions or comments they may have about the material as they are reading, ready to discuss these with the therapist during the sessions.

As with any therapy intervention, it is good practice to gain the client's informed consent for GSH. This requires clarity that the sessions will be focused on a clear structure (based on the book) and each session will have an agenda, which you and the client are both responsible for maintaining. It is important to normalise the likelihood of strong emotions in reaction to this work and encourage the client to make time to reflect and process (perhaps using a diary or trusted friend) in addition to the guided self-help sessions. This is also a good time to set up an expectation of regular compassion practice, using the exercises in the book and other 'homework' tasks that you may agree together as you go along. Often, clients like to download an app (see Appendix 1 for examples) to help support regular practice, as many

clients find it difficult to practice without a voice to guide them. You can find all of the exercises in the book, with audio versions of the exercises, along with downloadable worksheets at <https://overcoming.co.uk/715/resources-to-download> or at the Balanced Minds website: <https://balancedminds.com>.

## **Preparing yourself for the intervention – what to do before Session 1**

As highlighted above, it is important that you are familiar and confident with both the theory and practice of the compassionate mind approach to be able to guide the client. As a minimum, we recommend reading through the self-help book a couple of times and making your own notes in the margin, trying out the exercises and ensuring that you understand all the key concepts. This clinician's guide will help to clarify some of the theoretical concepts and give examples of how you might help clients to understand them. However, if are not experienced in the compassionate mind approach, you may wish to do some more reading around the model or seek out an experienced CFT supervisor.

The compassionate mind approach is an 'inside-out' therapy. It is therefore worth spending a few moments before each session to activate your own soothing system and bring to mind your best compassionate self. Both you and the client will feel the benefit of this. It is helpful to be able to 'walk the walk' as well as to 'talk the talk.' Your guidance will be more authentic if you can share some of your own experiences of putting the compassionate mind approach into practice. In my experience, the biggest difficulty clients have with this approach is worry about 'doing it right.' This applies to understanding the concepts outlined in the book and the practical exercises. Your role is to model the qualities of compassion that we want the client to learn and develop – they will learn not just by reading the book, but also by watching you and experiencing the flow of compassion from you.

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## **Session 1: Chapters 1 and 2**

### **Preparing the soil**

The aim of the first session of the therapist-guided self-help (GSH) intervention is to socialise clients to the model, preparing the soil for the seeds that will be sown throughout the work. This will be easier if some preparatory work has been done prior to Session 1, by sharing information with the client about what to expect from the intervention (see introduction and Appendix 1 for further information). Session 1 covers chapters 1 and 2 in the self-help book. Chapter 1 begins by orienting readers to the book and offering suggestions as to how to get the most out of it. Likewise, Session 1 of the GSH intervention will clarify what to expect from the intervention, what the therapist will ask of the client and how the two will work together to get the best out of each other.

When approaching Session 1 (and all other sessions) it is important to hold at the forefront of your mind that the people reading this book and seeking support will most likely be high in self-criticism and low in self-compassion. So, before any interaction with clients, we as therapists first need to be in our compassionate mindset. To begin with, we need to prepare the way for compassion. We do this by creating an atmosphere that promotes growth and learning, encouraging the client to feel comfortable to share their fears and frustrations. We want them to feel they can admit when things go wrong, they don't understand or they haven't done their 'homework.' We want to reassure them that they will not be judged or criticised, while also preparing them for gentle challenge.

### **Clarifying aims and expectations for therapist-guided self-help**

Hopefully, you will already have provided your client with information prior to Session 1 of GSH (see Introduction and Appendix 1 for more information on this). However, it is worth reminding them of this at the beginning of the first session, to help maintain focus and boundaries, giving you an anchor point to come back if needed. Check whether they have started to read the book and where they are up to. Ask if they have made notes and encourage them to come to the session with their own comments and questions ready. Orient them to the purpose and structure of the session with an agenda, using the questions below as your guide. Remind them how much time you have (forty-five minutes is suggested) and be clear that this is not a therapy session. Let them know that you will be asking questions about their reading of the first two chapters of the book (or less if they have not reached the end of Chapter 2) and offering space for reflection and problem-solving, based around the compassion focused approach. Try to leave 5-10 minutes at the end of the session to orient clients to the next section of the book and clarify what home practice they will be attempting before the next session.

### **Building the therapeutic relationship**

Studies of the use of GSH for disordered eating have highlighted the importance of the therapeutic relationship. Traviss et al (2013) found that clients valued a relationship that was open and collaborative, respectful and non-judgemental. They also highlighted that clients found it helpful when the therapist / guide was able to

request feedback and utilise this to recognise and deal with ruptures in the relationship. It is also worth holding in mind that an awareness of the client's stage of change might be helpful (see Chapter 12 in the self-help book for more on this). At the beginning, we might reasonably expect clients to be in 'contemplation stage' – i.e. they are thinking about change, weighing up the pros and cons. The task of the therapeutic relationship at this stage is to give them a safe space to reflect on their hopes and fears about embarking on this journey, help them to consider whether this is the right time to make changes and whether the compassionate mind approach is right for them. To support them with this process, it can be helpful to maintain a neutral, curious stance in order to encourage an open conversation, rather than trying to guide or convince them to move forward.

This clinician's guide has a structure that follows the self-help book. This is for ease of reference between the two, and because many people find it helpful to have a framework to draw upon. It is designed to be flexible to allow the client to work at their own pace and in a way that makes sense to them. If they want to start at Chapter 5 or 7, for example, and work backwards, that's fine. If they want to skip a chapter, that is also fine, provided you acknowledge their fears, blocks and resistances (see below) and are prepared to come back to it at a later date. As therapists, we can model psychological flexibility and the ability to take feedback with self-compassion and adapt accordingly.

### **Early identification of FBRs (fears, blocks and resistances)**

It is normal to come up against fears, blocks and resistances while reading the book. It is helpful for both therapist and client to acknowledge from the outset that these difficulties will happen and be prepared for how to approach them with a compassionate mindset. For example, what will you do if the client tells you they haven't read the material scheduled for that session? Addressing this 'elephant in the room' from the beginning means that you both know where you stand.

Cultivating a compassionate mind allows us and the client to approach FBRs without avoidance or judgement, instead aiming to tolerate and understand distress while using our compassionate wisdom and courage to generate and experiment with alternative methods of coping. From the beginning and throughout the sessions, we are modelling this compassionate mindset for the client to help support their learning.

It is worth asking the client whether they anticipate any difficulties with reading the book, for example finding the time or struggling to understand the material. You can then problem-solve some of this in advance using practical strategies such as setting aside regular time for reading, arranging additional childcare, booking time off work, etc. If you sense a lot of resistance at this stage, remember that the client may be in the pre-contemplation phase of the cycle of change (see Chapter 12 of the self-help book). If this is the case, you might want to employ some motivational interviewing techniques (see e.g. Miller & Rollnick, 2013). For example, helping the client to have an honest conversation about how they feel about change and 'rolling with resistance' – including considering whether this is the right time for them to embark on the GSH intervention. They may choose to put this project aside for a later date.

If they are keen to progress, it may help to explain the concept of ‘compassionate motivation.’ I find it helpful to use the two teachers metaphor here: imagine two teachers – one who is warm, kind and compassionate with the children and one who is harsh, critical and punishing (e.g. Miss Honey and Miss Trunchbull from *Matilda*). If we were choosing a teacher to send our child to, we would (hopefully!) choose Miss Honey every time. However, we often speak to ourselves in our own mind like Miss Trunchbull. Taking a compassionate mind approach involves motivating ourselves in the same way that Miss Honey would, in order to work on becoming the best possible version of ourselves.

## **Reflection questions**

Each chapter ends with some reflection questions, which can provide the basis for an agenda around which to structure your session. Using a non-judgemental space, encourage your client to develop reflective skills to voice their thoughts about what they have read.

One of the most important skills of the compassion focused approach is to develop the client’s compassionate wisdom. This can be achieved through Socratic questioning and guided discovery. You may find that they naturally answer the reflection questions with minimal guidance. However, if the client is struggling to think of what to say (or has a lot to say and needs reminding to stay on topic), you can use the further optional questions to help you to keep to time and maintain focus on the relevant sections of the book.

Don’t worry if you run out of time and the client hasn’t answered all of the below questions, as there will be many more opportunities to reflect on all of these issues in the coming chapters. At this stage, try to keep reflections brief and avoid in-depth discussion of the client’s history. In asking these questions, we are aiming to get a broad sense of the client’s initial responses to a compassion focused approach (socialising to the model) and whether it feels relevant to them. In particular, we want to note down any early indication of FBRs and begin addressing these as early as possible.

## **Chapter 1 reflection questions**

- What are your personal take-home messages from this chapter?
- How do you think developing a compassionate approach to eating and your body would help you?

## **Optional further questions**

- What do you think about the evolutionary understanding of why we overeat (the ‘see food and eat it’ diet) and how does this fit with your experience of eating?
- Do you think you are self-critical? How do you feel about changing this and learning to be more compassionate with yourself?
- What do you think of the key message of the book: ‘your overeating is not your fault, but you can take responsibility for it – and gain control over it, too, if you are supportive and kind to yourself along the way’?

- Do you have any concerns / questions about this approach?

## **Chapter 1 exercises – distraction and distress management**

Ask the client about their distraction and distress management techniques – do they know what works best for them? Have they tried anything new or different since reading this chapter and how did they find that? Here are some examples of questions you could ask:

- What are your go-to distraction techniques?
- Has anything worked well in the past to help you to delay the urge to eat?
- How do you usually manage distress or difficult emotions?
- What gets in the way?
- Who helps you?

If the client is unable to identify any distress management / distraction techniques (other than eating), you may spend some time asking them about their favourite movies, music, places to go, activities at home, pets, etc. I often encourage clients to start a ‘soothing box’ or ‘compassionate kitbag’ (Lucre & Clapton, 2020). This could be a literal box containing favourite photos, cuddly toys, stones, fabric, scented candles, hand cream, etc. Or it may be a virtual box with photos, music, soothing sounds, etc., stored on a mobile phone or online.

This is also the time when I talk to clients about whether it may be beneficial for them to try using an app to help them soothe themselves. Many people find that an app such as Headspace, the Calm app or the Self-compassion app ([www.selfcompassion.me](http://www.selfcompassion.me)) supports them to set up a daily practice which includes a check-in with emotions and body sensations as well as a helpful exercise to try. This can be an excellent support tool in helping clients to get into the habit of taking regular time out for themselves.

If this doesn’t suit them, encourage them to think about what would work for them to introduce a regular and deliberate attempt to care for themselves – for example: going on a short daily walk; listening to nature sounds with the window open; crafting or mindful colouring... the possibilities are endless. Try to use Socratic questioning to elicit their own ideas about what might be helpful and encourage them to write these thoughts down. Make a note of anything they plan to try, so that you can check next session to see if they have managed to put these things into practice. Ask them what might get in the way and encourage them to think of a back-up plan if it doesn’t work first time.

## **Chapter 2 key themes**

Chapter 2 introduces some key ideas about food, the brain and our thought processes. It is useful to get clients thinking about this material and how it applies to them at an early stage. It is a good opportunity to reinforce the key aims of the book and guided self-help intervention. We can explain to clients that if we work on understanding our relationships with food and ourselves and beginning to change our mindset, we can change our eating habits and learn to live a healthier lifestyle. It is important to remember that these ideas differ significantly from the narrative that most people are used to hearing about food and weight. People reading this book

are likely to have been blamed and shamed for their eating habits and weight; they may believe that their difficulty maintaining a healthy weight is their own fault. To take in this new information can be challenging and may require repetition, careful explanation and checking their understanding by asking for feedback.

It is important to make space for clients to be able to reflect on their experiences of being body shamed and judged because of their weight. For many clients, this may be their first opportunity to share these experiences without fear of judgement. One client spent most of the first session describing to me her experiences of difficult consultations with healthcare professionals who repeatedly gave her the impression that her multiple long term physical health conditions were her own fault because of her inability to lose weight. Unfortunately, this is not an unusual experience. The opportunity to reframe these experiences and understand that the health professionals may not have been correct in their assumptions can be a cathartic and potentially transformative experience. We are aiming to sow the seed that the client is not to blame for their weight and associated health problems.

### **Chapter 2 reflection questions**

- Have you ever been at a stable weight when you have not been dieting or overeating? If so, what was this like for you physically and emotionally?
- How have you tried to change your set point in the past?
- How long did it work for?
- Did it come with a cost to you in terms of your emotional, physical and social wellbeing?
- What are your biggest fears about discovering your personal set point by using this book?
- Can you imagine a world where you are not trying to find change your body size and shape, either by dieting or deliberately / accidentally overeating?
- What would you need to be able to think and feel to let yourself do this?

### **Optional further questions**

- What did you think about Aoife's story? Could you relate to any of her experiences?
- What emotions came up for you when you read Aoife's story?
- Did you notice any feelings of compassion for Aoife? Why / why not?
- Can you identify your eating pattern/s? (starve-eat or starve-binge-purge or chaotic eating)? How have these changed during periods of dieting?

### **Exercise – my personal reflections on dieting**

Your client may wish to share with you their reflections, which they will have hopefully noted down. What we are aiming for here is to encourage clients to gently question their long-held assumptions and judgements about dieting and introduce the idea that there may be a different way of approaching their eating that is more sustainable and healthy. One key idea is that dieting actually makes us more prone to overeating, creating a cycle of unintended consequences that are not our fault. It is likely that clients may be sceptical about this idea, as they have probably spent

their whole lives assuming that dieting is the answer to their problems. At this early stage, we do not need to do any more than encourage reflection and a gentle exploration of alternative perspectives. Note down any strongly-held beliefs about dieting and particularly notice whether the client has a tendency to motivate themselves using self-criticism. Most people are reluctant to give up their self-critic because they feel that they would have no motivation without it. In later sessions, we will be encouraging the client to develop an alternative, compassionate motivation. Once this alternative is established, it may be possible to give up their shaming and blaming approach to eating and find a different, more compassionate, way forward.

We are also attempting a shift towards goals of health and wellbeing rather than weight / body shape. It can be difficult for clients who have long assumed that reaching their desired weight/body image goals will make them happy, to let go of this and work instead on becoming healthy and happy first, regardless of their weight and body shape. The therapist's role at this stage is to encourage flexibility of thinking and notice any strongly held beliefs. There is no need to directly challenge these beliefs yet, just notice them and encourage the client to hold them more gently if that feels possible.

### **Set point theory**

In my experience, it can be difficult for clients to understand the set point. Once they do, it can be really powerful as it offers an explanation of how and why their weight may have plateaued or increased throughout their lives, despite repeated attempts to lose weight. It is worth spending some time checking clients' understanding of the set point theory and how it has applied to them throughout their lives. I usually give an example from my own experience of when I went on an extended holiday to the USA and ate super-sized meals for a period of about three weeks, then when I came home I noticed that my body was fed up of burgers and chips and wanted smaller portions. For the first time in my life, I was craving vegetables and salad in order to restore / maintain my set point. However, if I had ignored my body and continued to eat like I did on holiday, my body would have got used to eating more, my weight would have increased and my set point would have changed. Likewise, when dieting, our bodies need time to adjust to each new set point as we lose weight, leading to plateaus. Rather than seeing these as failures to lose weight, we can learn to work with our body's natural tendencies and patterns in a compassionate way. When clients reach an understanding of the impact of repeated dieting or overeating on their weight and health throughout their lives, this may bring up difficult feelings. Try to make space to acknowledge these, and generate hope that a compassionate approach to working with our minds and bodies can create and sustain a healthy approach to eating.

One client reported that she recently lost about half a stone but then got stuck, not losing any more weight. She was able to recognise this was her set point in action. She reflected that she had previously been able to lose weight by restricting her diet, but could not maintain it, and now was able to understand why. We discussed the importance of allowing her body to adjust to her new weight before trying to lose any more.

Try to elicit your client's own examples of set point theory. A client told me in her first appointment that she had previously tried a range of commercial diets, but nothing worked for her. She would feel hungry while dieting, lose some weight then stop the diet and eat more afterwards, gaining the weight she had lost and more. So she always ended up heavier than she was before she started the diet. In this way, her weight kept increasing in increments throughout her life and as a result, when she came to see me, she was the heaviest she had ever been. I pointed out that she was describing the 'set point theory.' She reported finding this helpful, as she had previously assumed there was something wrong with her because she hadn't been able to lose weight. She expressed anger at the diet industry for taking thousands of pounds of her money and giving her false hope that she could change, whilst actually maintaining her yo-yo pattern of dieting and leading to overall weight gain.

### **Aoife's story**

The reflection questions in the book encourage the reader to think about their reactions to Aoife's story. Using a compassionate mind approach, we aim to help the client to notice their own patterns or habits (for example, a tendency to self-criticise or to avoid difficult emotions). Later, we will encourage the client to develop their compassionate mindset and put it to work on their eating difficulties.

For some clients who are self-aware and ready to change, reading and reflecting on Aoife's story can be a pivotal moment, like switching on a lightbulb. It can help them to see their own difficulties for the first time. One client summed up her understanding: 'I'm substituting food for a lack of affection and using a larger body as a defence mechanism and form of self-sabotage.' This understanding was her first step to developing self-compassion.

### **Highlighting the 'it's not your fault' message and opportunities to feel self-compassion**

During the client's reflections, look for opportunities to reinforce 'it's not your fault,' as this is one of the key messages of the compassion focused approach. For example, one client reported that she could relate to Aoife's story, especially the tendency to be self-critical. She said that this helped her to feel less alone and to see 'that it's not always my fault that I'm overweight.' Another client was struggling with weight gain because of a medication she was taking; however, she needed to take this drug for better quality of life. We talked about the complex nature of being significantly overweight and how this can be caused by so many factors which are not the fault of the individual. One client had recently been denied access to exercise on prescription at the gym due to her BMI being too high. This left her feeling sad and angry. She reflected on how a setback such as this can lead to further self-criticism and hopelessness. We talked through how different this might feel if the healthcare professional had taken a compassionate approach and offered an exercise class, fostering hope and motivation to change.

### **Common fears, blocks and resistances (FBRs) in Session 1**

For more information about FBRs and how to deal with them, see Session 11. In my experience, common FBRs at this stage of the GSH intervention include: difficulty

with the term 'compassion' (usually because it is seen as 'soft' or 'selfish'); resistance or reluctance to change; difficulty finding or prioritising time to read and reflect. We are aiming at this stage to foster an atmosphere of curiosity and reflexivity, to encourage the client to hold FBRs lightly and make a note of them to come back to later. My approach to all of the above FBRs is to ask the client if they are willing to try. If the client is unsure about the approach but willing to give it a try, I suggest starting with four sessions (up to and including Chapter 6) with no pressure to continue. This allows time for the client to socialise to the model and try out some of the practical strategies. If by the end of Chapter 6 / Session 4, the client does not feel that a compassionate mind approach is for them, you can end there, having given them some tools that they may choose to come back to in the future.

### **When not to continue with the GSH intervention**

If, after this first session, your client is clear that a compassionate mind approach is not for them, then you can agree together not to take the GSH intervention further.

You may wish to give them details of other forms of GSH, many of which are available in the UK through NHS talking therapies: [www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/self-help-therapies](http://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/self-help-therapies)

Alternatively, if the client is keen to continue with a compassionate mind approach but has a lot of FBRs (especially if these are related to mental health problems, relationship difficulties or previous trauma), they may be better suited to group or individual compassion focused therapy, which would give them more time for exploration and a more personalised approach. You can explain to them that GSH is not for everyone and be ready to step them up to more intensive CFT treatment if needed. A list of CFT therapists can be found on this website: <http://cfttherapist.com> or via <https://balancedminds.com>.

### **Ending the session**

Try to leave 5-10 minutes at the end of the session to summarise, request feedback from the client and orient them to the next chapter / GSH session. Ask them to keep a note of what comes up for them between sessions. Encourage them to note down any questions and agree boundaries about contact between sessions. Ensure they have some social support and a list of support / crisis numbers if needed. Check whether they have anything coming up that might get in the way of their reading or self-practice; remind them of distraction and distress management techniques and their plan for overcoming FBRs.

In preparation for the next session, their homework is to read chapters 3 and 4, attempting the exercises and making notes of their reflections for discussion in Session 2. Agree the length of time they will need to complete this between sessions. Fortnightly sessions are suggested, but your client may benefit from more or less time depending on their needs.

### **Session 1 summary**

Hopefully, you have finished Session 1 with a sense of how your client feels about the compassionate mind approach, what difficulties may arise in future sessions and some ideas about what to work on. Remember that the most important task at this stage is to set the scene, build the therapeutic relationship and help the client to feel safe in order to be able to embark on this journey with you.

### **Client feedback on Session 1**

There is space here for you to make a note of any feedback the client gives you at the end of Session 1. Ask about pace, content and the therapeutic relationship / process. Check whether there is anything they would like to be different and if they have any concerns about Session 2.

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### **Therapist reflections on Session 1**

Use this space to note down your own personal reflections on the session. What went well and what didn't go so well? What did you learn from this session? Was there anything that particularly moved you? Any valuable insights? Where did you get stuck? Did you feel frustrated or angry? Did your own self-critic show up? Did you feel compassion for the client? Do you have any concerns about future sessions? What issues / problems do you anticipate? Are there any areas where you feel you would benefit from developing your knowledge or skills? Anything you would like to take to supervision?

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### **References**

Lucre, K. & Clapton, N. (2020) The Compassionate Kitbag: A creative and integrative approach to compassion-focused therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, DOI:10.1111/papt.12291  
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## Session 2: Chapters 3 and 4

### Sowing the seeds

In this session, we encourage the client to reflect on the links between their eating and emotions and explore how using food to manage emotions may have unintended consequences, such as shame and weight gain. Thinking about the stages of change, we are helping the client to work on preparation for change. We do this by developing understanding and motivation for change before starting any behavioural work. In the compassion focused approach, compassion is seen as a motivational system that can be cultivated. We sow the seeds for this by highlighting unhelpful patterns of thoughts and behaviour and encouraging reflection on these. In this way, the client will begin to develop a wise, compassionate mindset and intrinsic motivation for change. By the end of this session, we are hoping that the client will be ready to move from the preparation to action phase of the stages of change, ready for Chapter 5.

Of course, not all clients will move at the same pace (just like not all flowers bloom at the same time). We need to get the balance right between moving forward with the GSH intervention, while at the same time allowing the client to move at their own pace and giving space for reflection. I have found it helpful to think about chapters 3 and 4 as sowing the seeds for future work. If the client has not been able to read or reflect on the material in the way we might have hoped, and remains unconvinced about the links between eating and their emotions, we can accept their ambivalence and encourage them to hold this lightly, while proceeding with gentle, open curiosity into the next phase. Chapter 5 will provide the nutrients required for these seeds to grow. When it appears that the client is not taking in the information or applying it to themselves, it can help to remember that we cannot see a seed growing for many weeks or months beneath the soil; we need to trust the process and provide the best environment for growth. There will many opportunities to come back to the key issues around their relationship with food in future chapters. Clients may move backwards and forwards through the stages of change and we will need to tailor our intervention to match with where they are at any given time.

As with all sessions, it is important to prepare ourselves by getting into our own compassionate mindset before making contact with the client. We also need to be able to provide the structure and boundaries to support the client to stay focused and continue with the process. When delivering GSH, rather than asking 'how are you?' or 'how was your week / fortnight / etc.' at the beginning of a session, I find it helpful to ask, 'where are you up to in the book?' or 'how have you found the reading this time?' We are orienting the client to the task in hand and making it clear that the session has a clear focus and aim. Depending on their answer and how familiar they are with the material, you will then set the agenda for the session. For example, if they haven't read the chapters, turn to Session 11 and explore FBRs around this. If they have read the scheduled chapters, but can't remember the content, it might be helpful to give a brief overview (use the summaries at the end of each chapter). If they have read and reflected on chapters 3 and 4, they may have questions or issues they would like to discuss – add these to an agenda and ensure you have enough time at the end (5-10 minutes) for summarising and preparing for the next

session. Remind the client how much time you have and reassure them that anything you don't manage to discuss this time can be picked up in the next session.

### Chapter 3 key themes

The seeds we are sowing in Chapter 3 are aimed at helping the client to identify some of their patterns and rules of eating and how these relate to their emotions, whilst reinforcing the message that these habits are not their fault. Understanding the powerful socio-cultural influences on our personal relationships with food is key in helping people to unhook themselves from the cycle of blame and shame.

In my conversations with clients, I have found that introducing the three emotion regulation systems or 'three circles' model is often a powerful turning point in the work. Frequently, people feel a connection with the circles, responding intuitively to the model and commenting that it resonates with their personal experiences. I link the three systems back with the evolutionary model, reminding the client that we evolved with these basic motivations which are automatically triggered but are not always appropriate for modern day-to-day situations. All of this helps to reinforce the 'it's not your fault' message and sow the seeds of self-compassion. This is discussed in more depth in Session 7 (chapters 10 and 11). Here are some examples of clients' reflections on the three circles:

*'I have tried to suppress the threat system with food and use it as a soother. If I don't use food for comfort, I feel my anxiety levels rising – feeling on edge, jittery.'*

*'I feel like I understand the emotion regulation systems, especially the drive system. I am always excited to try a new diet and feel a huge sense of achievement when I have lost a few pounds, then I feel like a failure and angry with myself, so I give up and it takes a while to build myself up again and re-focus, to think that I can achieve weight loss.'*

Clients will be at different stages in the cycle of change. For those who are still in the contemplation phase, we might notice that they find the reading a little more difficult, have more questions about the material or come up with more FBRs. See Session 11 for more information on how to support these clients. For those who are naturally moving through preparation and ready for action, they might tell you about what changes they have already started to make in their lives. This is an opportunity to reinforce what they have achieved and encourage their intuitive compassionate wisdom. For example, one client told me in Session 2 that she was working on overcoming her fear of food waste. She gave some examples of this from the previous two weeks: she had thrown food away at home for the first time and when she went out for dinner, she ordered a pudding and didn't finish it. We were able to celebrate these small changes and this helped her to maintain motivation.

Becoming aware of personal rules around eating is sometimes enough for people to start to change them. Alternatively, it may bring up more FBRs as clients hold tight to their rules and reflect on their fears of letting go. It is important for us to make space for whatever comes up, to listen with compassion, curiosity and openness, allowing the client to move at their own pace. Reflecting on her coping strategy of overeating throughout her life, one client said:

*'That's how I learned to deal with life and it's not appropriate anymore; it got me through as a child but I'm an adult now, I need re-programming differently.'*

This idea of re-programming the mind for compassion is often referred to by clients. It generates hope that a different pattern can be established for the future, which we can build on in the coming chapters.

### **Chapter 3 reflection questions**

A good place to start is to ask the client whether they have completed the sections in the book that leave space for them to write down their own thoughts. Chapter 3 contains three sets of reflection questions about the links between eating and emotions. For ease, they are reproduced below. Ask whether the client has been able to complete these and if they experienced any difficulties (check for FBRs). Do they have any questions for you to help support their understanding? Start with the more general questions. If the client has been able to use these successfully, the conversation will flow naturally. If they need more specific questions to prompt their reflection, you can use the optional questions below.

#### **My personal reflections on Chapter 3**

- What were your key personal learning points from your reading?
- How did you find the exercises in this chapter?
- What do you think has influenced the way you eat now?

#### **My personal reflections on the link between my three systems and eating**

- Does eating or dieting link to your feelings? If so, which ones does it help with (e.g. providing comfort) or help to tone down / turn off (e.g. specific emotions like anxiety, disgust, sadness or combinations of different emotions)?
- What are your biggest worries about not using food to help with your emotions in the future?
- What would you need to work on to move away from using food to help manage your feelings?

Some clients may benefit from help with the last question. If they get stuck, you may be able to make suggestions for what they could work on, based on what they have told you so far. However, this should be approached with caution, as for some clients it may feel as if they are being judged or told what to do, which could trigger feelings of threat and shame. If you are going to make suggestions, ensure you ask permission first – would the client find this helpful? An alternative is to give examples of what other people have chosen to work on, such as building alternative soothing strategies or reducing self-criticism. This might prompt the client to agree that this is something they would benefit from, or to come up with ideas of their own.

#### **My personal reflections on my rules about eating**

Please write down any personal rules you have about eating.

- Where do these come from?

- Do they help you manage eating now?
- Does sticking to your rules come with any costs to you, or the people you care about?
- What (if anything) concerns you about breaking these rules?

### Optional further questions

If your client finds the reflection difficult, you may wish to use these more specific questions to prompt / guide their reflections on Chapter 3:

- Have you noticed any changes in your eating habits, thoughts or emotions since our first session?
- What are your thoughts / reflections about the three emotional regulation systems? How do these relate to your own experiences?
- What ways have you used food to manage your emotions?
- What / who do you think has influenced how do you eat?
- Do you think that your eating rules are helpful? Would you ask others to stick to your rules?
- What happens if you can't keep to your rules? For example do you overeat? Are you critical of yourself?
- How has dieting or denying yourself food impacted on your emotions?

### Overeating rules

The vignettes of David, Jayden and Tomasz can help clients to reflect how their previous life experiences may have shaped their rules about eating. There will be more opportunities to do this throughout the GSH intervention: most notably in sessions 7 and 8, when we look at formulation. Using examples helps to normalise the client's food rules – we all have them!

David, Jayden and Tomasz all relate their eating rules to emotions or shame and self-criticism. We can encourage the client to reflect on the common themes in these stories and how these are linked to past events, social learning experiences and the rules we try to follow (and break!). Some clients automatically reflect on their own histories and how past experiences have shaped their relationships with food; for example:

*'If I didn't chastise myself so much, it wouldn't be such a big issue; I would probably feel better if I could move away from demonising food. It would be good for me to let go of Mum's rules because it's not doing me any good, feeling that way and treating myself that way; I wouldn't treat others that way, wouldn't say the things I say in my head to anyone else.'*

In the above quote, we can hear the client becoming more aware of her self-critic and the unhelpfulness of this blaming, shaming approach to her eating. She is considering what life might be like if she could let go of the rules that she has developed and the way in which she treats herself when she breaks them. This is a good example of a client who is contemplating change. Other people might notice their self-critic (telling them to restrict their eating) or inner rebel ('stuff it, I'll eat what I want'). Gradually, we will support the client to develop their compassionate mindset

as an alternative to these rules. If an opportunity comes up, we can introduce this idea, to build on in the coming chapters. This helps create hope and optimism, improving motivation for a different approach to food.

### **Chapter 3 suggested exercises**

It can be helpful to ask clients to draw out their three circles proportionately – do they seem in balance? This is discussed in more depth in Session 7 (chapters 10 and 11). Although three perfectly balanced circles is ‘ideal,’ in reality, most of us have one circle that is bigger or smaller. It can be helpful to normalise this for the client. Encourage them to reflect on which of their three circles is most dominant and which might benefit from some growth or development.

Most clients tell me that they would benefit from further developing their soothing system. We can support them to start this by asking what they already use for soothing (or have done in the past) and how they could increase / return to this. Look for natural ways to bring soothing into the conversation, sowing seeds which we can then develop in future sessions. For example, a client told me she liked to sit quietly and listen to the birds in her garden; this provided a sense of calm. She was interested to reflect on how she could use her enjoyment of the birds to help build soothing and self-compassion. Another client remembered that she used to teach breathing and imagery exercises when she worked in an antenatal clinic, but had never used these for herself. She set herself a task to try this.

### **Chapter 4 key themes**

Chapter 4 builds on the themes of Chapter 3, introducing different food mindsets and considering how these relate to the client’s experiences with eating. We are aiming to raise awareness of cycles of self-criticism and overeating and the unintended consequences of these. The compassionate mindset is introduced as a suggested alternative to these cycles, sowing the seed of compassion and generating hope for future growth.

As in Chapter 3, a key theme is how the client’s relationship with food links with their emotions and relationship with themselves. The different food mindsets can be understood as the mind’s best attempts to manage life’s challenges. This is an opportunity to reinforce the evolutionary understanding of our brain and the compassionate message ‘it’s not your fault.’ Many clients reflect on their dieting mindset and how unsustainable this is, leading to episodes of ‘yo-yo dieting’ throughout their lives. We want to encourage movement away from this dieting mindset, as it can trigger overeating as a result of over-restricting, leading to self-criticism and more overeating.

### **Chapter 4 reflection questions**

Below are some suggested questions that may be helpful to use to prompt / guide your client’s reflections on Chapter 4:

- Do any of the different mindsets described in Chapter 4 (i.e. dieting mindset; comfort food; food is fun; eat to fit in; food as a punishment) relate to you?
- What impact have these food mindsets had on your life?

- What do you think of the idea of a compassionate mind?
- What compassionate qualities and attributes do you already have (if you have time, encourage the client to give you examples of when they have used these)?
- Are there any qualities or attributes you feel you would like to develop further?

There are many reasons why clients might comfort eat, including: loneliness; managing traumatic memories or psychological distress; as a way of feeling in control of their feelings.

Emotions can be overwhelming, especially if the client was taught not to show their emotions as a child. Many people use food to avoid/numb painful emotions. One client said: 'I realised that I reach for food because I think it will help me to feel in control... I feel very 'in the moment' when I am bingeing – everything around me stops and I feel a sense of stillness.' Another client told me that she experienced sexual abuse when younger. Being overweight made her feel invisible, and she realised she was using it as a form of protection. Sometimes, food is used as a form of self-harm. One client described her mindset as 'self-destruct – food as a weapon;' She asked 'what am I trying to do? Am I trying to kill myself? Rebellion?' She identified with several mindsets described in Chapter 4. Another client described dieting as 'a form of control and punishment.' She recognised that when dieting, she can't achieve her (unrealistic) expectations, then feels anger with herself for being 'weak-willed and pathetic.'

Some clients struggle to identify emotional reasons for their overeating. One client was talking about fish fingers being left on her daughter's plate, and was surprised at her emotional reaction to thinking about a fish finger, which she associated with pleasure. I explained that food being a source of pleasure or fun is one of the emotional reasons for eating. We were then able to consider the lack of other pleasures in her life and to begin to think about alternative ways of introducing fun and pleasurable activities as alternatives to overeating.

Encourage the client to reflect on their reactions to the qualities of compassion; they may come up with their own words that are more meaningful and helpful to them. It can be helpful to ask how they (or others) will know when they are being compassionate: what does compassionate behaviour look like to them? For example, one client reflected:

*'I have been thinking about how to adopt compassionate behaviour: e.g. taking a step back and starting again, rather than soldiering on and becoming negative. I have decided to take a step back at work, which was hard for me to do but I realised I needed to be compassionate to myself.'*

One way to sow the seed of compassion is to ask the client: what do you do for you? Many of my clients reflect that they take on too other people's problems and rarely take time to reflect on their own needs. One client summed it up like this: 'I come last; maybe I should start putting myself first.' She felt that this would be hard but that it was important for her to try.

## **Common FBRs in Session 2**

As much of the material relates to emotions, common FBRs in this session tend to be emotion-based. For example, activation of traumatic memories, grief, guilt and fear of emotions / overwhelm. Often, a key function of overeating is emotional avoidance, so once we start to name this, emotions begin bubbling up to the surface.

We are beginning to introduce the idea of turning towards distress with courage and compassion, rather than avoiding it. Different clients will deal with this in different ways; some may become tearful; others may withdraw due to fear or shame. It is important to maintain a non-judgemental, reflective space where emotions can gently be brought out into the open, explored with curiosity and at a manageable pace. It is helpful to hold a trauma-informed approach to this work. Many clients have a history of traumatic experiences in relationships, and opening themselves up to receiving compassion can feel threatening. Acknowledging this and allowing them to set the pace and tone of the sessions is key in helping them to feel safe. For example, one client informed me that she had tried several therapies in the past; she would always get so far and disengage. She found that the structure of the compassionate mind guided self-help approach helped her to feel safe, because it allowed her to gradually build up her self-soothing without the same relational intensity as other therapies. Some clients may need extra support to deal with past trauma. You can read more about this in Session 11.

### **Session 2 summary**

At the end of Session 2, you and the client should have a sense of your client's relationship with themselves and with food. Hopefully, you have sown the seeds of a compassionate mind approach by encouraging the client to become more aware of unhelpful rules and patterns about eating, the role of self-criticism and shame, and the benefits of developing their compassionate mind.

### **Ending and preparing for Session 3**

At the end of this session, remind your client that the next session will be focused on Chapter 5. This chapter requires the client to be more active in their reading and offers them a variety of different exercises to try. Encourage them to be open, playful and curious; this is an opportunity to try out different ways of accessing their soothing system. Before beginning Chapter 5, ask the client whether they have any concerns about developing their soothing system and problem-solve how they will address these.

### **Client feedback on Session 2**

There is space here for you to make a note of any feedback the client gives you at the end of Session 2. This is a good opportunity to check in with the client about how they feel the sessions are going so far. Do they feel safe? Would they benefit from any additional support to manage emotions, trauma memories, etc.? Do they feel ready to move from the preparation into action phase of the stages of change? Check whether there is anything they would like to be different and if they have any concerns about Session 3.

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### **Therapist reflections on Session 2**

Use this space to note down your own personal reflections on the session. What went well and what didn't go so well? What did you learn from this session? Was there anything that particularly moved you? Any valuable insights? Where did you get stuck? Did you feel frustrated or angry? Did your own self-critic show up? Did you feel compassion for the client? Do you have any concerns about future sessions? What issues / problems do you anticipate? Are there any areas where you feel you would benefit from developing your knowledge or skills? Anything you would like to take to supervision?

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### **References**

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## Session 3: Chapter 5

### Providing nutrients for growth

Sessions 3 and 4 focus on providing the client with the tools to be able to develop a compassionate mind. We can think of these as nutrients to support growth. Just as seeds require water and sunshine to enable them to grow, clients require soothing and compassion before they can be expected to make significant changes in their lives. Session 3 aims to facilitate movement from the preparation phase of the stages of change into the action phase, as the client is encouraged to take action to develop their soothing system. Session 4 continues this theme, focusing on the development of compassion.

Despite moving into the action phase, we are not yet asking clients to act to change their eating patterns. Some clients may be relieved to hear this, others may feel surprised, confused or frustrated at what they might perceive as slow progress. Many clients who have tried throughout their lives to lose weight are used to yo-yo dieting, quick fixes and restrictive eating. The compassionate mind approach uses a different method, to create change that is more sustainable. First, to create a mindset that is helpful rather than harmful, we are asking the client to delay changing eating habits until the conditions are optimal for this. A gardener plants different seeds in different seasons to ensure they have a garden that flourishes all year long. To provide optimum conditions for a healthy mind and body, we plan our intervention in stages, so that the client will have the best chance of flourishing in the longer term.

Most clients benefit from slowing down the process during this phase, so we have suggested one session for Chapter 5 and one session for Chapter 6. If your sessions are fortnightly, this mirrors the 14-day challenge in each chapter. Some clients may work faster, particularly if they have tried similar approaches (such as CBT, mindfulness or hypnotherapy). Other clients may feel overwhelmed by the exercises or lack motivation to take action. Watch out for clients who are stuck in their drive system and approach the exercises with a 'striving' mindset. Some clients try too hard, overdoing the exercises and missing out on the benefits. It can be helpful to consider 'when is soothing not soothing?'

Your task in this session is to ensure the client is working at a pace that is right for them and approaching the exercises in the most helpful way. The biggest challenge for the therapist in sessions 3 and 4 is finding the balance between supporting the client to develop motivation and take action, but without becoming overwhelmed due to perfectionism and self-criticism. Using the three systems approach to support reflection can be helpful – be aware of your own tendency to move into drive and/or threat mode and help the client to see if they are attempting soothing exercises while in a different system (when it is less likely to work). Clients need a safe, non-judgemental, soothing space to help them to explore and overcome their fears, blocks and resistances.

During the action stage, there are several levels of behaviour change. First, we focus on exercises to develop the soothing system, providing the client with a strong foundation in distress tolerance. Then, we work on developing a compassionate

mindset and compassionate motivation to change. Later, we will encourage the client to change their eating behaviours. By this stage, the action will be more effective because it is coming from a place of strength, understanding, compassionate motivation and commitment to change. If the client is struggling with FBRs, they might need to move back to a previous stage. For example, if they become overwhelmed, we can encourage them to move back into soothing and build their compassionate mindset until they feel more calm and confident. The skilled clinician can move the client up and down through these levels, depending on their needs.

## **Chapter 5 key themes**

In Chapter 5, we are asking the client to deliberately and actively practising self-soothing techniques to shift into their soothing system. This can feel quite alien for clients and often brings up FBRs, especially if they have not experienced much soothing from others or have not learned to self-soothe. It can be helpful to acknowledge this by re-visiting some of the psychoeducation in the early chapters. Remind clients that all babies are born needing and seeking soothing and that those needs remain when we reach adulthood. We all need to be able to down-regulate the threat system and feel calm, to 'rest and digest'. This is an evolutionary imperative, an instinct that many of us have lost touch with because of life events, busyness or internal blocks and barriers. The aim of this chapter is to get the client back in touch with their own natural soothing system, reconnecting with their instinctive sense of calm and balance.

## **An inside-out approach**

Before asking the client to engage in the exercises in Chapter 5, we suggest that therapists work through the chapter, putting themselves in the client position. Give yourself fourteen days to build your own soothing practice: try the exercises; reflect on your experience; and ask yourself the questions that you will be asking clients. This has several advantages – by putting ourselves in the client's shoes, we will better understand what we are asking of them and be prepared for any difficulties they might bring; we will be more authentic supporting them with real-life examples to share if / when appropriate. I have found that many clients appreciate examples of what I find soothing and how I fit soothing practice into my busy lifestyle.

## **14-day soothing challenge**

Begin by getting a general sense of the client's thoughts and feelings about Chapter 5 and ask them if they managed to complete the 14-day soothing challenge:

- What are your reflections on this exercise? Which activities did you find the most soothing?
- What would you like to do to continue developing your soothing?
- What blocks / barriers came up while you were doing these exercises?
- Did you notice any themes or thought patterns when your mind wandered?

The 14-day soothing challenge suggests thirty minutes per day, but for some clients, this may feel overwhelming. Many of my clients tell me that they do not have enough time to set aside thirty minutes, and find even the thought of this stressful. As a busy working mum, I can relate to this and find that I am more likely to stick to my practice

schedule if I set aside 10-15 minutes in the evening. See the 'Optimal conditions for growth' section below for further ideas on helping the client to set up a time and space for regular soothing practice.

If the client has struggled with the 14-day soothing challenge, the following questions will help to identify FBRs and aid problem-solving.

### **Chapter 5 reflection questions**

- Which of the exercises in this chapter do you think you could try at least once per day for several minutes?
- Which would you like to try for a little longer every day?
- Which do you think could be helpful when you need to turn on your soothing system, particularly if you have been in your threat system?
- Is there anything that frightens you about turning on your soothing system? If so, please make a note of what worries you and we can return to this later; to see if your compassionate mind can help you address these fears.
- Are there any thoughts that would mean you would be resistant to trying out soothing exercises or practical things blocking you from doing them? Again, please make a note of these as we will look how to address these later.

### **Optional further questions**

These optional questions can be used to help clients who have struggled with the exercises to notice and develop what they are already doing to connect with their soothing system:

- How do you know when your soothing system is online?
- What activities do you already do (or have done in the past) that help you to feel soothed?
- What places help you to feel soothed?
- What people / pets / etc. help you to feel soothed?

### **Chapter 5 exercises**

You can also ask the client, how did you find the following exercises?:

- Mindful attention: 'notice and return.'
- Soothing rhythm breathing – seated, standing, walking.
- Soothing box / objects.
- Creative soothing – e.g. mood board / painting or music.
- Worksheet for building your soothing place.
- Imagining your soothing place.
- Developing your affiliative soothing – connecting with others (e.g. pets, social hobbies, online activities).
- Sensory soothing.

### **Optimal conditions for growth**

To begin with, we recommend that clients practice when they are feeling relatively calm and not in their threat system, as we want to them to have the best chance of

success. However, it is important to manage expectations of what constitutes success. We can compare learning compassion with learning to play a musical instrument or drive a car; the client is creating new neural pathways, which takes time and practice. Just as we do not expect to be able to drive on the motorway the first time we get in a car, or pick up a violin and play for the first time in front of an audience at the Royal Albert Hall, we shouldn't expect to be able to use compassionate mind techniques to help us to cope with difficult situations until we have first practised them in calm (or at least neutral) situations.

Life events and current stressors are important to take into consideration here – when is a good time to embark on compassionate mind training? Many clients have stressful lives with multiple demands and little 'downtime.' Ideally, they would have uninterrupted practice time each day with no stress, but we have to be pragmatic. If they are in the midst of a busy or stressful life event, we may suggest that they pause the compassionate mind training to return to later, when they have more time and energy. It is important that they are willing and able to commit to regular practice. Ask them how much time they can realistically set aside each day as a starting point and explain that you will hold them to account for this.

Encourage the client to set aside a regular time and space to try the exercises. Encourage them to experiment by starting with what is workable for them, as they know their routine. It is better to start small and have quick wins, than to aim too high and set them up for failure. Can they do ten minutes? Or even five? For particularly busy or resistant clients, I suggest starting with three minutes of soothing rhythm breathing, three times per day. I ask them if they can think of it as if they are using medication – 'imagine I am prescribing you this soothing rhythm breathing, to take three times per day – once in the morning, once in the middle of the day and once in the evening. We know from the evidence that it changes the body's neurochemistry in a similar way to medication, and has less side-effects!' Most clients are willing to give this a try.

Get to know your client and remind them that they can personalise the exercises to suit their preferences and needs. For example, some find it really difficult to be still and quiet. They may need more active exercises such as mindful walking or yoga. Try to use Socratic questioning to help clients to come up with their own ways of incorporating soothing into their lives. For example: encourage them to find their own objects to focus attention on during the mindfulness exercise; they could focus on a sound / watching the birds / mindfully engaging in an activity such as cleaning their teeth. Although it is suggested to find a quiet space where they will not be disturbed, we need to be pragmatic; for example, using creative strategies such as art or music. Many of my clients use a locked bathroom for their quiet space, as they can guarantee they will not be disturbed. For some, I have encouraged them to make a 'do not disturb' sign to put on the door, as well as letting family members know that they will not be available for a short time and making sure they switch their phone off or on silent!

Consider what you might do if your client tells you that they don't have a safe space to practice in; sadly, some people may not be safe from harm in their home environment. For example, one of my clients disclosed to me that she was experiencing domestic abuse. In this situation, it is important to check risk and follow

your duty of care to keep the client safe. Remind the client that if they are in immediate danger they should call the police. If you have concerns about a client's safety, you should always discuss this in supervision and explain to the client that you have a duty of care to keep them safe from harm. Be prepared with a list of support services in your local area and consider which might be most appropriate for your client's needs. In the UK, we have several national organisations, which provide a range of information, advice and practical support:

<https://refuge.org.uk>

[www.womensaid.org.uk/information-support](http://www.womensaid.org.uk/information-support)

[www.hestia.org/brightsky](http://www.hestia.org/brightsky)

<https://mankind.org.uk> (for male victims of domestic abuse)

## **Mindfulness**

I always ask about previous experiences of mindfulness and similar strategies or techniques. It helps to be aware of positive or negative connotations, and to prepare for FBRs. Many have tried a mindfulness app, have some experience of it in therapy or perhaps have tried something similar such as hypnosis. Ask them what did they like/not like about it and why; did it help; do they still use any of it? It might be helpful to bust some myths about mindfulness and make a note of any potential FBRs.

In the compassion focused approach, mindfulness is the foundation to developing soothing and compassion; it is necessary for compassion, but it is not sufficient. Mindfulness helps us to notice and focus attention; these skills are then built on by cultivating the soothing system. Later, the third building block is the development of the compassionate mind.

Many clients struggle with mindfulness because they think it means switching off but their busy minds and lives do not allow for this. It can be helpful to explain that mindfulness in CFT is a tool to support their compassion practice, by helping them to place their attention where it is most helpful. For example, being mindful of which of our three systems we are in in the moment helps us to develop flexibility to move between the systems and to meet our needs more actively and deliberately, rather than falling into automatic (and often unhelpful) patterns of thoughts and behaviour.

However, becoming more mindful is not necessarily a positive experience. For example, one client told me that the mindfulness exercises brought her fear of death to the surface. She felt that they '*opened up this can of worms, an overwhelming fear of dying.*' This client was willing and able to work through her fears. She gradually learned to tolerate and understand them, turning towards them with compassion.

## **Soothing**

For many clients, soothing is a new concept and can feel quite alien; they might need more information and examples about what soothing feels like in the body. Helpful questions to ask include 'how do you know when your soothing system is online? What do you notice in your body when you feel calm and relaxed?' It can be helpful to spend some time exploring what they already do (or have done in the past) that helps their body and mind to feel relaxed. If they are unable to recall anything from the past week, they may need guidance to think of a time in the past when they

felt soothed. Some people gain more benefit from a guided practice within the session to give them a 'felt sense' of what it feels like to connect with their soothing system, or a recording to support their home practice.

### **Exercise – multiple sensory soothing**

Ask your client about their senses: what do they find soothing to look at, listen to, smell and touch? I often introduce the idea of a 'soothing box' to keep soothing items in – for example, a teddy bear, silk scarf, essential oils, photos or art materials. Some people choose to have a virtual soothing box – for example, storing photos, music or other soothing sounds, etc., on their phone. Some examples that my clients have chosen to use include: a favourite soft toy or blanket; scented candles or perfume; liquorice tea which also served as a reminder of a compassionate relative; listening to birdsong; 'music and the idea of a balloon floating away.' Encourage them to experiment and have fun with sensory soothing.

### **Exercise – soothing rhythm breathing**

The exercise suggests spending ten minutes on this; check how this length of time feels for the client – ensure that it doesn't feel overwhelming and they are not putting pressure on themselves to stay still and keep trying for longer than is comfortable for them. Remind them that they are in control of the exercise. If they find ten minutes difficult, what would feel more comfortable: Five minutes? Three or one? Watch out for the 'striving' mindset – trying too hard/am I doing it right? Many clients need reminding that there is no right or wrong way to do the exercises. We are aiming to find a rhythm and style that is right for each individual. Encourage them to approach the exercise(s) with playfulness and curiosity and to go gently with themselves, stepping out of any judgement or 'striving.'

Ask the client what thoughts they noticed during the exercise: where did their mind go? I use the metaphor of a puppy on an extendable lead. Puppies like to sniff, run and explore; if I expect my puppy to walk perfectly on the lead and yank it back into line every time it wanders off, I create stress for myself and the puppy. If I accept that the puppy will wander and give it space to do that (provided I am keeping it safe and not allowing it to bother others), we will have a much more pleasant walk. If we can do the same with our minds, we will gain more benefit from mindfulness and soothing exercises.

Several clients have found that this exercise helps with calming anxiety in a variety of different situations. For example, at night to support sleep; in the car as a nervous passenger; to manage an anxiety attack; to reduce physical tension and pain in the body.

### **Exercise – soothing place**

Many clients like to use an image of a real place. It is, of course, up to them which image they choose. However, I always give a cautionary tale. My first soothing image was of a real place, then something unpleasant happened in that place in real life and it became associated with threat, in real life and in my imagination. I have now developed a different soothing image that is not based in reality, so it cannot be

'polluted' by events outside of my control. I use this with clients as an example of how we can change and adapt imagery to best suit our needs, as well as cautioning them about using real places / people in imagery.

Many people find imagery difficult. I did initially, as I tend to think in words rather than pictures. However, with practice, I have found that I can be quite imaginative if I think of imagery as telling a story in my mind. It can be helpful to let clients know from the outset that they might not see clear pictures in their minds, as imagery does not work in the same way as a video; sometimes, we have more of a 'felt sense' of the image, rather than clear pictures. Remind them that imagery involves using all of our senses, not just the visual. It can be helpful to introduce different sensory prompts, such as essential oils, objects to hold, calming sounds or visual images to stimulate the imagination. I encourage clients to trust the process and prepare to be surprised – the image you end up with is not always the one you might have expected; as long as it feels helpful, go with it!

Many of my clients have come up with what I call 'weird and wonderful' images and I often give clients some examples before starting the exercise. For example, one client chose to imagine her bed in a field of lavender so she could enjoy the comfort of her bed and her favourite relaxing scent; another chose to have her soothing place on a beach, with tropical flowers growing out of the sand! The soothing place is very individual and it doesn't have to be realistic or make sense – it is all about what works for you. Encourage your client to be creative and put their own stamp on their soothing place. One very creative client chose to create a 'mood board' of her soothing place – a collage with pictures cut out of magazines, swatches of material, etc. Another client made a 'safe haven' in her garden with plants and a rockery where she could sit. She used this as a real-life soothing place with a blanket and cup of tea and found this was a helpful place to sit and read her book, as well as a sanctuary to escape to if she felt like comfort eating. Other clients chose to spend time looking out of the window at the birds, or practising soothing rhythm breathing in a hot bubble bath with music.

If clients find this exercise difficult, you can support them by leading them through a soothing place script in one of your sessions and/or recording an audio file for them to use at home. One client found that food kept intruding into her soothing place; she felt panicky about this. I encouraged her to focus on other sensory experiences – i.e. touch, smell, sound, to help to create a feeling of calm and soothing. I also reassured her that if the safe place exercise doesn't work for her, that is ok, she can move onto other exercises and use them if they work better for her. After this, she was able to approach the exercise with a trial-and-error mentality and after trying out a few different places, she eventually settled on one which she felt suited her best. She reported:

*'It was so relaxing, I enjoyed it and felt so much better afterwards, it lifted my spirits and made me feel so positive.'*

### **Common FBRs in Session 3**

Mindfulness, soothing and compassion exercises are like physiotherapy for our brains – they give our neurological system a workout. This requires motivation,

action and perseverance. Before beginning the exercises, notice where in the cycle of change your client is and consider whether they might benefit from some motivational work. If they are uncertain about starting the soothing exercises, you can help them to weigh up the pros and cons or recall the reasons why they have chosen to do this work. In CFT, compassion is considered to be a motivation. When we feel compassion for someone, we are naturally motivated to move towards and alleviate their suffering. It may be helpful for clients to know that, even if they don't feel motivated to engage in soothing and compassion at this point in time, if they are prepared to try the exercises with open curiosity, they may discover that compassionate motivation is a by-product of building their compassionate mindset.

Some clients are sceptical about soothing as they see it as self-indulgent. It can be helpful to explain the science behind soothing and the activation of the vagus nerve. As someone who finds scientific concepts difficult to grasp and even more difficult to explain to others, I have found this YouTube video by Stan Steindl extremely beneficial for both myself and my clients:

[www.youtube.com/watch?v=5li4jA0Q8AQ&t=9s](https://www.youtube.com/watch?v=5li4jA0Q8AQ&t=9s)

Some clients can feel overwhelmed by the idea of self-practice. Others find it difficult to slow down the pace of their reading, and worry about falling behind with the book. Encourage clients to work through the exercises in their own time. The aim is that they feel confident with developing their soothing system before moving on to the next chapter. Some people may need more than two weeks to do this; try to tailor the pace to the client's individual needs, where possible.

Some people with trauma histories can have flashbacks when activating their soothing system, especially using imagery. I prepare clients by letting them know that this is a possibility, give them permission to pause if this happens and to use the soothing exercises that work for them (signpost back to Chapter 1 for distress tolerance and remind clients what worked for them). Ensure that they have contact details for crisis / mental health services if needed between sessions and remind them of their existing support networks. Remind them that they are always in control during the exercises. I usually explain that we don't need or expect all of the exercises to work for every person all of the time. We offer lots of different options because soothing is not a 'one size fits all' approach. If clients can find just one or two exercises or techniques that help them to feel soothed, then that is enough. Remind them that there will be time to problem-solve in the next appointment and to explore what has and hasn't worked for them. If blocks and barriers continue and/or they develop significant trauma symptoms during the intervention, you will need to pause and seek supervision. The client may require further assessment or therapy (see Chapter 11 for more information about trauma and other significant FBRs).

Many clients are able to tolerate and contain trauma memories as they begin to use their compassionate mind to support themselves through it. Several of my clients report that it is helpful to acknowledge their trauma, rather than denying it and using food to avoid difficult emotions. For example, one client began to have panic attacks during our sessions, related to a fear of death. She connected this with her mum's death when she was around the same age as the client. She realised that she had been avoiding this fear by keeping busy and eating, because she thought she needed to be strong for others. Developing a compassionate mind helped her to

express her emotions and needs, rather than denying them. Another client recalled an experience of sexual abuse in childhood, which she thought she had blocked out. Using her compassionate mind, she was able to cry and open up to her husband about it, developing her understanding and self-compassion.

### **Session 3 summary**

By the end of this session, you should have a good idea of what makes up your client's soothing system: what helps them to feel soothed; how they have found the soothing exercises and what FBRs they have around soothing. Hopefully, your client has felt comfortable to open up to you about the impact of soothing and you have been able to problem-solve any difficulties. If they find soothing particularly difficult, they may require more time to go back through Chapter 5 after their session with you. If they have managed to develop and use some soothing exercises, they are ready to move onto Chapter 6 and developing their compassionate mind.

### **Ending and preparing for Session 4**

Allow time at the end of the session to summarise the client's soothing system, reminding them of what has been most helpful for them about this and highlighting any areas that may require further work. You could ask them 'What one key thing will you take away from this session? What exercise(s) will you continue to use / work on from Chapter 5?' The structure of Chapter 6 is very similar, encouraging clients to develop their compassionate mind using another 14-day challenge. Check whether the client has any questions or concerns about Chapter 6 and problem-solve how they will address these.

### **Client feedback on Session 3**

There is space here for you to make a note of any feedback the client gives you at the end of Session 3. Pay particular attention to whether they have been able to develop soothing, what has worked for them and what FBRs have come up.

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### **Therapist reflections on Session 3**

Use this space to note down your own personal reflections on the session. What went well and what didn't go so well? What did you learn from this session? Was there anything that particularly moved you? Any valuable insights? Where did you get stuck? Did you feel frustrated or angry? Did your own self-critic show up? Did you feel compassion for the client? Do you have any concerns about future sessions? What issues/problems do you anticipate? Are there any areas where you feel you would benefit from developing your knowledge or skills? Anything you would like to take to supervision?

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## **Session 4: Chapters 6 and 7**

### **Further nurturing**

Session 4 will have a very similar format to the previous session, supporting clients with the development of their compassionate mind. As before, we recommend that you first practise the exercises for yourself and develop your own compassionate mind (and awareness of your own fears, blocks and resistances to compassion). We can then think of this process as the clinician's compassionate mind supporting the development of the client's compassionate mind. Using the growth metaphor, this session is likely to require more watering and nurturing of the seeds sown in previous sessions, remembering that the plants may grow at different rates. We also need to check the soil and weather conditions, to understand why some seeds may not thrive. This involves building an understanding of the client's fears, blocks and resistances (FBRs) to compassion.

Chapters 6 and 7 are designed to be read together, with reflection at the end of Chapter 7. If your client is able to practice the compassion exercises without becoming overwhelmed by FBRs, then you should be able to discuss both chapters in one session; your reflections will include the client's experience of the exercises, what got in the way and how they have tried to overcome blocks. However, if your client has a lot of FBRs to work through and has found the exercises difficult to implement, then you can split this material across two sessions to give more time for overcoming FBRs and building their compassionate mind. If you are going to use two sessions, I recommend starting with Chapter 7 and then using the second session to work through the exercises after they have addressed some of their blocks. As with the previous session, we are aiming for the client to feel confident that they can use their compassionate mind before putting it to work on changing their eating behaviours. By the end of this session (or two sessions), we aim for clients to have a repertoire of compassionate mind exercises that work for them.

### **Chapter 6 key themes**

This chapter focuses on compassionate mind training. It aims to improve the client's understanding of compassion and develop the skills required for a compassionate mindset. Building on the previous chapter, the client is guided through a series of exercises to experiment with different ways of training the mind in compassion. It can be helpful to remember that compassionate mind training is like physiotherapy for the brain. As with the previous chapter, this requires considerable effort from the client and a commitment to building the foundation of a compassionate mind.

### **Chapter 7 key themes**

This chapter encourages the client to reflect on common difficulties with compassion and challenge their beliefs and assumptions about compassion. Before putting the exercises from Chapter 6 into practice, it is important to consider what might get in the way of the client's compassion practise: their own personal fears, blocks and resistances to compassion. We need to ensure that the client is not trying to practise compassion exercises with a self-critical voice tone and that they are open to the

three flows of compassion. This means being able to feel compassion for others, receive compassion from others and practice self-compassion.

I recommend starting your session at the end of Chapter 7, with the 14-day compassion challenge. Encourage the client to reflect on their experience of the challenge. This will give you an overview of how they have approached the practices, what worked for them and any difficulties they have encountered. If they were unable to complete the challenge, you can move to the Chapter 7 reflection questions to explore FBRs. To help the client to problem-solve these, see 'Common FBRs in Session 4' below and Session 11 of this guide for a more in-depth exploration of FBRs.

### **14-day compassion challenge**

Each day:

- Which exercise, where and for how long?
- Did it help me to develop my compassionate mind?
- Did I experience blocks to compassion?
- Did I overcome my blocks?

### **Chapter 7 reflection questions**

- Are there any blocks to compassion you need to work on?
- What do you think life would be like if you could overcome these blocks?
- Have you found any ways to overcome blocks, even if this was difficult for you?

### **Chapter 7 exercises**

The exercises in Chapter 7 revolve around the three flows of compassion: self to other; other to self; self to self. In my experience, most clients who overeat have very little problem feeling compassion for others. However, they often struggle to receive compassion and almost always find self-to-self compassion difficult. You may need to devote a whole session to exploring the client's blocks and barriers to compassion. Ask them to reflect with you on how they feel when they experience the three flows of compassion: what happens in their body? What sorts of thoughts and emotions come up when they try to practice the three flows of compassion? What images or memories do they associate with this? This may give a helpful insight into FBRs.

#### **Exercise 7.1 – my personal FBRs to experiencing compassion from others**

The capacity to receive compassion is crucial in developing a compassionate mind. Clients may find this difficult if they have not had much life experience of compassion or if their memories of compassion are linked with threat. A common FBR here is fear of connecting with people due to painful past experiences.

#### **Exercise 7.2 – my personal FBRs to offering compassion to others**

It can be helpful to ask the question: 'what switches off your compassionate mind?' Normalise that it is difficult for us to feel compassion for others when we are angry with them or have our own challenges to deal with. Encourage your client to work on their own distress tolerance before trying to feel compassion for others. Another common difficulty is believing that they are not a wise, kind, compassionate person. If the client has previously received a lot of criticism, they may have come to believe that they are not capable of being compassionate to others.

### **Exercise 7.3 – my personal FBRs to developing self-compassion**

This is by far the most common area of difficulty in the clients I see. I spend a lot of time normalising this with clients, by sharing that many of the clients I work with find it hard to be compassionate with themselves. In fact, I (and no doubt many other therapists too) share the same difficulty! High levels of self-criticism, perfectionism and unrealistically high standards make it difficult to practise self-to-self compassion. Many people believe that they should put others first and that self-compassion is indulgent or selfish.

### **Exercise 7.4 – coping with FBRs to compassion from others**

Graded exposure may be helpful to encourage your client to open up to receiving compassion: start small, for example encouraging the client to notice when someone has let them out in a queue of traffic or held a door open for them. Encourage them to open up to these small, everyday examples of compassion first and pay attention to how these feel. Explore whether they may be avoiding or blocking compassion by deflecting when someone pays them a compliment or refusing help when it is offered. Ask them whether and how they would like to work on developing their capacity to receive compassion from others. They may prefer to practice receiving compassion from a trusted friend or relative, or even from a pet. Remind them that by attending the sessions, they are opening up to receiving compassion from you! However, try to be sensitive to how much compassion your client can tolerate. I can certainly think of times when I have not matched my compassion to what the client is able to receive. In my eagerness, I have showed too much compassion, too quickly, causing my client to retreat. It is easy to forget that for some people, compassion can feel very uncomfortable, even threatening. Compassion is a powerful tool and it is important to be aware of how and when we use it and how it may be received by each client, so that we do not overwhelm them.

### **Exercise 7.5 – coping with FBRs to offering compassion to others**

If clients have struggled to practise feeling compassion for others, explore the reasons for this – perhaps they chose a person who is not willing to be helped, or a situation that triggered too much distress in the client. Or perhaps they fear their compassion being rejected, ridiculed or used against them. I usually recommend that they choose situations where they can set themselves up for the best chance of success. Encourage them to think of a person or situation where it might feel more comfortable to practice showing compassion (this may be with someone they know well or even with a stranger). It may help to start with something small, such as helping a colleague at work. Alternatively, can they give you any recent (or past) examples when they have showed compassion to someone and it was well-received

and helpful? How did they feel at the time? How do they feel recalling the memory with you?

### **Exercise 7.6 – coping with FBRs to self-compassion**

Reassure the client that we do not expect them to find self-to-self compassion easy. All we need is for the client to be willing to open up to try this, even though it initially may feel strange and uncomfortable. The idea of ‘acting as if’ can be helpful here. Encourage them to approach the exercises like a method actor, with curiosity and playfulness – they are going to spend some time getting into character and pretending to be a compassionate person. It will most likely feel strange and uncomfortable at first, but with practice they will become more familiar with the feelings of compassion and it will begin to flow more naturally. We can also consider this as conducting a behavioural experiment: if we first behave as if we are a compassionate person, the feelings may follow.

### **Chapter 6 reflection questions**

Once you have worked through the client’s FBRs, you may want to use the reflection questions at the end of Chapter 6 to encourage them to plan their practice. Emphasise that to gain maximum benefit, these exercises are designed to be repeated regularly; the more the client practises using their compassionate muscles, the stronger and more useful they will become:

- Which of the exercises in this section do you think you could try at least once per day for several minutes?
- Which would you like to try for a little longer every day?
- Which do you think could be helpful when you bring your compassionate mind online, particularly if you have been in your threat system?

Some clients may benefit from exploring specific exercises in more depth during the session. Watch out for striving or trying to ‘get it right’ and highlight that we are developing a new skill: like starting a musical instrument or learning to drive, it will take time and practice. Remind the client that we are not aiming for perfection. As always, encourage the client to approach the exercises with openness and curiosity. We are aiming to develop their awareness of what works and what doesn’t, adapting the exercises to suit their individual needs and preferences.

### **Exercise 6.1 – imagining the compassionate self**

When considering the qualities of compassion, be mindful that certain words can be experienced as more or less helpful. It can be helpful to ask your client to reflect on the qualities of compassion – what do the words mean to them? Do they evoke any reactions? Would they choose an alternative or additional quality? I encourage them to choose alternative words if that would feel more helpful, to experiment and find what works best for them. For example, some clients find the language of ‘responsibility’ tricky, perhaps because this might have connotations of duty or expectations of good behaviour. Previous clients have chosen to replace this with phrases such as ‘commitment to myself’ or ‘intention to be more compassionate.’

An example of this is a client who chose to combine the compassionate self with a mountain meditation practice. She felt that she needed to develop qualities of strength and stability within herself. She reported that the practice helped her to feel safe, solid, unshakable, unmovable. She decided to try this before going into the kitchen, which she identified as a 'trigger zone'. She found it helpful to focus on posture and inner strength.

### **Exercise 6.2 and Worksheet 4 – me at my best**

Some clients prefer the concreteness of a worksheet to the imagery-based exercises. It is important to facilitate choice, so that they can adapt the exercises to a format that suits them best. They may like to record themselves on their mobile phone, draw or paint or use other creative tools to support their practice. Be curious about what works for them and encourage experimentation and playfulness in their practice.

### **Exercise 6.3 – focusing compassion on others**

One client, who had difficulty accepting compassion from others, used this exercise a lot. She felt that by practising compassionate thinking towards another person, focusing on the tone and words, she would be able to work towards accepting that towards herself. She was able to see herself as a compassionate person, worthy of receiving compassion from others.

### **Exercise 6.4 – compassion flowing out to others in difficulty**

One client recalled an argument with her dad (who had passed away). She was able to see the situation from both perspectives and spontaneously feel compassion for both herself and her dad. She cried during the exercise, feeling sad that that she wasn't able to do this when he was alive, because she was so angry with him at the time.

If your client gives examples of when their attempt to be compassionate was not well received, ask them why do they think the other person was unable to receive compassion? Have they learned anything from reflecting on this?

### **Exercise 6.6 – compassion flowing into you – using your memories**

Memories of compassion can be painful; they may trigger traumatic memories or grief for people they have lost. Remind your client that our minds are primed to remember negative rather than positive encounters, and so we have to work harder to remember receiving compassion. If they don't have any memories or if their memories are distressing, give permission to skip this exercise.

One client found this exercise difficult because she had spent her whole life avoiding compassion from others. She told me 'I don't need people to do stuff for me and I don't want them to feel like they have to. Maybe I feel like I don't deserve it or maybe it's because I haven't had anyone to make a fuss of me.' She described a recent visit to help her dad with some jobs when she had 'put a brave face on' and hidden how upset she was, because she didn't want to let her dad down, even though she knew

he would have wanted to help her if he knew she was struggling. She felt that she was unable to accept compassion. I explained how opening up to receiving compassion can be gradually learned with graded exposure, like building up a muscle. We discussed small ways she may be able to open up to receiving compassion, such as colleagues helping with tasks at work or from a compassionate image.

In contrast, another client was able to vividly remember a recent hug from her granddaughter, which felt 'warm and mischievous, with a cheeky grin like a Cheshire Cat'. Remembering this, she felt her body warm and tingling, her face happy and content; she described a 'warm buzz, feeling on top of the world, like I could do anything.' She reflected that this feeling was similar to how she feels after comfort eating.

### **Exercise 6.7 and Worksheet 5 – building your compassionate companion**

Encourage the client to describe their compassionate companion, if they feel comfortable doing this. I find that most clients find this difficult at first and can feel a bit uncomfortable or silly. However, if they can overcome this initial reticence, many people find it easier to receive compassion from an imaginary 'being' than from themselves or others, so you may find that this exercise helps with FBRs. As with the soothing place, I usually caution against using real people as a compassionate companion in this exercise, because people may bring emotional baggage – either now, or in the future.

Giving examples can really help to make this exercise feel less abstract and inspire clients to come up with their own images. Sometimes, I share something about my own compassionate images and how these have changed over time, depending on what is going on in my life and what my needs are at a particular point in time. I have a whole team of imaginary friends to draw upon! More often, I share images that my clients have used over the years. Here are some examples of compassionate images from previous clients: a fairy; a tutor; Yoda from *Star Wars*; a teddy; a cheerleader; a wise owl; a Cheshire cat; a lioness; a tree; a mountain.

### **Exercise 6.8 – using your compassionate companion to help you**

Here are some examples of phrases that clients have found helpful:

- 'You're going through a tough time at the moment.'
- 'I can see how hard this is for you.'
- 'I can see that food is a real comfort for you.'
- 'Go at your own pace.'
- 'I believe in you.'
- 'You're worth it.'

One client used her compassionate image to work through a dilemma about whether to give up work. Her image was able to help her to see the situation from another perspective; she realised that she could be enjoying herself doing something else, rather than working (which was causing her considerable physical pain). She felt that she would be more likely to listen to her compassionate companion than to a real person giving advice.

## **Exercise 6.9 – self-compassion**

In contrast, some clients actually find it easier to receive compassion from themselves rather than an 'other' (real or imaginary). For example, one client told me that creating a compassionate companion / other felt too hard; she found it easier to think about what she called 'compassionate self-reliance'. She felt able to develop wisdom, strength and warmth for herself, although she couldn't accept this from others. Another surprised herself (and me!) by discovering that she could benefit from using a mirror to talk compassionately to herself.

### **Common FBRs in Session 4**

This can be a good time to review progress on the GSH intervention. For some clients, this session leads to a choice point. If they are able to develop a compassionate mind, then they can confidently move onto the next stage of the process – putting that mindset to work on their eating habits. For a variety of reasons, some people may not be able to develop a compassionate mindset at this stage. If the client is unable to benefit from the exercises after problem-solving support, you may wish to explore with them whether to continue with the intervention or to end here (without judgement). We have planted the seeds of compassion; we can't force them to grow, but they may bloom later. Sometimes, the client needs more time to resolve FBRs or for circumstances to change, to allow them to be able to make use of their compassionate mind. For example: life events or responsibilities may be preventing them from putting the exercises into practice; they may need to work through trauma memories or create some physical or emotional distance from a family member who is preventing the development of their compassionate mind. There is no shame in admitting that now is not the right time.

Hopefully, we have developed the client's awareness and options for the future. They can return to the book when they are ready to progress. Let them know if there is an option to return to GSH if/when they are able to put things into practice. You may recommend further preparatory work first, such as trauma-focused therapy or relationship counselling. Try to bring your own compassionate mind to this discussion: compassionately acknowledge the value of pausing, rather than seeing this as a failure. If you and the client choose not to continue, spend some time after the session reflecting on this from your own compassionate mindset and consider discussing it in supervision, to identify any blind spots and learning opportunities.

Some people can find the exercises overwhelming and need support breaking down the material into more manageable chunks. Encourage clients to work through the exercises at their own pace; they are in control of the process. If you think they may benefit from spending more time on Chapter 6, you can offer two sessions of reflection or extend the time between sessions to allow for more practice time. Encourage clients to try as many of the exercises as possible, acknowledging that not every exercise needs to work for every person. Give them permission to find what works for them and to let go of what doesn't feel right. They may come back to it another time. Emphasise that we don't expect everything to fall into place straight away. If they are finding the compassion exercises difficult or have avoided them because they feel uncomfortable or difficult, normalise this and encourage them to persevere.

## Session 4 summary

By the end of this session (or two sessions if needed), you should know what turns compassion on and off for your client, which flow/s of compassion they find easiest and most difficult. Hopefully, you have got to know your client's compassionate self or compassionate image and how this can help them in times of difficulty. You will also have a good understanding of their FBRs. If your client has been unable to develop their compassionate mind, you can try an extra session to support with this. If they are still not able to make use of a compassionate mindset, we recommend pausing at this stage, discussing with your supervisor and considering what else the client may need.

## Ending and preparing for Session 5

At the end of the session, summarise the client's responses to the compassionate mind exercises, reminding them of what has been most helpful for them about this and highlighting any areas for further work. You could ask them 'What one key thing will you take away from this session? What will you continue to use/work on?'

Session 5 continues to develop the compassionate mind by reinforcing what they have learned and introducing further exercises, such as compassionate thought balancing and compassionate letter writing. It can be helpful to mention these now, anticipating any difficulties and plan the best way to approach the chapter. Highlight that time is needed to complete the exercises and that there is no right or wrong way of doing them. Remind clients to approach the exercises with playful curiosity, adapting for individual needs and preferences. Encourage them to note down any difficulties to problem-solve with you in the next session.

## Client feedback on Session 4

There is space here for you to make a note of any feedback the client gives you at the end of Session 4. Pay particular attention to how they have used their compassionate mind, what has worked for them and their FBRs.

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## Therapist reflections on Session 4

Use this space to note down your own personal reflections on the session. What went well and what didn't? What did you learn? Was there anything that moved you? Any valuable insights? Where did you get stuck? Did you feel frustrated or angry? Did your own self-critic show up? Did you feel compassion for the client? Do you have any concerns about future sessions? What issues / problems do you anticipate? Are there any areas where you feel you would benefit from developing your knowledge or skills? Anything you would like to take to supervision?

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## Session 5: Chapter 8

### Germination

When a seed has taken in enough nutrients, it will germinate: the seed breaks open and the first root and shoot emerge. This is a crucial stage in the growth process as it determines the success of the plant; however, not all plants grow at the same time or in the same way.

In this session, we may see some roots and shoots emerging in our clients. We will continue to reinforce what the client has learned in the previous sessions and build on this with further development of their compassionate mind. We will also be watching out for and reinforcing examples of when the client has used their compassionate mind in their day-to-day life. Encourage clients to become aware of small moments of compassion in their daily routine; they may have begun to introduce different activities or rediscover previous interests. For example, one client joined the gym and started swimming regularly at this stage in the intervention. She described finding this soothing and was able to see it as a way of providing compassion to herself. Check in with your client at the beginning of the session: ask them what they have noticed more generally in their life as they have been working through this chapter. For example: 'Have you noticed any examples of compassion in your day-to-day life (e.g. other-to-self, self-to-other or self-to-self compassion)?'

Some seeds stay dormant until after the frosty winter, then germinate in the spring, giving them the best chance of survival. Similarly, some clients may need more time than others before they can begin to make changes. A core principle of the compassion focused approach is *it's not your fault*. Encourage your client to approach any difficulties and setbacks from their compassionate mindset and remember to bring your own compassionate mindset to the session. I often use metaphors to help the client to understand why they find it so difficult to give up their self-critical thoughts and overeating behaviours. For example: imagine you are building a house, would you move in before you have put the roof on and made it watertight? Imagine you are swinging through the jungle using vines, would you let go of one vine before you have grabbed hold of the next one? We do not expect clients to give up their old coping strategies until they feel confident using their new strategies. Keep reinforcing the new strategies and help clients to compassionately notice the unintended consequences of their old strategies, to facilitate movement away from the old and towards the new.

### Chapter 8 key themes

This chapter further develops the client's compassionate thinking and behaviour. It aims to work on distress tolerance by practicing bringing the soothing system and compassionate mind together to help manage difficulties. Clients are encouraged to turn towards distress, developing greater awareness of their difficulties and how they have used food to manage these. They then practice using their compassionate mind to consider how they can manage distress differently, attempting to delay eating to allow them to practice other strategies first. New exercises introduced in this chapter are compassionate thought balancing and compassionate letter writing.

You might like to begin with asking the client to share their reflections on Chapter 8.

### **Chapter 8 reflection questions**

- How did you find the idea that you might need to compassionately tolerate distress?
- How could you make compassionate actions more of a habit?
- Do you think compassionate thought balancing or letter writing might help you on your journey to eating well and being less self-critical?
- Have you found your own ways of developing more compassionate thoughts, feelings and behaviours that you could use to help you learn to eat well?

### **Distress tolerance**

In the previous sessions, you will have already learned what works for your client to help them manage their distress. It may be helpful to refer back to the work you did in Session 1 (Chapter 1) and Session 3 (Chapter 5), to remind the client of their distress tolerance strategies.

### **Exercise 8.1 – developing my distractions menu**

Ask your client which distractions they have used and what works best for them. Try to find at least one example of a practical, mental and emotional distraction that the client has found helpful. Check whether they have tried these during times of distress and what the outcome has been. It is common for clients to say, ‘Oh I forgot about that when I was feeling upset, I just went straight to the cupboard without thinking.’

Help your client to develop cues to remember their distractions when they might not be able to think clearly due to distress. For example, they could pin their menu of distractions to the fridge or cupboard door as a reminder, or ask others in the family to remind them. Another useful tip is to find a distraction that takes them away from the kitchen or that keeps their hands occupied, like having a bath, mindful colouring or craft, as it is more difficult to eat while doing these things. Remind them of their soothing box / sensory strategies and check whether they have continued to use these. Ask them what helps them to switch moods – e.g. music, creativity, comedy, nature, exercise.

### **Exercise 8.2 – learning to tolerate distress**

It can be helpful to explain the rationale for asking the client to learn to tolerate distress. There are several advantages: developing mindful awareness of what is happening in the body and mind, which can give useful information about the triggers for overeating; observing the urge to eat and noticing that it can subside like a wave; greater control over thoughts and behaviour, leading to healthier choices. Ask your client what other advantages they can think of for being able to tolerate distress. If the client feels anxious about how they will manage their distress without food, it can be helpful to reinforce that we are not asking them not to eat in times of distress. We are aiming to gradually support them to learn to tolerate distress by postponing eating.

If your client has found this exercise difficult or has avoided doing it, explore their FBRs and talk through the exercise with them. What do they imagine will happen? What are their best- and worst-case scenarios? Some clients fear that they will experience emotional breakdown or loss of control. However, others just don't know what will happen, because they have never tried to manage their distress in a different way. Reinforce that there is no right or wrong way to do this exercise and that whatever happens, it will be helpful to note it down and bring it to the next session.

One client imagined her distress as a balloon floating away while doing the soothing rhythm breathing exercise. She was able to use breathing techniques to 'keep calm and let the moment pass' when she was tempted to eat. Another client described how she used her compassionate image (a fairy) to talk herself out of 'pigging out.' She realised that everything she previously said to herself was critical and negative. By using her compassionate image, she was able to hear kind and compassionate words and not dismiss them, as she would if it was another person. She noticed that the urge to overeat was easier to manage when she was compassionate with herself than when she was criticising herself.

### **Questions to ask about the exercise**

- What did (or could) you do instead of eating?
- What did you notice when you delayed eating?
- How do you think your compassionate mind can help you to tolerate distress?

### **Exercise 8.3 and Worksheet 7 – compassionate thought balancing**

The first aim of this exercise is to learn to stand back and mindfully observe thoughts. To help clients to be able to understand this process, we can use metaphors from mindfulness such as hovering above thoughts like a helicopter, or watching thoughts float by like leaves on a stream. By writing thoughts down, we are helping clients to externalise them and step back, looking *at* their thoughts rather than *from* them. For example, a client reported that practising mindfulness helped her to pause before eating and ask herself whether she needed to eat; sometimes, it helped her to make a different decision.

The second aim of the exercise is to generate alternative, compassionate thoughts from the compassionate mindset. Encourage your client to use their compassionate self or compassionate companion to come up with more helpful thoughts. They may need support to practice this, using a guided exercise in the session.

Some clients find it difficult to write their thoughts down on a worksheet. It is important to explore the reasons for this. For example, a client with dyslexia found the worksheets overwhelming. We explored alternative ways to do the exercises that would feel more helpful for her. She chose to use stones which she wrote some of her compassionate words on: 'kind, caring, wise, strong.' She carried these around with her, using the sensory soothing of touching and holding the stones combined with the words to support compassionate thinking.

Another client chose to develop her own cards, which she called her 'self-worth cards.' She included quotes from loved ones as compassionate thoughts to balance out her self-critic. Here are some examples of what was written on the cards: 'You are worthy; you are lovely; you are lots of fun; you are a nice person and I love you so much; take time for yourself.' Here are some more compassionate alternative thoughts from a client who had previously felt she did not deserve compassion: 'you can do this; change takes time; you are worth the support; you are allowed to be happy and take time for yourself.'

### **Questions to ask about the exercise**

- What did you notice about your overeating thoughts?
- What compassionate alternatives did you come up with?
- How could you record / remember these thoughts in a way that works for you?

### **Exercise 8.4 – getting outside of your mindset**

This exercise works well in session. Ask your client to describe a recent example of overeating. What thoughts were going through their mind, which mindset do they think they were in at the time? Can they generate any alternative thoughts, with the benefit of hindsight and in the relative calm and safety of the session?

One client applied this exercise to herself after overeating at a social occasion. She recognised that she was in her 'food as fun' mindset when she made the decision to overeat. She reflected on her tendency to criticise herself after overeating and came up with these alternative thoughts from her compassionate mindset:

*'I did enjoy myself; I probably ate a little bit more than I should have, but today's a new day, keep going, don't give up; this is a long haul, not just a quick fix.'*

This is a good example of compassionate motivation, which helps clients tolerate short-term discomfort to support long-term goals. I often use the example of parenting: we encourage children to do homework or attend swimming lessons when they would rather be having fun, knowing this is best in the long-term. Compassionate parents give their children what they need, not always what they want.

### **Compassionate behaviour**

At this stage, many clients begin to give examples of when they have acted compassionately towards themselves or others. Hopefully, they begin to set time aside for themselves and engage in activities that are more nurturing. For example: taking a relaxing bath; listening to birdsong; being more assertive in order to meet their needs; spending time in the evening crafting; using a phone app with sleep stories and breathing techniques; eating more regularly; improving work / life balance.

Here is a quote from a client demonstrating compassionate behaviour towards herself:

*'I bought myself the Charlie Mackesy book – The Boy, The Mole, The Fox and the Horse – and often just sit quietly with it, reading the lovely words and looking at the beautiful pictures. It is kept in my soothing box. That has been a wonderful tool.'*

Another client told me that she did not feel able to direct compassionate behaviour towards herself, but was able to focus more on giving compassion to her husband, who had been going through a difficult time. Rather than feeling resentful at having to spend extra time taking care of him (as she would previously have done), she was able to enjoy the feeling of compassion flowing out from herself and benefit from knowing she was using her compassionate mindset. She felt that this would help her to turn compassion towards herself at a later stage.

### **Compassionate letter writing**

Many clients find this exercise difficult and require some support. It is suggested that the client devotes several hours between sessions to attempt compassionate letter writing. If the client finds this difficult, you may wish to add in an extra session to spend some time on this. The most common FBR is a striving for perfection. Letter writing often triggers perfectionism and the length of the letter can feel overwhelming. They may wish to try a different format, such as writing a text to themselves or recording a voice note on their phone.

Remind clients to slow down and take the letter step-by-step. It is important that they spend time getting into their compassionate mindset before they begin writing (this requires a significant amount of time). Encourage them to notice any FBRs and put them to one side, using distraction and soothing when needed. They can come back to the letter as many times as they need to, building it up step-by-step.

I am always reminded that everyone is different in what they find helpful and to try not to make assumptions or pre-judge what will work for individuals. For example, I personally find it very difficult to show myself compassion in the mirror and most of my overeating clients are the same. One client surprised me at this stage in the intervention. She had struggled with every exercise up to this point and I wondered whether she would ever be able to show herself compassion. However, the turning point for her was when she tried speaking to herself compassionately in the mirror. We were working using online video calling. I turned my camera off so that she was looking at herself on the screen, and she was able to show herself compassion for the first time. This was a moving session for both of us, and I learned as much as she did from the exercise. From that session forward, she regularly practised compassion in the mirror and found it to be the most helpful of all the exercises. Another client found this exercise difficult until she tried to imagine herself as a child and this was her breakthrough moment; she found it much easier to show compassion to the child version of herself.

### **Questions to ask about the exercise**

- How did you find the experience of writing a compassionate letter to yourself?
- Would you like to share anything from your letter?
- What blocks or difficulties came up for you?
- How might you work around these?

- (If stuck) What support do you need to move forward with this?

## **Common FBRs in Session 5**

Fear of not being able to tolerate distress is common. One client described said: 'if I didn't eat to manage my anxiety, I feel worried about where the anxiety level would get to and scared of letting the emotion go, facing it.'

To help clients to manage this fear, we can ask about times in the past when they have succeeded in managing their emotions. If they are unable to draw on any past experiences, we can remind them of what has worked in previous sessions. Encourage them to use their compassionate self / image to gently experiment with distress tolerance. Remind the client that they are in control and that they do not have to give up their previous coping strategies until they feel ready.

Many clients find writing difficult, for various reasons. It may be due to dyslexia, negative experiences at school, a belief that they are not good at writing, or a fear of someone else reading and judging their work. Some people get writer's block (I can relate to this!) and do not feel able to start until they know exactly what they are going to write. This striving for the 'perfect' letter has stopped many people from putting pen to paper. Usually, the way to overcome this is to write something – anything! There are many ways of recording thoughts without having to actually write or type – such as speech software, dictation, voice notes and video. Encourage them to try breaking down the steps of compassionate letter writing and taking them one or two at a time.

For those who really struggle, work with them to come up with the best alternatives to writing a letter. For example, one of my clients made a scrapbook with photos, quotes and memories of herself at her best. She found this more helpful than a letter and was inspired to be the best version of herself. At the end of our work together, she had literally and metaphorically climbed a mountain and couldn't wait to show me the photographic evidence in her scrapbook!

For more information and tips for dealing with FBRs, see Chapter 11.

## **Session 5 summary**

By the end of this session, you will have reinforced your client's ability to tolerate distress and supported them to learn new ways to think and behave compassionately. Hopefully, they will have begun to record their compassionate thoughts and motivations in a compassionate letter or other form of communication, and attempted to receive this back from themselves. You will have an idea of difficulties that have arisen for them and some plans to tackle these by the next session. They may have also begun to develop an understanding of why they have used food to manage their emotions, which we will build on in the next session.

## **Ending and preparing for Session 6**

If this session has been successful, the client will have their own summary contained in their compassionate letter. Encourage them to reflect on what has gone well and

what they would like to work on before the next session. Reinforce their distress tolerance strategies and ask them about a compassionate message they would like to remember as they leave the session (write this below). Check in with the client about how they feel the sessions are going and what they need moving forward. Orient them to the next session and Chapter 9, which asks them to keep a diary of their eating. Ask them how they feel about keeping a diary of their food intake and encourage them to plan for how to problem-solve any FBRs associated with this (read Session 6 and Chapter 11 for more information about this).

### **Client feedback on Session 5**

There is space here for you to make a note of any feedback the client gives you at the end of Session 5. Pay particular attention to how the client has managed to tolerate distress, how they have chosen to use and record compassionate thoughts and behaviours, and any FBRs. What compassionate message would they like to remember from the session?

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### **Therapist reflections on Session 5**

Use this space to note down your own personal reflections on the session. What went well and what didn't go so well? What did you learn from this session? Was there anything that particularly moved you? Any valuable insights? Where did you get stuck? Did you feel frustrated or angry? Did your own self-critic show up? Did you feel compassion for the client? Do you have any concerns about future sessions? What issues / problems do you anticipate? Are there any areas where you feel you would benefit from developing your knowledge or skills? Anything you would like to take to supervision?

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## **Session 6: Chapter 9**

### **Checking on new seedlings**

Keen gardeners will spend time checking on their seedlings and ensuring they are well cared-for. Session 6 will focus on helping clients to monitor their eating. This will include reviewing progress, reinforcing what works and identifying areas for improvement.

### **Chapter 9 key themes**

This chapter supports the client to begin keeping a diary to review their eating and identify patterns. You may wonder why we do not encourage the client to start monitoring their eating right from the beginning of the GSH intervention. It is important that we delay this until we have built the solid foundation of a compassionate mindset, from which the client can observe their eating behaviours. If we ask clients to monitor their eating habits too early, we risk them becoming overwhelmed with shame and self-criticism, or hiding the extent of their overeating to avoid these feelings.

We want the diary to be meaningful and helpful, rather than shame-inducing. To achieve this, we will first need to address FBRs and ensure that the client is able to regularly and accurately record their eating and other relevant information. Then, we will use the diary to identify patterns and reflect on how to make changes using the compassionate mind.

The eating diary should ideally be recorded and reviewed over several weeks or months, so that the client can identify patterns over time, linking these to rhythms and routines in their lives. We have suggested allocating one session to Chapter 9; depending on your client's needs and preferences, you may wish to extend this over 2-3 sessions or extend the time between sessions to one month to give more time.

Ensure that the client is in the right mindset to benefit from this session. For example, one of my clients decided to wait for a while before reviewing her diary. She had noticed that, after a period of feeling more in control of her eating, she had lapsed a little bit. She was aware that this had triggered self-criticism because she was comparing her diary to when she was managing her eating better, so sensibly decided to go back to the previous two chapters and spend some more time practising her compassionate thinking and behaviour, before reviewing the diary.

If the client has a lot of FBRs and is struggling to keep a diary, you may want to see them sooner to address this. If they find it easy to keep a diary and can quickly identify patterns (as many of my clients do by this stage in the intervention), then you may need less time for reviewing the diary with them.

Begin with the reflection questions at the end of Chapter 9.

### **Chapter 9 reflection questions**

- What were your first thoughts about keeping an diary of your eating and activity?
- What ways have found to help you with any blocks to diary keeping?
- What did you learn from reviewing your first week [or more] of diaries?

### Common FBRs in Session 6

You may be able to address some FBRs to diary keeping at the end of Session 5, because they overlap with the difficulties clients might have with writing a compassionate letter. Writing down their eating patterns can be difficult for a number of reasons, including: fear of judgement; memories from previous writing experiences (e.g. school); practical difficulties with literacy; feeling overwhelmed by seeing their behaviour written down; habitual secrecy around eating and avoidance of emotional distress. One client had painful memories of food diaries from experience at a slimming club: members were asked to read their diaries out loud and she felt as if the diaries were 'judged' by the group. She was afraid that I would judge her diary. Another client had an experience in childhood of her mother reading her personal journal and criticising her for what she had written, even making her change the wording to something she considered more acceptable! Understandably, she feared family members would read her diary and shame her for what she had written.

Problem-solving can help generate ways to help clients feel safe keeping a diary: such as using a phone or computer with password protection, or keeping it in a locked box. Reassure them that they always have the right to privacy; they can choose *if* they want to share their diary with you, when and how much they share. Remind them that you will bring your compassionate self to the sessions and will not judge their diaries. Ask them to do the same.

It is crucial to understand the personal reasons why the client might find this difficult. If there are practical concerns, these can be problem-solved and the exercise adapted to suit the client's literacy and communication needs. If the concerns are more about managing the emotional impact of diary keeping, spend some time thinking about this from the client's compassionate mindset first. Encourage the client to first develop their compassionate motivation by asking their compassionate self or compassionate companion to help them with their diary. Can they use this to approach the exercise with openness and curiosity, taking an experimental and non-judgemental approach? There are some questions in the book to help with this; you could use these as a script for an exercise to help the client to get into their compassionate mindset prior to writing their diary. They might find it helpful to have the words below recorded for them to play back to themselves, or adapted into a worksheet so they can fill in what their compassionate mind would say:

*'Now you might try thinking of keeping a diary as a leap of faith – something that's worth a try to see if it can help you. Again, you may wish to explore the idea of keeping a diary from the perspective of your compassionate image. What would "you at your best" or your compassionate companion say to help you take this leap of faith? How would they express their understanding of and care for your real and honest concerns that the diary could be emotionally challenging for you? What would they say about the advantages of keeping a diary for you personally? What kind of*

*compassionate plan might they come up with to help you deal with your emotional blocks?'*

If your client still finds this difficult, they may need support to put together a plan for how they manage the emotions generated by diary keeping. Remind them of their distress tolerance strategies, soothing exercises and where they can access support.

### **Worksheet 9 – managing blocks to monitoring eating**

This is another way of tackling FBRs and encouraging the client to record some compassionate alternatives. It is very similar to the compassionate thought balancing exercise from Session 5, applied to diary keeping. If clients have expressed FBRs, encourage them to complete this exercise using their compassionate mind and see if they can come up with alternative thoughts. If they find this difficult, you can support them by reminding them of the compassionate thoughts they came up with in the previous session. Encourage them to get into their compassionate mindset before attempting this exercise.

### **Reviewing the diary**

Before starting the review, ensure that both you and the client are first in your compassionate mindsets. Ask your client whether they would like to review their diary with you. If they have found this difficult and need additional support, you might want to add in an extra session dedicated to reviewing diaries. Hopefully, they have been able to review their diary themselves and you will use the session to reflect on what they have noticed. Often, my clients have noticed what they need to change and already started to work on changing their eating habits by this stage. If that is the case, you can look for and reinforce improvements. If your client is not yet ready to make changes, you can support them by helping them to identify the triggers for their eating, the functions that food serves for them (especially related to managing their emotions) and the unintended consequences of their eating. Remember to build compassionate motivation to change, by helping the client to understand the reasons for their overeating and develop commitment, courage and confidence to do things differently.

One client told me that after keeping the diary, she was able to take control. By slowing everything down and reflecting on the diary, she became more mindful and more compassionate towards herself. She recognised patterns of comfort eating and used her compassionate mind to highlight the importance of looking after her health. Previously, if she had slipped up and overeaten, she would think 'that's it now' and eat more, leading to cycles of more overeating and self-criticism. She felt that keeping a diary helped her to be aware of these cycles and start to change them.

### **Identifying triggers for overeating**

The most simple explanation for overeating is hunger. Many clients have spent years suppressing and denying feelings of hunger, and may no longer recognise the physical sensations signifying the body's need for food. A common pattern is to avoid food during the day and then overeat in the evening. Eating regular meals is the first

step to reducing overeating; however, clients can be resistant to changing the timings of their meals. For example, one client described her first food of the day as 'like breaking a seal;' she believed that as soon as she ate something, it triggered her appetite and she would keep eating and eating. With time, she was able to understand that delaying her eating until the evening was actually contributing to the problem because she was depriving her body during the day, triggering overeating in the evening. Remember to ask about alcohol, medication and other drugs, as these can trigger overeating. Ask the client if they have noticed any particular foods or drinks that trigger overeating, times of the day when they are more likely to overeat, or certain people or places that they associate with overeating.

One client identified a tendency to eat while cooking. She noticed that she wasn't hungry, but was eating quickly, 'as if I didn't know where my next meal was coming from.' Some clients eat more when they are on their own; others are more likely to overeat in social situations. Sometimes, they are able to identify certain friends or family members who encourage them to overeat. One client would only eat what she called her 'safe' foods; she contrasted these with 'unsafe' trigger foods, that led to more cravings (e.g. fast food).

Other triggers for overeating might be a state of mind or emotion. Many of my clients eat due to boredom or loneliness. Keeping a diary helped one client to realise that she only overate when she sat down at the end of the day, to relax and watch TV. She wasn't aware of any emotions at that time, just a lack of something to do. She found it difficult to be quiet or inactive, as she preferred to keep busy. After keeping the diary, she decided to try different activities in the evening to occupy her mind and her hands, such as reading, knitting, crochet and sewing.

Try to understand the function of overeating for your client. Ask what they were doing before they overate, what thoughts and emotions they noticed, and any helpful compassionate thoughts they were able to generate. Check whether they have noticed any unhelpful rules about eating. Ask them whether they eat in secret. Help them to develop awareness of different functions that food might serve. Have they associated their eating with any memories, or with rules and messages about food from the past? Check whether they are using food to avoid thoughts / feelings. Ask them how they felt after eating and help them to notice any vicious cycles of thoughts, feelings and behaviours that might maintain their overeating.

One client wrote in her diary that she skipped lunch and ate a box of mince pies between 11am-4pm. She then felt bloated, uncomfortable and full of regret. When reflecting on this herself, she was unsure what triggered this; she had been in a good mood, full of energy. After discussing with me in the GSH session, she began to wonder whether she chose to eat mince pies because they are associated with Christmas, which is when her dad died. I asked her what she had been doing before eating; she was trying to fix the Hoover and felt better able to manage this after eating the mince pies. She reported that 'they gave me a buzz that made me feel like I could cope with anything.' We explored whether she could build her motivation and self-confidence using her compassionate mind, to help her to approach tasks differently in the future, rather than reaching for food.

## **Worksheet 10 – eating diary review**

This worksheet can be used to guide your reflection in the session. If the client has completed it, they may choose to share it with you. If not, ask them some of the questions on this sheet and encourage them to note down their answers.

### **Alison's diary**

If your client has not managed to write their own diary, you could ask them what they thought of Alison's diary and/or review this together in session, noticing any similarities or differences with their own experiences. I have found this to be a powerful tool. For example, when reviewing Alison's diary, one client described 'a feeling of overwhelming sadness and frustration.' She felt that Alison's diary reflected her own pattern of not eating during the day and then 'just a free-for-all' in the evening. This helped her to build motivation to change her eating habits by scheduling time to eat during the day.

### **Session 6 summary**

Hopefully, by the end of this session, your client will have begun to use a diary to monitor and review their eating. You will have helped them to understand the patterns and functions of their eating and develop compassionate motivation for change. Some clients may have begun to make changes, based on what they have learned up to this point. Others will have developed a better idea of what is holding them back; either way, you should have a sense of what they need to work on moving forward.

### **Ending and preparing for Session 7**

The next two sessions will further develop the client's understanding of their overeating, using formulation of their individual experiences. Session 7 uses the 'three systems' model of emotion regulation. Some clients are able to work through chapters 10 and 11 quite quickly with minimal support, consolidating the understanding they have developed throughout the intervention. Others need more time to work through these chapters at a slower pace, especially if they find it difficult or painful to reflect on their journey. Try to go at the client's pace and adapt your intervention to suit them, where possible. Some clients finish the intervention in 8-10 sessions; others need 10-12 sessions. The remaining sessions focus on applying what they have learned to their own personal experiences and using this knowledge to make changes.

### **Client feedback on Session 6**

There is space here for you to make a note of any feedback the client gives you at the end of Session 6. How did they find the experience of writing and reflecting on their diary? What FBRs came up? What do they feel they need to work on moving forward? You may also like to ask them for feedback about how they feel the GSH intervention is progressing and make a note of that here: is there anything they would like you to do differently in future sessions? If the client is doing well and you think they may be ready to end at Session 10, this is a good time to begin planning

the ending of the sessions. Alternatively, discuss and plan additional sessions (if this is something you are able to offer).

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**Therapist reflections on Session 6**

Use this space to note down your own personal reflections on the session. What went well and what didn't go so well? What did you learn from this session? Was there anything that particularly moved you? Any valuable insights? Where did you get stuck? Did you feel frustrated or angry? Did your own self-critic show up? Did you feel compassion for the client? Do you have any concerns about future sessions or how to manage the ending? What issues / problems do you anticipate? Are there any areas where you feel you would benefit from developing your knowledge or skills? Anything you would like to take to supervision?

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## **Session 7: Chapters 10 and 11**

### **Growing roots**

In the previous six sessions, we have developed the client's understanding of the compassionate mind approach and practised using the compassionate mind. This session further supports the development of roots to support the client's growth. Compassionate wisdom and understanding and lead to purpose and motivation: the foundations of change.

The aim of this session and the next one is for the client to be ready to put their compassionate mind into action on changing their eating behaviours. Some will have already begun to do this, as their compassionate wisdom has developed. Others will need more support to understand their eating difficulties and identify how to change eating behaviours. As they consolidate the learning from previous sessions into a structured formulation, this will help them to consider how to manage their thoughts, feelings and behaviour differently in the future.

### **Setting an agenda and planning the session/s**

Now that the client has developed some self-awareness using their diary, we can personalise the sessions to suit their needs. By this stage in the intervention, many clients are comfortable with the compassionate mind approach. They are able to make connections, relating their overeating to what they have read in earlier chapters. They bring reflections, questions and insights to discuss. For these clients, we may combine Chapters 10 and 11 into one session to explore how and why they overeat (levels 1, 2 and 3 of formulation). In this case, you may wish to leave a longer gap between sessions 6 and 7 (e.g. four weeks instead of two) to allow time to read chapters 10 and 11, develop and record their formulation/s. If your client finds this difficult, you may need to spend more time on Chapters 10 and 11 to provide them with support and guidance. The suggested format is to spend Session 7 on level 1 and 2 formulations, using the three systems model (Chapter 10 and Chapter 11, up to p.305) to understand the client's overeating patterns. Session 8 covers level 3 historical formulations, exploring why they overeat (Chapter 11, from p.305).

If your client is confident with formulation and you have chosen to combine chapters 10 and 11 into one session, you can ask a more open question at the beginning of your session, such as 'what did you learn from developing your formulations?' Or 'which aspects of your formulations would you like to discuss with me today?'

Another important question to ask at the beginning of this session is 'did you run into any difficulties (FBRs) while working on your formulations?' Depending on the answers to these questions, you can then plan your session accordingly. I have found it helpful to be flexible, while holding in mind that sessions must keep to time and be appropriately structured. Your client may wish to spend more time on Chapter 11, reflecting on the unintended consequences of their overeating and their historical formulation (see Session 8), or they may prefer to focus on the three emotional regulation systems and understanding these in more depth (Session 7). Alternatively,

you may spend Session 7 discussing FBRs to formulation and how to overcome these, then Session 8 exploring all three levels of formulation.

Before beginning any formulation work, remember to ensure that both you and the client are in your compassionate mindsets. Throughout this session, you will need to watch out for self-critical thoughts, be ready to reinforce the 'it's not your fault' message and remind the client to view their formulations from the perspective of their compassionate mind.

## **Chapter 10 key themes**

This chapter helps the client to begin to make sense of their patterns of overeating. Chapter 10 focuses on the three emotion regulation systems, using these to help the client understand how their emotions impact on overeating motivations and behaviours. We aim to help clients to understand how their eating habits link with patterns of threat, drive and soothing. For example, what emotions, thoughts and behavioural impulses happen when the client is in their threat system (such as the urge to overeat)? Clients often use food to soothe themselves when feeling angry or anxious, especially if they have not had many opportunities to feel soothed by others in their lives, or have not been supported to develop their own soothing system. The drive system can be linked with dieting and with the 'hunter-gatherer' mindset of acquiring food, which can be a source of pleasure and anticipation.

## **Chapter 10 reflection questions**

- What were your key personal learning points from this chapter?
- What was it like to think about how your threat, drive and soothing systems influence your eating?
- Has this given you any ideas for what you might do differently or need to work on, when these systems come online?

You can also use the first seven questions in Worksheet 11 to prompt reflection; these are copied below.

## **Worksheet 11 – how my eating works now**

Your client may wish to share this worksheet with you, or you may work through it together in session. The first seven questions focus on level 1 (three systems) formulation. This can be a helpful structure to guide your session and remain focused:

1. Am I at greater risk of overeating when my threat system comes online?
2. What types of threat emotions are most likely to trigger my overeating?
3. Are there any other threats that I pay attention to once my threat system is active?
4. How does eating help me to cope when my threat system is switched on?
5. Does eating help me to feel soothed?
6. Does eating help me turn off or tone down my threat system?
7. Does eating activate my drive system?

Alternatively, you could ask the client what they think of Alison's reflections on her three systems (pp.273-7). This may prompt them to notice similarities and differences between their own and Alison's three systems and facilitate reflection.

## **Chapter 11 (up to p.305)**

The first section of Chapter 11 reproduces the first seven questions in Worksheet 11. It then explains how to draw a visual representation of the client's three systems. This can be a useful alternative or expansion to Worksheet 11 and helps to build a more detailed level 1 formulation. When the level 1 formulation is complete, we then return to Worksheet 11 to answer the final two questions, exploring the intended and unintended consequences of the client's behaviours (level 2 formulation).

### **Level 1 formulation – drawing the three systems**

I regularly draw out three systems formulations in sessions with my clients. For example, if they are sharing an overeating episode with me from their diary, I might ask them: which of your three systems was most active when you wanted to overeat? What did you notice in your body? I then draw the three circles proportionately, noting the client's thoughts, feelings, physical sensations and urges at the time and which circle was dominating their decision-making. You can find a visual example of this in Figure 11.1, on p.296.

This facilitates further reflection, for example: if the threat system is dominating, how can the client bring in soothing or drive to rebalance their systems? We can encourage clients to do this regularly as a way of checking in with themselves, asking the questions:

- Which of my three circles is biggest right now?
- How is it influencing my thoughts, feelings, body sensations and urges?
- What can I do to re-balance my systems (brainstorm a list of options)?
- What would I like to do the next time this happens?

To help answer these questions, we can examine each system in more depth, using pie charts to explore what makes up each of the three systems. There are some examples below.

### **Examples of level 1 formulations**

One client recognised that her overeating was triggered when she was alone in the house, leading to feelings of boredom and loneliness, threat-focused emotions of fear and shame, and thoughts such as 'I'm unlovable, I'll always be alone.' She drew her threat system as the largest circle, made up of:



She described food as *'like a friend, always there, comforting me.'* Initially, she felt that food was her only source of soothing and it filled her soothing circle. After reflecting on her three systems, she decided to re-frame her alone time as an opportunity to develop her soothing system to expand from food as her only soother. She used some of her alone time to cuddle with her dog and practice self-soothing strategies. She found it helpful to keep her hands busy (e.g. by knitting) to help manage the feeling of boredom.

Below is the chart showing how she wanted her soothing system to look:



## Level 2 formulations

The final two questions of Worksheet 11 explore the functions and side-effects of overeating:

8. What do I hope that eating will make me feel (the intended consequence of eating)?
9. What are the unintended consequences of overeating?

When asking about intended and unintended consequences, remember to reinforce the 'it's not your fault' message – the client was doing the best they could with the resources they had at that time. If your client becomes self-critical, encourage them to take a step back, breathe and engage with their compassionate mind before continuing their reflections.

One client described her overeating and weight gain as 'like an armour I use to protect myself.' She reflected that perhaps the intended consequence of being heavier was a way of distancing herself from others or creating a barrier. However, the unintended consequence of overeating and weight gain was yet more shame and self-criticism. She felt as if she was 'squashing down' her personality and self-confidence inside her larger body. She identified that she wanted to work on feeling more confident in herself and asking for her needs to be met without using food when things got difficult. She decided to practice assertiveness, starting with wearing what she wanted to, rather than what she thought others would approve of. She reported that this made her feel empowered and brave.

You can use Alison's example in Chapter 10 if the client requires more guidance, for example you might say: 'Alison used overeating as a temporary distraction from self-critical thoughts about her performance in the meeting. Can you think of a recent situation when you have used eating as a way of managing difficult thoughts or emotions?' You can then ask about the intended and unintended consequences of this. Again, if they are not sure, you can go back to Alison's example, discuss her avoidance of emotions such as sadness, anger and grief and the unintended consequence of this: she is repeatedly not getting her needs met. Ask the client whether they relate to any of this in their own lives.

### **Common FBRs in Session 7**

Most clients find level 1 formulations intuitively fit with their experience and they have no difficulty using the three systems model to explain their emotions, thoughts and behaviours. Any struggles with this tend to be difficulty recalling examples in the session, especially if they have not used their diary. If your client struggles, I recommend asking them to talk you through their most recent overeating experience and using a pen and paper in the session to draw out their three circles as they were during that situation. You can ask questions such as:

- What do you think triggered your overeating?
- Which circle was biggest when you noticed that craving for food (i.e.: threat, drive or soothing)?
- What was happening in your body when you were eating?
- Which system do you think was most active then?
- What about afterwards – how did you feel then?
- What thoughts were going through your mind?
- Which system do you think was most active in that moment?
- Using your compassionate mindset, how do you think your three systems could have worked differently to deal with that situation?

During level 2 formulation, clients sometimes beat themselves up about the intended and unintended consequences of their overeating behaviours. If this happens, you

may need to step in and pause the session. Watch out for self-critical comments; sometimes they can be subtle or hidden by self-deprecating humour. If I notice a client saying something self-critical, I always gently point it out. I might say something like: 'I noticed you have called yourself stupid three or four times today. Is that something you say a lot?' After this has happened a few times, clients start noticing it themselves. One client called herself a 'fat pig', then paused and reflected that was what the bullies at school used to say to her. If necessary, you can pause the session and help the client to get into their soothing system / compassionate mindset, then continue when they are in a better place to benefit from the work.

### **Session 7 summary**

By the end of this session, clients will have developed and reflected on their 'here and now' (level 1 and 2) formulation to help them to make sense of their eating behaviour. They should have a good understanding of how their three emotional regulation systems impact on their eating and how they have used food to help them to manage emotions. They should also have some awareness of the intended and unintended consequences of this. Hopefully, they will have developed their compassionate motivation to change these behaviours and, using the tools they have developed throughout the sessions, find new ways of managing their emotions.

### **Ending and preparing for Session 8**

If you are spreading out this material over two sessions, you can prepare the client for developing their level 3 compassionate formulation by orienting them to the timeline and compassionate formulation questions in Chapter 11. Ask them how they feel about exploring historical and cultural factors that may have contributed to their overeating and problem-solve any anticipated difficulties (see the FBRs section in Session 8). Formulation is a complex process and can be daunting for clients. Reflecting on their past and how this influences their current behaviour can bring up a lot of emotions. Normalise this for them and reassure them that they can do as much or as little of the formulation exercises as they wish. Although some challenge can be helpful (remind them about turning towards distress), we want them to set the pace and tone so that they do not become overwhelmed. Reinforce their distress tolerance strategies and the importance of spending time in their compassionate mindset before beginning formulation exercises. Check whether they have someone to talk to between sessions who can support them if difficult memories and emotions come up. Remember to check in with the client for feedback about how this session has landed with them, what they will take away from the session and how they feel the intervention is progressing as a whole.

### **Client feedback on Session 7**

There is space here for you to make a note of any feedback the client gives you at the end of Session 7. Pay particular attention to any ideas or plans they may have shared about changing their behaviours and any FBRs about the next session.

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## Therapist reflections on Session 7

Use this space to note down your own personal reflections on the session. What went well and what didn't go so well? What did you learn from this session? Was there anything that particularly moved you? Any valuable insights? Where did you get stuck? Did you feel frustrated or angry? Did your own self-critic show up? Did you feel compassion for the client? Do you have any concerns about future sessions or how to manage the ending? What issues / problems do you anticipate? Are there any areas where you feel you would benefit from developing your knowledge or skills? Anything you would like to take to supervision?

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## Session 8: Chapter 11

### Deepening the roots

By focusing attention on the history and development of the client's eating difficulties, we are further deepening the client's compassionate wisdom, just as a plant stretches its roots down into the ground to gain more strength, stability and nutrients to grow. As we develop a better understanding of what has and has not worked in the past, we can use that wisdom to inform a different way of managing difficulties in the future.

### Chapter 11 key themes

The beginning of Chapter 11 looks at level 1 and 2 formulations. If you are following the structure of this guide, you will start this session at page 305, 'Level 3 compassionate formulations'. We explore the client's history and how this has influenced their behaviour around food and weight. This can be a very powerful process and provides opportunity to further emphasise the 'it's not your fault' message. Exploring how cultural influences and past life events have affected the client's coping strategies and what consequences have arisen as a result provides context for understanding their eating behaviours and provides a different perspective on why they overeat. For many of my clients, the opportunity to explore this openly and without judgement has been a transformative experience.

### Getting started with level 3 formulation

Probably more so than with any other session, it is important to start the session by ensuring that both you and the client are engaged with your compassionate mindsets. I usually start by asking something like: 'how did you find the process of thinking about your formulation?' Hopefully you already have a good understanding from the previous session about what difficulties your client was anticipating, so you can check in with them to see what FBRs came up and how they managed them. Many clients engage well with level 3 formulation and are able to discover useful insights. However, historical formulation is a complex process and may take some time. We may need to slow this process down by first addressing FBRs and being prepared to guide the client through the formulation in session. If your client has found formulation easy (some do!), you can skip the FBRs and go straight to the reflection questions.

### Chapter 11 reflection questions

- What was it like to develop a level 3 compassionate formulation for your relationship with food and eating?
- Has this given you any ideas for what you might do differently or need to work on?

### Common FBRs in Session 8

The main difficulty my clients have experienced in this session is managing feelings about the past. If, for example, they have experienced past traumas and have tried

to deal with these by not thinking about them, they may fear being overwhelmed by unpleasant memories and emotions. Another common FBR is worry or anticipated guilt about 'blaming' parents or others in their lives who may have inadvertently passed down unhelpful messages about food and weight. As with all FBRs, it is important to ensure that the client is viewing their formulation from the perspective of their compassionate mind. It can be helpful to start the session with a reminder that we all just find ourselves here: we do not choose where or when we are born, the environment we are brought up in or the difficulties and life events we face in our lives; we are all doing the best we can to cope with whatever life brings us, using the best means we have at each moment in time. Our compassionate wisdom provides the benefit of hindsight and the opportunity to choose a different path in the future, but we should not beat ourselves up about how we behaved in the past. When difficult or painful memories come up, encourage the client to view each one from their compassionate self / image: ask questions such as 'what does [your compassionate self / image] have to say about that memory?'

To help clients to manage emotional overwhelm, try breaking the formulation down into manageable chunks and remind them that they can take as long as they need. They can stop at any time and come back to the formulation in the future. Encourage them to pause and use their distress tolerance and soothing strategies before they reach overwhelm. This will help to build their confidence at managing difficult emotions. By this stage of the intervention, we should have a good awareness of what their client can tolerate and can support them to work at a level that is right for them. For some clients, it may feel too painful or overwhelming to think about the past, in which case you can reinforce the level 1/2 formulation and support the client to compassionately make the decision not to complete the level 3 formulation at this point. They may come back to it at a later stage. We can remind them that, using their compassionate mind, the wisest, kindest and strongest option might be to remain focused on the here and now.

Clients often worry about what will happen if they lose their safety strategies. Remember that we are not asking the client to give up their safety strategies, rather we are building new strategies for them to try (initially this will be alongside their old ones), with the hope that they will gradually choose the new strategies over the old. It is perfectly understandable that they would want to hold onto their old strategies; although they have unintended consequences, they have also served a purpose and may have worked well to help the client to manage particular emotions or difficulties in their lives. For example, I have some clients whose occupational and financial successes are linked with their overeating patterns. One client in particular was very reluctant to give up overeating because it helped them to stay awake and work throughout the night, which was when they were at their most creative and productive as an artist. There are some helpful metaphors that we can use here to support choice and reduce any feelings of pressure. For example, imagining the client is swinging through the jungle on vines – we wouldn't ask them to let go of one vine until they had a firm grip on the next one. Or imagine they are building a house – they don't have to move in until they are confident that their house is at least watertight!

It may be worth taking a moment to consider the client's position on the cycle of change (see Chapter 12). To have made it this far, they must be quite motivated.

However, we are asking something different of them from this point on; the intervention is stepping up a gear. Some clients may choose to end here. They may not be able to tolerate a historical exploration of their difficulties and may not feel ready to move forward with making changes to their eating behaviour. It is important to allow them to do this without feeling a sense of failure, shame or blame. For some people, the time might not be right to make changes. For example, the clients who did not progress beyond this point in my original intervention had life circumstances that prevented them from being able to fully commit to making changes, such as physically ill-health or domestic abuse. For these people, the seed has been planted and nurtured, but it is not yet ready to grow. They may be late bloomers or may need further support and nurturing. We need to trust that we have laid the groundwork, even if we are not able to see the fruits of our labour.

If the client does want to continue but is struggling with motivation or confidence to do this part of the work, it can be helpful to ask the question: ‘what do you think are the pros and cons of drawing up a compassionate formulation of your overeating?’ You can then help them to weight these up before deciding whether and how to proceed. There is a helpful list of benefits to formulation on p.290, which is copied here for your convenience. It helps us to:

- be open and honest without blaming ourselves
- recognise that our overeating is the result of many complex and interacting factors
- see more clearly how our overeating works, including all the intended and unintended consequences of overeating.
- recognise that although it is not our fault that we overeat (because we are ‘set up’ for it in so many ways), it is our responsibility to resolve it
- think carefully, from an encouraging and supportive perspective, about how to move forward to being the kind of person we want to be and coping with things in our lives in a way that we’re happy with
- acknowledge the need for compassion, understanding and encouragement on our journey towards becoming that person
- think about and plan which aspects of our overeating to work on first
- see if the work we are doing is successfully tackling the factors that trigger our overeating and keep it going.

## **Cultural influences**

A good place to start the formulation is to ask the client to reflect on what kinds of messages they have picked up about food and weight – these may have been from family / school / media or other areas of their lives. Many clients have never felt able to challenge family rules and assumptions about eating (such as ‘you must always finish everything on your plate,’) even though they have suffered unintended consequences. Permission to question cultural beliefs around food in a way that feels safe and compassionate can be very powerful. Likewise, reminding clients that they are adults who can now choose their own beliefs and attitudes about food, encouraging them to take responsibility and do what is right for them. Often, clients tell me that when they have their own children, they want to create a different attitude to food within their family than what they experienced growing up.

One client explained how growing up in a boarding school had shaped her early experiences of food. Mealtimes were strictly timetabled and there was no access to food between meals. As a result, she described going ‘off the rails’ with eating when she went to university and found herself with unlimited access to food for the first time. Many clients describe childhood experiences of dieting / body shaming, often prompted by well-meaning parents and doctors. For example, several clients were taken to commercial diet clubs with their parents in their teens, had their weight and eating commented on, or were taken to the doctor at a young age and told they needed to diet. They describe these encounters in detail, remembering where they were, what was said and most importantly, how it made them feel – usually deeply ashamed. These early experiences affect how they feel with others in the future, including health professionals who may be trying to support them to make healthy lifestyle choices. Understanding how these early influences have remained with them, and continue to influence their behaviours, thoughts and feelings in the present, can be life-changing for some people, especially if it is combined with compassionate understanding and motivation to change.

## **Worksheet 12 – my overeating timeline**

Your client may want to share their timeline with you. If they do, be mindful of time and be aware of the boundary between offering a guided self-help intervention and providing therapy. Most clients will share something of their past history, but try it is important to keep discussions focused around the impact of past events on their current eating behaviours. Remember to watch out for self-critical comments and encourage clients to reflect on their history from the perspective of their compassionate mind. For example, you could ask:

- How did you find the experience of doing a timeline?
- What are your key learning points from doing a timeline?
- What does your compassionate mind / compassionate companion think of your timeline?
- What would you think if this timeline belonged to someone else?

One client told me that after writing her timeline she wanted to ‘eat for England’ but activating her compassionate mind and soothing strategies helped her not to binge. As she was writing, she remembered a long-forgotten childhood incident, which she realised had a bit impact on how she felt about herself and she had been carrying a lot of guilt and self-blame associated with this event. She began to make new connections: she remembered sitting in the larder after the incident, eating for comfort, and noticed how she still does this now. After doing the timeline, she felt that she had a better understanding of why things happened. She described the process of writing it down and putting it in order as ‘cathartic’ and afterwards, she felt she could put a lot of things behind her.

Another client told me that doing the timeline helped her to recognise why she was carrying a lot of anger inside her and using eating as a way of managing this anger. Using her compassionate companion, she was able to see that her anger was an understandable reaction to being bullied and criticised throughout her life. She expressed a desire to develop a kinder way of talking to herself, rather than being angry and punishing herself by eating. She was also able to direct some of the anger where it belonged – towards the people who had hurt her.

If your client has struggled to write their timeline, you can complete this with them in session. If they are unwilling or unable to do this, use the example of David's timeline in Figure 11.5 (p.308) to help generate discussion. Ask them if they can relate to anything in David's timeline; does it prompt them to think about their own life experiences?

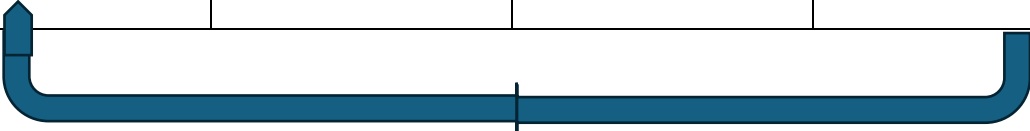
### Level 3 compassionate formulation

Your client may need help putting everything together to make sense of their formulation. Ask them about how they would like to record this information – some clients prefer to have a visual diagram, others to write a compassionate letter or record a voice note. They may have made notes between sessions. If not, you can jot things down in the session as they reflect with you. There are three main areas to make note of:

1. Key threats – including past influences and current triggers.
2. Safety strategies – how has the client coped up until this point? What are the intended and unintended consequences of these actions?
3. Maintaining factors – what keeps the cycle going and how does this link back into the key threats (e.g. avoidance of distress; self-criticism and shame)?

Here is an example:

Key threats	Safety strategies	Intended consequences	Unintended consequences
Feeling a failure. Criticism from Mum. Family stress. Hormones.	Working out. Dieting / eating. Withdrawing from friends and family.	Gain control of mood and re-focus thinking. Avoid criticism.	Fail. Lose control. Bully myself about losing control.



This client described her process of formulation as ‘a bit of a lightbulb moment, realising that I was unintentionally setting myself up to fail and going round and round in a cycle of self-destruct.’ She began to acknowledge that her previous strategies weren't working, and were actually maintaining the cycle. She was able to reflect on how she could break the cycle by developing her self-confidence / inner courage and strength, using her compassionate image.

Most of this information will have been generated by the client between sessions and they may just need help summarising it concisely, allowing them to make sense of the information. Some clients may need help to identify their safety strategies as these are not always within their awareness; others may struggle with identifying the intended and unintended consequences of behaviours which are so well-established that they have become automatic. By this point, you will have developed a good enough understanding and relationship with your client, so that you can make tentative suggestions based on what they have shared with you in previous

sessions. You may have been making a note of their formulation as the sessions have progressed. Ideally, aim to use Socratic questions to help them to find their own conclusions. If needed, you can prompt them by saying something like: 'remember when you told me that..., where do you think that might fit into the formulation?'

### **Session 8 summary**

By the end of this session, clients will have developed and reflected on their level 3 compassionate formulation. This should give them a deeper understanding of their relationship with food and eating, including how this relates to past experiences, current triggers and maintaining factors. Hopefully, they will now have a clearer idea of what they would like to work on next, in order to change the relationship between eating and their emotions.

### **Ending and preparing for Session 9**

You may like to end the session by reinforcing how well the client has done to get to this point and reminding the client that you are nearing the end of the intervention. The final two sessions will focus on bringing together their understanding, what they will work on and how they will take action to make changes to their eating behaviour. Many clients will already have started this process and for them, the final sessions will be more about reinforcement and relapse prevention. For others, they may be feeling daunted at the prospect of actively making changes. Check in with your client by asking how they are feeling about the final two sessions and the idea of beginning to take action on their overeating. Some clients may require twelve sessions or more, spaced over a longer period of time, to feel confident about making sustainable changes to their eating habits. Plan this now if possible, to give a clear structure to ending the intervention.

Session 9 focuses on chapters 13 and 14, which outline steps 1 and 2 of a 6-step plan to reduce overeating. These chapters require the client to compassionately turn their attention towards their body, using compassionate wisdom and motivation to inform changes in their eating habits. Chapter 14 has a lot of exercises and may require additional time between sessions for the client to be able to put these into practice. If possible, spend some time at the end of Session 8 to look ahead and ask your client how much time they would like to work through chapters 13 and 14. If you are able to work flexibly, you can work this into your plan by leaving a longer gap between sessions 8 and 9 (e.g. four weeks rather than two) or adding an additional session. Of course, not all service models allow for this flexibility of working and it is possible that your client might not be able to complete all of the exercises between sessions. If this is the case, you can reinforce that they have the book and the core concepts of a compassionate mind approach, and can continue to work at their own pace after the sessions have completed. Remember the growth metaphor – you have given them a good start; build confidence in their ability to continue to grow beyond the end of your sessions together.

### **Client feedback on Session 8**

There is space here for you to make a note of any feedback the client gives you at the end of Session 8. Pay particular attention to what they would like to change due to the understanding they have developed in their formulation, as well as any FBRs they have identified and how they plan to resolve these.

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### **Therapist reflections on Session 8**

Use this space to note down your own personal reflections on the session. What went well and what didn't go so well? What did you learn from this session? Was there anything that particularly moved you? Any valuable insights? Where did you get stuck? Did you feel frustrated or angry? Did your own self-critic show up? Did you feel compassion for the client? Do you have any concerns about future sessions or how to manage the ending? What issues / problems do you anticipate? Are there any areas where you feel you would benefit from developing your knowledge or skills? Anything you would like to take to supervision?

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## Session 9: Chapters 13 and 14

### Budding

We are now moving into the final stages of the intervention, and the final phases of growth. Following our gardening metaphor, this is the stage of growth when plants begin to develop buds. We hope that your client will be growing in confidence and taking their first steps towards compassionately changing their eating behaviours as we move through the final sessions.

This session will require some time to prepare for ending the intervention. Most clients will require 10-12 sessions. By this point, you and the client will have discussed and agreed how many sessions you plan to have and when the ending will happen. This final stage of the GSH intervention will support the client to develop new habits that will hopefully continue beyond the end of your work together. If you have agreed to end at ten sessions, then this will be your penultimate session. Begin by reminding the client of this and ask what they need from the final two sessions (or more if you have agreed more). Be clear that you are moving into the final phase of the intervention and the focus will be on building their confidence to 'go it alone' when your time together comes to an end. One advantage of a guided self-help intervention is that the 'work' is done by the client; the therapist encourages the client to take an active role from the beginning, to give them the best chance of making sustainable changes and maintaining their new eating habits. As much as possible, we want to encourage the client to find their own solutions to any difficulties (using their compassionate mind) and reinforce how they can continue this moving forwards, to prepare for ending the sessions.

The aim of this session is to support the client to compassionately turn their attention towards their body and its needs. Many clients do not wish to focus attention on their bodies; they may have used food as a way of avoiding this. When they do bring attention to what their body needs, this can bring up difficult memories and emotions, for example previous experiences of bullying and criticism about their body or eating habits. Having worked through their compassionate formulation, you and the client can hopefully anticipate this. Using their compassionate self or compassionate companion, the client will again review their eating diary and consider how to balance out their energy intake with what their body needs. During this session, we will aim to compassionately reinforce the importance of balanced eating, without activating the self-critical mindset. This can be challenging; as a first step, it is important to ensure that both you and the client activate your compassionate mindsets. We will be calling on the client's compassionate wisdom, strength and commitment to take action.

We want to cultivate an attitude of mindful curiosity, so that the client is open to learning about what their body needs and to trying new things. Over the next two sessions (or more if needed), with the support of their compassionate mind, they will be learning to pay attention to what their body needs and respond to this, separating out physical from emotional needs and responding to each differently. Many clients will be able to manage chapters 13 and 14 in one session. However, if they need help understanding the information in Chapter 13, or come up against a lot of fears, blocks and resistances, they may require two separate sessions. Consider the timing

between sessions 9 and 10 and if possible, tailor this towards your client. They will require enough time to plan their eating, establish a regular eating pattern and begin to make changes to the types of food they are eating. If sessions have been fortnightly up to this point, you may wish to extend the time between sessions (to at least four weeks) or add in an extra session, to ensure that clients have time to make changes.

### **Chapter 13 key themes**

This chapter explains how to use a compassionate approach to work out what the body needs. Key components of the compassionate mind approach are wisdom and a curious, non-judgemental attitude. Bringing compassion to the body involves knowing what it needs, which can be different from what it wants. This chapter is written for clients who are not working with a dietitian or nutritionist. Some clients may need more or less education about nutrition, depending on their prior knowledge and whether they have access to specialist advice. Be aware that some of the information in this chapter may contradict the client's beliefs about what they *should* be eating, especially if they are used to a dieting mindset. For clients who are keen to lose weight, it is important to highlight that the aim of this approach is not weight loss, but stabilising eating to reduce the chances of overeating. Remind them that overeating can be an unintended consequence of restricting food intake.

### **Chapter 13 reflection questions**

Here are some questions to ask at the beginning of the session to guide your agenda setting:

- What were your first thoughts when reviewing your eating and activity?
- What FBRs have you encountered and how have you managed these?

You can then pause and consider whether to spend more time exploring FBRs and the exercises in Chapter 13, or move onto the following questions, which summarise the learning from this chapter and prepare clients for taking action:

- What ways have you found to help you estimate the energy you need?
- What types of food do you think you need to eat more of / less of?
- What have you noticed when reviewing your physical activity levels?

### **Worksheet 13 – food intake and energy balance daily record**

You can review this worksheet with the client in session, explore any difficulties and support them to complete it if needed. Remember to first activate the soothing system and compassionate mind. The client uses their previously completed diary to record information on Worksheet 13: calorie intake; types of food eaten; activity and overall energy balance per day. They consider what their compassionate mind would say about this, and which areas they could work on to address overeating. This exercise should encourage compassionate motivation, develop understanding of patterns in their eating behaviours and consider areas for development. It is important to ensure that the client's self-critic does not take over and that they maintain a stance of open and gentle curiosity. If you notice self-critical thoughts or statements, encourage the client to step back and take the perspective of their compassionate mind.

## Chapter 14 key themes

In this chapter, we focus on the first two steps of the 6-step plan for reducing overeating: (1) establishing a regular eating pattern and (2) reducing the intake of high-risk foods that trigger overeating. The client is encouraged to create a structured plan to help them to eat more regularly and set compassionate rules to reduce overeating. There are a lot of worksheets in this chapter and it can feel overwhelming for clients, so you may need to support them to break the written work down into chunks or find alternative ways to complete the exercises, if they find written work difficult.

## Chapter 14 reflection questions

- What were your first thoughts about developing a meal plan?
- What do you think your main blocks to meal planning will be, and what can you do or say to yourself to help manage them compassionately?

Remind the client to take things one step at a time: first, they will establish a regular eating pattern and practice this, before trying to make changes to the types of food they are eating. Ask your client if they have managed to set and stick to a regular eating pattern. If not, you can help them to problem-solve this before moving on to Step 2. You might want to start with reviewing Worksheet 16 (their regular eating plan) and then consider what other worksheets may be helpful. Worksheets 14 and 15 help the client to prepare for their eating plan and Worksheet 17 helps them to manage any blocks that may have come up.

## Step 1 – establishing a regular eating pattern

Remind clients that meal planning is important to ensure that they are eating regularly and eating enough to manage their energy needs. This helps reduce overeating because irregular eating (especially leaving long periods of time between meals) and restricting eating are two major physiological causes of overeating. Many clients struggle with meal planning and attempt to avoid it for a variety of reasons. Remind clients of the benefits of regular, structured eating and reinforce that meal planning can be helpful, if practised compassionately, to support them to achieve their goals. It is suggested that clients initially follow a plan of eating every three to four hours regardless of how they are feeling, in order to stabilise their eating.

## Worksheet 14 – food intake and energy balance summary

Be clear about *why* we are asking clients to estimate their calorie intake. At first glance, it may seem at odds with the compassionate mind approach and may have the unintended consequence of activating the dieting mindset (especially if the client has a history of restrictive dieting). Clients often describe cycles of restriction and overeating. A typical pattern looks like this:

Trigger → overeat → self-criticism, blame and shame → restrict eating / diet → trigger

Many clients tell me that they do not eat regular meals and instead graze throughout the day, losing count of what they have eaten. Some clients report that they start planning a binge from the moment they wake up in the morning and will go out and buy large quantities of food. Neither of these approaches to eating are compassionate because they are not taking into account the body's needs or taking responsibility for the consequences of their eating. Remember, the compassionate mind approach involves accountability and responsibility. For clients who are parents, it can be helpful to ask them about how they feed their children. Most parents do not always give the child what they want, but do ensure that they have what they need for nutrition and a healthy balanced diet. We are asking clients to take this approach with themselves.

### **Worksheet 15 – making sense of my struggles with meal planning**

The aim here is to bring the compassionate mind to reflect on why the client has previously not eaten regularly and to reinforce their compassionate motivation for change. Check that they have completed this from the perspective of their compassionate mind and not the self-critic. Ask the client whether they were able to predict what would help them to stick to their eating plan and what might get in the way.

### **Worksheet 16 – regular eating**

This allows the client to record their plan, aiming for eating a minimum of five times per day. Ask how the client found this and problem-solve any difficulties using their compassionate mind. Pay attention to whether the client has managed to solve their own problems and reinforce this, building confidence that they can maintain their eating plan after the GSH sessions are finished. Try to avoid giving suggestions; instead, ask Socratic questions such as 'what would your compassionate self or image say about this?'

Encourage your client to plan their eating so that they are setting themselves up for success, by avoiding where possible people, places or situations that have previously triggered overeating. One client noticed that she tended to overeat when with her in-laws, because they encouraged her to take larger portions and finish everything on her plate. Sometimes, it helps to share the plan with friends and family (if they are supportive). If the client does not feel able to do this, they might arrange social activities that do not revolve around food (for example, a walk) and take their own snacks to help them stick to their plan.

### **Worksheet 17 – managing blocks to regular eating**

This worksheet lists any practical or emotional blocks to regular eating and what the client's compassionate self / image might say to help them to overcome these, using compassionate thought balancing. Reinforce the client's compassionate wisdom and encourage them to find their own ways of managing difficulties, guided by their compassionate mind, in preparation for ending the sessions. Hopefully, they will be able to come up with examples of how they have used their compassionate mind to overcome blocks. If they struggle with this, you can remind them of what has worked for them in previous sessions, using Socratic questions. Try to avoid giving them

solutions; instead, focus on reinforcing and building confidence in the compassionate mindset to support them through difficulties.

## **Step 2 – compassionately reducing trigger foods to overeating**

### **Worksheet 18 – my high-risk foods for overeating**

Ask your client whether they have identified any foods that put them at a higher risk for overeating. Have they managed to reduce the quantity of these foods without denying themselves? Were they able to delay eating these foods when they felt the urge to overeat? What did they notice about their emotions and how did they manage any difficulties that arose?

The aim of this step is to gradually reduce and delay eating trigger foods while working on distress tolerance and compassionate understanding of the desire to overeat. Ask the client what (if anything) helped them to tolerate the urge to overeat. They may need a reminder of strategies they have developed throughout the intervention to support them with this, such as mindfulness, keeping a record of thoughts and feelings, distraction, soothing strategies, mindful eating and enjoying smaller amounts of pleasurable foods.

### **Common FBRs in Session 9**

The first two exercises in Chapter 13 focus on identifying FBRs and using compassionate thought balancing to manage these. This session encourages the client to move into the action phase by focusing on what changes they will make to their eating pattern. It can be helpful to explore where they are in the stages of change model (see Chapter 12 and Session 11) and how they feel about making changes to their eating. This can trigger thoughts and feelings related to their body, previous episodes of dieting, fear about the future, fear of failure and other self-critical thoughts. For many clients, their main motivation for reducing overeating is weight loss and it can be difficult for them to accept that is not the aim of this intervention. Understanding and managing expectations can be important here. Asking them to count calories, record and review eating may trigger shame and self-criticism, activating the threat system. They are unlikely to be able to make sustainable changes while in their threat system, so it is important to pause and reflect if you notice this happening.

Ensure that the client is adequately prepared to make changes by first activating their compassionate mindset. They may need an additional session or support with breaking the tasks into chunks; if possible, try to adapt to meet their needs. Some clients may need more reflection time; others may need more support with the written exercises. Encourage the client to think about how to pace themselves by asking their compassionate mind to guide them with how much they are able to manage.

Normalise FBRs and reframe them as learning opportunities which provide information to help us to understand the client's needs. Remind the client that they are still developing the qualities of compassion, which include wisdom, courage and commitment. Each block or barrier is an opportunity to put these qualities into

practice. Cultivating their compassionate mind is a process which requires tending like a garden: there will always be watering, pruning and weeding required.

### **Session 9 summary**

By the end of this session your client should have a better understanding of their physiological and emotional reasons for overeating and hopefully will have started to make changes. They will have considered how to meet their body's needs by planning and eating regularly. They will have practised reducing trigger foods and managing the emotions associated with this, using their compassionate mind. Hopefully, they will be feeling more confident about maintaining changes to their eating following the end of the intervention.

### **Ending and preparing for Session 10**

As you reach the end of this session, remind the client what you have agreed about ending your intervention. If you have agreed ten sessions, then the next session will be your final one. Ask the client how they are feeling about this; if they have concerns, address these now and plan accordingly. They can ask their compassionate mind how to best manage the ending and what they need from you to support them with this.

The final session (which you may choose to split into two if your client needs more time) focuses on chapters 15 and 16. Chapter 15 outlines steps 3-6 of the 6-step plan for reducing overeating: meal planning; responding to feelings of hunger and fullness; learning to enjoy eating and caring for the body with compassion. You will need at least four weeks between sessions 9 and 10, to allow the client time to practice as many as possible of steps 3-6. You may wish to acknowledge with your client that all of these steps are unlikely to be completed within ten sessions. Encourage them to begin practising steps 3-6 and make notes, ready to discuss in the final session. You can then problem-solve any difficulties and plan for their ongoing independent practice. Chapter 16 provides a brief summary of key points in the book and some final thoughts, and is a useful structure on which to base your ending summary.

### **Client feedback on Session 9**

There is space here for you to make a note of any feedback the client gives you at the end of Session 9. Remember to note down how they feel about ending the sessions and continuing to sustain the progress they have made. What do they need from the final session(s) to build confidence for the longer-term?

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### **Therapist reflections on Session 9 and preparation for ending**

Use this space to note down your own personal reflections on the session. What went well and what didn't go so well? What did you learn from this session? Was there anything that moved you? Any valuable insights? Where did you get stuck? Did

you feel frustrated or angry? Did your own self-critic show up? Did you feel compassion for the client? Do you have any concerns about future sessions or how to manage the ending? What issues / problems do you anticipate? Are there any areas where you feel you would benefit from developing your knowledge or skills? Anything you would like to take to supervision?

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## **Session 10: Chapters 15 and 16**

### **Blooming**

We have now reached the final stage of the intervention and the client will hopefully be working independently with minimal support. For most clients, this will be their final session. Ideally, this session will be spent reviewing progress, celebrating achievements and metaphorically smelling the roses! However, some clients may need more time or support to continue to bloom. This session requires the client to actively make changes to how and what they eat. Some clients may have naturally begun to make these changes throughout the intervention; this session will revise and reinforce their progress.

For those who have struggled to implement changes or have not yet felt ready, they may require 1-2 additional sessions. Some may need more time working through FBRs to embed new habits and build their confidence. Others may require support elsewhere for their next stage of growth (e.g. psychological therapy for a specific issue such as trauma). If the client has not achieved their goals by the end of your sessions, remember that you have planted the seed and given them the nutrients they need to bloom; however, you can't control when this happens. If you are not able to watch your client bloom, they will continue to grow and develop beyond your final session together, using the tools you have given them.

### **Chapter 15 key themes**

Chapter 15 takes the client through steps 3-6 of the 6-step plan for addressing overeating. Building on Chapter 14, the client uses meal planning to balance their energy intake (Step 3) and develop a healthy nutritional balance (Step 4). They then work towards a more intuitive way of eating, in tune with the body's needs. This involves learning to recognise and respond to cues of hunger and fullness (Step 5). Finally, the client is encouraged to learn to enjoy food again and to meet the body's needs for activity and rest (Step 6).

### **Chapter 15 reflection questions**

Begin by asking your client the reflection questions at the end of Chapter 15. If needed, you can then explore these in more depth:

- What blocks to meal planning have you encountered and how have you addressed them?
- What has it been like to learn to enjoy eating again?
- What long-term commitments to increasing your levels of activity and improving rest have you made?

### **Step 3 – balancing your energy needs**

#### **Worksheet 19 – dealing with blocks to meal planning**

Many clients experience difficulties with meal planning. Worksheet 19 encourages the client to identify and reflect on their individual blocks and barriers and come up with compassionate alternatives. You should already have an idea of the client's

anticipated blocks from Session 9 (Worksheet 17 – managing blocks to regular eating). Ask the client what worked for them, what blocks they experienced and how they managed these. Remember that we are aiming at this stage for the client to be doing the work, so encourage them to reflect on the potential benefits of meal planning and help them to weigh up the pros and cons. Remind them that meal planning involves trial-and-error; ask them what they have learned from this and how they have adapted their meal plans accordingly.

## **Worksheet 20 – tomorrow’s meal plan**

The aim of this worksheet is to plan eating to achieve and maintain an energy balance. Check whether your client knows how many calories they need and help them to calculate this if needed (revisit Chapter 13 for guidance). They may have identified that their eating is below or above the recommended number of calories (or both, if they have been in a restrict-binge-restrict cycle). The aim is to eat enough food for their energy needs, which should help to reduce overeating. If they have struggled to estimate calories, they may benefit from some support with this in session. Check whether this triggered the dieting mindset, and encourage your client to approach this from their compassionate mind.

### **Step 4 – developing a healthy nutritional balance**

When the client is eating at regular times and maintaining their energy balance, they are ready to work on planning *what* they are eating. If they have not yet mastered Step 3, then it may be helpful to spend some more time on blocks to meal planning (which may require additional sessions).

Encourage your client to reflect on their meal plans; they may wish to share them with you. Be curious about what foods they have tried, what they enjoyed and give them permission not to eat foods that they didn’t enjoy. Ask where they ate and who with. What have they noticed about their food mindsets while meal planning? Have they inadvertently triggered the dieting mindset by trying to reduce calorie intake too quickly? This may happen because they are deliberately trying to lose weight, or unconsciously if they have slipped into previous habits without realising. Encourage them to reflect on any difficulties and problem-solve what they might do differently in future.

If your client is unsure what to include in their meal plan, you can remind them of the eatwell plate (Chapter 13, Figure 13.2) or review previous eating diaries as a starting point. Alternatively, you can recommend the following websites:

[www.bda.uk.com/food-health/food-facts/all-food-fact-sheets.html](http://www.bda.uk.com/food-health/food-facts/all-food-fact-sheets.html)

[www.nhs.uk/live-well](http://www.nhs.uk/live-well)

If the client needs further help with meal planning, they may benefit from speaking to a dietitian for specialist advice. For example, if they have a restricted diet due to health conditions, allergies or digestive problems, a dietitian could help them to plan for their specific needs. They can ask their GP for a referral or search for a dietitian here: [www.bda.uk.com/find-a-dietitian.html](http://www.bda.uk.com/find-a-dietitian.html)

### **Step 5 – learning to respond to feelings of hunger and fullness**

Ask your client whether they have tried mindful eating and if needed, explain how this works. You can find more information about mindful eating here: [www.bda.uk.com/resource/mindful-eating.html](http://www.bda.uk.com/resource/mindful-eating.html)

### **Exercise 15.2 – learning to feel hunger and fullness**

Ask your client whether they have tried using the hunger and fullness scales and how they found these. We are aiming for a more intuitive eating pattern, where the client is connected with their body, responding to its signals and needs. What have they noticed about their hunger and what triggers it? How has eating more mindfully affected the amount that they are eating – has it helped to reduce overeating? What cravings have they noticed and have they managed to allow themselves small amounts of the foods they enjoy?

### **Step 6 – learning to enjoy food again**

#### **Exercise 15.3 – changing food associations**

Ask your client whether they have deliberately practised eating for enjoyment and how they found this. Did they experience any FBRs? They may wish to spend time reflecting on this with you. What previous negative associations did they have around food and how have they challenged these? Were they able to use their compassionate mind to problem-solve difficulties (e.g. compassionate thought balancing or writing themselves a compassionate letter)? What foods have they enjoyed eating? If they have struggled with this, you could plan an additional session to work on this using their compassionate mind.

#### **Exercise 15.4 – enjoying eating socially**

Has your client tried eating socially with others? What blocks or barriers did they experience? How have they managed to overcome these? If needed, you could help them to create a graded exposure ladder to support them with this. Encourage them to talk about their positive experiences of eating and what they have enjoyed. If this has triggered any fears of overeating or an overeating episode, encourage them to view this from the perspective of their compassionate mind. Ask them to reflect on their relationship with food and eating and how this has changed throughout the intervention.

### **Caring for the body with compassion**

Ask your client what they have done to look after their body. Have they increased their levels of physical activity, sleep or rest? What benefits have they noticed to this? Have they experienced any blocks or barriers? Can they use their compassionate mind to balance any self-critical thinking they may have experienced about this?

Here are some websites that may help:

[www.nhs.uk/better-health/get-active/how-to-be-more-active](http://www.nhs.uk/better-health/get-active/how-to-be-more-active)  
[www.nhs.uk/every-mind-matters/mental-health-issues/sleep](http://www.nhs.uk/every-mind-matters/mental-health-issues/sleep)

If your client describes significant problems with sleep, encourage them to discuss this with their doctor and request referral to a sleep clinic. They may benefit from assessment for obstructive sleep apnoea (OSA), which is more common in people who are overweight.

Assessment and appropriate treatment can make a significant difference to quality of life and health outcomes for people who meet the diagnosis for severe OSA.

## **Chapter 16 key themes and ending**

Make sure you leave enough time to compassionately end your sessions. You may want to devote a whole session to this, depending on how your client feels about ending the sessions (you will know this from asking about it in the last few sessions, building up to ending). The final chapter summarises key themes from throughout the book. Ask the client what key messages or strategies they will remember and continue to use in the future. Encourage them to reflect on the positive changes they have made and how far they have come. Ask them to share any concerns about the sessions coming to an end, and use their compassionate mind to problem-solve these (a compassionate thought balancing exercise can work well here). For many people, struggles with overeating are a lifelong process. It is therefore important to prepare the client for ups and downs in their life, as it is likely that there will be times in the future when they overeat. Remind them of the cycle of change (Chapter 12 and Session 11): focus not on avoiding lapses, but on what they can do when they lapse. Help them to write a list of go-to strategies if they feel like overeating and a plan for what to do when they overeat. Normalise lapses as part of the process: an opportunity for self-compassion and learning from their compassionate companion.

Ask your client what support they will use to help them to maintain the changes they have made and how they will access additional support if needed. I encourage my clients to find a way of maintaining a regular compassionate check-in for themselves after the sessions have ended. They might use a journal to do this, write a compassionate letter at regular intervals, or set a date with a compassionate companion (real or imagined) to review progress and problem-solve any difficulties. Will they be able to return to you or your service for a top-up if they need a reminder or support to get back on track? Alternatively, you could provide them with a list of contact details of local talking therapy / support services. Remind them of their social support networks and their compassionate companion, who will remain with them on their ongoing journey.

The aim of this final session is to build the client's confidence for continuing their journey. You may write a compassionate letter to your client to share with them in the final session, summarising your work together and key learning. What do you think would be most beneficial for them to remember from your time together? You could include your own top tips, based on your knowledge of the client, what has and hasn't worked for them along the way. I often print out a list of quotes to give back to the client at the end of the intervention, based on what they have told me has been most helpful for them. I have shared some examples of these below. See Appendix 2 for an example of the compassionate letter I send to clients at the end of the intervention.

## Example quotes from ending letters

*'I was very proud of myself because when I felt like overeating, I asked my husband to give me a hug, made a cup of tea and got my knitting out.'*

*'I don't want to go back to my old coping strategies because nothing is worth undoing what I've achieved.'*

*'This [intervention] has given me permission to be compassionate with myself; it's ok, it's not my fault – is so important to remember that.'*

*'If it's to be, it's up to me.'*

*'The answer to all of this is inside me, but if I let people know how I am feeling, then they will be willing to help me.'*

*'Spending time with my soothing box, listening to some favourite music and looking at my picture of a safe place, helps to divert my emotional attention away from eating. I am glad that I can find soothing and happiness through something that won't damage my health or wellbeing.'*

## Common FBRs in Session 10

The most common FBR I have encountered in Chapter 15 is avoidance (both from myself and the client!). It can be tempting to skip the six steps either because they don't seem to be needed (the client is doing so well) or because they feel overwhelming. For clients who have a tendency towards perfectionism and all-or-nothing thinking, they may not want to try the exercises in Chapter 15 for fear of 'getting it wrong.' Be aware that the client may be telling you what they think you want to hear. It is important to make space for therapeutic failure and learning in your sessions and to normalise lapse using the cycle of change (Chapter 12).

In my experience, clients with a diagnosis of ADHD / autism or who self-identify as neurodivergent can find sticking to a meal plan particularly difficult. It is important to acknowledge that they may need a more individualised approach and the opportunity to spend time exploring what is right for them. However, they should not avoid meal planning; in fact, these clients may benefit most from a meal plan. For example, someone with autism may have difficulty identifying internal cues for hunger and thirst, so planning fixed times to eat and drink can be helpful. Clients with ADHD often tell me that they get bored of eating the same thing and they seek food that gives them a dopamine boost (often without considering the unintended consequences). It can help to ensure that the meal plan has plenty of variety, include some quick, healthy snacks and plan other dopamine-boosting activities such as exercise or creative hobbies.

Some clients struggle with motivation to put changes into practice. If this is the case, you may want to add a session on compassionate motivation, using the cycle of change and additional compassionate motivation exercises (see Chapter 12 and Session 11). It can be helpful to highlight that compassion is not just being kind to ourselves, it also involves developing courage and commitment to make changes.

Some people struggle to hold these two compassionate qualities together. They may benefit from developing more than one compassionate companion, depending on their needs. Some clients choose a softer, gentler companion in the early stages of the book, for reassurance and warmth. They may then add a more energising, inspiring character to motivate them to compassionately make changes. Examples of these include a lioness, a warrior princess, a cheerleader.

The final stage of the intervention is quite behavioural in nature, which is outside my personal comfort zone as a therapist, hence why I am sometimes tempted to avoid it! It is important to remember that we are setting the client up with skills and strategies for the future. Compassionately challenging old habits and practising new ones helps to create new neural pathways. If these are strengthened through repetition, they will be more available to help navigate difficult times in the future. The client will remember not just *what* you have suggested, but *how* you have suggested it, and will hopefully internalise you as a compassionate companion to carry with them on their ongoing journey.

### **Session 10 summary**

By the end of this session, your client should have made changes to their eating habits and developed the tools to continue after the sessions have ended. You will have celebrated and reinforced their achievements throughout the intervention. They should have an idea of what they will do when they lapse, including a list of strategies and support mechanisms. They will be able to use their compassionate mindset to balance self-critical thoughts and to guide them to maintain the healthiest possible version of themselves. They will have begun to treat their body more compassionately and developed compassionate motivation to steer them back on track when needed.

If your client does not feel confident in the above or you feel they have more work to do, you may wish to extend the intervention by 1-2 sessions, to allow more time on managing FBRs and building their confidence for the future (see Session 11 for more on this). If you add additional sessions, try to space them out over several months, to allow time for practising and embedding changes. Remember to bring in additional professional support if needed, such as a dietitian or therapist. See Appendix 3 for a list of additional resources and sources of support.

### **Client feedback on Session 10 and ending**

There is space here for you to make a note of any feedback the client gives you at the end of Session 10. Pay attention to how they are feeling about ending and managing in the future. Note down any comments they make about the whole intervention, what was most helpful and whether there is anything they would have changed.

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### **Therapist reflections on Session 10 and ending**

Use this space to note down your own personal reflections on the session and the intervention as a whole. What went well and what didn't go so well? What did you learn? Was there anything that particularly moved you? Any valuable insights? Where did you get stuck? Did you feel frustrated or angry? Did your own self-critic show up? Did you feel compassion for the client? What were the high and low points for you of the intervention? How did you feel about the ending? Anything you would have done differently? Are there any areas where you feel you would benefit from developing your knowledge or skills? Anything you would like to take to supervision?

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## **Session 11: Chapters 7 and 12 (What to do when you get stuck)**

This is an optional session which can be used at any time in the intervention when you or the client feel stuck. It will cover some common fears, blocks and resistances (FBRs) and how to manage them (Chapter 7), as well as difficulties with motivation (Chapter 12), and when to make use of supervision.

### **Chapter 7 key themes**

Chapter 7 offers busts some myths about compassion. It encourages clients to reflect on their FBRs and problem-solve these. See Session 4 for a detailed description of the exercises in Chapter 7 and how to support your client with these. You can use the reflection questions to begin a conversation about the client's FBRs.

### **Chapter 7 reflection questions**

- Are there any blocks to compassion you need to work on?
- What do you think life would be like if you could overcome these blocks?
- Have you found any ways to overcome blocks, even if this was difficult for you?

**Exercises 7.1 to 7.3** encourage clients to reflect on their blocks to compassion, to understand whether they struggle most with offering compassion to others, receiving compassion from others or self-to-self compassion.

**Exercises 7.4 to 7.6** encourage the client to come up with ideas for how they can overcome their blocks to compassion. You may need to spend some time supporting your client to generate and try ideas for overcoming their blocks. There are some suggestions for how to approach this below.

### **Worksheet 6 – my 14-day challenge for developing my compassionate mind**

The 14-day compassion challenge gives clients space to write down which compassion practices they have tried, what FBRs they have experienced and how they have attempted to overcome them. This can also be a helpful tool to guide your reflections and support the client to work on their FBRs. You can use this to anticipate, plan and reflect on their FBRs.

### **Difficulties with compassion**

The word 'compassion' can bring up discomfort (and even threat) for many people, especially if they associate it with vulnerability or pity. This is a common block for people who have been brought up to hide / deny emotions and 'just get on with it.' We can ask the client what compassion means to them and bust any myths about compassion, such as that it is too 'soft and fluffy' or equates to weakness. It can be helpful to clarify that the definition of compassion for the purposes of this intervention is: 'the motivation to turn towards and alleviate suffering in others and ourselves.' Does the client want to alleviate their suffering?

Compassion is not just about kindness, it also involves developing strength and courage, to be able to face and overcome challenges. We can ask the client what qualities they feel they need to develop in order to be able to do this. Another way of doing this is to ask: 'can you think of a person that you look up to, who embodies that ability to face difficulty, rather than backing away from a challenge? Who is prepared to roll up their sleeves and get their hands dirty because they believe in doing the right thing?'

When I asked one client, 'what does compassion mean to you?', she replied that she would like to be able to tell herself that 'when I am having a bad day, so are other people, it's not the end of the world.' We discussed how for her, developing self-compassion involves seeing herself as the same as everybody else, not better or worse. This felt like something she could work towards. In future sessions, when she struggled with self-compassion exercises, she was able to remind herself (or I could remind her) 'compassion is seeing myself as the same as everyone else.'

Some people feel that they don't deserve compassion. This is a common block for people who have been told that they are worthless or treated as such. A helpful way of dealing with beliefs such as 'I don't deserve compassion' or 'compassion is selfish' is to explain that we don't have to earn compassion; it isn't something that we deserve or don't deserve. Rather, compassion is something that all human beings need in order to survive and thrive. We can compare it to water or air – we can't manage without it. Be curious about where your client's beliefs about compassion have come from – ask them whether they would have the same attitude to everyone else. Try not to get into a debate about whether or not they are worth it. Focus instead on generating motivation to alleviate suffering. It can be helpful to remind clients of the method acting approach in CFT: we can begin by *acting as if* they were more compassionate – would they be willing to give this a try and see how it goes? Remember the motivational interviewing approach of 'rolling with resistance' and remind them that they can stop at any time.

One client told me that she felt she did not deserve compassion because she had overeaten that week. I responded that compassion is not something that has to be earned or should be withdrawn if someone is not doing well; rather, it is a basic human right; in fact, the people who are struggling most with life are those who most need compassion. She was able to recognise that the times when she felt she had failed were the times she most needed compassion.

Our individual coping strategies to avoid threat are the result of learning from past experience as well as our genes and evolution. This means that if, for example, your client has been told or led to believe by others that they do not deserve compassion, they are going to struggle to seek and accept it. Clients who have experienced a lot of criticism in their lives may automatically default to self-criticism or perceive criticism from others. We need to be mindful that too much compassion from others (including therapists!) can make these clients retreat, so it is important to match the amount of compassion we show to what the client can tolerate.

Many clients associate self-compassion with selfishness or self-indulgence. For example, one client whose mum died when she was a child was expected to stay strong for the family from a young age; as a consequence of this, she felt selfish for

acknowledging or showing her emotions in adulthood. She found it easy to show compassion for others, but self-compassion felt like a weakness. She also found it difficult to accept compassion from others. Another client equated compassion with feeling 'needy'; she had been told that compassion is not a necessity. She had experienced bereavements and had been told to 'get on with it, stop moping.' This gave her the impression that it is not acceptable to receive compassion.

### **Reluctance to let go of self-criticism**

Many clients see their self-criticism as a motivator and so can be unsure about giving it up. It can be helpful to name this. Figure 7.1 helps clients to distinguish between shame-based self-criticism and compassionate self-correction. I find the analogy of the two teachers helpful here:

*Imagine two teachers: one is warm and compassionate with children and the other is harsh and critical (I like to imagine Miss Honey and Miss Trunchbull from Roald Dahl's Matilda). Which teacher would you send your children (or nieces / nephews / grandchildren) to and why? Hopefully, the compassionate one! Which teacher do you send yourself to and why? Which teacher would be the most helpful for motivating people to change? Which have been the most helpful teachers / mentors / leaders in your life?*

Even if they are not able to reflect on this in the session, it might be something they can think about between sessions. We can ask them to notice when the self-critic shows up and consider whether it is actually helpful or has their best interests at heart/whether it has worked well so far. Most people can reflect on what is not working for them currently and this may help them to be more open to trying a different approach.

### **Grieving for the life they could have lived**

Many people feel sad or angry when they realise that they have missed out on so many opportunities by spending their lives stuck in cycles of self-criticism and shame. It is important to make space for these feelings and encourage the client to express them, to enable them to move forward. One client reflected that it would be hard for her to develop self-compassion because she had become an expert at self-criticism, spending her whole life blaming and shaming herself. She described 'waiting for my life to start once I'm thin, I feel like I've missed out..' After reflecting on this, she set herself the goal of 'learning to accept this is the way I am and learning how to do things differently.'

Another client described her life as 'really sad, like a life sentence of misery and unhappiness; it's not living, not enjoying anything.' She was unable to enjoy much socially, because she felt so ashamed of herself. She even felt sorry for her family, having to be associated with her. As a child, she remembered feeling as if everything was her fault. Her goal was to start to develop positive feelings about herself.

### **Fear of being overwhelmed by emotions**

Many clients have coped by bottling up their emotions, due to fear of being shamed for how they feel. They develop a fear of strong emotions such as anger and anxiety and use food to suppress these. One client reported: 'If I didn't eat to manage my anxiety, I feel worried about where the anxiety level would get to and scared of letting the emotion go, facing it.' Another was scared of letting go of the restrictions she had put in place around food, scared of gaining weight; scared of losing control of her eating and her health. To support clients to manage these fears, we can ask for examples of times in the past when they have succeeded in managing their emotions and reinforce their strategies for distress tolerance. (See sessions 1 and 5 for more on this). Remember to ensure that they build confidence in their new strategies before we ask them to let go of the old. We can also take a behavioural experiment approach: I ask clients to hold their fears lightly, to be prepared to try a different way of doing things and see what happens.

## **Chapter 12 key themes**

Chapter 12 explains the stages of change model and the concept of compassionate motivation. Throughout all sessions, it is worth considering which stage of change your client is in and adjusting your intervention accordingly. When you explore motivation with your client, it is important that both you and the client are first engaged with your compassionate mindset.

### **Exercise 12.1 – what state of change am I in and how can I move forward?**

This exercise encourages the client to identify and reflect on which stage of change they are in and how to move forward if needed. You can use this exercise to aid reflection in session.

### **Exercise 12.2 – recognising the benefits and costs of overeating**

This exercise may help with motivation to change eating behaviours, by encouraging reflection on the pros and cons of overeating. It is best to do this after Session 8, so that the client first has a good understanding of their formulation. As always, make sure the client is in their compassionate mindset for this exercise and is not using self-criticism as a motivator.

**Exercises 12.3 to 12.4** first encourage the client to identify what practical barriers in their lives may get in the way of them being able to make changes and then to generate compassionate solutions to these. There are tips in Chapter 12 for managing practical barriers. See below for suggestions on how to approach these barriers with clients.

### **Exercise 12.5 – identifying sources of help**

This helps clients to identify sources of support. Bear in mind that asking for help can feel threatening because it may require receiving compassion (see 'Difficulties with compassion' above). You are one of the client's main sources of support for working through this book. If they get stuck, it is your role to help to unstick them. However, be careful not to take too much responsibility. You can call on other sources of support from professionals such as your supervisor. If you find yourself feeling stuck

or frustrated in sessions, remember to activate your own compassionate mindset and reflect on this in supervision.

### **Lack of time**

Many clients struggle to prioritise time to be able to do the exercises. Often, they are busy doing other things and tell themselves they will read / practice compassion when they have got all of their jobs done. These clients spend the majority of their time in the drive system. It can be helpful to identify this and encourage them to take a step back; to incorporate soothing into their daily routine, rather than waiting until the end of the day when they are too tired to concentrate or benefit from it. I often recommend three minutes of soothing, three times a day as a starting point: most people can make time to do this.

I explain the physiological benefits of compassion and how it can have a positive effect on the nervous system. I ask clients to imagine a prescription for compassion, to be taken three times a day: would this help them to find the time? I also ask how they would support a friend or relative in their position: can they take their own advice? If they still can't make time to engage with the intervention, I compassionately explore with the client whether they would like to pause or end the sessions. If they cannot prioritise the time, they may choose to wait until they have the opportunity to engage fully and gain maximum benefit. It is very important to bring your compassionate mind to this discussion so that the client does not see this as a failure.

### **Current life events and stress**

Of course, life carries on during a guided self-help intervention, and inevitably clients will bring their everyday life stresses into the sessions. Occasionally, they may experience a major life event during your time together. It can be hard to get the balance right between responding compassionately to these moments without losing sight of the task in hand. I have spent whole sessions listening to clients talking about a terminally ill parent, an argument with a family member or their current work-related stress. Often, these stories are relevant because the client will highlight how they feel about themselves, other people and (perhaps) food. However, if life events begin to take over the sessions, it is time for a conversation about whether to pause the intervention to allow the client to focus on managing the life events. Try to take time to reflect on your own learning from these conversations afterwards, engaging your own compassionate mindset and using supervision to support you.

### **When change is difficult for the client and those around them**

One client reflected why developing compassion was hard for her, as she had to change her approach to life. She was aware that 'others are not used to me putting myself first.' We discussed sharing the book with family members as she prepared to make changes, asking them for space and alone time to work through the programme.

Several clients felt that their family would not be supportive of their attempts to develop self-compassion and change their eating behaviour. There can be many

reasons for this: family members might feel threatened by their loved one changing. Often, clients notice that family members are involved in maintaining the problem. Sometimes, this is unintentional: for example, the partner who goes to the shop for crisps and chocolate to show support after a hard day without realising the unintended consequences of this. However, sometimes clients are stuck in abusive relationships where they are being coerced into overeating while being shamed and criticised for their weight. Clearly, this makes the development of self-compassion extremely difficult and can de-rail the guided self-help intervention. I have found it helpful to discuss this in supervision and to be aware of the limitations of what we can achieve in this situation. Also, to have a list of resources to be able to pass to the client to ensure that they have options available to them should they want to leave the relationship or if they find themselves in an unsafe situation.

### **When to discuss pausing or ending the intervention prematurely**

If, after an additional session to explore and problem-solve FBRs, your client is still unable to use their compassionate mind to make changes, you may wish to explore with them whether to continue with the intervention or to bring it to an end (without judgement). We have planted the seeds of compassion; we can't force them to grow, but they may bloom later. Sometimes, the client needs more time outside of the sessions to resolve FBRs or for circumstances to change, to allow them to be able to make use of their compassionate mind. For example: life events or responsibilities may be preventing them from putting the exercises into practice; they may need to work through trauma memories or create some physical or emotional distance from a family member who is preventing the development of their compassionate mind. There is no shame in admitting that now is not the right time.

Hopefully, you have developed the client's awareness and options for the future. They can return to the book when they are ready to progress. Let them know if there is an option to return to GSH if / when they are able to put things into practice. You may recommend further preparatory work first, such as trauma-focused therapy or relationship counselling. Try to bring your own compassionate mind to this discussion: compassionately acknowledge the value of pausing, rather than seeing this as a failure. For these clients, the seed has been planted and nurtured, but it is not yet ready to grow. They may be late bloomers or may need further support and nurturing. You have laid the groundwork, even if you are not able to see the fruits of your labour. If you and the client choose not to continue, spend some time after the session reflecting on this from your own compassionate mindset and consider discussing it in supervision, to identify any blind spots and learning opportunities.

### **Maintaining compassionate motivation**

When your sessions come to an end, we hope that the client has internalised some of the reflective capacity and creativity that you have provided them with during the intervention. You may like to help them to develop a compassionate motivator or guide. This could be their compassionate self or image, a real person they have recruited to support them on their journey, or they may create a new compassionate companion at the end of the intervention based on their current and future needs. Begin with the reflection question at the end of Chapter 12.

## Chapter 12 reflection question

- What are the key things you have learned that will help you compassionately help you maintain your motivation to eat well for life?

Ask your client how they would like to be supported and motivated as they continue on their compassionate journey. What would they find most helpful? How will they know when they have slipped into unhelpful patterns of thinking and behaviour? What will they say to themselves when this happens? What will they do to compassionately correct their course? Who can they recruit to help them with this? Encourage them to record their answers to these questions. Compassionate letters or other ways of recording are a helpful tool to keep returning to as they continue on their journey.

## When and how to use supervision

At the end of each session in this guide, there is space for you to seek feedback from the client and reflect on your own experience of that session. Try to do this from the perspective of your compassionate mind and use this opportunity to develop your internal compassionate supervisor, guide or mentor. Hopefully, this will highlight when you will benefit from further guided reflection in supervision. Any disclosure from the client of risk (to self or others), significant trauma or other mental health symptoms should always be discussed in supervision. If you notice yourself feeling stuck or frustrated, or you have difficulty activating compassion for the client or yourself, then we recommend exploring this with your supervisor. If you receive constructive feedback from the client, take that to supervision. The role of the supervisor is to develop your understanding of the work between you and the client, using a 'third eye' and providing the perspective of a compassionate observer. Try to find a supervisor who is experienced in the compassionate mind approach and can help you to make decisions such as when the client might benefit from a different approach or when guided self-help is not enough / the client needs 'stepping up' to a more intensive therapy. As a reminder, a guided self-help approach is not recommended for severe / complex mental difficulties, high levels of depression or chaotic / busy lifestyles; substance misuse; low motivation or lack of ability to engage in self-directed learning / personal practice. In these cases, discuss in supervision whether the client may be better suited to group or individual therapy, which would give them more time for exploration and a more personalised approach.

Personally, what I find most challenging about this intervention is keeping to the boundaries of a guided self-help approach and maintaining focus throughout the intervention, so that the sessions do not slide into general chitchat. Make sure that your supervisor is aware of the structure and purpose of the GSH intervention, so that they can help to keep you on track, as you help the client to do the same. Your supervisor and client can facilitate your own compassionate learning and development as you go through this process. What I enjoy most about using this approach is that it gives me the opportunity to become a better therapist and a better person, as I continue to develop my compassionate mind alongside each client.

## Appendix 1: Introductory letter to clients

Dear

Thank you for agreeing to take part in a compassionate mind self-help intervention for overeating. This intervention will support you to work through *The Eating Well Workbook* by Ken Goss.

The aim of our guided self-help intervention is to help you to understand and change your approach to eating, by improving your self-compassion and developing alternative strategies for managing difficult emotions. We will do this using the book to guide us. The first section of the book is about developing an understanding of why you overeat and the second part involves working through exercises to build your compassionate mind and address your eating behaviours.

I will arrange between 10-12 telephone calls to support your use of the book. I have laid out a rough guide below showing which chapter(s) each session will cover and key themes. Please work at your own pace, as the telephone support can be adapted to suit your individual needs. You might like to make a note of any questions you have as you are reading so that you will be prepared to make the most of the phone calls.

As you are reading, some of the material and exercises in the book may bring up difficult or upsetting thoughts and emotions. It is perfectly normal to feel strong emotions in reaction to this kind of work, so please be gentle with yourselves, make time to reflect and seek support if needed. You may like to keep a diary as you go along. It may also be beneficial (if you haven't already) to have a look at the below apps and resources for additional support.

I look forward to working with you!

Warmest wishes,

Lesley

### Useful websites and apps

[www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/self-help-therapies](http://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/self-help-therapies)

[www.compassionatemind.co.uk/resources](http://www.compassionatemind.co.uk/resources)

<https://balancedminds.com>

[www.selfcompassion.me](http://www.selfcompassion.me)

[www.mind.org.uk](http://www.mind.org.uk) or info line: 0300 123 3393

### If you require urgent mental health support

[www.samaritans.org](http://www.samaritans.org) or freephone: 116 123

### What to expect from your telephone calls

Below is a rough guide as to the pace and content of the telephone calls. Please remember that this can be adapted to suit your needs. I will be encouraging you to ask questions during the calls, so that you can get the most out of them. We will have time to reflect on how you are benefiting from the book and problem-solve any difficulties. I will be asking for feedback throughout, and adapting future calls based on your feedback. As you will see, there are ten sessions planned, with up to two additional sessions which can be scheduled as needed.

During each session, we will discuss the reflection questions and exercises in the chapters listed below. We will aim to speak once per fortnight, although we may increase the time between some calls to allow more time for reading and practising the exercises.

Session 1	Chapters 1 and 2
Session 2	Chapters 3 and 4
Session 3	Chapter 5
Session 4	Chapters 6 and 7
Session 5	Chapter 8
Session 6	Chapter 9
Session 7	Chapters 10 and 11
Session 8	Chapter 11
Session 9	Chapters 13 and 14
Session 10	Chapters 15 and 16
Sessions 11 and 12	Chapters 7 and 12 (optional / additional session/s, to be used at any point in the intervention when needed)

## Appendix 2: Compassionate ending letter to clients

Dear

Firstly, I would like to thank you for your participation in the compassion focused therapy self-help intervention. You have worked extremely hard, reading and putting into practice the information in the book as well as taking on board feedback from your phone calls with me. I know that this process has not always been easy and I have been impressed by the commitment and willingness you have shown to work through the difficult bits in order to improve your relationship with yourself and your eating.

As promised, I have put together a summary sheet of quotes that I have noted as we have been working together. I hope they serve as a helpful reminder of the journey we have been on together, the progress you have made and how you can maintain this going forward.

Finally – my compassionate wishes to you:

*May you remember that you are not alone and that your struggles with overeating are normal and understandable, considering your evolution and life experiences.*

*May you continue to have the courage and wisdom to find your own path in life, rather than following what you think others want from you.*

*May you see the best in yourself, focus on your strengths and build yourself up rather than knocking yourself down.*

*May you continue to use soothing and compassionate strategies to help you to maintain and extend the work we have done.*

*May you spread the word to others, so that they can become more compassionate and together, we can make the world a more compassionate place.*

I wish you all the best in your future journey. It has been a privilege to be a small part of it and I will remember you fondly.

Warmest regards,

Lesley

### **What did food mean to you?**

*'When I'm frightened, I starve myself and when I'm upset, I comfort myself with food.'*

*'It's a cycle of self-destruction where you soothe sadness with overindulging / bingeing. Feel better for ten minutes, then feel guilt, then feel bad and eat more...'*

*'I now realise how angry and distressed I have been and how this has manifested itself in my eating. It is not going to define me anymore, I have been carrying it for a long time and it is time to let go.'*

### **Developing a compassionate mind**

*'I am taking back control of my life. I am able to say no, ask for things for myself. I am focusing on what I can control – i.e. what I put in my body. I can make myself feel better without eating.'*

*'I am learning to deal with conflict and emotions in a different way, tolerating emotions and becoming more confident about saying what I want.'*

*'You are human. It's not a weakness, it's a strength.'*

*'You didn't have the skills you needed back then but you do now.'*

### **Changing eating habits**

*'I have been writing my emotions instead of eating my emotions.'*

*'I am in a more safe and secure place in my mind and my relationship with food.'*

*'Sometimes, I feel like I need chocolate but what I am really looking for is a hug / soothing / comfort. The feeling I get from chocolate won't last, so I would rather have a hug.'*

*'If I do overeat, it's ok, I can get back on track.'*

*'I have been getting to know my body a bit better and listening to it a bit more.'*

*'I like myself for the first time in my life and I don't need to rely on food to get me through the day.'*

## Word cloud diagram of helpful strategies



### Appendix 3: References and resources

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## Appendix 4: Scripts for audio exercises

By Ken Goss

### Exercise 5.1: Mindful attention (pages 126-7)

#### *Exercise 5.1a: Mindful attention to the breath*

When you are ready, please sit quietly and focus your attention on your breath. Allow your breath to come right down into your lungs and then leave your body slowly and smoothly. If you find this difficult, you can simply focus on the sensation of your breath coming in and leaving your body through your nose.

*[Two-minute timer]*

If your mind is wandering, that's okay, just gently and kindly bring it back to your breath.

*[At the end of two minutes]*

When you are ready, please bring your attention back into the room.

You may want to write down anything your wandering mind brought to your attention that you might need to address when you feel ready, either on your own or with the support of other people.

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to train your mind to pay attention to what you want to focus on.

#### *Exercise 5.1b: Mindful attention to an object*

When you are ready, please sit quietly and focus your attention on your pebble, seashell or any other object that does not have a connection to your threat or drive system.

Notice its colours, textures, shape and size, and allow your hands and eyes to explore it, making it the sole focus of your attention.

*[Two-minute timer]*

If your mind is wandering, that's okay, just gently and kindly bring it back to your object.

*[At the end of two minutes]*

When you are ready, please bring your attention back into the room.

You may want to write down anything your wandering mind brought to your attention that you might need to address when you feel ready, either on your own or with the support of other people.

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to train your mind to pay attention to what you want to focus on.

### **Soothing rhythm breathing** (pages 135-9)

We are now going to experiment with your breath to find a rhythm that helps you feel soothed.

Please find a quiet place where you can sit and know that you will not be disturbed for at least ten minutes. Sit in a chair with an upright posture, don't let your head rock forward, and place both feet on the floor about a shoulder's width apart. Rest your hands on your legs. The key is to feel stable in your seat, your feet feeling grounded with the floor, with your head upright so that your breathing is not impeded by your torso being scrunched up. Please keep in mind that you are not aiming to 'achieve' any specific emotional or physical state in this exercise. It is designed to help you explore how your breath can help you move into your soothing system.

When you feel ready, begin by gently focusing on your breathing. Initially just notice the breath going in and out through your nose. As you breathe, notice the air coming down into your diaphragm (that area underneath your ribs). Feel how your diaphragm moves as you breathe in and out.

Now try to breathe a little faster than you normally would for 10-20 seconds. If you do not find this soothing, just stop and return to your normal rate for a moment.

Now try to breathe a little more slowly for 10-20 seconds. Again, you can go back to your normal breathing rate if you do not find this soothing.

Spend the next minute experimenting with these rates of breathing until you settle on one that works for you.

*[One-minute timer]*

You can now try breathing from the top of your chest for 10-20 seconds. Please stop if you don't find it soothing and return to how you normally breathe for a moment. Now you can try breathing more from your abdomen for 10-20 seconds.

Spend the next minute experimenting with the depth of your breathing until you settle on one that works for you.

*[One-minute timer]*

The final experiment is to find out if a more irregular and ragged breath is more or less soothing than a regular and smooth breath. Imagine you are a bit unfit and have run for a bus, then try to breathe like you would when you get on board! Try this for 10-20 seconds and notice how this feels in your mind and body. You can stop at any time if you don't find this soothing. Then try to breathe more regularly and smoothly for 10-20 seconds to see if you find this more soothing.

Once you have found pace, depth and smoothness for your breathing you can now practice this for two minutes. If your mind wanders notice the distractions, then use the phrase 'attention and return' gently and kindly to return your attention to your breathing. You can start now.

*[Two-minute timer]*

When you are ready, bring your attention back into the room.

You may want to write down anything your wandering mind brought to your attention that you might need to address when you feel ready, either on your own or with the support of other people.

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to develop your soothing system and learning to pay attention to what you want to focus on.

### **Exercise 5.2: Imagining your soothing place (pages 146-7)**

Please find somewhere comfortable to sit where you will not be disturbed for at least ten minutes. Then read through Worksheet 2 to remind yourself of the image you want to create. Remember your image is unlikely to be fully HD, in surround sound and smello-vision. Small fragments in any of the elements can be enough to turn on your soothing system. Your first attempts may give you many soothing places to choose from. This is perfectly normal; it is your brain's way of experimenting to find what works best for you.

When you are ready please bring your soothing system online using sensory soothing or SRB.

*[One-minute timer]*

You can close your eyes if you feel OK with this. If you'd rather not, focus your attention on the image in your mind, or on a reminder of your soothing place (for example, a particular scent or piece of material, or even a photograph). Alternatively, you can focus your attention on your pebble or shell and imagine your soothing place.

When you feel you've got some kind of fleeting, impressionistic idea of a soothing place, you can start trying to fill out the detail by going through your sensory impressions, starting with the visual ones.

*[Ten-second gap at the end of each question]*

- What things can you see that help you feel soothed?
- What sort of colours are around you?
- If you're outside, are you on a beach (is it sandy, rocky, pebbly)?
- If you are in a garden, is it formal or wild?
- Are there flowers or other plants?
- If you are in the country, are you in a wood or a meadow?
- Are there animals in the fields?

- Is the sky blue or cloudy?
- Is the sun rising or setting?
- Is there anything else you can see that helps to soothe you?
- If you are inside, what can you see?
- Are there objects or shapes that helped you to feel soothed?

Now think about any sounds you can hear that create a sense of safeness in your soothing place. Perhaps it is the sound of gently running water or waves lapping on the shore. You might hear birdsong or the crackling of a log fire. Gently focus on anything you might hear that you find soothing in this place.

Now think of any physical sensations you notice in your soothing place. Perhaps it is the warmth of the sun on your face or a gentle cooling breeze, or the feeling of grass beneath your feet? It may be that you can feel the warmth and texture of a comforting blanket? Gently focus on anything you might physically feel in this place that helps you to feel soothed.

Are there any smells in this place that you find soothing; perhaps the smell of grass, or of a salt breeze blowing ashore? Perhaps it is the smell of a log fire or a familiar and comforting perfume? Gently focus on anything you might choose to smell in this place that helps you to feel soothed.

Are there any people or animals that you want to invite into your soothing place? If so, are they near to you or a little further away? Whatever the distance, it will be your choice because they help you to feel calm and content.

When you feel you have a place that works for you, give yourself permission to feel wanted by your soothing place. This is a place of your creation that welcomes and embraces you, offering a place of calm and contentment whenever you want to visit.

Your wandering mind will take you away from this place. Notice where it goes, and then gently return your attention to the elements of your soothing place that help you feel most calm and content. When you have the image back, gently expand it again to other elements of your soothing place.

We will now spend a few minutes in your soothing place, noticing any new things your mind wants to add or change to help you feel soothed.

*[Two-minute timer]*

When you are ready, bring your attention back into the room.

You may want to write down anything your wandering mind brought to your attention that you might need to address when you feel ready, either on your own or with the support of other people. You can also update Worksheet 2 with any changes your mind made to your soothing place.

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to develop your soothing system and learn to pay attention to what you want to focus on.

### **Exercise 6.1: Imagining the compassionate self** (pages 155-7)

Please find a place where you can sit quietly and will not be disturbed for at least ten minutes. Bring your soothing system online using sensory soothing, soothing rhythm breathing or soothing imagery.

*[One-minute timer]*

When you feel that your mind and body have slowed down, you are ready to practice imagining that you are a very deeply compassionate person. Please begin by focusing on your desire to become a compassionate person, to be able to think, act and feel compassionately.

*[Twenty-second gap]*

Now imagine being a wise person, with a wisdom that comes from your understanding about the nature of our lives, minds and bodies. You are wise enough to know that much of what goes on inside of us is not our fault but is the result of our evolution and of experiences over which we had no control.

*[Twenty-second gap]*

You now can switch to imagining having strength, courage and fortitude that come from your wisdom and motivation to be compassionate. Explore your body posture (sitting or standing confidently and assertively) and your facial expressions when you are in this mode. Keep your head upright rather than letting it drop forward; your sitting or standing posture should be one of confidence. Remember, you are imagining yourself as a person that understands your own difficulties and those of others in a non-judgemental way and has the confidence to be sensitive to suffering and to tolerate distress in order to a gain better understanding of how to alleviate it.

*[Twenty-second gap]*

You can now switch to focusing on qualities of warmth – a gentle friendliness. Imagine being warm and caring. Create a compassionate facial expression. Try to imagine yourself speaking to someone and hear the warm tone of your voice. Now reach out with that warmth to feel what it might be like to offer it to another person or animal.

*[Twenty-second gap]*

Next, you can switch to imagining feelings of responsibility. Imagine that you have lost interest in condemning or blaming and just want to do the best you can to help yourself, and others, move forward. Hold on to your compassionate facial expression and warmth but focus now on this experience of committing yourself to a compassionate path of self-development.

*[Twenty-second gap]*

Finally, you can imagine yourself having all of these qualities and incorporating them into the way you want to be with yourself and others. You might want to focus on something you can do today to express your compassion for yourself or others.

*[Twenty-second gap]*

Please bring yourself gently back into the room. You might want to write down what it felt like to have these qualities and how it might affect the way you want to act in the future.

*[Twenty-second gap]*

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to develop your compassionate mind.

### **Exercise 6.2: Me at my best** (pages 158-9)

Please find somewhere comfortable to see you not be disturbed for at least ten minutes. Then read through Worksheet 2 to remind yourself of the memory of you been compassionate which you want to focus on in this exercise.

To prepare your mind for compassion we will move into your soothing system using sensory soothing, soothing rhythm breathing or your soothing place. When you are ready we can begin and we will do this for one minute. Please take the time if you need to.

*[One-minute timer]*

Now bring your focus to the memory of you being compassionate which you want to use today. Bring this to mind and, to begin, we will focus on where you were.

*[Ten-second gap after each question]*

- What can you see in this memory?
- What can you hear?
- What can you smell?
- Who or what are you offering your compassion to? Is it a person, an animal, or something else?
- What did you pay attention to when you were compassionate? Please try to focus your mind on that now.
- Where there any physical sensations or emotions you experienced when you were being compassionate? If so, try let them arise in you again.
- What were you motivated to do when you were in this compassionate zone?
- What body posture and facial expressions did you have when you were being compassionate?
- If you spoke, what voice tone and pacing of speech did you use to convey your compassion?

Now let your mind's eye wander through the memory noticing all the things that helped you get into your compassionate zone; to be you at your best, your most wise, most caring, perhaps your most courageous, to allow yourself to be a compassionate person.

Now focus on the joy that you may have experienced, or a sense of satisfaction, from being able to be helpful and compassionate.

And finally, what would it be like if you could be this version of yourself more often, perhaps even to be more compassionate with somebody else or yourself today?

When you are ready, bring your attention back into the room.

When you finish the exercise you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day, knowing you are learning to develop your compassionate mind as a skill to help you and others in the future.

### **Exercise 6.3: Focusing compassion on others** (page 163)

Please find a place where you can sit quietly and will not be disturbed for at least ten minutes. To prepare your mind for compassion, please bring your soothing system online using sensory soothing, soothing rhythm breathing or soothing imagery.

*[One-minute timer]*

When you feel that you are in your soothing system, you are ready to bring your compassionate mind online, either by imagining your compassionate self or remembering you at your compassionate best from Exercise 6.2. Please do this now.

*[One-minute timer]*

When you are ready, bring to mind someone or something you care about; this might be a friend, parent, child, pet or other animal. Be gentle, take your time, and allow yourself to focus on them. You can picture them smiling and being happy to receive your compassionate wishes. If your mind wanders, that's not a problem – just gently bring it back to the task.

*[Ten-second gap]*

When you have them in mind, focus on directing the following wishes for them, using a voice tone and pace that conveys your compassion for them. You can use the following three statements to help you:

*[Five-second gap between each statement]*

- May you be well.
- May you be happy.
- May you be free of suffering.

We will do this three times.

*[Five-second gap between each statement]*

- May you be well.
- May you be happy.
- May you be free of suffering.

*[Five-second gap between each statement]*

- May you be well.
- May you be happy.
- May you be free of suffering.

*[Ten-second gap]*

Please bring yourself gently back into the room. You might want to write down what it felt like to offer your compassion and how it might affect the way you want to act in the future.

*[Ten-second gap]*

After you finish the exercise, you can stop and find something distracting or soothing to do, or simply get back on with your normal activities, knowing that you are learning to develop your compassionate mind to help you or others.

#### **Exercise 6.4: Compassion flowing out to others in difficulty** (pages 164-5)

Please find a place where you can sit quietly and will not be disturbed for at least ten minutes. When you are ready, bring your soothing system online using sensory soothing, soothing rhythm breathing or soothing imagery.

*[One-minute timer]*

When you feel ready, bring to mind the person or animal that you want to focus your compassion on today.

Now imagine yourself expanding, stepping into your compassionate self. Notice your motivation to be caring, your wisdom, strength and determination to offer your compassion.

*[Twenty-second gap]*

Now imagine your compassion spreading through your body. This may be a feeling of warmth or a compassionate colour. See it flowing from you and flowing over the person or animal you want to care about. Feel your genuine desire for them to be happy, to be well and to be free of suffering. You might even want to repeat that mantra for them for the next twenty seconds or so.

*[Twenty-second gap]*

Now focus on your tone of voice and the kinds of things you would want to say to the to express your compassion, share your wisdom, let them know you care and that you will stand with them if they need you to.

*[Twenty-second gap]*

Now you can focus on what things you could do to show you care and be helpful to them.

*[Twenty-second gap]*

You can now imagine them receiving your compassion, finding it helpful, and the joy it will bring them and you to experience your compassion.

*[Twenty-second gap]*

You may wish to offer your compassion to them when you finish the exercise. Use your compassionate wisdom to consider whether they are ready to accept it. If they are, you can commit to doing this. If they are not, know you are practicing ways to offer them compassion for when they are ready to receive it.

Please bring yourself gently back into the room. You might want to write down what it felt like to have these capacities of compassion and to offer them to a person or animal. You might also want to think about how it might affect the way you want to act in the future.

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to develop your compassionate mind.

### **Exercise 6.5: Compassion for people who overeat** (pages 165-6)

Please find a place where you can sit quietly and will not be disturbed for at least ten minutes. When you are ready, bring your soothing system online using sensory soothing, soothing rhythm breathing or soothing imagery.

*[One-minute timer]*

When you feel ready, imagine becoming a compassionate person – you at your best. Remember to keep a confident posture and an upright stance as you do this. Imagine yourself expanding, stepping into your compassionate self. Notice your motivation to be caring, your wisdom, strength and determination to offer your compassion. You realise how difficult life is because of the brain that we have evolved with and the life experiences we have.

*[Twenty-second gap]*

Now, in your mind's eye, see somebody who overeats. Try to understand that the motives and desires causing them to overeat are complex and can often cause them distress, and think about why they feel the need to overeat without blaming or criticising them.

*[Twenty-second gap]*

You can now focus your compassion on the unintended consequences that overeating can have for them. What are the harms and benefits they experience from overeating? Using your wisdom, recognise how they're caught up in a pattern of feelings and behaviour that they didn't design and probably don't want.

*[Twenty-second gap]*

You're not trying to change anything about them at this point – just learning to be compassionate for them and to them. You may see yourself alongside them and saying, 'You're going through a tough time at the moment,' 'I can see how hard this is for you,' or 'I can see that food is a real comfort for you,' or trying to help them find ways to help them manage the problems that cause them to overeat.

*[Twenty-second gap]*

If you feel your mind becoming angry, critical or irritated with them, pull back and refocus on bringing your soothing system back online until you notice these feelings ease a little; then re-engage with your compassionate mind before recommencing the exercise. It is not unusual to have only fleeting feelings of compassion for people

who overeat at first, and you may need to gently redirect your compassion for them several times during the exercise. You can do this again now.

*[Twenty-second gap]*

Please bring yourself gently back into the room. If you wish you can note down how you feel now, and how you might act differently towards people who overeat from a more compassionate perspective.

*[Twenty-second gap]*

You might also want to reflect on your experience. What came up for you? Was there anything that surprised you? What would you like to work on to improve your capacity to respond to overeating with compassion?

*[Twenty-second gap]*

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to develop your compassionate mind to help people, including you, who overeat.

### **Exercise 6.6: Compassion flowing into you – using your memories** (pages 168-9)

Please find a place where you can sit quietly and will not be disturbed for at least ten minutes. When you are ready, bring your soothing system online using sensory soothing, soothing rhythm breathing or soothing imagery.

*[One-minute timer]*

When you feel ready, bring to mind a memory of a time when someone was compassionate to you.

Allow your face to relax into a compassionate expression and your body to adopt a posture which gives you a warm glow or feeling of gratitude as you recall the memory.

*[Twenty-second gap]*

Explore the facial expressions and body position of the person who was caring towards you. Sometimes it helps if you see them moving towards you, or see their face breaking into a smile, or their head on one side.

*[Twenty-second gap]*

Now focus on the important sensory qualities of your memory, first time focusing on the kinds of things this person said and the tone of their voice.

*[Twenty-second gap]*

Now focus on the emotion in the person, what they really felt for you at that moment.

*[Twenty-second gap]*

Now focus on the whole experience, maybe whether they held you, touched you, offered you a tissue or helped you in other ways. Notice how they created a feeling

of being soothed and connected in you, and your sense of gratitude and pleasure at being helped. Allow the experience of soothing, connectedness, gratitude and joy in being helped to grow. Remember to keep your facial expression as compassionate as you can.

*[Twenty-second gap]*

When you are ready, gently let the memory fade, come out of the exercise and make some notes on how you felt. You may notice that bringing these memories to mind has created feelings inside you, even if they are just glimmers. What came up for you? Was there anything that surprised you? What would you like to work on to improve your capacity to receive compassion from others?

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to develop your compassionate mind to allow to receive compassion from others.

### **Exercise 6.7: Creating a ‘compassionate companion’ (pages 170-5)**

Please find a place where you can sit quietly and will not be disturbed for at least ten minutes. When you are ready, bring your soothing system online using sensory soothing, soothing rhythm breathing or soothing imagery.

*[One-minute timer]*

Please choose where you want to meet your companion. This may be your soothing place or somewhere else. The key thing is to create the feelings of being soothed before you meet your compassionate companion.

*[Twenty-second gap]*

Now imagine your compassionate companion appearing in this place; they may be materialising from the mist, walking in through a door, or appearing in some other way. Imagine them sitting or standing beside you. You may want to touch them or be held by them, and that’s okay, but only allow your compassionate companion to be with you in a way you feel comfortable with and that helps you to feel soothed and cared for.

*[Twenty-second gap]*

Now focus on your companion.

*[Ten-second gap after each question]*

- What do they look like?
- What do they sound like?
- Are there any other sensory qualities they have, for example a smell or texture to their clothing?

To begin with, simply practice experiencing what it is like to focus on the feeling that another mind really values you and cares about you unconditionally.

Now focus on your compassionate companion and imagine they are looking at you with great warmth. Imagine that they have the following message for you, communicated in a way that you will hear and accept:

*[Five-second gap between each statement]*

- May you be well.
- May you be happy.
- May you be free of suffering.

*[Five-second gap between each statement]*

- May you be well.
- May you be happy.
- May you be free of suffering.

*[Ten-second gap]*

Try to allow yourself to open up to the experience of compassion, in the knowledge that you can always rely on your compassionate companion to offer you their commitment, strength, wisdom and acceptance.

You may notice that your mind wanders, perhaps to memories of times when people have not been compassionate towards you. This is perfectly normal. Just gently bring your mind back to the task in hand, which is focusing your attention on experiencing compassion from your companion. You can do this now.

When you are ready, gently bring yourself back into the room. If you wish you can make some notes on your experiences of this exercise.

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to develop your compassionate mind to allow you to offer compassion to yourself and others.

### **Exercise 6.8: Using your compassionate companion to help you (pages 175-7)**

Please find a place where you can sit quietly and will not be disturbed for at least ten minutes. When you are ready, bring your soothing system online using sensory soothing, soothing rhythm breathing or soothing imagery.

*[One-minute timer]*

Please choose where you want to meet your companion. This may be your soothing place or somewhere else. The key thing is to create the feelings of being soothed before you meet your compassionate companion.

*[Twenty-second gap]*

Now imagine your compassionate companion appearing in this place; they may be materialising from the mist, walking in through a door, or appearing in some other way. Imagine them sitting or standing beside you. You may want to touch them or be held by them, and that's okay, but only allow your compassionate companion to be

with you in a way you feel comfortable with and that helps you to feel soothed and cared for.

*[Twenty-second gap]*

Imagine spending some time with your companion and experiencing their compassion flowing over and around you.

*[Twenty-second gap]*

Next, focus on your compassionate companion looking at you with great warmth. Imagine that they have the following wishes and hopes for you:

*[Five-second gap between each statement]*

- May you be well.
- May you be happy.
- May you be free of suffering.

*[Ten-second gap]*

Allow yourself to sit with and open up to these experiences of compassion, in the knowledge that you can always rely on your compassionate companion to offer you their commitment to you, and their strength, wisdom and acceptance.

*[Twenty-second gap]*

Next, imagine telling your compassionate companion about a particular struggle that you are having. Imagine their facial expression and body posture as they listen to you with concern and acceptance.

*[Twenty-second gap]*

Imagine what they would say to you to help you have the courage, wisdom and strength to face your difficulty. Perhaps they will come up with other ways of seeing things or suggest other ways to help you. Perhaps they cannot. It doesn't really matter – what is important is that you experience their warmth, strength and wisdom, and that you feel you can express the worries or feelings that are troubling you without being judged or criticised.

*[Twenty-second gap]*

Draw the exercise to a close by once more experiencing the compassion flowing from your companion into you. Allow yourself to take pleasure in the feelings of safeness, comfort and connectedness for a while before you gently bring yourself back into the room.

*[Twenty-second gap]*

When you are ready, gently bring yourself into the room. If you wish you can make some notes on your experiences of this exercise. You may want to note down how you felt about this experience, and any new understandings or ways of coping that you have learned from your companion.

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to develop your compassionate mind to allow you to offer compassion to yourself, particularly when you are struggling with something difficult.

### **Exercise 6.9: Self-compassion** (pages 179-80)

Please find a place where you can sit quietly and will not be disturbed for at least ten minutes. When you are ready, bring your soothing system online using sensory soothing, soothing rhythm breathing or soothing imagery.

*[One-minute timer]*

Please bring you at your compassionate best to mind by focusing on the memory of you being compassionate that you want to use today.

*[Twenty-second gap]*

*[Ten-second gap after between each question]*

- What can you see in this memory?
- What was your compassionate body posture?
- What was your compassionate facial expression?
- What was your voice tone that conveyed your compassion?

Now imagine yourself expanding to allow your wisdom, courage and dedication to be caring to allow compassion grow within you. You might like to see your compassion as an energy or colour growing within you and flowing out of you.

*[Twenty-second gap]*

Now focus this wisdom, courage and dedication to help you notice and alleviate your suffering and to help you flourish, to the picture in front of you. Then use this to direct compassion towards yourself by repeating the following statements aloud using your compassionate voice:

- May I be well.
- May I be happy.
- May I be free of suffering

*[Ten-second gap]*

- May I be well.
- May I be happy.
- May I be free of suffering

Imagine smiling at back at your compassionate self and feeling joy and gratitude for the compassion it offers you.

*[Twenty-second gap]*

You may notice that your mind wanders during this exercise, perhaps to memories of times you have been critical of yourself. This is perfectly normal. Just gently bring your mind back to the task in hand, which is focusing your attention on experiencing compassion from yourself. You can do this now.

*[Twenty-second gap]*

When you are ready, gently bring yourself back into the room. If you wish you can make some notes on your experiences of this exercise. What would it be like if you could offer yourself compassion and accept it more often?

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to develop your compassionate mind to allow you to offer compassion to yourself.

**Exercise 6.10: Using 'me at my best' to help me with a difficulty** (pages 180-1)

Please find a place where you can sit quietly and will not be disturbed for at least ten minutes. When you are ready, bring your soothing system online using sensory soothing, soothing rhythm breathing or soothing imagery.

*[One-minute timer]*

Please bring you at your compassionate best to mind by focusing on the memory of you being compassionate that you want to use today.

*[Twenty-second gap]*

*[Ten-second gap after each question]*

- What can you see in this memory?
- What was your compassionate body posture?
- What was your compassionate facial expression?
- What was your voice tone that conveyed your compassion?

Now imagine yourself expanding to allow your wisdom, courage and dedication to be caring to allow compassion grow within you. You might like to see your compassion as an energy or colour growing within you and flowing out of you.

*[Twenty-second gap]*

Now focus this wisdom, courage and dedication to notice and alleviate your suffering and to help you flourish and grow, to the picture in front of you. Imagine expanding the compassion within your body and imagine it flowing over and around you. Feel your genuine desire for you to be free of suffering and to flourish.

*[Twenty-second gap]*

Now focus on your tone of voice and the kind of things you would want to say or do to help you with the problem you are facing. If it helps, you can imagine having a conversation with yourself.

*[Twenty-second gap]*

Imagine smiling at back at your compassionate self and feeling joy and gratitude for the compassion it offers you.

*[Twenty-second gap]*

You may notice that your mind wanders during this exercise, perhaps to memories of times you have been critical of yourself. This is perfectly normal. Just gently bring your mind back to the task in hand, which is focusing your attention on experiencing compassion from yourself. You can do this now.

*[Twenty-second gap]*

When you are ready, gently bring yourself back into the room. If you wish you can make some notes on your experiences of this exercise. What would it be like if you could offer yourself compassion and accept it more often?

You might want to make some notes about how it felt for you, what you have learnt, and what you want to take away from it.

After you finish the exercise, you can stop and find something distracting or soothing to do or simply get back on with the normal activities of your day knowing that you are learning to develop your compassionate mind to allow you to offer compassion to yourself.