Compassionate Social Fitness: Theory and Practice

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Overview
Social Fitness: Theory and Practice

The Model
Three Vicious Cycles: Infinite Loops

Testing:
ShyQ: shyness questionnaire; EOS: Estimations of Others

Overview (cont.)
Social Fitness Training

CBT (Heimberg & Becker, 2002; Hope & Heimberg, 2010)
Changing negative attributions and self beliefs, reducing shame (Henderson & Zimbardo, 2001); beliefs about others and resentment (Henderson, 1996, 2013).

Shyness Clinic Research
Integrating Compassion Focused Therapy
(Gilbert, 2007, 2010; Henderson, 2011)
The Threat system, Drive system and Soothing System

The Experience of Shyness
SAD FIXS
Self - Blame and Shame
Avoidance
Distress
Fear of Negative Evaluation
Must, but I Can’t!
Xposure: Fear of both Failure & Success
Self - Sabotage

Perspectives: Integrated

Social Fitness Model
Addresses needs for emotional connection and agency
• Implies:
  -satisfying interpersonal relationships,
  -adequate emotion regulation,
  -an adaptive cognitive style
• Implies the proactive pursuit of personal and professional goals.
Social Fitness Model (cont.)

- Involves frequent social exercise. Many situations for practice and many kinds of behaviors considered adaptive.

- As golf, tennis, hiking, and jogging are means to stay physically fit, people join groups and communities, maintain close relationships, meet new people, cultivate friendships, and develop intimacy with a partner to stay socially fit.

Social Fitness: Cognition and Emotion

Adaptive thinking patterns and emotion regulation are important components of social fitness.

Shy individuals reverse the self-enhancement bias in social situations, blame themselves and others, and experience shame and resentment.

When one is ashamed, others appear contemptuous, when fearful, others look dangerous, when vulnerable, others appear powerful and potentially threatening.

Negative emotion and negative thoughts affect each other in an escalating reciprocal pattern.

Three Vicious Cycles

<table>
<thead>
<tr>
<th>Fight/Flight</th>
<th>Shame/self-blame</th>
<th>Anger/other-blame</th>
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<tbody>
<tr>
<td>fear</td>
<td>shame</td>
<td>anger</td>
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negative predictions self-blame other-blame

Approach Avoidance Resentment

Three Compassionate Cycles

<table>
<thead>
<tr>
<th>Face fear</th>
<th>Accept fear</th>
<th>Accept self</th>
<th>Accept others</th>
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<tbody>
<tr>
<td>accept fear</td>
<td>support self</td>
<td>support others</td>
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act through emotion self-compassion compassion toward others

Acceptance Compassion Forgiveness

Blaming Others and Empathy: High School Sample

- Perspective-taking is associated with adaptive interpersonal functioning.

- Empathic concern for others is associated with shyness.

- Blaming others is the ONLY significant negative predictor of perspective taking and empathic concern.

Social Fitness Training

Twenty-six Weekly Two-hour Cognitive-Behavioral Group sessions within an interpersonal theory framework

Daily Workouts

- Self-monitoring, self-reinforcement

- Exposures with Cognitive Restructuring

- Changing negative attributions, beliefs about the self and others

- Social Skills Training - the second 13 weeks: Reaching out

- Communication Training - Where do I go from here?

- Building intimacy - self-disclosure, handling criticism, conflict

- Empathy: Listening

- Attentional Focus Flexibility Training - self-other, empathic response

- Video Taping, Mirror Wall
Stanford Students Changed Self-blaming Attributions and Reduced Shame in Eight-week Groups

Negative interpersonal outcomes:

- Internal, stable and global attributions
- Self-blame and state shame
- Social anxiety and social avoidance
- Trait shame and depression

Results

Shame and Anger in Shyness: Clinic Sample

- Shame predicts self-defeating behavior, passive aggression (MCMI).
- Shame is correlated with resentment and antisocial attitudes (MMPI).
- Clients with Avoidant Personality Disorder are:
  - more shame-prone,
  - more likely to externalize blame

Shame And Anger In College Student Sample

- Shame and anger in Stanford students
  - SHY students
  - NON-SHY students

Anger-supporting AT’s about Others (EOS): Students

To what extent do you relate to each of these statements?
Please make a rating on a 7 point scale from 1 (not at all) to 7 (very much).

<table>
<thead>
<tr>
<th>Shy</th>
<th>Non-shy</th>
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<tbody>
<tr>
<td>1.5</td>
<td>2.3</td>
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<td>1.3</td>
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<td>3.2</td>
<td>1.8</td>
</tr>
<tr>
<td>2.9</td>
<td>1.7</td>
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</table>
Anger-supporting Thoughts and Beliefs
Shy Students vs. Clinic Sample

- Clinic clients
- Shy Students

Significantly Reducing AT's about Others

EOS-Thoughts/Others
M = 3.7; 3.1 (1-7)
N = 99
f = 5.86
p = .000

Challenging Negative Attributions and Beliefs about Self and Others
Choose challenging situation (SUDS 40 - 60)
Write it down
Imagine the situation does not turn out as well as you hoped
Identify at least four Negative Attributions and Beliefs, including both self and other
Write them down; Identify Distortions (p.3-4)
Challenge in Dyads (p.5); Develop a self-supportive response
Notice SUDS reduction and shame reduction

The “Henderson/Zimbardo” Shyness Questionnaire

- I blame myself when things do not go the way I want them to.
- I sometimes feel ashamed after social situations.
- I am usually aware of my feelings, even if I do not know what prompted them.
- If someone rejects me I assume that I have done something wrong.
- I tend to be more critical of other people than I appear to be.

ShyQ. (at www.shyness.com)
(Rating scale from 1, not at all characteristic of me to 5, extremely characteristic of me)

Web site respondents: M=3.6 (SD=.6)
Stanford students: M=2.5 (SD=.6)
Clinic Sample: M=3.6 (SD .6).
Chronbach’s Alpha for six samples=.92
Correlation with the Revised Cheek and Buss Shyness Scale (college samples) = .6 and .7 (Melchior and Cheek, 1990).

Henderson’s Research: Individualism Gone Awry?

Shyness may become a clinical problem because our society currently disavows and rejects sensitivity and cooperative and collaborative vs. dominant or aggressive behavior.

Shyness, particularly in males, is negatively stereotyped in the U.S. Shy females are stereotyped as traditional homemakers, not as achievers.

When someone is less competitive and more concerned about others’ evaluations, look at their motives and values as well as their behavior.

Are the Shy Exceptional Leaders?

Shy individuals may be our reluctant, socially responsible leaders of the future.

Jim Collins (From Good to Great) studied outstanding CEO’s, called “level five leaders.” They successfully guided companies through times of intense change and challenge. Guess what? They were diffident, shy.

I do not see many behavioral deficits in the Clinic. When people are accepted for themselves they demonstrate skilled social behavior.
Shy Leaders Study

Interview study of outstanding shy leaders:
Method: Face to face interviews which are transcribed by the author and coded by a research team to determine:
1) Interpersonal traits (Interpersonal Adjective Scale, IAS; Wiggins, 1995)
2) Interpersonal motives (Circumplex Scales of Interpersonal Values, CSIV; Locke, 2000)
3) Personality styles (Personality adjective check list, PACL; Strack, 2005)
4) Prototypical leadership styles
5) Leadership themes in interviews

Shy Leaders: Preliminary Findings

Sky leaders:
1. tend to lead from behind and let others take the spotlight.
2. are keen observers of people.
3. listen carefully and are empathic.
4. are motivated, persevering, strategic and genuine.
5. appear passionate about their values and their work.
6. over-prepare for public speaking tasks.
7. push past shyness to get the job done.
8. are collaborative.
9. appear androgynous, with both masculine and feminine traits.

Vision: A Shy Revolution

Clinicians see shyness as a disease, a belief encouraged by drug companies. I see a culture in trouble.
We need to focus on and nurture the strengths of those who are shy, starting in childhood in schools and families. We need to focus on their strengths in therapy.
We cannot afford to lose their participation in our democracy.
America is now known as one of the biggest bullies on the block. Terrorism and torture show us that everyone is vulnerable, and any of us can be bullied.

Compassion-Focused Therapy

Paul Gilbert, Ph.D.

The Threat System


How did CFT Start

Clinical observation of people struggling with standard therapies
Long focus on shame and self-criticism which are known to be linked to poor outcomes
Interest in basic evolved systems that regulate a range of psychological processes
What is helpful

Cognitive-Behavioural focused therapies help people distinguish unhelpful thoughts and behaviours - that increase or accentuate negative feelings - and alternative helpful thoughts and behaviours that do the opposite. This approach works well when people experience these alternatives as helpful. However, suppose they say, "I can see the logic and it should feel helpful but I cannot feel reassured by them" or "I know that I am not to blame but still feel to blame".

Nature of the problem

Able to look at things in different ways – but don’t feel any better
Able to generate alternative thoughts – but don’t feel any better

Question:
What are the mechanisms that help people feel better?

Basic Philosophy is That:
We all just find ourselves here with a brain, emotions and sense of (socially made through evolution) self we did not choose but have to figure out

Life involves dealing with tragedies (threats, losses, diseases, decay, death) and people do the best they can

Much of what goes on in our minds is not of 'our design' and not our fault
We are all in the same boat
De-pathologising and de-labelling – understanding unique coping processes

Why Zebras don’t get ulcers!

When danger has passed for an animal their threat system switches off.

As humans, we can continue to scare ourselves with our imagination, worries and memories which keeps our threat system highly activated after physical danger has passed (Sapolsky, 1994).

(Toyn Bell)

Other animals haven’t evolved the ‘new brain’ areas that result in worrying about what will happen tomorrow or what happened yesterday
(Toyn Bell)

Types of Affect Regulator Systems

Drive, excite, vitality
Incentive/resource-focused
Hunting, pursuing, achieving, consuming
Activating

Content, safe, connected
Non-wanting/
Affiliative focused
Safeness-kindness
Soothing

Threat-focused
Protection and Safety-seeking
Activating/inhibiting

Anger, anxiety, disgust
‘Brain-storming’ exercise

Consider what emotions, physical feelings, motives, behaviors and thoughts are associated with each of these systems:

THREAT AND PROTECTION

DRIVE AND ACHIEVEMENT

SOOTHING AND CONNECTION

Tobyn Bell

Humans Have Easily Conditioned Threat System

Better safe than sorry: Notice threats quickly

Safety Strategies: Fight, flight, freeze, submit or attack

Social rank theory: social anxiety & depression

When aware of the social rank, status and power of others and when perceive self as inferior

Attention: highly sensitive to others' verbal and non-verbal signals

Emotions: uncertainty, social anxiety/depression, anger, resentment

Behavior: Appease and avoid

Menu of Protective/Defensive Emotions

Anger – increase effort and signal threat

Anxiety – alert to danger and select

Disgust – expel/keep away from noxious or undesirable

Sadness – acknowledge loss, signal distress

Jealousy – threaten and defend

Envy – undermine/spoil benefits of the other

(Tobyn Bell)
Automatic threat/ protection strategies found in nature

- Subdue others
- Control others
- Turn away
- Cling on to
- Camouflage
- Submission

- Frighten others as deterrent
- Isolate
- Hide
- Seek protective others
- Fit in with the group
- Hyper-vigilance

Subdue others
- Escape
- ‘Play dead’
- Avoid
- Comply
- Predict threat early

How do these strategies look in humans?
(Tobyn Bell)

How the threat system organises our mind

- Attention
- Emotional experience
- Thinking and reasoning
- Imagery and fantasy
- Motivation
- Behaviour

THREAT: I’m in danger!

Consider what might be in each area e.g. in a threat mind-set where would your attention be?

How the drive system organises our mind

- Attention
- Emotional experience
- Thinking and reasoning
- Imagery and fantasy
- Motivation
- Behaviour

DRIVE: I want that!

Consider what might be in each area e.g. in a drive mind-set what would your motivation be?

The Mammalian Importance of Caring Minds

Caring as ‘looking after’. Seeking closeness rather than dispersion. Individuals obtain protection, food, and care when ill. Key also is soothing-calming and physiological regulation. Few offspring but high survival rate in comparison to species without attachment, affection and kindness

Co-operative and mutual support can develop as we see that our prosperity impacts on that of others, sharing and not-exploiting

How the soothing system organises our mind

- Attention
- Emotional experience
- Thinking and reasoning
- Imagery and fantasy
- Motivation
- Behaviour

SOOTHING: I am valued and connected

Consider what might be in each area e.g. in a soothing mind-set what would your emotional experience be?

Evolved strategies

We evolve strategies to cope with our social environment and circumstances. It’s a bit like how animals have evolved over thousands of years. We develop specifically to suit our environment.

Evolved strategies often have ‘trade-offs’ and come with unwanted side-effects!

(Tobyn Bell)
Socially Anxious Example

Past Experiences: critical mother, distant father, bullied at school, shame based memories

Key Fears/Threats: fear of rejection and failure, feeling alone, vulnerable

Protective Coping Strategies: appease others, try to be liked, suppress feelings and needs, criticize self

Unintended/Unwanted Consequences: Own needs ignored, feel put upon, angry, not achieve personal goals, lose sense of self, feel fragile (adapted from Tobyn Bell)

Source of threat

External

Shared with other animals focus on the outside and how to behave in the outside world to minimize threat and harm

Internal

Can be threatened by the emergence of internal emotions, desires fantasies and memories

Both can be very clear or very subtle threats

External and internal threats

For example, a person attending a social event might fear:

- being rejected by the people there (external threat)
- also worry about being overwhelmed with anxiety (internal threat).

Such threats often interact: e.g. the same person might fear their anxiety will become so overwhelming that other people will notice and criticise them (external threat).

The protection strategies for internal and external threats can be different. Coping might include:

- being non-assertive and people pleasing (external)
- using alcohol to reduce anxiety (internal).

(adapted from Tobyn Bell)

Self-monitoring and self-blame as protection

Self-monitoring and self-blame can be used to appease someone we see as more powerful than us, as a means to stay safe and out of harm. If, for example, a bully or a parent’s behaviour is frightening and unpredictable we might try and tip-toe around them like they are a sleeping tiger. When we do arouse their negative attention we might be cross at ourselves for increasing our vulnerability or the risk of attack.

If we cannot control or influence the behaviours of important others, we might begin to keep a tight watch over our own actions and emotions, blaming ourselves severely for mistakes. Blaming the other person might be too scary or dangerous, especially for a child. (Tobyn Bell)

COPING STRATEGY

<table>
<thead>
<tr>
<th>Examples</th>
<th>INTENDED CONSEQUENCES</th>
<th>POSSIBLE UNINTENDED CONSEQUENCES OR DRAWBACKS</th>
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<tbody>
<tr>
<td>Always putting on a brave face</td>
<td></td>
<td></td>
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<tr>
<td>Be as others want</td>
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<tr>
<td>Withdrawing from other people</td>
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<tr>
<td>Avoid situations where I can ‘fail’</td>
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<tr>
<td>Drinking alcohol to cope</td>
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<tr>
<td>Trying to be perfect</td>
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<td></td>
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<tr>
<td>Analysing and going over my mistakes</td>
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<td></td>
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<tr>
<td>Preparing for the worst/ worrying</td>
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CHAIR EXERCISE

Write down some recent examples of your own self-criticism. Try and remember a situation when you gave yourself a hard time: what did you say or feel towards yourself?

Read these criticisms out loud to an empty chair, imagining someone else is sitting there. How do you think a person in the chair might feel or respond?
COMPASSIONATE SELF-CORRECTION
- Focus on the desire to improve
- Focus on personal and enhanced forward-looking
- Is given with encouragement and approval
- Identifies positive (e.g. seeing what one did well and then considering learning points)
- Focuses on attributes and specific qualities of self
- Focuses on and hopes for success
- Increases chances of engaging

FOR MISTAKES
- Guilt, engage with feelings: Shame, acceptance, forgiveness
- Example: the encouraging/supportive teacher with the child who is struggling

SHAME BASED SELF-ATTACKING
- Focus on the desire to condemn and punish
- Focus on punishing past errors
- Is often backward-looking
- Is given with anger, frustration, contempt, disappointment
- Focuses on defects and fear of exposure
- Focuses on blaming whole self
- Focuses on high fear of failure
- Increases chances of avoidance and withdrawal

FOR MISTAKES
- Shame, avoidance, fear
- Example: the critical teacher with the child who is struggling

KEY IMAGERY TASKS
- Soothing breathing rhythm
- Safe ‘welcoming’ place
- Compassion colour
- Compassionate self
- Compassionate other/image

BUILDING AND STRENGTHENING THE COMPASSIONATE MIND AS BUILDING CAPACITY TO THINK AND FEEL COMPASSIONATELY

WHY IMAGERY?
- Imagery has been shown to be more emotionally powerful than verbal expressions

VERBAL: Chocolate Cake
IMAGINAL: Tobyn Bell

YOUR SAFE PLACE
- Lower or close the eyes
- Find your soothing rhythm breathing
- Imagine a place that gives you feelings of safety, calm and
- Commitment, perhaps a quiet room, a beach, or in the woods
- Focus on the details and use all five senses: what you see, touch, hear, smell, taste
- Your safe place welcomes you and enjoys having you there. It is your
- Own place; you belong there and can rest. Feel the safety and connection;
- Feel its welcome.
- When ready, opening the eyes
Developing Compassion Images
Ideal caring and compassionate self and/or other --- define ideal as everything you would want, need

- **Wisdom**: a sentient mind who understands the struggles of humanity and self. Empathic stance, self-transcendent
- **Strength** as 'calm authority' - fortitude, endurance, complete benevolence
- **Caring** as a genuine desire for one's well-being - Commitment and motivation
  - Include compassionate attributes

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Compassionate Mind-Self

**Attributes**

- Sensitivity
- Sympathy
- Distress tolerance
- Empathy
- Non-judgement

**Skills - Training**

- Attention
- Sensitivity
- Sympathy
- Non-judgement
- Empathy
- Behaviour

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Imagery

**Non-verbal Communication**

- Compassionate facial expression – smile
- Compassionate voice – tone, form and pace
- Compassionate posture (e.g. can change depending on the actions)
- Sense of appearance, and colour (e.g. clothes)
- Method Acting for compassionate self

Sensory qualities help form image

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Imagining the Compassionate Other/Self

Explain point of Compassionate-other/self imagery work

Inner helper, inner guide, access to self-soothing system through relating to self or other (no different in principle to activating any other system e.g. sexual – these systems were designed for social interactions — social mentality theory (Gilbert, 2000; Fonagy & Target, 2006))

Now for a moment, focus on your breathing and try to feel soothing rhythm. Look down or close your eyes and imagine your image of your compassionate ideal 'other' caring for you.

Useful specific questions: would they be old or young, male or female, colour of their eyes, tall or short – more than one

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Compassionate letter writing

Try and write a letter to yourself from a compassionate standpoint using your compassionate-self. Alternatively, try and imagine hearing the words of your compassionate coach or your friend

Remember your compassionate motivation: to alleviate suffering and bring support.

- Acknowledge and validate your emotions and experiences (e.g. 'I am currently feeling...')
- Offer yourself understanding (e.g. 'It’s understandable I feel...')
- Bring warmth and kindness (e.g. 'Experiencing this is hard')
- Understand our common humanity (e.g. 'It’s normal for a person to feel this... I’m not alone')
- Provide encouragement and strength ('You can manage this')
- Try and provide some gentle advice ('Maybe try...') (Tobyn Bell)

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When writing a letter, consider the skills and attributes of compassion

**Skills**

- Attention: Where would it be helpful to place your attention?
- Imagery: Can you use your compassionate imagery to support you?
- Thinking and reasoning: Try and consider your experience from a compassionate perspective. Can you consider a balanced view?
- Behaviour: What do you need to do to support yourself?
- Feelings/emotions: Can you convey feelings of warmth and closeness?

Consider: Try and write the letter with a motivation to support yourself.

**Attributes**

- Sensitivity: What are you feeling at this moment?
- Sympathy: Allow yourself to be moved by your experience
- Distress tolerance: Remind yourself of your strength and courage
- Empathy: Offer yourself understanding
- Non-judgement: Try and avoid criticism. Try and validate your experience
- Care for well-being: Offer yourself encouragement and care (Tobyn Bell)
Threat Processing
Threat processing cannot be understood in single domains of cognitive, behavioural, physiological but are complex multi-modal brain states
Threat processing (often) cannot be focused on single emotions, e.g. anxiety but combination and conflicts of emotions
Threat emotions can have conscious and non-conscious attributes
Need to work in multimodal domains

Threat relations
Conflicts of Emotions

Emotions Fusion
Emotions that we experience together can ‘wire’ together – basic conditioning model
A child is hit (fear) then sent to their room (loneliness-no rescue). Fear and loneliness become fused. Therapists sometimes miss the importance of loneliness as a core emotion to work with while engaging with fear.

Emotional Schemas (Robert Leahy)
Can develop threat-based beliefs and coping strategies for emotions and desires that emerge from how we experience our own emotions and others’ responses to them.

Exercise
Imagine an argument with someone you care for:
Now focus on different voices and parts
What does your:
- angry part think, feel and want to do?
- anxious part think, feel and want to do?
- sad part think, feel and want to do?

Do they turn up at different times and conflict?
Build the compassion self
**Process of Multi Self**

All our minds have these parts – helpful to get to know them better –

Aiding emotions discrimination and awareness of conflicts of emotions as 'normal' and common.

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**Compassion for the threat Systems**

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**Fears of Compassion**

Remember: Compassion focused therapy targets the activation of the soothing system (to gain positive affect) to connect thoughts with the emotional experience referred to by those thoughts.

Compassion can be threatening. Clients can be afraid of compassion toward the self, from others and for others.


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**Jane: Fear of Compassion/Self**

Expressing kindness, compassion toward self (rated 4; 0-4)

If I really think about being kind and gentle with myself it makes me sad.

I fear that if I start to feel compassion and warmth for myself, I will feel overcome with a sense of loss/grief.

I fear that if I become too compassionate to myself I will lose my self-criticism and my flaws will show.
Jane: Fear of Compassion/Others

Responding to compassion from others (rated 4; 0-4)

I’m fearful of becoming dependent because they might not always be available or willing to give it.

If people are friendly and kind I worry they will find out something bad about me that will change their mind.

When people are kind and compassionate towards me I feel empty and sad.

Countering Fear of Compassion

Acknowledging strengths:
- Empathy toward her dog, the abandoned student, neighbor, her parents

Continuing to build empathy toward her own distress:
- Continuing to normalize shame, encourage self-disclosure, active listening, reflecting emotions, writing exercises (Kristen Neff)

Two chair exercises:
- Protective self and the hopeful, trusting self
- Self critical self and compassionate self-correcting self
- Critical self and empathic self (to her own and others’ distress)

Compassion Focus

Empathy and sympathy for one’s own distress
Awareness with out-judgement or blame

Refocus/activate safe-conferring processing systems
Compassionate attention, thinking, behaviour
Generate compassionate feeling (warmth)
Use images and sensory experiences

Key focus is “finding what is experienced as helpful, kind and supportive in this moment”

Compassionate Mind - Alleviation
Three Compassionate Cycles

1. **Face fear**
   - Accept self
   - Support self
2. **Accept fear**
   - Support self
   - Support others
3. **Support self**
   - Compassion toward others
   - Forgiveness

Some Useful Websites

- www.compassionatemind.co.uk
- www.compassionatewellbeing.com
- www.mindfulcompassion.com
- www.ccare.stanford.edu
- www.mindfulselfcompassion.org
- www.mindandlife.org

Further reading

- John Cacioppo & William Patrick – Loneliness. Human nature and the need for social connection
- Chris Germer – The mindful path to self-compassion
- Paul Gilbert – The compassionate mind
- Paul Gilbert & Choden – Mindful Compassion
- Lynne Henderson – The compassionate mind guide to building social confidence
- Lynne Henderson – Helping your shy and socially anxious client: A Social Fitness Training protocol using CBT
- Russell Kolts – Managing your anger using compassion focused therapy
- Deborah Lee – Recovering from trauma using compassion focused therapy
- Kristen Neff – Self-compassion
- Mary Welford – Building your self-confidence using compassion focused therapy

Remember……..

The future depends on what we do in the present.
Mahatma Gandhi

Try not to become a man of success but a man of value.
Albert Einstein

Thank you