Effects of Compassion-Focused Therapy on Self-Criticism in University Student with Social Anxiety: A Single Case Study

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LEE YI HUI

APPROVAL FORM

This research paper attached here, entitled as "Effects of Compassion-Focused Therapy on Self-Criticism in University Student with Social Anxiety: A Single Case Study" prepared and submitted by Lee Yi Hui in partial fulfilment of the requirements for the Bachelor of Social Science (Hons) Guidance and Counselling is hereby accepted.

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Supervisor Date

(Puan Shakila binti Ibrahim)

Abstract

Engaging in self-compassion has been shown to yield numerous health benefits, including increased emotional resilience, enhanced psychological well-being, and decreased self-criticism. In line with this, the present study seeks to explore the effects of Compassion-Focused Therapy (CFT) on self-criticism in university students with social anxiety. Conducted as a single case study within a university counselling room in Malaysia, the research focused on a sole participant, a 23-year-old Chinese male Malaysian undergraduate student. The study utilized the Forms of Self-Criticising/Attacking and Self-Reassuring Scale (FSCRS) and the Liebowitz Social Anxiety Scale (LSAS) as measurement instruments. The researcher administered pre-test and post-test assessments both before and after the intervention sessions. Results indicated a significant reduction in self-criticism following CFT intervention, although no observable improvement was noted in social anxiety. In summary, the study highlights how the components and techniques of CFT can lead to changes in thought patterns and behaviors associated with self-criticism. These findings contribute valuable insights to the application of CFT among Malaysian undergraduate students, offering a reference for future research in this domain.

DECLARATION

I declare that the materials that contained in this paper is the end result of my own work and that due acknowledgement has been given in the bibliography and references to all of the sources be they printed, electronic or personal.

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Chapter 1: Introduction

Background of the Study

Social anxiety is a prevalent condition that impacts a considerable number of individuals globally, resulting in substantial hindrances in their daily activities and well-being (Jefferies & Ungar, 2020). Individuals with social anxiety are fear of being judge or embarrassing themselves in social situation, hence, they would avoid social encounters and tolerate psychological discomfort when they could not avoid the situation (Stein & Stein, 2008). This could affect individuals with social anxiety negatively in different level. In the absence of adequate guidance, individuals experiencing social anxiety are prone to adopting ineffective coping mechanisms to manage social situations or to evade emotional distress. This is particularly true for socially anxious individuals with elevated levels of neuroticism, who tend to process emotional information negatively and engage in maladaptive coping strategies (Wang et al., 2019). Mairet et al. (2014) reported that individuals with heightened social anxiety tend to exhibit more pronounced schemas related to rejection and disconnection, thereby resorting to ineffective coping strategies such as avoidance behaviours and overcompensation responses to evade social situations. The use of maladaptive coping strategies can lead to adverse consequences and result in a vicious cycle for affected individuals. According to Leichsenring & Leweke (2017), social anxiety disorder is associated with a greater likelihood of depressive disorders, substance abuse disorders, and cardiovascular disease. Moreover, the condition of social anxiety could affect individual's functioning in social roles such as productivity at work, impaired functioning in social and romantic relationship (Leichsenring & Leweke, 2017).

Social anxiety does not happen in US only, people differ from geographical, age, education level experience social anxiety. In the United States, adults had a 12-month prevalence of 8%, and adolescents have similar prevalence (Leichsenring & Leweke 2017).

However, the prevalence of social anxiety differs in culture, gender, age group and other factors. Based on the research by Jefferies & Ungar (2020), age group of 18 to 24 and age group of 25 to 29 scored significantly higher than the other age group in social anxiety. Furthermore, according to research by Russell and Shaw (2009) in a sample of 1007 higher education students in the United Kingdom, the result shows that there is an approximately 10% rate of prevalence of social anxiety among the sample. In addition, study done by Hakami et al. (2017) showed that the prevalence of social anxiety is as high as 25.8% in a sample of 476 university students in Saudi Arabia. Thus, social anxiety is an arising issue happening in university students and there is a need to raise awareness of its existence in this study population.

Self-criticism can be a bad or good characteristic for individual; a constructive self-criticism serves as an adaptive function to guide individual such as conscience. However, an excessive self-criticism could bring harmful effects and negative consequences to individuals, as it reinforces negative self-beliefs and perpetuates feelings of inadequacy (Kris, 1990). Excessive self-criticism could lead to a higher vulnerability as it reinforces negative self-belief and perpetuates feelings of inadequacy, failure, worthlessness, guilt and shame. Empirical studies indicate that individuals who partake in negative self-talk and self-criticism are at an augmented risk of encountering adverse emotions, including shame and guilt, which can potentially intensify the severity of depressive symptoms (Blatt & Zuroff, 1992; Zhang et al., 2019). Individuals are more prone to developing depression when they are unduly critical and harsh on themselves for falling short of their expectations and standards (Cantazaro & Wei, 2010). Study showed that the relationship between self-criticism and depression is dynamic, and both variables predicted each other (Liu et al., 2012). Moreover, self-criticism was not only a strong predictor of depressive symptoms in a nonclinical sample, but also the strongest predictor of severity of depression in a mixed psychiatric sample (Luyten et al.,

2007). However, depression is not the only consequences from excessive self-criticism. The transdiagnostic symptoms of self-criticism expose itself as a vulnerability factor to several types of mental disorders (Zuroff et al., 2016). According to Werner et al. (2019), self-criticism was positively correlated with symptoms of personality disorders, eating disorders, and social anxiety disorder as well as with psychotic symptoms and interpersonal issues. In short, self-criticism exposed individuals to vulnerability which could bring psychological distress to their life, highlighting the need to maintain a healthy level of self-criticism to promote optimal mental health.

As related to university students, self-criticism plays a significant role in predicting severity of depression in university students (Luyten et al., 2007). Self-criticism was reported higher in adolescent that aged between 14 to 20 years old compared to other age group (Tibubos et al., 2022). Moreover, according to research done by Luyten et al. (2007), the level of self-criticism in student sample is significantly higher than the community sample. This could explain university student's emphasis on achievement as adolescent at this stage are goal-directed and focuses on achievement of competence using the theory of adult cognitive development by Schaie (1978). Consequently, university students are more likely to engage in negative self-evaluation when they could not meet their standards.

The term 'compassion' had widely been recognized and emerged into a factor for practitioners to address in their practice. Practicing self-compassion had proved to bring many benefits to health. According to Neff (2009), it suggests that the ability to be compassionate to oneself is associated with many benefits such as increased emotional resilience psychological well-being and lessened self-criticism. Moreover, practising compassion does not limited to oneself only but to others as well. Compassion-focused therapy (CFT) is a practice that focuses on three dynamics which are developing compassion to self, others and from another to self through applying and underpinned compassion model

to psychotherapy (Gilbert, 2009). The goals of CFT are to help client to replace the accusing, criticising, and self-critical relationship with themselves with an interior compassionate one through rebalance the system of emotion regulation system (Gilbert, 2014). The emotion regulation system of neurophysiology model helped practitioners to formulate and conceptualize client's issues by understand how client's thought, emotion, motivation, and behaviour interact.

The first system of emotion regulation systems is threat and protection systems, it works as a system to alert individual to threats and motivate individual into a defence mode to protect self from threats (Gilbert, 2010). The system reacts to the potential threat stimulus which could be external or internal stimulus such as a problem happening in the real world or an emotion that are dwelling within the person. The reaction generates a motivating feeling such as anger, anxiety or aversion to perform a behaviour response toward the stimulus, the behaviour could result in flight or fight responses. The role of second system which is drive, resource-seeking and excitement systems work to energise and provide positive feelings to guide individual to explore. It drives individual to focus and pursue on their goals (Gilbert, 2010). However, it works hand to hand with the threat and protection system. For example, to be likeable could be a goal for individual to help them avoid being rejected which reinforced unbeneficial behaviour. Lastly, the contentment, soothing and social safeness system, this is the system that CFT focuses on to help individual develops sense of peacefulness and calmness that promote kindness, acceptance, affiliation and warmth to self and others (Gilbert, 2010).

Problem Statement

Several studies indicate that self-criticism is a persistent underlying mechanism of various mental diseases, particularly depression, eating disorders, social anxiety, personality disorders, and psychotic symptoms (Kannan & Levitt, 2013; Werner et al., 2019). Moreover, self-criticism plays a predictor and influential role in social anxiety. Self-criticism not only predicted social anxiety but also work as interacting result of shame individuals experience after a social anxiety attack (Iancu et al., 2015; Shahar et al., 2015). Hence, the role of self-criticism should be recognized as a therapeutic target in constructing intervention for social anxiety individuals (Shahar et al., 2015). By addressing self-criticism at an early stage, CFT has the potential to prevent the onset or exacerbation of mental health disorders related to self-criticism, including social anxiety. Thus, integrating CFT into early intervention and prevention efforts could be advantageous in reducing the occurrence of relevant mental health disorders.

Furthermore, self-criticism and social anxiety work as a unique combination because there is a lack of studies of intervention focusing the vulnerability factor of self-criticism for social anxiety individual. Several studies had stressed the role of self-criticism in social anxiety (Iancu et al., 2015; Lazarus & Shahar, 2018). The constant negative perception and evaluation of self would derive individual from social interaction and brings invisible burden to their life. Socially anxious individuals tend to direct their focus inward and meticulously monitor their behaviour in social situations, which leads to the formation of negative self-images that they perceive to be accurate (Hofmann, 2007). In particular, negative self-perceptions create a divergence between the individual's views and the standards of others, which results in heightened anxiety about being evaluated negatively (Iancu et al., 2015). As such, further study is necessary to pinpoint interventions that can effectively mitigate the vicious cycle that exists between self-criticism and social anxiety.

Moreover, social anxiety is one of the most prevalent lifetime disorders (Kessler et al., 2005). Research has indicated that social anxiety is a global issue, with comparable rates of occurrence observed in various countries and cultures. A meta-analysis of epidemiological studies demonstrated that the lifetime prevalence of SAD varied from 1.5% to 16.6%, with a median of 6.7% across 15 nations (Ruscio et al., 2008). These findings suggest that social anxiety is a prevalent mental health condition that impacts a significant proportion of the global population. In addition, social anxiety disorder (SAD) can have significant negative impacts on an individual's educational, occupational, and social functioning. Studies have found that socially anxious individual had a higher rate of academic underachievement, low level of academic performance as well as reduced work productivity and employment opportunities (Lépine & Pelissolo, 2000). In summary, social anxiety is a pervasive and global issue that affects a significant portion of the population. It is crucial to explore alternative interventions to cater to the needs of a diverse population. Compassion-focused therapy is one approach that holds promise as a beneficial intervention option for individuals with social anxiety.

Moreover, according to Craig et al. (2020), there is a dearth of research on the effectiveness of individual compassion-focused therapy (CFT). This highlights the need for more studies to provide evidence of its effectiveness. The lack of sufficient research on individual CFT makes it difficult for researchers to establish its evidence-based status. Therefore, there is an urgent need for more studies to be conducted on individual CFT to bridge this gap. Apart from that, several studies have suggested that further research evidence of effectiveness of CFT is needed to determine the effectiveness for different population (Beaumont & Hollins-Martin, 2015; Boersma et al., 2015; Leaviss & Uttley, 2015). The lack of empirical evidence validating the effectiveness of compassion-focused therapy (CFT) poses a significant challenge for practitioners seeking to implement this therapeutic modality

in the treatment of clients who may derive substantial benefits from its use. Therefore, it is imperative that further research be conducted to establish the effectiveness of CFT.

In addition, according to the founder of CFT, individuals who struggle with high levels of shame and self-criticism may experience difficulties in developing self-compassion and self-supportive inner voices. Although they may intellectually understand the need to change their negative self-talk and thought patterns, these efforts may not lead to a significant change in their deeply ingrained feelings of shame and low self-worth. This can result in a persistent sense of worthlessness or badness that is challenging to overcome. Therefore, the effectiveness of CBT may be limited in these cases, as it primarily focuses on changing thoughts and behaviours (Lopes and Silva, 2020). Instead, CFT may be a more suitable approach for individuals who struggle with high levels of shame and self-criticism, as it emphasizes the development of self-compassion and emotional regulation skills to facilitate lasting change in how they relate to themselves.

Furthermore, it is worth noting that, even though, CFT has increasingly become the attention of researchers, there is still a lack of studies on the impacts of CFT on the Malaysian population. According to Leaviss & Uttley (2015), CFT shows promise to range of mental health problems, however, there are none of the research of CFT were done in Malaysia. If the research hypotheses are achieved, this research has the potential to bridge the knowledge gap in clinical and psychological field in Malaysia context and able to provide information to the field of study.

Significance of Study

This research offers a fresh perspective on focusing on self-criticism as a therapeutic target in social anxiety individuals. This study may contribute to a greater understanding of the underlying self-critical mechanism that drives social anxiety and may open up new

avenues for research in this field of mental health. In addition, the systematic investigation approach used in this study will provide an opportunity for researchers to examine the validity of alternative assumptions before drawing conclusions. This process will ensure that the results obtained are reliable and accurate and will enhance the credibility of the findings.

Also, this study aims to contribute to this growing area of research on compassion by exploring the effects of CFT on self-criticism and social anxiety. The empirical data generated by this research will contribute to the existing literature by providing evidence of the effects of compassion-focused therapy on reducing self-criticism and social anxiety in a university student sample. This data can help to fill a gap in the literature by providing insight into the specific mechanisms through which CFT can be effective in reducing self-criticism and social anxiety. This information can be used to inform the development of more effective and targeted interventions for individuals with social anxiety and high levels of self-criticism. Additionally, the data generated by this research can contribute to the literature on the impact of compassion more broadly. By demonstrating the potential of developing compassion towards oneself and others to reduce self-criticism and social anxiety, this research can help to build a stronger case for incorporating compassion-based interventions into clinical practice.

Additionally, this research provided an important opportunity to advance the understanding of detailed information about the specific factors that contribute to the effectiveness of CFT on an individual level. This research can provide valuable insight into the effectiveness of CFT for a particular individual, as well as any challenges or barriers to implementation that may be unique to that individual. Additionally, this study could serve as a basis for developing more personalized and tailored interventions that better align with the needs of each individual case. By examining the results of the intervention on an individual level, researchers can gain a deeper understanding of the mechanisms that underlie the

effectiveness of individual CFT, which can then be used to refine and improve the intervention in future studies.

Additionally, CFT could work as an alternative intervention for individual who are not receptive or who decline CBT. Studies has found that CFT shows promise in conditions with underlying shame and self-criticism and has shown encouraging results across a range of severe and complex mental health issues (Irons & Lad, 2017; Lopes & Silva, 2020). CFT offers a different approach to therapy, focusing on the development of self-compassion and the cultivation of a compassionate stance towards oneself and others, which can help individuals to overcome the deeply felt experiences of shame and worthlessness that may not be addressed by CBT alone. By incorporating CFT into clinical practice, practitioners may be able to provide a more comprehensive and personalized approach to treatment that better meets the needs of individuals who do not respond well to traditional CBT methods.

Besides that, the result and information from this research are able to provide researchers and practitioners in Malaysia data for further research and clinical practices. The context of this study implementing in Malaysia and in university student sample could contribute to the literature allowing Malaysia researchers and practitioners to consider the cultural and environment context in developing further research on CFT. Furthermore, the research of CFT on self-criticism and social anxiety in university setting could also help university lecturers, counsellor and students to gain awareness on the importance of practising compassion in counteracting self-criticism as a general knowledge of the impact in self-criticism. It may be able to provide insight to the community to help understand individual that are engage in self-criticism or individuals that are suffering with social anxiety.

Research Objectives

1. To examine the effects of compassion-focused therapy on self-criticism in university student with social anxiety.
2. To examine the effects of compassion-focused therapy on social anxiety in university student.

Research Questions

1. Are there any effects of compassion-focused therapy on self-criticism in university student with social anxiety?
2. Are there any effects of compassion-focused therapy on social anxiety in university student?

Research Hypotheses

H_1: There is an effect of compassion-focused therapy on self-criticism in university student with social anxiety.

H_2: There is an effect of compassion-focused therapy on social anxiety in university student.

Conceptual Definition

Self-criticism

Self-criticism is defined as the tendency to negatively evaluate one's actions and attributes that could lead to feelings of shame, failure and worthlessness and could increase the likelihood of developing depression (Naragon-Gainey & Watson, 2012).

Social Anxiety

Social anxiety is defined as a continuous and intense fear of being humiliated, embarrassed, or adversely judged in social contexts. The excessive anxiety or fear could lead to avoidance of social or performance situations and can interfere with education, employment, and social life (Schneier & Goldmark, 2015).

Compassion-focused Therapy (CFT)

Is an integrated and multimodal approach that incorporates elements of social, developmental, neuroscience, evolutionary and Buddhist psychology to assist individuals develop and work with feelings of inner warmth, safety, and comfort through compassion mind training (Gilbert, 2009).

Operational Definition

Self-criticism

In this study, self-criticism will be measured using Forms of Self-Critizing/Attacking and Self-Reassuring Scale (FSCRS). It consists of three subscales which are Inadequate-Self (IS; 9 items; score 0-36), Hated-Self (HS; 5 items; score 0-20) and Reassured-Self (RS; 8 items; score 0-32). The first two subscales measure self-criticism and the third subscale measure the ability to reassure and support self. (Baião et al., 2015). A higher total score of the three subscales indicates negative self-perception (Kupeli et al., 2013).

Social anxiety

In this study, social anxiety is operationally defined as scoring from 24 items in Liebowitz Social Anxiety Scale (LSAS). The items are separated into two subscales that measures the level of social anxiety in social interactional and performance situations. The scale consists of two subscales: Fear or anxiety and avoidance subscales. Both subscales are rated on 0-3 Likert scales. According to the guideline for using LSAS, scores above 50 of the total scores of 144 would be suggestive of generalized social anxiety disorder (Liebowitz, 2003).

Compassion-focused Therapy (CFT)

In this study, compassion-focused therapy will guide participant to apply compassion mind training to replace self-criticism to self-kindness and to alleviate social anxiety. The

intervention and exercises will be conducted by following modules of “Building Self-compassion” by Saulsman et al. (2017).

Chapter 2 : Literature Review

CFT for Self-Criticism

Self-compassion-related intervention was designed and usually used in targeting self-criticism (Wakelin et al., 2021). A meta-analysis by Vidal and Soldevilla (2023) revealed that observational studies of CFT have a statistically significant large effect size of d = .92 on the Inadequate-self subscale, as measured by the FSCRS. Additionally, a statistically significant medium weighted effect size of d = .63 was obtained for the Hated-self subscale, while the Reassurance-self subscale yielded a statistically significant medium negative weighted effect size of d = -.58, as expected due to its oppositional nature. Millard et al. (2023) conducted a systematic review and meta-analysis of 15 randomized controlled trials, feasibility studies, and pilot studies to assess the effectiveness of CFT. The FSCRS, a scale comprising three subscales (i.e., the hated self, inadequate self, and reassured self for self-assurance), was used to measure self-criticism. The meta-analysis revealed a significant improvement in the reassured self-subscale following CFT. However, no significant differences were observed between the treatment group and control group in the hated self and inadequate self-subscales. One plausible explanation for this observation may lie in the findings of a systematic review study on the topic of self-criticism, which indicated that the hated self and inadequate self in self-criticism are more persistent and inflict greater harm upon an individual, thereby necessitating a greater number of therapy sessions to achieve significant improvements (Boersma et al.,2015; Werner et al., 2019). The studies reviewed above suggest that CFT has the potential to be a beneficial intervention for addressing various dimensions of self-criticism (Millard et al., 2023; Vidal & Soldevilla, 2023). CFT incorporates compassionate mind training to teach highly self-critical individual skills for generating warmth and soothing, which can serve as a countermeasure to feelings of threat that triggers the self-directed hostility (Gilbert & Procter, 2006).

CFT for Social Anxiety

A randomised controlled trial of CFT for social anxiety disorder were done by Gharraee et al. (2018), the result of this study showed that CFT is significantly more effective than non-treatment in reducing severity of social anxiety symptoms, self-criticism and psychological inflexibility in social anxiety disorder individual as ($p < .01$). The findings of this study propose that CFT exhibits efficacy in diminishing symptoms associated with a social anxiety disorder (SAD), thus exhibiting effect sizes equivalent to those of Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT). Hence, CFT can be considered a viable treatment option for individuals suffering from SAD. A pilot study was conducted utilizing a single-case experimental design to examine the efficacy of CFT in alleviating social anxiety symptoms in a sample of six individuals (Boersma et al.,2015). Two distinct questionnaires were employed to evaluate different aspects of social anxiety. Results indicated that two participants demonstrated consistent improvements in social anxiety symptoms, while three participants exhibited clinically significant improvements. One participant chose to discontinue the intervention but self-reported a modest improvement in coping abilities for social anxiety. These findings suggest that CFT may have potential to be used and tested as a transdiagnostic therapeutic approach for addressing a broad range of psychological disorders, including social anxiety. Numerous studies have investigated the efficacy of CFT and reported favourable outcomes, supporting its use in clinical practice (Boersma et al.,2015; Gharraee et al., 2018).

Theoretical Framework

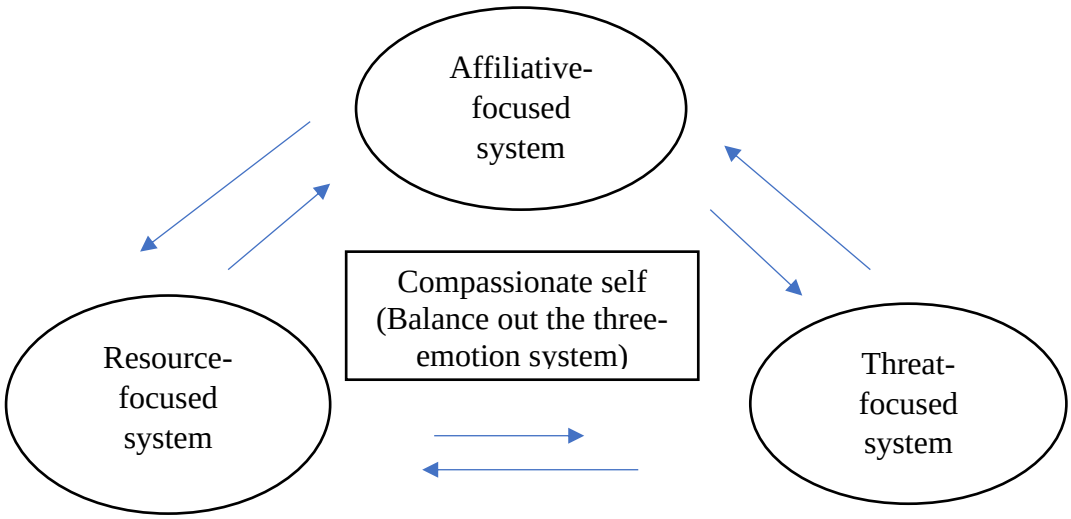
Compassion-focused therapy (CFT) is underpinned by social mentality theory, which suggests that different mentalities organize not only our own minds but also our experience of the minds of others. The social mentalities of care-seeking, caregiving, co-operation, competition, and sexual generate patterns of cognition, affect, and behaviour that allow individuals to enact social roles in order to solve social challenges necessary for survival (Gilbert, 2000). In a care eliciting/seeking social mentality, an individual may seek protection, safeness, or reassurance from another, while also viewing them as a source of care. Threats and fears in this state may be linked to concerns over the withdrawal, unavailability, or withholding of care by others. Conversely, in a care-giving mentality, an individual may provide protection, safeness, or reassurance and view others as in need of this, while fearing potential overwhelm in relation to their need or one's inability to provide sufficient care. The aim of CFT is to help clients shift away from competition-based social mentalities that can lead to experiences of shame and self-criticism towards care-giving mentalities that promote validation, support, and encouragement.

A three-emotion system model was developed from social mentality theory provide a clearer framework for understanding the origins and functions of emotions and behaviours that underlie compassion and self-compassion. The emotional regulation system provides a framework for the importance of regulating the three-emotion system to improve an individual's psychological well-being by reinforcing affection in the soothing system and calming the threat-focused system. This underpins the practice of CFT, which involves cultivating compassion to stimulate the affiliative-focused system and regulate distress produced by the threat-focused system. Lopes and Silva (2020) suggest that an imbalance in these systems can lead to psychopathological symptoms and disorders, particularly when the threat system dominates and impairs functioning and hence, the importance of cultivating

compassion. The threat-focused system serves to protect individuals from potential danger by maintaining a high level of vigilance towards negative stimuli, including internal stimuli such as self-criticism (Gilbert, 2014). Activation of this system can trigger negative emotions such as anger, anxiety, disgust, and induce behaviours of fight, flight, or freeze, which allow the individual to enter a state of self-defence. However, chronic engagement with this system may result in constant tension and unfavourable outcomes. The resource-focused system promotes positive emotions of drive, excitement, and vitality, motivating individuals to seek resources necessary for survival and prosperity. Lastly, the affiliative-focused system enables individuals to experience a sense of peacefulness, safeness, and contentment, which stems from affective relationships or secure attachment in childhood, greatly impacting the quality of life. Therefore, this three-emotion system model helps CFT to address the origin and maintenance of issues that individuals may be facing by reinforcing the intervention techniques and components to perpetuate factors that reinforce the threat-focused system.

Figure 2.1

Conceptual Framework for CFT

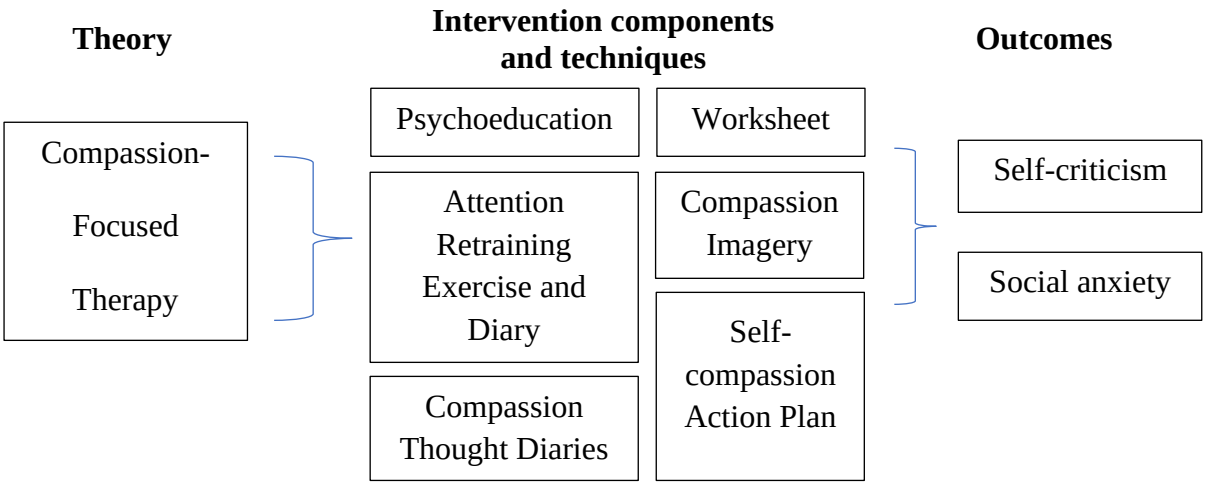


Conceptual Framework

The current study is founded upon the theoretical framework of Compassion-Focused Therapy (CFT), which posits that compassion has a significant role in mitigating self-criticism and social anxiety. In line with this, the study aims to investigate the impact of CFT on reducing self-criticism and social anxiety in university students. To provide a visual representation of the conceptual framework of the study, a diagram (Figure 2.1) has been developed, which illustrates the interplay of the main variables of the study: CFT, self-criticism, and social anxiety. The study hypothesis is that implementing CFT will have a positive effect on reducing self-criticism and social anxiety in university students.

Figure 2.2

Conceptual Framework of the Effects of CFT On Self-Criticism and Social Anxiety Among University Students



Chapter 3: Methodology

Research design

The present research employed a research design consisting of a pre-test and post-test of a single case to ascertain the impact of the intervention on a limited number of participants. This research design was deemed appropriate for the current inquiry due to its potential to uncover effects resulting from intervention in a small sample. The data collection method adopted in this study was quantitative in nature. Furthermore, the instruments employed to measure variables, namely FSCRS and LSAS, relied on quantitative scoring methodologies.

Research Procedures

Sampling method

The targeted sample for this study was a Malaysian university student who was currently pursuing tertiary education. As it was a single-case study, no calculation for the sample size was necessary, and only one participant was included. The study utilized a purposive sampling method where the participant had to fulfil specific criteria to be eligible for inclusion, and the selection and recruitment of the participant was subject to the researcher's discretion. The participant had to fulfil the criteria when they were screened using LSAS and FSCRS.

Inclusion and Exclusion Criteria

The following criteria had to be met by the participants to be eligible for participation in this study: (1) being a Malaysian undergraduate student, (2) being capable of comprehending and communicating in either English or Mandarin language, (3) attaining a score of 17.72 or higher in IS, 3.88 or higher in HS, and 20.27 or below in RS, which corresponded to above-average self-criticism, and (4) scoring 50 or above in LSAS, which corresponded to generalized social anxiety disorder.

To minimize the influence of extraneous variables that could potentially affect research outcomes, specific exclusion criteria were established. These criteria included: (1) a history of severe mental illness, (2) self-reported or medically recorded occurrences of suicide attempts within the last six months, (3) receipt of any form of psychotherapy or counseling services, and (4) current psychiatric disorders such as psychosis, dementia, cognitive impairment, and mania.

Location of Study

The research was conducted in Malaysia, as the targeted population consisted of undergraduate students who held Malaysian citizenship. Nonetheless, the concluding session, the seventh session, was conducted online prior to the Chinese New Year break, owing to the hybrid nature of participants' class attendance at the university. Consequently, the participant was not physically present on campus for this session. The physical intervention was implemented within the confines of the University Tunku Abdul Rahman (UTAR) Community Counselling Centre (UCCC) premises.

Ethical Clearance Approval

To ensure that ethical standards were upheld throughout the research process, an ethical clearance protocol was drafted and submitted to the relevant authorities for approval before commencing the research. The approval process involved seeking authorization from various authoritative figures, including the research supervisor (Puan Nur Shakila Binti Ibharim), the Head of Department of Psychology and Counselling (Dr Pung Pit Wan), and the Dean of the Faculty of Art and Social Science (Dr Lee Lai Meng). Moreover, the UTAR Scientific and Ethical Review Committee ensured that all ethical concerns were addressed before the data collection process commenced. The approval to proceed with data collection was granted only after the current research proposal had been finalized.

Procedure of Obtaining Consent

The participant's consent to take part in the study was requested during the history intake process, which was conducted through an interview session. The researcher provided an overview of the informed consent, covering the study's aim, intervention procedures, potential risks and benefits, payment, confidentiality, contact details, and voluntary participation. Prior to participating in the research, the participant was notified that their personal information would be held in strict confidence and solely employed for academic and research purposes. Before affixing the participant's signature to the informed consent document, the researcher took measures to ensure the participant fully comprehended their rights and the specifics of the consent form.

Method of Recruitment

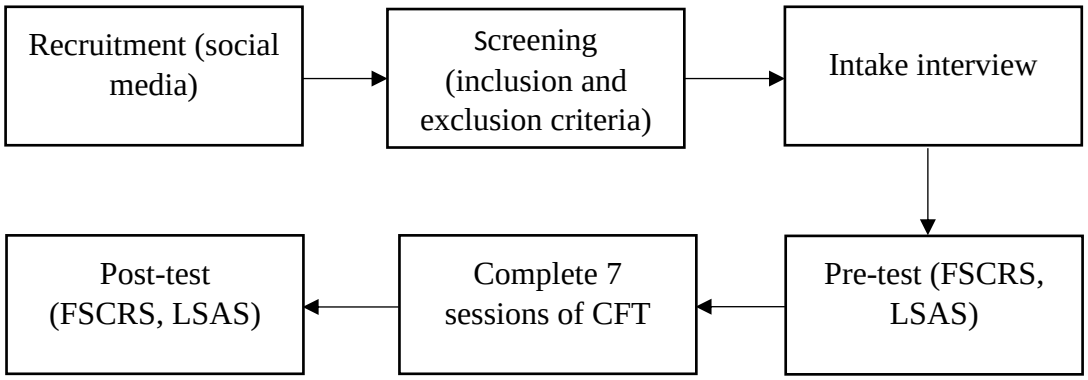
According to the research protocol, a recruitment poster containing essential research information, contact details of the researcher and supervisor, inclusion criteria, and a QR code linking to the registration page was disseminated via social media platforms, specifically Instagram and Facebook. Participants were registered on a first-come, first-served basis and screened for eligibility based on inclusion and exclusion criteria using a Google Form. Pre-tests of FSCRS and LSAS were administered to the participants when they registered using the Google Form.

Prior to the initiation of the intervention, individual history intake interviews were conducted with each participant. During these interviews, the informed consent process was thoroughly explained, covering the study's goals, methodology, potential risks and benefits, cost and payment, confidentiality, contact information, and voluntary participation. Furthermore, the researcher ensured that the participant understood the intervention program and their rights in the study. Once the participant gave their consent, the intervention sessions were scheduled and carried out following the module procedure. At the end of the seventh

session, the participant was requested to complete the FSCRS and LSAS assessments once again, serving as a post-test and facilitating data collection.

Figure 3.1

Flow of the Research Procedure



Instrumentation

Forms of Self-Criticising/Attacking & Self-Reassuring Scale (FSCRS)

The present study utilized the Forms of Self-Criticising/Attacking and Self-Reassuring Scale (FSCRS) as a tool for measuring self-criticism. The FSCRS was a self-reported questionnaire comprising 22 items, designed to assess three constructs: self-reassurance (RS), inadequate-self (IS), and hated-self (HS). The RS construct evaluated one's ability to self-reassure (e.g., "I was capable of reminding myself about positive aspects of myself"), while the IS construct measured one's sense of personal inadequacy (e.g., "I was easily disappointed with myself"). Lastly, the HS construct evaluated the desire to harm oneself (e.g., "I experienced such anger towards myself that I wanted to hurt or injure myself"). Responses were scored on a 5-point Likert scale ranging from 0 (not at all like me) to 4 (extremely like me), with a total score ranging from 0 to 88. In its original form, the Forms of Self-Criticizing/Attacking and Self-Reassurance Scale (FSCRS) did not include a

cut-off score. Instead, higher scores on the three FSCRS constructs were interpreted as indicative of a stronger inclination toward negative self-perception, as noted by Kupeli et al. (2013). To establish benchmarks for research involving the FSCRS, Baião et al. (2015) analyzed data from 887 undergraduate students in the United Kingdom and found that the mean scores for the non-clinical population were 17.72 for the Inadequate Self (IS) subscale, 3.88 for the Hated Self (HS) subscale, and 20.27 for the Reassured Self (RS) subscale. Consequently, participants were required to score above the respective mean scores to be eligible for inclusion in the study. Moreover, previous studies showed that the FSCRS scale had high reliability, with a Cronbach's alpha of .90 for the IS construct and .85 for both the HS and RS constructs in the non-clinical population (Baião et al., 2015; Kupeli et al., 2013).

Liebowitz Social Anxiety Scale (LSAS)

The assessment of social anxiety levels in this study was conducted using the Liebowitz Social Anxiety Scale (LSAS), developed by Liebowitz in 1987. The LSAS comprised 24 items that pertained to various social situations, and participants were required to rate their fear and avoidance levels in each of these situations during the preceding week using a Likert scale ranging from 0 to 3, where the scores ranged from "None" to "Mild," "Moderate," and "Severe." The LSAS total score could range from 0 to 144, with a score of 50 or higher indicating the presence of generalized social anxiety disorder (Liebowitz, 2003). The LSAS exhibited high internal consistency, as indicated by a Cronbach's alpha of .96, according to Gross et al. (1999).

Intervention

Compassion-focused Therapy (CFT)

The intervention used for this study was "Building Self-Compassion: From Self-Criticism to Self-Kindness" by Saulsman, Campbell, and Sng (2017). There was a total of 7 modules arranged into 7 sessions, each lasting 2 hours. The modules included information,

worksheets, and suggested exercises for the participants. Participants were exposed to psychoeducation about self-compassion, attention retraining exercises, compassion imagery, compassionate thought diaries, and self-compassion action plans. Table 3.1 outlined the description of each session in CFT based on the corresponding modules.

Table 3.1

The Description of Each Session in CFT

Session	Description
Session 1	Understanding self-compassion
	Gain an understanding about self-compassion, the system of regulating emotions, self-criticism, the self-critical cycle and gain awareness of their self-critical thoughts.
Session 2	Barriers to Self-Compassion
	Assessing the helpfulness of self-criticism, do worksheet to challenge the belief about self-critical thoughts, gain awareness of individual's own belief about self-compassion, give homework to examine the result of being self-compassion and self-critical.
Session 3	Preparing for Self-Compassion
	Learn to be aware of own mind and feelings with attention retraining, cultivate mindfulness with breathing exercises, meditation and homework (attention retraining diary).
Session 4	Compassionate Imagery
	Learn and practice different forms of compassion imagery strategy to cultivate compassionate feelings in individual, and assist individual in identify the most effective imagery that activates compassion feelings.

Session 5	Self-Compassionate Thinking
	Cultivate and practice compassion feelings and perspective when dealing with difficult situation through practicing compassionate thought diaries and compassionate letter writing.
Session 6	Self-Compassionate Behaviour
	Practice self-compassionate behaviour of take care of self, taking care of others and take care of business by identify people that individual wants to take care of, practice acting opposite guide exercise and planning weekly self-soothing activities schedule.
Session 7	Self-Compassionate Living
	Maintain and further compassionate practices by revising the concept of self-compassion and the previous exercises and skills learned to develop a self-compassion action plan and a self-compassion maintenance plan.

Data Analysis Plan

The present study examined the effects of CFT on self-criticism and social anxiety among participants through pre-test and post-test evaluations. Descriptive statistical analysis was conducted on the collected data to discern any notable shifts. Microsoft Excel served as the tool for computing and comparing participant assessment scores, as well as for generating visual representations such as graphs and charts. Discrepancies in scores on FSCRS between the pre-test and post-test were utilized to gauge the effectiveness of compassion-focused therapy. However, it was important to note that no established criterion existed to definitively ascertain the degree of improvement for participants undergoing screening. Regarding the LSAS, response criteria were determined in accordance with recommendations, defining a response as a reduction of 31% or more, a benchmark aligned with a Clinical Global

Impression Improvement scale score of 2, as commonly referenced in defining response (Bandelow et al., 2006).

Chapter 4: Results

Demographic and Topic-specific Characteristics

Case Introduction

"Kee" was a 23 years old single Malaysian Chinese male. He stayed with his both parents in Kedah. He is the youngest in the family among the siblings with 1 sister and 1 brother. He is a student pursuing computer science. He is physically and mentally healthy and he does not have suicidal thought.

Presenting Complaints

The participant reported feeling socially awkward and uncomfortable around unfamiliar people, resulting in a preference to avoid interactions with strangers. Additionally, the client mentioned engaging in negative self-talk, including self-criticism and self-blaming, particularly when unable to complete tasks or achieve success academically or in other areas of life. Furthermore, the client recognized a pattern of frequently comparing self to others and engage in self-criticism when his performance falls short of his peers.

History

Participant shared his struggles with relationship challenges during secondary school, that led to intense feelings of regret. He expressed a pattern of consistently blaming self for the mistakes made in the relationship and regretting his inability to resolve the issues. It was during this time that he became aware of his tendency towards negative self-talk and self-criticism. Additionally, the participant revealed that he has been gradually building friendships and engaging in social activities since high school, but in a passive manner. He described feeling shy and finding it challenging to make new friends, socialize, and initiate conversations with unfamiliar individuals. He further explained that this reluctance stems from a fear of not making a positive impression or feeling embarrassed if he fails to do so.

Trail of Sessions

Session 1

Session 1 was mainly focused on providing psychoeducation on the basic of self-compassion included the definition of self-compassion, the key things in self-compassion, the importance of self-compassion, how self-compassion helps regulate emotion through threat, drive and soothe system. The detailed explanation of the concept of self-compassion was provided to help the participant grasp how practicing self-compassion could effectively reduce self-criticism. Additionally, it aimed to underscore the benefits and positive impact of cultivating self-compassion across various aspects such as mental health and well-being of individual and emotional regulation. The concept of self-criticism was also explained in detail to participant which includes types of self-critical statements and the negative consequences of self-criticism. To help participant gain awareness about his own self critical thinking style, some questions were asked to discuss together (appendix D). After explanation of self-criticism, the struggles of being self-compassionate was also discussed to help participant understand how people struggle to practice self-compassion. Lastly, a small questionnaire is given in the worksheet for participant to self-evaluate the degree of self-compassion he had experienced (appendix E).

Session 2

Session 2 was dedicated to raising awareness about the barriers to cultivating self-compassion. The goal was to help the participant anticipate and acknowledge potential barriers they might encounter in cultivating self-compassion. The researcher thoroughly discussed and explained psychoeducation on the barriers of self-compassion in accordance with the module. Following this psychoeducation, exercises were provided to ensure the participant understood how it worked and check participant's understanding of the topic (appendix F). Following the assessment of the participant's comprehension, important

homework was introduced: the kindness versus criticism experiment worksheet (appendix G). This homework aimed to help the participant become more aware of and evaluate their positive beliefs regarding self-criticism and negative beliefs regarding self-compassion. By completing this homework, the participant could gain insight into the accuracy and effectiveness of both self-compassion and self-criticism in his daily life, consequently, alleviate the unhelpful thoughts about self-compassion.

Session 3

During Session 3, the researcher began by reviewing the participant's homework and discussing the challenges encountered while attempting self-kindness, along with insights gained from the exercise. The session primarily focused on enhancing the participant's awareness and ability to approach situations with compassion, through techniques such as breathing exercises and maintaining attention. The researcher guided the participant through these practices and facilitated discussions to help them integrate these skills into their daily life. Homework was assigned, consisting of a diary for recording slow breathing and attention retraining exercises, aimed at planning and reflecting on the participant's progress (appendix H).

Session 4

Prior to delving into the session's topic, the researcher and participant reviewed the results of the previous homework to assess the effectiveness of the exercises and the participant's engagement. In Session 4, the participant learned new strategies to evoke compassionate feelings, including imagery, creating personalized compassionate images, and mastering compassionate communication. The researcher provided thorough psychoeducation on the role of imagery in fostering compassion, guiding the participant through exercises while actively eliciting their perceptions and emotions. The session concluded with the

participant chooses an ideal image from the three methods to evoke a sense of calmness and compassion.

Session 5

Before commencing Session 5, the researcher ensured the participant's understanding and reviewed their progress. A brief summary of the learnings from Sessions 1 to 4 was provided. Session 5 focused on instilling a compassionate perspective and mindset, hence, compassionate thought diaries and compassionate letter writing (appendix I) was introduced. Besides, psychoeducation was provided to emphasize the interconnectedness of emotions, behavior, and physical sensations, underscoring the influence of thoughts. Afterwards, the researcher guided the participant through the process of writing compassionate thought diaries and letters, providing templates for practice, and ask for the feedback from the individual about his inner feelings and thoughts in practicing the diaries and letter.

Session 6

Ahead of Session 6, the researcher assessed the participant's progress in adopting a compassionate perspective. This session aimed to nurture compassionate behavior by highlighting the importance of self-care, caring for others, and addressing responsibilities. Psychoeducation emphasized these principles, followed by discussions on self-soothing activities to promote self-compassion. The participant reflected on ways to demonstrate kindness to loved ones, and an "acting opposite" guide worksheet was introduced to counteract the threat system (appendix J). Lastly, the researcher and participant collaborated on planning a weekly activity schedule incorporating self-care, caregiving, and responsibilities (appendix K).

Session 7

Before Session 7, the researcher and participant reviewed the outcomes of the previous week's activity schedule. The focus of this session was to sustain and deepen self-compassion. The researcher revisited the cycle of self-criticism, briefly reviewed past exercises and psychoeducation, and collaborated with the participant to develop a self-compassion action plan (appendix L). This plan integrated previously learned exercises to aid the participant in facing challenges with compassion. Additionally, a self-compassion maintenance plan was devised to support the participant in maintaining their ability to be self-compassionate (appendix M) in the futrure.

Data Analysis and Interpretation

Figure 4.1

Result of FSCRS in Pre- and Post-test

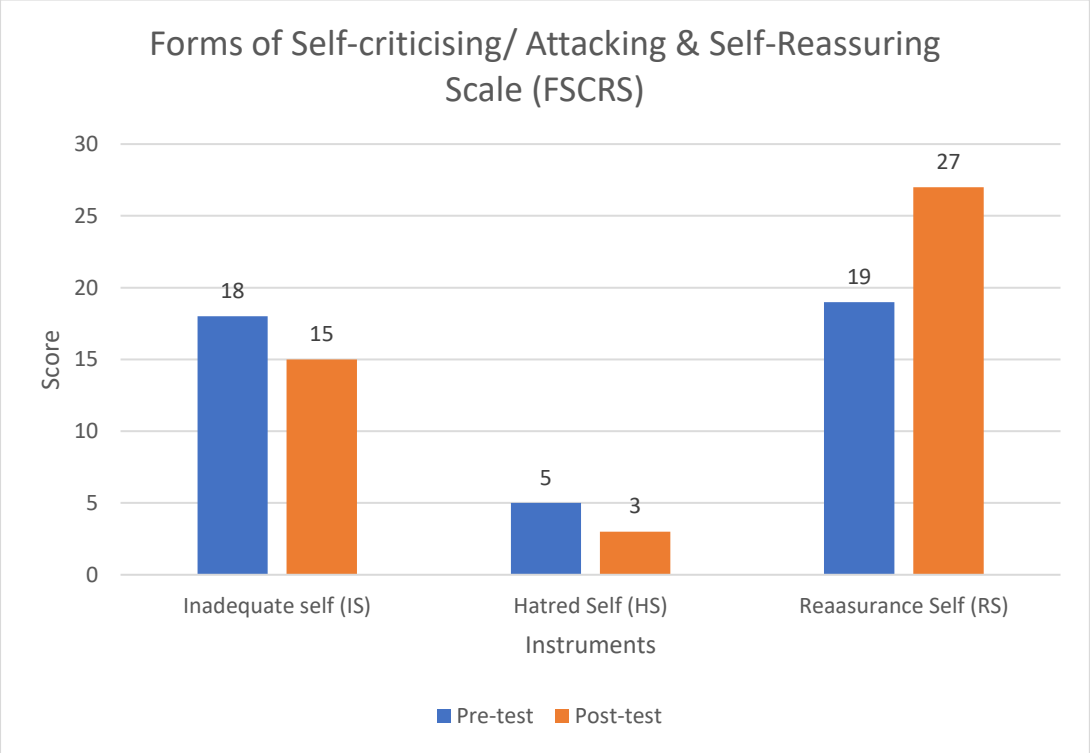
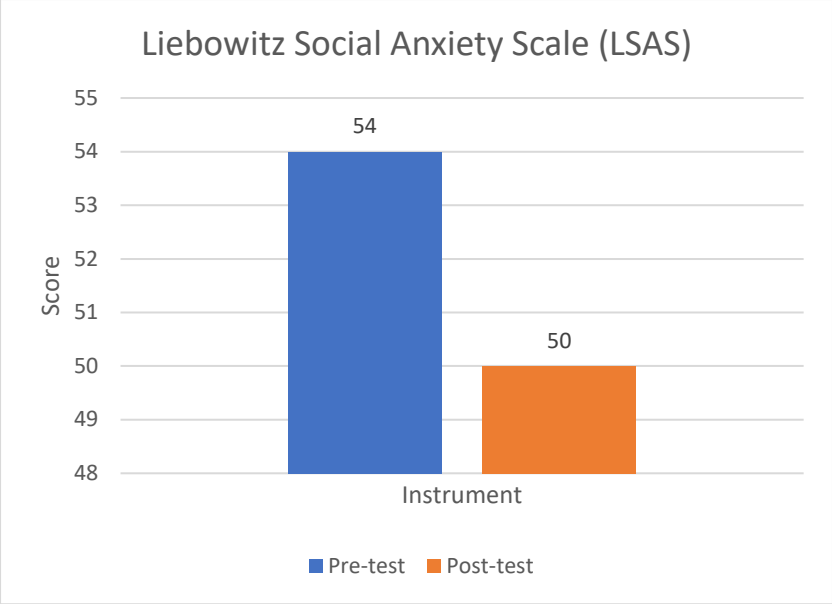


Figure 4.2

Result of LSAS in Pre- and Post-test



H_1: There is an effect of compassion-focused therapy on self-criticism in university student with social anxiety.

The findings presented in Figure 4.1 illustrate the FSCRS scores, encompassing its subscales, both before and after the implementation of compassion-focused therapy. In the pre-test, the participant scored 18 on the IS subscale, which decreased by three points in the post-assessment, result with 15. This decrease is deemed clinically significant. Similarly, the participant's score on the HS subscale decreased from 5 to 3, indicating a two points differences. Additionally, the participant's score on the RS subscale increased from 19 in the pre-test to 27 in the post-test, indicating an increase of eight points. Consequently, the hypothesis was supported by the results.

H_2: There is an effect of compassion-focused therapy on social anxiety in university student.

As illustrate in Figure 4.1, the LSAS scores from both the pre-test and post-test assessments are depicted in Figure 4.1. Initially, the participant obtained a score of 54 in the

pre-test, which decreased to 50 in the post-test, indicating a reduction of 4 points in the LSAS score between the two evaluations. However, this decrease only amounted to 7% in the total LSAS score when comparing the pre-test and post-test results. According to established criteria, remission of social anxiety typically requires a reduction of 31% or more on the LSAS scale. Consequently, the hypothesis put forth in this study is deemed to be refuted.

Chapter 5: Discussion and Conclusion

Discussion

Self-criticism

Based on the findings of this study, the hypotheses were supported, indicating a clinically significant impact of compassion-focused therapy on self-criticism among participants. Specifically, there was a notable decrease of three points in the Inadequate-Self (IS) subscale, a two-point reduction in the Hated-Self (HS) subscale, and a substantial increase of eight points in the Reassurance-Self (RS) subscale. These results are in line with previous research (Leaviss & Uttley, 2015; Sommers-Spijkerman et al., 2018; Vidal and Soldevilla, 2022), affirming the effectiveness of compassion-focused therapy in alleviating self-criticism and increase the ability of self-soothing.

Following the practices and worksheets provided in the seven sessions of CFT, participants demonstrated decreased scores in both the Inadequate-Self and Hated-Self components, indicating the efficacy of the intervention in reducing the negative thoughts about self. Additionally, CFT significantly fostered self-compassion among participant through skills training, as evidenced by an eight-point increase in the Reassurance-Self component. Therefore, the findings of this study underscore the effectiveness of CFT in addressing self-criticism by diminishing inadequate-self and hated-self scores while augmenting self-reassurance scores.

Social Anxiety

According to the findings of this study, the hypotheses were refuted due to the absence of a clinically significant impact of compassion-focused therapy on social anxiety among participants. The results indicated that CFT did not yield positive effects on social anxiety symptoms, failing to reduce them as anticipated. The results revealed that CFT did not produce the anticipated reduction in social anxiety symptoms, indicating its

ineffectiveness in alleviating them. This suggests that solely fostering compassion may not suffice to address social anxiety symptoms.

One potential explanation for this inconsistency could be the limited emphasis placed on directly targeting social anxiety within the intervention itself. Specifically, the reduction observed in the assessment scale, from 54 to 50 points, primarily stemmed from a decrease of three points in fear associated with described situations, with only a marginal one-point reduction in avoidance behaviours. Although the overall reduction was not clinically significant, the observed decrease in fear responses to social situations by three points may suggest a modest effect of CFT in mitigating intense negative emotional reactions to social events. Conversely, the minimal one-point reduction in avoidance behaviours may be attributed to the absence of social skills training aimed at addressing individuals' inclination to avoid social situations.

Implications

Theoretical Implications

In the theoretical framework, this study delved into the three-emotion system encompassing the threat system, affiliative system, and resource-focused system. The primary objective was to activate the affiliative system and mitigate the distress stemming from the threat-focused system (Gilbert, 2015). By prioritizing the soothing of the threat system while addressing issues of self-criticism, this study implemented various intervention components and techniques guided by the manual "Building Self-compassion" authored by Saulsman and Colleagues (2017).

In this study, several factors were identified as perpetuating self-criticism, including positive beliefs about self-criticism, negative beliefs about self-compassion, insufficient awareness of self-talk, habitual self-criticism, and insufficient stimulation of compassionate

feelings. Individual was lack of awareness of these factors, contributing to the persistence of self-criticism.

Consequently, Compassion-Focused Therapy (CFT) targeted these factors through cognitive and behavioral interventions aimed at fostering self-compassion and alleviating self-criticism. Psychoeducation, cognitive restructuring worksheets addressing thoughts on self-criticism and self-compassion, and compassionate thoughts writing exercises were employed to raise awareness of underlying perpetuating factors and encourage a shift toward compassionate thinking and behavior. Skills training, including attention retraining and breathing techniques, aimed to enhance self-awareness and enable individuals to recognize their own sensations, feeling, thoughts, and behaviors. Compassionate imagery exercises were utilized to evoke and nurture compassionate feelings, while the development of a self-compassion action plan empowered individuals to apply coping strategies learned during sessions when faced with triggers. Finally, discussions on a self-compassion maintenance plan equipped individuals with strategies for sustaining self-compassion over time.

The results of this study demonstrated the clinical significance of the components and techniques encompassed within CFT in reducing self-criticism.

Practical Implications

The insights gleaned from the current research hold considerable relevance for a educational institutions, particularly those concerned with addressing self-criticism among Malaysian undergraduate students. These findings represent a valuable asset for institutions aiming to pioneer innovative approaches in tackling self-criticism among their student population. By leveraging the insights of this study, educational organization can design tailored programs aimed at empowering students to confront negative self-talk and embrace a

compassionate mindset, fostering an environment of self-compassion and holistic well-being among students.

Moreover, mental health professionals such as counsellors, psychologists, and other practitioners stand to gain valuable insights from the findings of this study. These insights serve to enrich their therapeutic strategies, particularly in addressing the pervasive issue of self-criticism with an emphasis on fostering self-compassions. By integrating interventions aimed at cultivating self-compassion into their practice, these professionals offer individuals grappling with mental health concerns an additional therapeutic pathway focused on nurturing kindness and understanding towards oneself.

Limitations

In this study, the application of Compassion-Focused Therapy (CFT) followed the guidelines outlined in the manual developed by Saulsman and Colleagues (2017) with precision. However, it is crucial to acknowledge that this manual was not tailored explicitly for individuals dealing with social anxiety, posing a limitation in the current research. While the manual prioritizes addressing self-criticism, it offers limited focus on social anxiety concerns. Although discussions on social anxiety were incorporated into the sessions and efforts were made to relate these issues to the provided worksheets, the intervention's effectiveness in alleviating social anxiety remained inadequately addressed.

Furthermore, the absence of follow-up sessions or data collection in the present study inhibits the ability to assess the long-term effectiveness of the intervention. This limitation precludes insight into whether CFT aids in alleviating self-criticism and social anxiety issues over an extended period. Additionally, due to the university's transition to hybrid mode before the Chinese New Year, the final session had to be conducted online, potentially impacting the therapeutic process.

The research design itself poses another limitation. Single-case study research lacks robust evidential support according to Onn (2021) and is considered one of the lowest levels of evidence-based research design (Ackley et al., 2008). Compared to more established designs like cross-sectional or longitudinal studies, the persuasiveness of this study is diminished. Moreover, the research was conducted within research setting rather than a counselling environment, potentially limiting the depth of exploration into participants' issues and weakening the therapeutic alliance.

Other than that, it is essential to recognize that the conclusions drawn from this study might not be applicable to the entire Malaysian populace. The study's sample consisted of a single participant, a Malaysian Chinese male undergraduate student, thereby constraining its capacity to reflect the diversity inherent within the broader undergraduate demographic in Malaysia. Given Malaysia's reputation for multiculturalism, encompassing four principal ethnic groups—Bumiputera (Malay and Indigenous), Chinese, Indians, and Others (non-Malaysian citizens) (Reddy & Selvanathan, 2020)—as well as varying age demographics, generalizing findings beyond this specific context warrants caution.

Recommendations

For future research purposes, researchers should address several key avenues to enhance this study. Firstly, there is a pressing need to explore the nuanced relationship between self-criticism and social anxiety, delving into how self-criticism influences the development and maintenance of social anxiety symptoms. Additionally, investigating the integration of self-compassion techniques within existing social anxiety interventions holds promise for optimizing therapeutic outcomes. By examining whether bolstering self-compassion and attenuating self-criticism, alongside traditional social anxiety treatments, yields more comprehensive therapeutic effects, researchers can contribute valuable insights to the field.

Secondly, it is imperative to replicate and extend the present findings to ascertain the resilience of Compassion-Focused Therapy (CFT) in mitigating self-criticism across heterogeneous populations and settings. Further research ought to prioritize inclusivity by diversifying participant demographics, encompassing variables such as gender, ethnicity, education level, and other relevant attributes. Furthermore, the inclusion of individuals from diverse nationalities is paramount to ensure the applicability and efficacy of CFT on a global scale.

Finally, the recommendations derived from this study emphasize the significance of incorporating diverse research designs. To achieve a higher level of evidential support in this field, future research efforts could consider implementing randomized controlled trial (RCT) designs, supplemented by a one-year follow-up period. Such an approach, as advocated by Ackley et al. (2008), holds promise for generating more compelling and persuasive data compared to the present study. By embracing varied research methodologies, researchers can enhance understanding and significantly contribute to the advancement of evidence-based clinical practices.

Conclusion

In summary, this research underscores the potential efficacy of compassion-focused therapy in mitigating self-criticism. Our findings provide valuable insights into tackling self-criticism and enrich the existing knowledge base in this area. Despite the absence of a decrease in social anxiety within our study, it remains a pivotal resource for guiding future research endeavors exploring the complex relationship between social anxiety and self-compassion. As we deepen our understanding of these dynamics, our study paves the way for continued progress in comprehending and addressing these significant mental health challenges.

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Appendix

Appendix A

Action Plan

Action Plan of UAPC3093 Project Paper II

Supervisee Lee Yi Hui

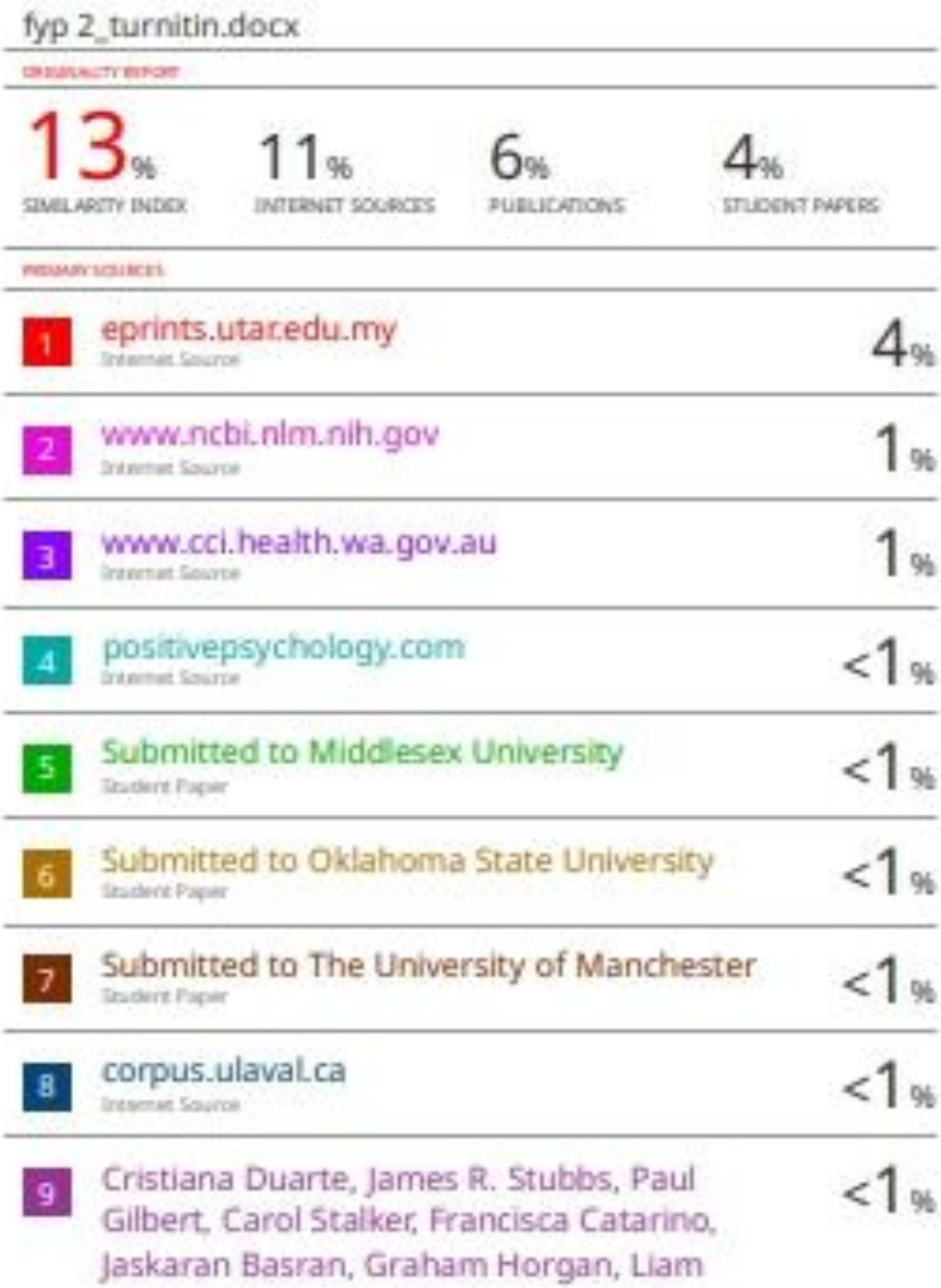
Supervisor Nur Shakila Binti Ibharim

Task Description	Date	Supervisee's Signature	Supervisor's Signature	Supervisor's Remarks	Next Appointment Date/Time
Methodology Submit Chapter 3: Methodology Amend Chapter 3: Methodology					
Results & Findings Submit Chapter 4: Results Amend Chapter 4: Results					
Discussion & Conclusion Submit Chapter 5: Discussion Amend Chapter 5: Discussion					
Abstract					
Turnitin Submission				Generate similarity rate from Turnitin.com	
Amendment					
Submission of final draft				Submission of hardcopy and documents	-
Oral Presentation					

Notes:
1. Deadline for submission cannot be changed, mark deduction is as per faculty standard.
2. Supervisees are to take the active role to make appointments with their supervisors.
3. Both supervisors and supervisees should keep a copy of this action plan.
4. This Action Plan should be attached as an appendix in Project Paper 2.

Appendix B

Originality Report



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ORIGINALITY REPORT

13%	11%	6%	4%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	eprints.utar.edu.my Internet Source	4%
2	www.ncbi.nlm.nih.gov Internet Source	1%
3	www.cci.health.wa.gov.au Internet Source	1%
4	positivepsychology.com Internet Source	<1%
5	Submitted to Middlesex University Student Paper	<1%
6	Submitted to Oklahoma State University Student Paper	<1%
7	Submitted to The University of Manchester Student Paper	<1%
8	corpus.ulaval.ca Internet Source	<1%
9	Cristiana Duarte, James R. Stubbs, Paul Gilbert, Carol Stalker, Francisca Catarino, Jaskaran Basran, Graham Horgan, Liam	<1%

Morris. "The Weight-Focused Forms of Self-Criticising/Attacking and Self-Reassuring Scale: Confirmatory Factor Analysis and associations with control, loss of control of eating and weight in overweight and obese women", Psychology and Psychotherapy: Theory, Research and Practice, 2018
Publication

10	Submitted to University of Southampton Student Paper	<1%
11	Joana Vidal, Joan Miquel Soldevilla. "Effect of compassion-focused therapy on self-criticism and self-soothing: A meta-analysis", British Journal of Clinical Psychology, 2022 Publication	<1%
12	Submitted to La Trobe University Student Paper	<1%
13	Marina Cunha, Maria Jacinta Paiva. "Text Anxiety in Adolescents: The Role of Self-Criticism and Acceptance and Mindfulness Skills", The Spanish journal of psychology, 2013 Publication	<1%
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16	Cássio Lamas Pires, Lucas Rodrigues Mentz, Nicholas Kostopoulos Cardoso, Anne Sordi et al. "Combined physical training associated with multidisciplinary intervention in the treatment of alcohol use disorder: a study with n of 1", Jornal Brasileiro de Psiquiatria, 2023 Publication	<1 %
17	Submitted to University of Canterbury Student Paper	<1 %
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24	Jenny Stevens, Kaci Pickett, Jill Kaar, Margo M. Nolan et al. "The Impact of the COVID-19	<1 %

	Pandemic on Pediatric Firearm Injuries in Colorado", Journal of Pediatric Surgery, 2022 Publication	
25	Natália Ondrejková, Júlia Halamová, Bronislava Strnádelová. "Effect of the intervention mindfulness based compassionate living on the - level of self - criticism and self – compassion", Current Psychology, 2020 Publication	<1 %
26	ore.exeter.ac.uk Internet Source	<1 %
27	Cláudia Ferreira, Mariana Moura-Ramos, Marcela Matos, Ana Galhardo. "A new measure to assess external and internal shame: development, factor structure and psychometric properties of the External and Internal Shame Scale", Current Psychology, 2020 Publication	<1 %
28	Júlia Halamová, Martin Kanovský, Paul Gilbert, Nicholas A. Troop et al. "The Factor Structure of the Forms of Self-Criticising/Attacking & Self-Reassuring Scale in Thirteen Distinct Populations", Journal of Psychopathology and Behavioral Assessment, 2018 Publication	<1 %

29	Marcela Matos, Cristiana Duarte, Joana Duarte, José Pinto-Gouveia, Nicola Petrocchi, Paul Gilbert. "Cultivating the Compassionate Self: an Exploration of the Mechanisms of Change in Compassionate Mind Training", Mindfulness, 2021 Publication	<1%

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Supervisor's Comments Turnitin Report

Universiti Tunku Abdul Rahman			
Form Title : Supervisor's Comments on Originality Report Generated by Turnitin for Submission of Final Year Project Report (for Undergraduate Programmes)			
Form Number: FM-IAD-005	Rev No.: 0	Effective Date: 01/10/2013	Page No.: 1of 1

FACULTY OF ART AND SOCIAL SCIENCE

Full Name(s) of Candidate(s)	Lee Yi Hui
ID Number(s)	21AAB00385
Programme / Course	UAPC3093 Project Paper II
Title of Final Year Project	Effects of Compassion-Focused Therapy on Self-Criticism in University Student with Social Anxiety: A Single Case Study

Similarity	**Supervisor's Comments (Compulsory if parameters of originality exceeds the limits approved by UTAR)**
Overall similarity index: _____ % **Similarity by source** Internet Sources: _____ % Publications: _____ % Student Papers: _____ %	
Number of individual sources listed of more than 3% similarity: _____	

Parameters of originality required and limits approved by UTAR are as follows:
(i) Overall similarity index is 20% and below, and
(ii) Matching of individual sources listed must be less than 3% each, and
(iii) Matching texts in continuous block must not exceed 8 words
Note: Parameters (i) – (ii) shall exclude quotes, bibliography and text matches which are less than 8 words.

Note: Supervisor/Candidate(s) is/are required to provide softcopy of full set of the originality report to Faculty/Institute

Based on the above results, I hereby declare that I am satisfied with the originality of the Final Year Project Report submitted by my student(s) as named above.

_____
Signature of Supervisor

Name: _____

Date: _____

_____
Signature of Co-Supervisor

Name: _____

Date: _____

IAD Form

Universiti Tunku Abdul Rahman			
Form Title : **Sample of Submission Sheet for FYP/Dissertation/Thesis**			
Form Number : **FM-IAD-004**	Rev No: **0**	Effective Date: **21 June 2011**	Page No: **1 of 1**

FACULTY OF ARTS AND SOCIAL SCIENCE
UNIVERSITI TUNKU ABDUL RAHMAN

Date: _____

SUBMISSION OF FINAL YEAR PROJECT

It is hereby certified that _____ (ID No.: _____) has completed this final year project titled "_____" under the supervision of _____ (Supervisor) from the Department of Psychology and counselling, Faculty of Arts and Social Science.

I understand that University will upload softcopy of my final year project in pdf format into UTAR Institutional Repository, which may be made accessible to UTAR community and public.

Yours truly,

_____
Name:

Quantitative Research Project Evaluation Form

UNIVERSITI TUNKU ABDUL RAHMAN

FACULTY OF ARTS AND SOCIAL SCIENCE

DEPARTMENT OF PSYCHOLOGY AND COUNSELLING

UAPC3083 PROJECT PAPER I

Quantitative Research Project Evaluation Form

TURNITIN: ***'In assessing this work you are agreeing that it has been submitted to the University-recognised originality checking service which is Turnitin. The report generated by Turnitin is used as evidence to show that the students' final report contains the similarity level below 20%.'***

Project Title:	
Supervisor:	
Student's Name:	Student's ID:

INSTRUCTIONS:

Please score each descriptor based on the scale provided below:

1. Please award 0 mark for no attempt.
2. Please mark only **3(A)** or **3(B)** for **Proposed Methodology**.
3. For criteria **7**:
   Please retrieve the marks from "**Oral Presentation Evaluation Form**".

1. INTRODUCTION (30%)	Max Score	Score
a. Background of the study • Fitting introduction of the subject • Appropriate introduction of the key variables	5%	
b. Problem statements are well formulated.	5%	
c. Significance of the study is well explained.	5%	
d. Hypotheses and/or research objectives are well constructed.	5%	
e. Research questions are well constructed.	5%	
f. Conceptual and/or operational definitions are well explained.	5%	
Subtotal	30%	/30%
Remark:		

2. LITERATURE REVIEW (30%)	Max Score	Score
a. Adequate evidences supported hypotheses and research questions.	10%	
b. Constructive discussion on publications in relation to the topic of study. • Support of similar and/or dissimilar results.	10%	
c. Appropriate explication of theories: • Theoretical framework • Conceptual framework	10%	
Subtotal	30%	/30%
Remark:		

3. (A) PROPOSED METHODOLOGY (10%)	Max Score	Score
a. Proposed research design/framework: • For experiment, proposed anticipated experimental manipulation, participant flow, treatment fidelity, baseline data, adverse events and side effects, assignment method and implementation, masking (if applicable). • For non-experiment, propose the design of the study and possible data.	5%	
b. Proposed sampling procedures: • Justification of sampling method/technique. • Proposed location of study. • Plan to obtain ethical clearance approval.	5%	
c. Proposed sample size, power, and precision: • Justification of sample size. • Power analysis or other methods (if applicable).	5%	
d. Proposal of data collection procedures: • Inclusion and exclusion criteria • Plan of obtaining consent • Description of data collection procedures • Agreement and payment (if any)	5%	
e. Proposed instruments/questionnaire:	5%	

• Description of instruments • Scoring system • Meaning of scores • Reliability and validity		
Sum	25%	/25%
Subtotal (Sum/5*2)	10%	/10%
Remark:		
3. (B) PROPOSED METHODOLOGY – SINGLE-CASE EXPERIMENT (10%)	**Max Score**	**Score**
a. Proposed research design/framework: • Propose the design, phase and phase sequence, and/or phase change criteria. • Propose the method of randomization and elements of study that are planned to be randomized (if applicable). • Propose binding or masking (if appliable).	5%	
b. Participants AND Context AND Approval: • Propose the method of recruitment. • Propose the inclusion and exclusion criteria. • Propose the location of study. • Plan to obtain ethical clearance approval. • Plan of obtaining consent.	5%	
c. Proposed measures and materials used: • Operationally define all target behaviours and outcome measures. • Reliability and validity. • Justify the selection of measures and materials. • Describe the materials.	5%	
d. Proposed Interventions: • Plan the intervention and control condition in each phase. • Plan the method of delivering the intervention. • Outline the evaluation plan of procedural fidelity in each phase.	5%	
e. Data analysis plan: • Propose and justify all methods used to analyze data.	5%	
Subtotal	25%	/25%
Subtotal (Sum/5*2)	10%	/10%
Remark:		
4. LANGUAGE AND ORGANIZATION (5%)	**Max Score**	**Score**
a. Language proficiency	3%	
b. Content organization	1%	
c. Complete documentation (e.g., action plan, originality report)	1%	
Subtotal	5%	/5%
Remark:		

5. APA STYLE AND REFERENCING (5%)	**Max Score**	**Score**
a. 7th Edition APA Style	5%	/5%
Remark:		
***ORAL PRESENTATION (20%)**	**Score**	
Subtotal		/20%
Remark:		
PENALTY	**Max Score**	**Score**
Maximum of 10 marks for LATE SUBMISSION, or POOR CONSULTATION ATTENDANCE with supervisor.	10%	
****FINAL MARK/TOTAL**		/100%

***Overall Comments:**

Signature: _____ **Date: _____**

Notes:

1. **Subtotal**: The sum of scores for each assessment criterion
2. **FINAL MARK/TOTAL**: The summation of all subtotal score
3. Plagiarism is **NOT ACCEPTABLE**. Parameters of originality required and limits approved by UTAR are as follows:
    (i) **Overall similarity index is 20% or below**, and
    (ii) **Matching of individual sources listed must be less than 3%** each, and
    (iii) Matching texts in continuous block must **not exceed 8 words**

    Note: Parameters (i) – (ii) shall exclude quotes, references and text matches which are less than 8 words.

    Any works violate the above originality requirements will NOT be accepted. Students have to redo the report and meet the requirements in **SEVEN (7)** days.

*The marks of "Oral Presentation" are to be retrieved from **"Oral Presentation Evaluation Form".**

**It is compulsory for the supervisor/examiner to give the overall comments for the research projects with A- and above or F grading.

Appendix C

UNIVERSITI TUNKU ABDUL RAHMAN
FACULTY OF ARTS AND SOCIAL SCIENCE
DEPARTMENT OF PSYCHOLOGY AND COUNSELING

INDIVIDUAL ORAL PRESENTATION EVALUATION FORM (FACE TO FACE/VIRTUAL PLATFORM)

UAPC3093 PROJECT PAPER II

Student's Name	ID	*Total (40%)	**Final score (20%)
Lee Yi Hui	21AAB00385		

**Final Score: ( ) / 40 marks ÷ 2 = ( ) / 20 marks
***to be converted into 20%**

Date: _____ Time: _____

SCORE / TRAITS	SCORE	EXCELLENT 4	GOOD 3	AVERAGE 2	LACKING 1
POSTER PRESENTATION PREPARATION					
Organisation		Title/author of paper clearly displayed. Concise presentation of introduction, review of literature, methodology, findings and conclusions.	Shows title/author. Adequately presents introduction, review of literature, methodology, findings and conclusions.	Shows title/author. Presents main ideas of introduction, review of literature, methodology, findings and conclusions.	Title/author are missing. Insufficient coverage of main points of introduction, review of literature, methodology, findings and conclusions.
Competency		Student demonstrates competent knowledge of the subject by explaining the subject with details. Able to answer questions posted by the audience/examiners fluently with confidence.	Student is able to provide sufficient information to enable audience to understand main ideas. Able to answer questions posted by the audience/examiners with noticeable interval.	Student is able to provide basic information with vague and disjointed ideas. Student tried to answer the questions posted by the audience/examiner using common-sense rather than evidence-based answer.	Student is unable convey the information fluently to the audience/examiner. Student is not able to answer the questions posted by the audience/examiner.
Visual Presentation		Visually appealing poster with appropriate colours, organization, and font sizes enhance readability. Strategically positioned graphics and text.	Overall visually appealing. Organisation of content enhances readability. Appropriate font size enhances readability. Content arrangement easily understood. Graphics enhances text.	Visual appeal is adequate. Colours and layout somewhat cluttered. Font size affects readability. Confusing content arrangement. Graphics help to highlight some content.	Visuals lack appeal. Colours and layout cluttered. Hinders readability. Inconsistent font sizes and content arrangement Mismatch of graphics and text.
Mechanics		The slides are flawless with no misspelling, punctuation, or grammatical errors. Provide essential sources and citations using 7th edition APA style.	2 – 3 misspelling, punctuation and/ or grammatical errors in the slides. Provided excessive and cluttered sources and citations.	4 misspelling, punctuation and/ or grammatical errors detected in the slides. Inconsistent citation styles detected.	Slides are riddled with multiple spelling, punctuation and/ or grammatical errors. Does not cite sources.

SCORE / TRAITS	SCORE	EXCELLENT 4	GOOD 3	AVERAGE 2	LACKING 1
VERBAL SKILLS					
Enthusiasm		Demonstrates a strong, positive feeling about topic during entire presentation.	Occasionally shows positive feelings about topic.	Shows little positive feelings toward topic presented.	Shows absolutely no interest in topic presented.
Delivery		Uses a clear voice and speaks at a good pace so audience can hear presentation. Does not read off slides.	Presenter's voice is clear. The pace is a little slow or fast at times. Audience can hear presentation.	Presenter's voice is low. The pace is much too rapid/slow. Audience has difficulty hearing presentation.	Presenter mumbles or talks very fast and speaks too softly for audience to hear and understand.
Language		Excellent and competent use of subject-related vocabulary and correct pronunciation.	Presentation shows competent use of subject-related vocabulary and correct pronunciation.	Some parts of lapse into colloquialism with inappropriate vocabulary and pronunciation.	Mostly inappropriate vocabulary and pronunciation.
NON-VERBAL SKILLS					
Eye Contact		Student maintains eye contact with audience, seldom returning to notes.	Student maintains eye contact most of the time but frequently returns to notes.	Student occasionally uses eye contact, but still reads most of report.	Student reads all of report with no eye contact.
Body Language & Facial Expression		Movements seem fluid. Displays relaxed, self-confident nature about self, with no-mistakes. Appropriate facial expression without a zoned-out or confused expression.	Made movements or gestures that enhance articulation. Makes minor mistakes, displays little or no tension. Occasionally demonstrate either a zoned-out or confused expression during presentation.	Rigid movement or descriptive gestures. Displays mild tension; has trouble recovering from mistakes. Occasionally demonstrate both zoned-out or confused expressions during presentation.	No movement or descriptive gestures. Tension and nervousness are obvious; has trouble recovering from mistakes. Consistently zoned-out or displays confused expression during presentation.
Timing		Within 10 to 15 minutes of allotted time.	Within 17 minutes of allotted time OR too short (<10 minutes).	Within 20 minutes of allotted time OR too short (<5 minutes).	Too long (>20 minutes) or too short (<3 minutes).
***TOTAL**					

Comments:

Evaluated by:

_____
(NAME OF EVALUATOR: _____)

Department of Psychology and Counseling
Faculty of Arts and Social Science
UTAR Perak Campus

Appendix D

The Opposite of Self-Compassion…Self-Criticism

For most people, being compassionate towards themselves and therefore activating the soothe system doesn't come naturally. However the opposite of self-compassion, self-criticism, seems to very easily roll off the tongue. Self-criticism is a thinking style that involves our internal self-talk being highly negative, disparaging and berating. Self-criticism can therefore activate the threat system in and of itself, or once the threat system is active for other reasons, responding by being critical of ourselves can keep the threat system alive.

The content of self-critical thoughts can be very cruel and the tone very cold, harsh, and attacking. It is like we are telling off or reprimanding ourselves in a most unkind or punishing way. This thinking style occurs within us all to varying degrees, and is very common in our society. You will tend to hear most people refer to themselves as "stupid" or "idiot" when they make a small mistake. This may be at the milder end of self-criticism. Others may routinely speak to themselves harshly, while others may frequently hurl a barrage of abuse at themselves. Some harsh self-critics may experience a sense of self-loathing, self-hatred or self-disgust, where they believe they don't deserve to treat themselves any better.

Some common examples of self-critical statements might sound something like:

I am an idiot…what a moron…you are useless and pathetic…I am so hopeless…
You shouldn't have done that….why did I do that… you should have known better…
I never get it right… you may as well give up now…there is no point, why bother…

You will notice that some self-critics refer to themselves in the first person (*I am…*), whilst others may refer to themselves using a second person perspective (*you are…*). You will also notice that self-criticism often involves the following unhelpful thinking styles:

Labelling: making global and derogatory statements about ourselves on the basis of our behaviour in a specific situation;
Shoulding: using "should" statements to put unreasonable demands or pressure on ourselves; and
Overgeneralising: taking one negative instance and concluding that this applies to everything.

To gain more awareness of your own self-critical thinking style, consider the following questions:

What do you typically criticise yourself for?

What sorts of things do you typically say to yourself/about yourself?

How do you say these things? What does your internal voice sound like? Does it remind you of anyone?

When you criticise yourself, how does it make you feel?

What do you think the negative consequences are of speaking to yourself like this?

I wonder what you noted for how self-criticism makes you feel and any other negative consequences you recognised. One big negative consequence is that self-criticism doesn't make you feel very good, and usually leads to feelings like anxiety, sadness, depression, guilt, shame or anger. Self-criticism is common across lots of mental health problems (e.g., depression, anxiety disorders, eating disorders, body image issues, low self-esteem, etc), and can contribute to staying stuck in these problems. Therefore, addressing self-criticism by building the ability to instead be self-compassionate, may play a role in improving some of these difficulties.

While you may have acknowledged some negative consequences of being self-critical, many people don't realise that they can often hold positive beliefs about the benefits of being critical towards themselves. Module 2 will look in more detail about why we talk to ourselves in a critical manner, and what our mind might be trying to achieve when it does this, as our mind typically doesn't do things for no good reason.

Why is it Hard to be Self-Compassionate?

So if self-criticism is just leading to more misery, then surely self-compassion is the answer. But, it ain't that simple. Most people struggle to be more compassionate towards themselves. If this applies to you, please know you are not alone and there can be a number of reasons for this.

Early Life Experiences

It is proposed that for some people, experiencing limited care, kindness and nurturing from others growing up, leads to the soothe system being underdeveloped. The soothe system thrives on and is stimulated by having compassionate experiences. Essentially, it is hard to learn something that you were never taught. So, if you didn't receive much compassion from others in earlier life, then it is understandable that is can be more difficult to develop the ability to be compassionate to yourself later in life.

The Threat System

As already mentioned, our brain is hard wired to shift into threat mode pretty easily to protect ourselves. Seeing the negative is our default attention bias. Turning our attention to more self-compassionate endeavours is therefore overriding this attention bias, which is not something that comes naturally to us.

Lack of Awareness

Many of us may not be aware that we are struggling, or aware of the unhelpful critical ways we may be treating ourselves. We can go through life on autopilot, doing what we have always done. We get tangled and stuck in our struggle, never pausing to consciously recognise we are struggling, and that maybe we could deal with this in the same way we might help others deal with something similar. It has just never even occurred to us that treating ourselves kindly is an option.

Appendix E

Building Self-Compassion

Negative Beliefs about Self-Compassion

Some of us may cringe at the idea of self-compassion. Being self-compassionate is not something we are taught about or talk about a lot, and so it can carry some negative connotations. Some people think being self-compassionate is too 'touchy feely', and will lead to laziness, self-indulgence or self-pity. Rest assured, self-compassion is none of these things, and we will address these sorts of beliefs that can be a barrier to being more self-compassionate in Module 2.

Do You Need to Build More Self-Compassion?

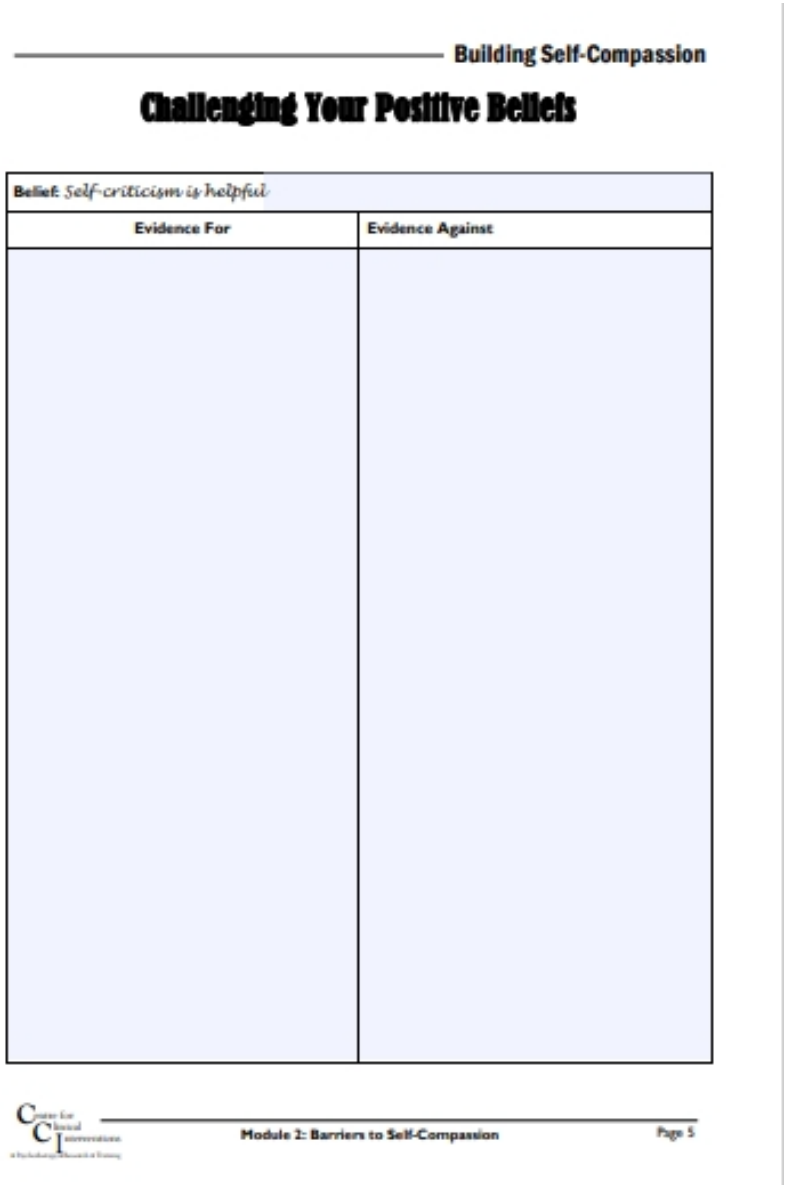
Everyone can benefit from a bit more self-compassion. It is not really something you can have too much of. However, this sort of approach was particularly developed for people who are very harsh self-critics, even to the extent of feeling self-loathing or hatred. For these people, developing self-compassion is especially important, and may also take more time and effort.

For some people, being more compassionate towards themselves can be a frightening experience often because of past traumatic experiences. If this is the case for you, and you are struggling to put into practice some of the strategies from the coming modules, then we would recommend being supported by a mental health professional as you work your way through these modules.

To help you make the decision about whether you want to proceed further into these modules, have a go at the following quiz to get a sense of how self-compassionate you are. The more items you tick, the more self-critical you are likely to be, indicating that you could benefit from an 'injection' of self-compassion.

	Tick if this applies to you
I find it hard to be kind to myself	
If something goes wrong I automatically blame myself	
I don't deserve to do nice things for myself	
I am very critical of myself when things aren't going well	
I am very critical of myself even when things are going well	
When I am having a hard time, I wouldn't even think to look after myself like I would a friend	
I focus a lot on my faults and flaws and can't let them go	
If I make a mistake I give myself a really hard time	
When I am struggling, I don't treat myself with much care	
I can't accept mistakes I've made or things I haven't done well	
I think over and over about things I don't like about myself	
I am not very gentle with myself when I am suffering emotionally	
If I make a mistake I feel like I should be punished	
I feel like I'm the only one who struggles or fails at things	

Appendix F

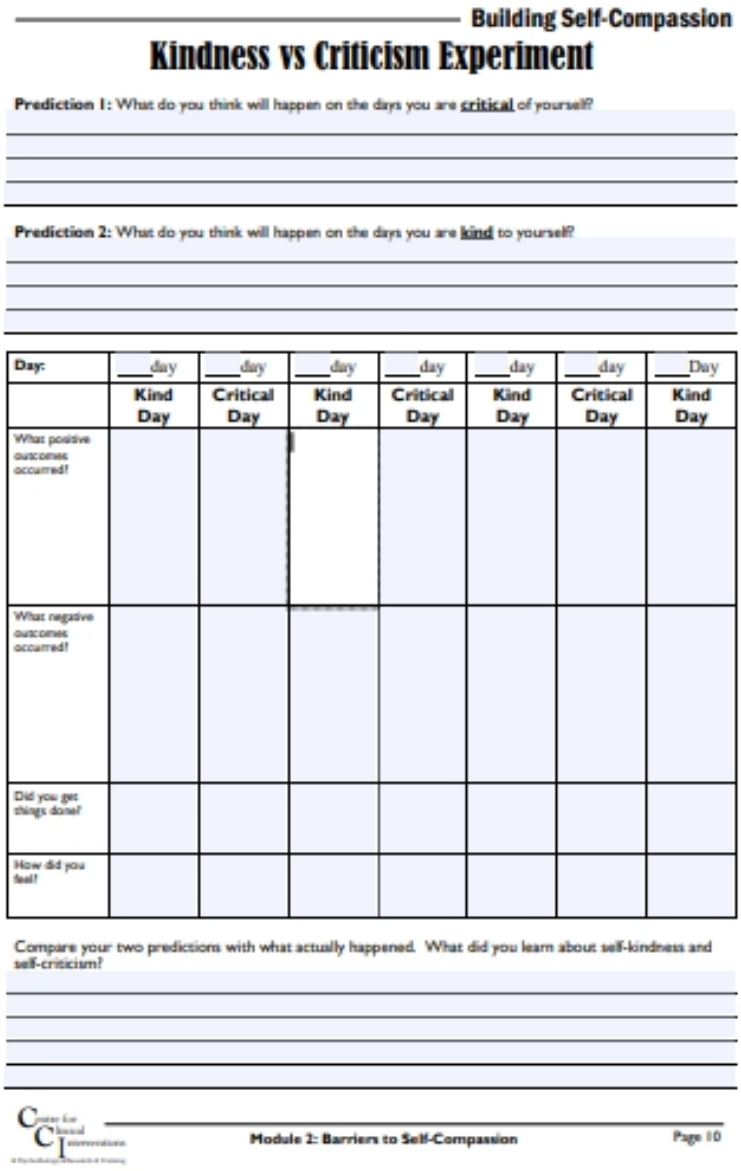


Building Self-Compassion

Challenging Your Positive Beliefs

Belief: *Self-criticism is helpful*	
Evidence For	**Evidence Against**

Appendix G



Building Self-Compassion

Kindness vs Criticism Experiment

Prediction 1: What do you think will happen on the days you are **critical** of yourself?

Prediction 2: What do you think will happen on the days you are **kind** to yourself?

Day:	___day	___day	___day	___day	___day	___day	___Day
	Kind Day	**Critical Day**	**Kind Day**	**Critical Day**	**Kind Day**	**Critical Day**	**Kind Day**
What positive outcomes occurred?							
What negative outcomes occurred?							
Did you get things done?							
How did you feel?							

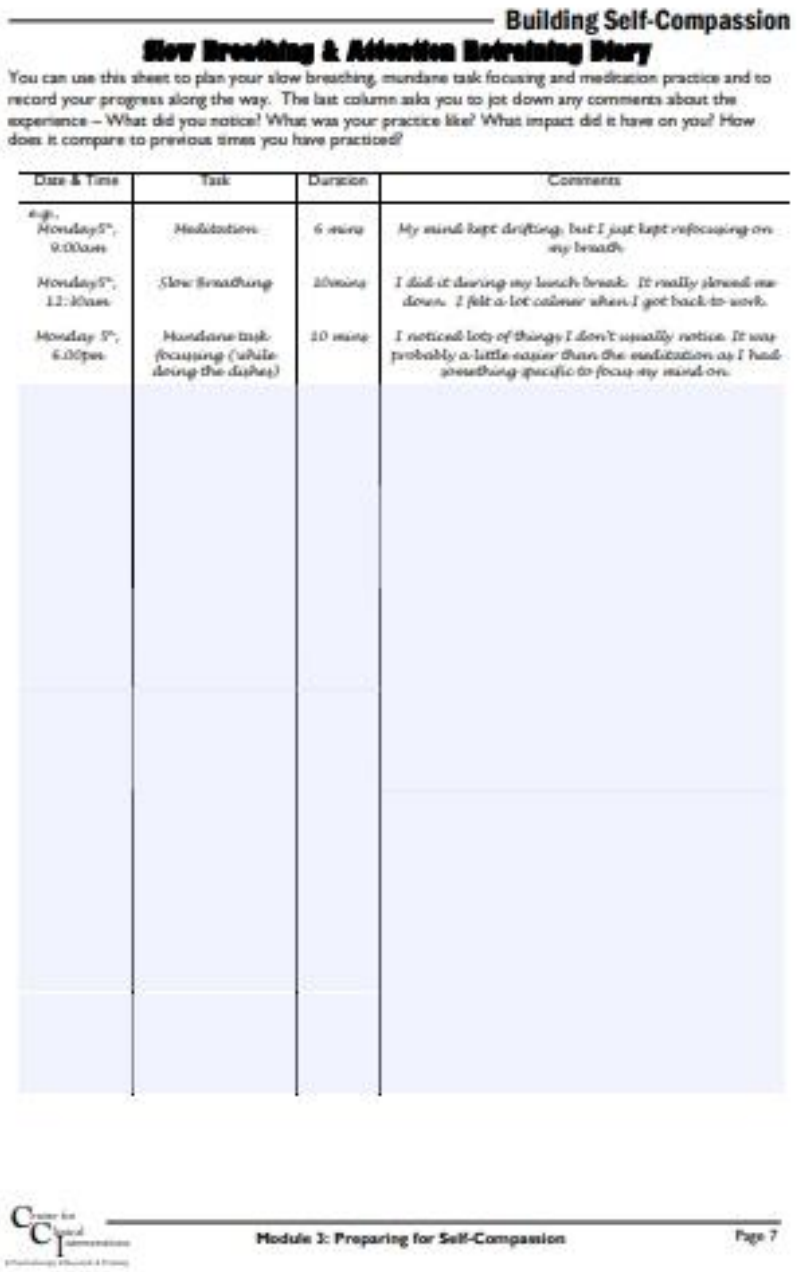
Compare your two predictions with what actually happened. What did you learn about self-kindness and self-criticism?

Center for Clinical Interventions

Module 2: Barriers to Self-Compassion

Page 10

Appendix H



Building Self-Compassion

Slow Breathing & Attention Retraining Diary

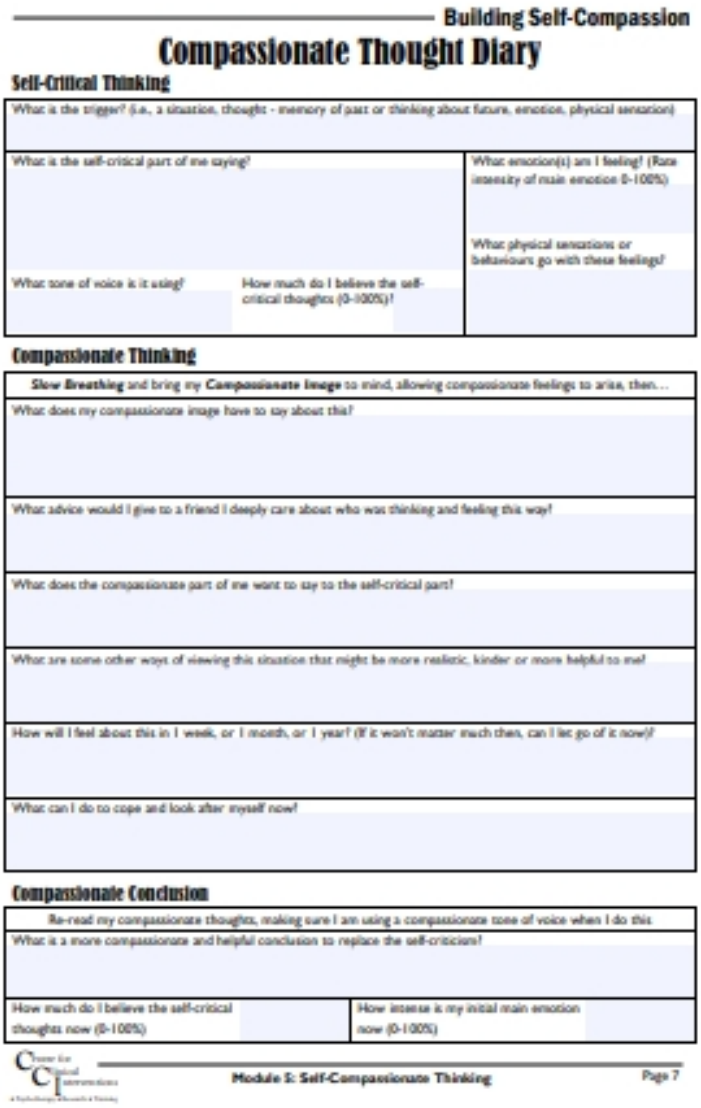
You can use this sheet to plan your slow breathing, mundane task focusing and meditation practice and to record your progress along the way. The last column asks you to jot down any comments about the experience – What did you notice? What was your practice like? What impact did it have on you? How does it compare to previous times you have practiced?

Date & Time	Task	Duration	Comments
e.g., Monday5th, 9:00am	Meditation	6 mins	My mind kept drifting, but I just kept refocusing on my breath
Monday5th, 12:30am	Slow Breathing	10mins	I did it during my lunch break. It really slowed me down. I felt a lot calmer when I got back to work.
Monday 5th, 6.00pm	Mundane task focusing (while doing the dishes)	10 mins	I noticed lots of things I don't usually notice. It was probably a little easier than the meditation as I had something specific to focus my mind on.

Module 3: Preparing for Self-Compassion

Page 7

Appendix I



Building Self-Compassion

Compassionate Thought Diary

Self-Critical Thinking

What is the trigger? (i.e., a situation, thought - memory of past or thinking about future, emotion, physical sensation)	
What is the self-critical part of me saying?	What emotion(s) am I feeling? (Rate intensity of main emotion 0-100%) What physical sensations or behaviours go with these feelings?
What tone of voice is it using? / How much do I believe the self-critical thoughts (0-100%)?	

Compassionate Thinking

Slow Breathing and bring my ***Compassionate Image*** to mind, allowing compassionate feelings to arise, then…
What does my compassionate image have to say about this?
What advice would I give to a friend I deeply care about who was thinking and feeling this way?
What does the compassionate part of me want to say to the self-critical part?
What are some other ways of viewing this situation that might be more realistic, kinder or more helpful to me?
How will I feel about this in 1 week, or 1 month, or 1 year? (If it won't matter much then, can I let go of it now)?
What can I do to cope and look after myself now?

Compassionate Conclusion

Re-read my compassionate thoughts, making sure I am using a compassionate tone of voice when I do this	
What is a more compassionate and helpful conclusion to replace the self-criticism?	
How much do I believe the self-critical thoughts now (0-100%)	How intense is my initial main emotion now (0-100%)

Appendix J

Building Self-Compassion

The problem area for me is:

The threat system tells me:

To act opposite I need to:

The steps involved in starting to overcome this problem area are:

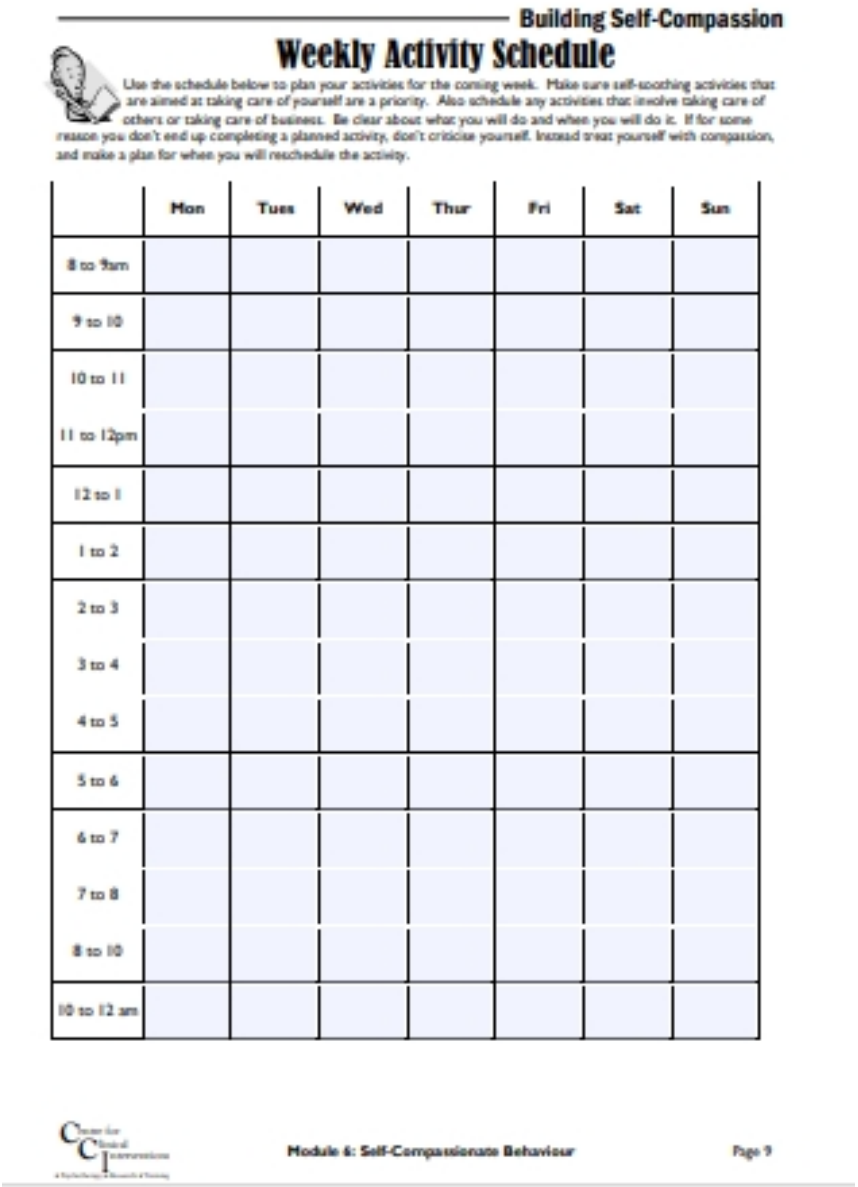
Now plan at least the first step into your weekly schedule. If this step feels like too much too soon, see if you can break this step down even further to make it more manageable.

If you are struggling to know what the compassionate behaviour is for a particular situation, slow your breathing and get in touch with your compassionate image, and then see what advice your compassionate image would give about how to handle the situation or problem you are facing.

We understand that acting opposite is often challenging, and can bring up your self-critical thinking especially when things do not go as planned. Be aware if this is occurring and remember to use your slow breathing and compassionate image to activate a compassionate attitude when approaching the tasks you've set for yourself.

Module 6: Self-Compassionate Behaviour Page 8

Appendix K



Building Self-Compassion

Weekly Activity Schedule

Use the schedule below to plan your activities for the coming week. Make sure self-soothing activities that are aimed at taking care of yourself are a priority. Also schedule any activities that involve taking care of others or taking care of business. Be clear about what you will do and when you will do it. If for some reason you don't end up completing a planned activity, don't criticise yourself. Instead treat yourself with compassion, and make a plan for when you will reschedule the activity.

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
8 to 9am							
9 to 10							
10 to 11							
11 to 12pm							
12 to 1							
1 to 2							
2 to 3							
3 to 4							
4 to 5							
5 to 6							
6 to 7							
7 to 8							
8 to 10							
10 to 12 am							

Module 6: Self-Compassionate Behaviour Page 9

Appendix L

My Self-Compassion Action Plan

Stepping out of the self-critical cycle and stepping into the self-compassion cycle, will happen relatively easily at times and at other times will be more difficult. With this in mind, it is important to plan for the difficult times, when self-compassion isn't happening naturally for us. Developing a *Self-Compassion Action Plan* that details what to do at those difficult times can be really helpful. It is important to fill in the blanks below, and then place the action plan somewhere that you can access it easily whenever you need it, to remind yourself of what to do to get your self-compassion back up and running during hard times.

My Triggers (What are the sorts of things that trigger distress, suffering, pain, or self-criticism for me? These can be specific situations, problems or people, thinking about the past or the future, or experiencing certain emotions or physical sensations that I might struggle with.)

My Warning Signs (What are the signs that indicate I am suffering and/or criticising myself and need to be more compassionate towards myself? These could be the typical self-critical phrases I say to myself, particular unpleasant emotions or physical sensations, or how my behaviour changes and becomes unhelpful when I am having difficulties.)

My Action Plan (These are the things I need to do when I am struggling):

1. *Slow Breathing*
2. Use my *Compassionate Image* which is _____
3. Keep doing steps 1 & 2 until I start to feel a sense of calming
4. Practice brief compassionate thinking by saying something like the following comforting statements to myself (feel free to reword these to something you like more, as long as it is offering general words of comfort/encouragement):
   - *This is really hard and I am sorry this is happening*
   - *What I am feeling is ok, everyone experiences this, I am not alone*
   - *I need some compassion right now, focus on being kind to myself now*
5. *Take care of myself* by doing one of my *Self-Soothing Activities* such as _____
6. If I am still struggling practise more compassionate thinking by using a *Compassionate Thought Diary* and/or *Compassionate Letter Writing* to deal with whatever is bothering me.
7. If I am still struggling, ask myself if there is a problem I need to address and use 'Opposite Action' to deal with this. This generally means breaking down the problem into steps and facing it rather than running away from it.
8. If I am still struggling, keep doing my breathing, compassionate image and self-soothing activities to help me get through this tough time.

Appendix M

My Self-Compassion Maintenance Plan

Your *Self-Compassion Action Plan* is really about what to do in times of struggle. In addition to this, it can be helpful to be clear about what you can do in your general day-to-day life when you aren't struggling, that might help you to maintain your ability to be self-compassionate when needed. Developing a *Self-Compassion Maintenance Plan* can help to make sure that self-compassion continues to be a priority in your daily life. Check in with your maintenance plan regularly to make sure you are still on the road to self-compassion and haven't drifted off track.

My Maintenance Plan (These are the things I need to do on a regular basis):

1. Regularly practice my ***Slow Breathing*** and ***Compassionate Image*** so that I can call on them whenever I need. A good time to do this daily practice is_____
2. Find something (an object, picture, song, etc.) that represents my compassionate image, and find a way that it can be regularly incorporated into my daily life as a reminder of being self-compassionate. I can do this by_____
3. Appreciate the positives on a daily basis.
   - My *Pleasure Focusing Tasks* will be _____
   - A good time to fill out my *Appreciation Logbook* is_____
4. Regularly practice my attention-retraining exercises:
   - *Mundane Task Focusing*. Tasks I will use to practice are _____
   - *Meditation*. A good time to do this practice is _____
5. Regularly plan *Self-Soothing Activities* throughout my week like_____
6. Regularly plan ways to *take care of others* and show kindness to people in my life like_____
7. If any business needs to be taken care of, make sure I am continuing to work on it over time, planning each week how I can make some progress on it, like _____