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A pilot exploration of the use of compassionate images in a group of self-critical people

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Self-criticism has long been associated with a variety of psychological problems and is often a key focus for intervention in psychotherapy. Recent work has suggested that self-critics have underelaborated and underdeveloped capacities for compassionate self-soothing and warmth. This pilot study developed a diary for monitoring self-attacking and self-soothing thoughts and images. It also explored the personal experiences of a group of volunteer self-critics from the local depression support group who were given training in self-soothing and self-compassion. Although using small numbers, this study suggests the potential value of developing more complex methodologies for studying the capacity for self-compassion, interventions to increase self-compassion (including imagery techniques), and their effects on mental health.

Self-criticism and shame have been proposed to play a key role in anger (Tangney & Dearing 2002), social anxiety (Cox, Rector, Bagby, Swinson, Levitt, & Joffe, 2000), mood disorder (Blatt & Zuroff, 1992; Gilbert & Miles, 2000; Gilbert, Clarke, Hempel, Miles, & Irons, 2004b), suicide (Blatt, 1995), alcoholism (Potter-Efron, 2002), post-traumatic stress disorder (Brewin, 2003), psychotic voice hearing (Gilbert et al., 2001), affect regulation and personality disorders (Linehan, 1993), and interpersonal difficulties (Zuroff, Moskowitz, & Cote 1999). Vulnerability to shame-based self-criticism is commonly rooted in *feeling memories* of the self being rejected, criticised, and shamed (Gilbert 1989, 1998, 2002; Kaufman, 1989; Tomkins, 1987), and/or abused (Andrews, 1998). Shame memories can be intrusive (Kaufman, 1989). Reynolds and Brewin (1999) found that depressed people often have intrusive memories of being shamed, rejected, and/or abused. Internalising these experiences can result in seeing and evaluating the self in the same way others have; that is as flawed, inferior, rejectable, and globally self-condemning (Gilbert, 1998, 2002; Tangney & Dearing, 2002). Irons, Gilbert, Baldwin, Baccus, and Palmer (2004a) found a significant association between recall of parents as rejecting and low in warmth, and level of self-criticism in students.

When self-criticism emerges from a sense of a shamed self, people can feel beaten down and depressed by their own self-criticisms (Greenberg, Elliott, & Foerster, 1990). Indeed, intense self-criticism has been viewed as a form of internal harassment that is stressful and undermining of the self (Gilbert, 2004). Gilbert et al. (2001) explored self-critical thoughts in depressed people and malevolent voices in voice hearers, in regard to their ''critical'' qualities such as anger, intrusiveness, and the ''felt power'' of a criticism/attack. The study reported here expands on that methodology by piloting the use of a diary for self-critical people to monitor and report on the triggers and forms of their daily self-criticisms. A less

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explored aspect of shame-based self-condemning is the degree to which there is a relative *inability* to generate caring and self-soothing/reassuring, thoughts, feelings, and images (Gilbert, 2000a, 2000b). One source of self-soothing and self-reassuring is access to emotionally textured feeling memories of others who have been soothing and reassuring, e.g., loving attachment figures (Bowlby, 1969, 1973; Kohut, 1977). Mikulincer, Gillath, and Shaver (2002) found that threat can prime access to attachment inner working models and memories that are used for coping (for a review see Gillath, Shaver, & Mikulincer, in press). Irons et al. (2004) found that self-soothing and reassuring abilities in students were significantly associated with recall of parents as warm/affectionate and low on rejection.

A key problem for some self-critical people may be that they do not have access to feeling memories of being affectionately cared for (soothed), and their self-care abilities have been understimulated, underdeveloped, and underelaborated (Gilbert & Irons, in press). Some evidence for this was found in a study by Gilbert et al. (2004). They used an imagery task to explore how easy or difficult it was to imagine a self-critical/attacking part of the self, and a soothing, compassionate, and accepting part of the self. Those high in self-criticism found it relatively easy to imagine a self-critical part of self that was experienced as hostile, powerful, and controlling, while low self-critics found this imagery task more difficult. Self-critics found compassionate self-imagery more difficult, while low self-critics found this relatively easy to do. These data may indicate that self-critical people have more ready access to hostile self-to-self thoughts and feelings, and less automatic and easy access to self-soothing systems.

There is evidence that high self-critical depressed people may not improve as much as low self-critical depressed people in standard cognitive therapy (Rector, Bagby, Segal, Joffe, & Levitt, 2000). Helping people generate self-compassionate images and focus on feelings of warmth for the self may therefore be a useful therapeutic endeavour (Gilbert, 2000a; Gilbert & Irons, in press). Indeed, McKay and Fanning (1992) made self-compassion central to their cognitive behavioural approach for building self-esteem. Dialectic behaviour therapists also recommend developing compassion for the self (Linehan, 1993). Developing compassion for the self has a long tradition in Buddhist healing practice (Salzberg, 1995). Self-compassion differs from self-esteem in that it is focused on affects of warmth and sympathy directed at self (Gilbert & Irons, in press; Neff, 2003). In Buddhist practices, developing compassion for self and others can use highly structured images that are practised repeatedly (Dagsay Tulku Rinpoche, 2002; Ringu Tulku & Mullen, in press). The use of images to stimulate brain pathways for compassion may be powerful. For example, images have powerful emotional effects (Hackmann, 1998, in press) and are increasingly used in fMRI research to explore neurophysiological systems involved in certain kinds of memory, thoughts, and feelings (e.g., George, Ketter, Parekh, Horwitz, Hercovitch, & Post, 1995; Schwartz & Begley, 2002). To date, however, no study has explored how people might generate their own images of compassion to self, how they may try to imbue them with certain qualities (e.g., warmth and acceptance), and whether they find working this way helpful or difficult.

This pilot study did not aim to focus on the effects of giving intensive training in compassionate mind work, but to explore steps before that—to see how people experience their self-criticism on a day-to-day basis, to see what type of compassionate imagery they would be able to generate for themselves, and to explore whether they thought ''practising self-compassion'' could help counteract self-criticism. Clearly, one would have to think carefully about developing a psychological treatment that patients thought was inappropriate or unlikely to work.

There is increasing recognition that in investigating how patients may experience a disorder, processes associated with a disorder, or interventions, researchers should seek patient collaborative involvement in guiding and informing the research. Once patients understand what knowledge is sought they can offer insights from ''the inside'' (Goodare & Lockwood, 1999). Hence, given the nature of this research we recruited the help of a local self-help group for depression. The aims of this pilot study were:

1. To invite people attending a depression support group who have problems with self-criticism to take part in a collaborative research project investigating their inner self-critical and self-soothing processes.
2. To use a diary method to explore the triggers and forms (e.g., degree of intrusiveness and the power) of naturally occurring self-criticism, in this group of people.

3. To explore the ability to generate and use compassionate imagery, and obtain views of how helpful this may be for this group of people.

4. To explore the *types of images* generated and the experiences of working with compassionate imagery.

METHOD

Participants

A self-help depression group, with whom the authors have worked closely over a number of years, was advised of our study at one of their larger meetings. Those who regarded themselves as self-critical were invited to take part in this study exploring self-criticism and the use of compassionate imagery to help reduce it. Of the 18 people at that meeting, most expressed interest but 9 (2 men and 7 women) were able to take part and attend four $1\frac{1}{2}$ hour evening meetings. However, our data are based on eight participants due to incomplete data from one person.

All nine participants verbally reported that they had had at least one diagnosed depressive episode (diagnosed by a psychiatrist). All were currently on anti-depressants. All participants completed the Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983). The group mean for the depression subscale was 9.00 (SD = 5.1) and for the anxiety subscale was 11.83 (SD = 3.6). For the depression subscale, scores of < 8 indicate ''non-cases'', 8–11 doubtful/possible cases, and scores of 11 or above definite cases. One person scored 10, and four people scored 11 or greater.

All participants reported that they had had problems for longer than 10 years or ''most of their lives''. A number of participants had co-morbid difficulties such as social anxiety, agoraphobia, and obsessive-compulsive disorder. Our group was not pre-selected, other than that they attended a depression self-help group, they saw themselves as self-critical, and agreed to participate. Our focus was on self-criticism and imagery development rather than a specific disorder.

Self-attacking and self-reassuring diary measure

Diaries were constructed based on previous studies exploring hostile and compassionate self-imagery (Gilbert et al., 2004a, 2004b). They are available on request from the corresponding author.

We chose an *interval contingent* format for our diaries (Wheeler & Reis, 1991), which requires respondents to record their critical thinking over a set period of time. In this study, the set period was initially daily (for 2 weeks) and then weekly. Participants were asked to write down each day what situations or events triggered their self-critical thinking. Participants were also asked how these situations made them think about themselves, and how these thoughts made them feel. While Wheeler and Reis (1991) suggest that this method is open to retrospective bias, self-critical thoughts can often be variable in their frequency and duration, and can be difficult to measure using alternative diary methods. In the second section of the diary, participants were asked to give a quantitative rating of their critical thoughts and their ability to self-soothe in these situations, on a 1–10 interval scale. Ratings for self-criticism were given on: how often it occurred; how powerful, intrusive, long-lasting, distressing, and angry it was; and how difficult it was to distance from. This gave a possible range of 0–70. Ratings for self-soothing were given for how easy was it to: self-reassure, self-comfort, self-support, self-care, and self-soothe, giving a possible range of 0–50. As Ferguson (in press) points out, interval contingent diaries are useful when the subject being recorded is frequent, may not have a fixed start/end point, and may be continuous or sporadic.

Procedure

We arranged to meet with the participants for four evening sessions. During the first session, we outlined our interest in exploring with them the day-to-day nature of self-criticism, and how learning to be compassionate with the self, and focusing on compassionate imagery, might help to counteract self-criticism. The focus was to engage them as *joint partners* in this project. All participants agreed to the requirements in the spirit of a collaborative exercise, and signed consent forms that they were happy to take part. We agreed to have three consecutive weekly meetings, with a follow-up 4 weeks later. All participants were free to contact us if they had any distress associated with the procedure. None did, and in ongoing group discussion thought the process was useful.

Session 1: At our first meeting we discussed the nature of self-criticism. In open discussion, many

participants thought that ''a lot of this comes from childhood''. Participants were asked to fill in various self-report questionnaires (not reported here) and to keep diaries of their self-critical thinking for the coming week. Instruction was given in how to use the diaries, with examples.

Session 2: Participants handed in their diaries and discussed how the previous week had gone. Following this, the first compassionate mind imagery exercises were conducted. This was introduced as part of training our minds to focus and attend to compassionate processes in the self (Gilbert & Irons, in press) in the following way:

> When we attack ourselves we stimulate certain pathways in our brain, but when we learn to be compassionate and supportive of our efforts we stimulate different pathways. Sometimes we are so well practised in stimulating inner attacks that our ability to stimulate inner support and warmth is rather underdeveloped. What we would like to do today is see if we can generate some compassionate images and ways of thinking that you can practise using over the next week and see how this may help you.

The group then discussed the nature of compassion, the value of compassion for the self, and key elements of compassion such as empathy, sympathy, warmth, and self-acceptance. The group had a discussion about whether developing these qualities for the self would be helpful, and the importance of training/practice in trying to generate these aspects for the self.

Following this, we engaged in imagery work. First, the group was taken through a short (3–4 minutes) relaxation process that focused on breathing and tension release. We then asked participants to imagine an inner place of safeness, which would allow them to do this work. They were then invited to ''focus on an image of compassion that contains the attributes we discussed''; to ''allow images to come to your mind that capture these qualities''. Following this exercise, which lasted for about 10 minutes, the researchers asked each participant to share and discuss their images with the group. Participants were encouraged to practise their compassionate imagery as often as possible, and in particular to try to elicit it when they had self-critical thoughts. At the end of the session, participants were each given another diary to record their critical thoughts in the coming week.

Session 3: Participants handed in their diaries, and took possession of diaries that could be completed weekly rather than daily. As the next meeting was to be a month later, many felt it unreasonable to keep diaries each day for a month. We obtained feedback from participants on their experience of using compassionate mind techniques. We then took participants through the same process, again with the relaxation exercise followed by compassionate imagery practice, focusing on generating specific qualities of compassion.

Session 4: We met the group for the final time 6 weeks later. We had intended to meet earlier but holidays and other commitments prevented this. During this time participants were asked to keep weekly diaries of their self-critical thinking and abilities to be compassionate to themselves. Two participants were unable to come to the final session due to illness and child-care commitments. Again, we talked to participants about their experiences of using compassionate mind imagery, including specific aspects that they found helpful or difficult. A final form was given, asking participants five questions: What was the image that you have used over this research period? How did the image appear to you? What was the most difficult aspect? How much time were you able to practise? How helpful was it using the image? At the end of this session, participants were thanked for their time and help, and the researchers answered questions that were posed.

RESULTS

Triggers and forms of self-critical thoughts

Table 1 provides exploratory qualitative data based on the first three diary questions from Week 1 recordings. Two questions focused on types of thoughts and a third focused on what people felt as a result of what they thought.

Self-criticism was linked to a *multiple array* of activities and social interactions. In particular, many of the situations that activated critical thoughts were to do with relationships (including partner, family member, friends, and colleagues) and negative comparisons with others. Many self-critical thoughts were triggered by day-to-day occurrences, such as ''housework'', ''visiting a friend'', ''given a gift from a client'', ''at the gym'', ''being awake at 3 am'', and ''having a headache''. Also of interest is the wide range of critical thoughts and feelings reported about the self,

TABLE 1
Self-critical themes

Question 1: What situations/events brought them about?	*Question 2: What sort of things did you think/feel about yourself?*	*Question 3: How did your thoughts about yourself make you feel?*
Family	Inadequate	Inability to meet required standards
Visiting/socialising with friend	Incompetent	Unhappy
Given a gift	Angry	Anxious
Waking at 3am	Frustrated	Inferior
Having headache	Negative body images	Lonely
Relationships	Unattractive	Disliked
Work	Lack of control	Dejected
Housework	Irritated	Failure
Gym/body image	Lack of organisation	Hurting
		Weak

Examples of self-critical themes elicited from diaries over week 1 (pre compassionate mind training) ''Looking back over today, please could you carefully think about any critical thoughts you may have had''.

including anger, frustration, inferiority, and depression. Some people felt harassed by their self-criticism: ''it was always there whatever I did''. More comprehensive data for each participant are available from the authors.

Qualities of self-criticism

Alongside the qualitative diary information, we also asked participants to give quantitative ratings of their self-criticism (e.g., its power, intrusiveness, and hostility) and their ability and ease of self-soothing. Table 2 gives each participant's scores for baseline depression, self-criticism and self-soothing, and post compassionate mind training scores (after 1 week of practice) for self-criticism and self-soothing. We had hoped to obtain diary data from the fourth session to see how compassionate mind training had progressed over 6 weeks. Unfortunately, all participants had experienced problems in keeping diaries over this time (e.g., losing diaries, forgetting to fill them in) and so this set of data is unreliable. We would advise researchers to use shorter time periods or more frequent sampling points.

A paired *t*-test revealed the small reduction in scores for self-criticism was non-significant: mean score baseline = 42.35, (SD = 13.7) mean score post compassionate mind training = 37.46 (SD = 11.2); $t(7) = 1.32$, $p = .22$. One patient who had been more self-critical in the week (participant 6) felt this was related to unforeseen life events.

Self-soothing

In regard to self-soothing/compassion, there was a significant increase in the ease of generating these images and soothing oneself in a self-critical

TABLE 2
Participant HADS depressions scores pre-training, and mean criticism and compassion scores pre and post compassionate mind (CM) training

Participant	*HADS depression subscale score*	*Criticism pre CM training*	*Criticism post CM training*	*Compassion pre CM training*	*Compassion post CM training*
1	5	46.57	22.85	19.25	30.87
2	0	38.18	39.53	24.33	32.50
3	16	56.50	58.25	5.00	12.25
4	13	64.50	46.77	7.00	20.32
5	11	44.86	39.50	12.71	18.84
6	10	22.43	28.73	29.14	29.00
7	12	34.88	32.68	20.00	20.00
8	7	30.91	31.40	7.17	6.40

situation: mean score baseline = 15.57 (SD = 9.0), mean score post compassionate mind training = 21.27 (SD = 9.2); t (7) = 2.94, p = .02.

Experiences of compassionate mind training

On the final meeting, we obtained data from six participants in response to questions regarding their thoughts and feelings about compassionate mind training. These are given in Table 3.

Participants' images varied greatly. Some individuals focused on personified images, whereas others did not. Most images were visual. Those who found compassionate imagery helpful described their images as having calming, soothing, and caring effects. Those who said they found it less helpful had found it difficult to bring an image to mind, hold it in imagination, and practise it. One participant found her ''compassionate image'' turning into the stomach of a well-rounded male who reminded her of her ex-husband, which made the experience unpleasant. Intrusive negative images, at times linked with memories, when one is trying to create a positive image can be distressing. In Buddhist meditation, should this happen the person is invited to let the image go and become gently mindful of the compassionate image again (Dagsay Tulku Rinpoche, 2002; Ringu Tulku & Mullen, in press). However, this lady felt that she needed to work through her anger towards her ex-husband.

We explored participants' images, focusing on different components of compassion. Sometimes an image would change with practice. Participants discussed how different blends of compassion components (e.g., warmth, acceptance) were more or less difficult. One participant said that he could imagine warmth, but not acceptance. This may have been related to unresolved hostility, and he seemed to hold a ''Groucho Marx'' belief that ''I wouldn't want to be a member of a club that accepted me as a member''. Some participants noted that it was difficult to hold a compassionate image, and that feelings of warmth or acceptance were often ''only fleeting''.

DISCUSSION

This pilot study explored the use of a diary to monitor typical elicitors of self-criticism and their qualities, such as their felt power, intrusiveness, and distressfulness, and builds on earlier work (Gilbert et al., 2001). Participants felt their self-criticisms were automatic, powerful, intrusive, distressing, and difficult to distract from (Table 1). Participants felt able to keep the diaries, and found them revealing of just how much they did self-criticise. They suggested that diaries like this could be useful in helping people monitor their self-critical thoughts, although participants may not have been able to discriminate the various qualities of self-soothing and this requires further study.

A second key question concerned how easy or difficult it is for people to learn to generate and use compassionate feelings and images for the self. One participant found that her compassionate image changed into something unpleasant and she could not hold a ''nice'' image in mind. Another felt that images were difficult to generate or engage with. However, the other six participants felt they had benefited from their efforts, and two participants felt it had been a ''great'' help, although all thought they needed more help and support to practice, and more work as a group.

We found that there was a significant improvement in the reported ability to self-sooth. One cannot attribute this necessarily to the compassionate mind imagery work because participants also felt that working as a group and sharing their self-critical thoughts and efforts to be kinder to themselves had been helpful. Imagery work might be helpful in that it enables people to ''carry their images'' with them and use them outside a group setting. We would also suggest that therapists need to explore the functions of self-criticism and fear of giving up self-criticism (Gilbert & Irons, in press).

In Buddhist meditation, developing compassion for the self involves giving people specific images to focus on (Dagsay Tulku Rinpoche, 2002; Ringu Tulku & Mullen, in press). However, this pilot study was based on guided discovery and we were interested in how people generate their *own* images and work with them. Table 3 offers insights into the kinds of images created and how they were used. In discussion, some participants felt it might have been easier if they had been given specific images to focus on, while others thought they would prefer to work on their own images. For example, one person started with a religious image of a Buddha giving her compassion but could not make this ''work'' for her. She then generated her own image of a bush in bloom and found this very helpful. More research is needed in this area. We have no data on whether

TABLE 3
Full reported experiences of using compassionate imagery from the six participants at follow-up

Participant Number	*Question 1: What was the image that you used over the research period?*	*Question 2: How did the image appear to you?*	*Question 3: What was the most difficult aspect?*	*Question 4: How much time were you able to practise?*	*Question 5: How helpful was it using the image?*
1	Floating in warm sea Comforting sensation Sights and feelings	Visual Feelings Sound	Conjuring up image when needed	When needed	Recognising self-critical thoughts when they occur Diverting/stopping self-critical thoughts
2	White bush with comforting arms	Visual Sense of warmth	Concentration Stopping whirling thoughts	5 mins to all day	Focus on things and self not being bad Helps ease pain of being high/low Need to be alone to succeed
3	Rainbow Candles underneath instead of dark sky	Visual Nice feelings	Hard to get feelings Easier to get picture Used chanting to try and get image	Couple of times per week	Not yet achieved compassion with self, but may with more practice
4	Spiritual/Jesus Love/caring/ support In the air Sunset/stars/flowers/ mountains	All senses Visual Beauty of flowers, sky, sunsets waterfalls The love of friends Peace	Would find imagination impossible because it is unreality I would be living in an unreal world, unreal ideals Lying to myself, pretending – dangerous for me Enjoy daydreaming	Several times per day Whenever needed Situations where am giving myself put-downs, feel inadequate etc Pull up using compassionate mind – my spiritual friend – reality	Made aware how little I think about myself Changing thoughts round Would not have survived life without my Lord God
5	Sun Feeling of warmth	Visual Brightness Open space Warmth	Breaking lifetime's habit of feeling bad about self Lack of compassionate people around me Hard to conjure up image – felt remote and cold	Only occasionally	Relaxation aspect helped calm anxiety Aware of benefits of being compassionate but unable to do. Frustrated that unable to do it Hard to do with no support
6	Arm round my shoulders	Visual Sense/feeling of warmth	Image turned into stomach of well-rounded male. Brought back difficult memories of ex-husband	5–10 mins	Not at all All good destroyed by that (second) image

an image of ''a person'' with compassionate qualities would work better than these non-person images. On this more research is needed.

Some self-critical people may have few caring and soothing memories to call on (Gillath et al., in press; Mikulincer et al., 2002). Thus, the self-care and self-compassionate system may be underelaborated (Gilbert & Irons, in press). If people cannot utilise memories of caring others to be self-soothing, then an important research question is whether training people to generate self-soothing imagery is possible, can be helpful, and can be laid down as memories for subsequent recall. Lee (in press) has suggested that compassionate imagery can be directed to that of a ''perfect nurturer'' that has distinctive features including sensory ones. These features may aid the ease of accessibility from memory on subsequent occasions, in the context of self-criticism. Moreover, Lee has outlined how compassionate imagery can be helpful with people suffering from post-traumatic stress disorder, marked feelings of shame.

In regard to developing compassion for the self, participants agreed with one member who said, ''this will take time as it is breaking the habits of a life time.'' A number of participants reflected that even as children they could not recall parents being particularly kind or compassionate to them, but more often cold or critical. Participants noted that ''being kind'' to themselves was not ''something they were used to'' and ''at times it seemed strange'' to them. However, all agreed that if they could develop compassion for themselves this would help them. Our research is clearly very preliminary given the small numbers, but suggests that some self-critical people can see the benefits of attempting to become more self-compassionate, can generate a range of varied images with different features, and find it a helpful process. Questions arise about personified and non-personified images, and distinctions between feelings of warmth, acceptance, and strength that are part of compassion but can also vary from person to person.

This study suffered from small numbers, and also the fact that participants did not keep their diaries adequately for the full 6 weeks. Nonetheless, as a pilot study it points to the value of diaries, especially for monitoring forms of self-criticism and self-soothing, the acceptability of this intervention for patients, and the indications that, with development, it may be a helpful intervention for some patients. Future research may focus on the following:

1. What are the most useful, distinctive features of compassionate imagery?
2. Exploring how developing and practising compassionate imagery may aid people who have few memories of others being compassionate towards them.
3. Exploring how development in the articulation and accessibility of compassionate images may reduce the influence of self-criticism and help alleviate various emotional difficulties associated with it.
4. Investigating how a compassionate image(s) may change with practice and the impact of such change on self-criticism and affect self-regulation;
5. How to build this process into an established psychotherapeutic approach, such as cognitive therapy.

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