



Cultivating Self-Compassion and Emotion Regulation: Transdiagnostic Skills

Paul Kawkabany, MA, BICBT-CC, A-CBT
Licensed Clinical Psychologist and Psychotherapist
Masarat Clinic

Abstract

Self-compassion and emotion regulation have emerged as pivotal transdiagnostic constructs that underpin psychological resilience and adaptive functioning across diverse mental health disorders. This paper synthesizes theoretical foundations and empirical evidence demonstrating their protective roles in mitigating self-criticism and emotional dysregulation, which contribute to psychopathology such as depression, anxiety, and personality disorders. Integrating five empirically supported therapeutic modalities—Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), Compassion-Focused Therapy (CFT), and Schema Therapy—this review proposes a comprehensive, process-based clinical framework. The framework delineates a stepwise approach to recognizing, understanding, and addressing maladaptive cognitive, emotional, behavioral, physiological, and relational patterns through targeted interventions. Emphasizing the development of a compassionate and courageous stance toward psychological distress, this integrative model fosters psychological flexibility and values-driven living. The paper concludes by discussing implications for clinician training and culturally responsive adaptations, advocating for a unified transdiagnostic approach to enhance therapeutic outcomes and promote sustainable mental health.

Résumé

La compassion envers soi-même et la régulation émotionnelle sont des concepts transdiagnostiques essentiels qui favorisent la résilience psychologique et un fonctionnement adaptatif dans divers troubles mentaux. Cet article synthétise les fondements théoriques et les preuves empiriques démontrant leur rôle protecteur dans la réduction de l'autocritique et de la dysrégulation émotionnelle, facteurs contributifs à la psychopathologie, notamment la dépression,

l'anxiété et les troubles de la personnalité. En intégrant cinq approches thérapeutiques fondées sur des données probantes — la thérapie cognitive et comportementale (TCC), la thérapie comportementale dialectique (TCD), la thérapie d'acceptation et d'engagement (ACT), la thérapie centrée sur la compassion (CFT) et la thérapie des schémas — cette revue propose un cadre clinique processuel complet. Ce cadre décrit une démarche étape par étape visant à reconnaître, comprendre et traiter les schémas cognitifs, émotionnels, comportementaux, physiologiques et relationnels dysfonctionnels grâce à des interventions ciblées. En soulignant le développement d'une posture compatissante et courageuse face à la détresse psychologique, ce modèle intégratif favorise la flexibilité psychologique et une vie guidée par les valeurs. L'article conclut en discutant des implications pour la formation des cliniciens et les adaptations culturelles, plaidant pour une approche transdiagnostique unifiée afin d'améliorer les résultats thérapeutiques et promouvoir une santé mentale durable.

1. Introduction

In recent years, self-compassion and emotion regulation have emerged as foundational psychological capacities with broad relevance across clinical populations. As mental health disciplines increasingly embrace transdiagnostic perspectives, these skills are recognized not merely as therapeutic techniques, but as essential pillars of psychological resilience and well-being. Their cultivation plays a critical role in supporting individuals' capacity to navigate distress, recover from setbacks, and lead values-based lives, regardless of diagnostic labels.

Self-compassion, as defined by Neff (2003), refers to treating oneself with kindness and understanding in times of failure or suffering, rather than harsh judgment or self-criticism. It includes three core components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification with painful thoughts and emotions (Neff, 2003)¹. This approach fosters emotional balance and reduces the internalized shame often linked to psychopathology.

Emotion regulation refers to the capacity to understand, label, and modulate emotional responses in ways that reduce vulnerability and emotional suffering, rather than becoming overwhelmed or controlled by emotional states (Linehan, 1993)². This involves cultivating awareness of emotional experiences, increasing access to adaptive strategies (e.g., opposite action, mindfulness), and fostering resilience through both acceptance and change-oriented approaches.

Both self-criticism and emotional dysregulation are increasingly understood as **transdiagnostic mechanisms**—psychological processes that contribute to the development and maintenance of a wide range of disorders, including depression, anxiety, borderline personality disorder, and eating disorders.³ Failing to address these mechanisms may hinder treatment progress and recovery across traditional diagnostic categories. Consequently, interventions that promote self-compassion and

¹ Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101. <https://doi.org/10.1080/15298860309032>

² Linehan, M. M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. Guilford Press.

³ Frank, R. I., & Davidson, J. (2014). *The transdiagnostic road map to case formulation and treatment planning: Practical guidance for clinical decision making*. New Harbinger Publications.

emotion regulation are gaining traction as core components of integrated, process-based therapeutic models.⁴

This presentation examines the theoretical foundations, clinical significance, and therapeutic applications of self-compassion and emotion regulation, presenting them as powerful, adaptable skills that clinicians can help clients develop regardless of diagnosis. Through a transdiagnostic lens, the paper integrates insights from major evidence-based therapies to propose a flexible framework for practice that enhances psychological health across domains.

2. Theoretical Foundations and Clinical Importance

2.1 Transdiagnostic Relevance

Self-compassion and emotion regulation are increasingly recognized as transdiagnostic processes that play a central role in psychological well-being, as mentioned before in this paper. They are not disorder-specific; rather, they serve as protective mechanisms across a wide range of mental health conditions. Research indicates that self-compassion—defined as treating oneself with kindness, recognizing one’s shared humanity, and being mindful when considering personal inadequacies—functions as a psychological buffer against distress. Meta-analytic findings show that higher self-compassion is strongly associated with lower levels of depression, anxiety, and stress, suggesting that self-compassion facilitates emotional resilience and adaptive functioning across diagnostic categories (MacBeth & Gumley, 2012).⁵

Similarly, emotion regulation refers to the ability to monitor, evaluate, and modulate emotional reactions in a manner that is adaptive and consistent with situational demands and personal goals (Gratz & Roemer, 2004)⁶. Difficulties in emotion regulation are central to the development and maintenance of several disorders, including borderline personality disorder, posttraumatic stress disorder, eating disorders, and mood disorders. Emotion dysregulation often leads to heightened emotional reactivity, reduced distress tolerance, and maladaptive coping strategies, which can impair therapeutic engagement and recovery (Gratz & Roemer, 2004; Linehan, 2014).⁷

In clinical practice, interventions such as Cognitive Behavioral Therapy (CBT), Schema Therapy (ST), Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and Compassion-Focused Therapy (CFT) have been shown to foster and encourage the development of self-compassion and improved emotion regulation skills (Beck, 2020; Young, Klosko, & Weishaar, 2003; Hayes, Strosahl, & Wilson, 2012; Linehan, 2014; Gilbert, 2010). For instance, CBT techniques often include cognitive restructuring and behavioral experiments that challenge

⁴ Hayes, S. C., & Hofmann, S. G. (Eds.). (2018). *Process-based CBT: The science and core clinical competencies of cognitive behavioral therapy*. Context Press.

⁵ MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32(6), 545–552. <https://doi.org/10.1016/j.cpr.2012.06.003>

⁶ Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41–54. <https://doi.org/10.1023/B:JOBA.0000007455.08539.94>

⁷ Linehan, M. M. (2014). *DBT skills training manual* (2nd ed.). Guilford Press.

self-critical thoughts and cultivate a kinder internal dialogue (Beck, 2020). ⁸Schema Therapy explicitly addresses early maladaptive schemas and incorporates techniques to enhance self-compassion and emotional acceptance (Young et al., 2003)⁹. ACT emphasizes acceptance, mindfulness, and values-driven behavior to promote psychological flexibility and self-compassionate responses to distressing experiences (Hayes et al., 2012)¹⁰. These approaches collectively support clients in developing more adaptive self-relating and emotional coping mechanisms, which improve treatment outcomes and general psychological health (Gilbert, 2010; ¹¹MacBeth & Gumley, 2012).

2.2 Cognitive, Emotional, Behavioral, Physiological, and Relational Impact

Self-criticism and poor emotion regulation influence multiple domains of functioning in clinically significant ways.

Cognitively, individuals high in self-criticism are prone to negative automatic thoughts, cognitive rigidity, and global judgments of self-worthlessness. These thinking patterns reinforce maladaptive schemas and contribute to chronic emotional distress, especially in disorders such as depression and social anxiety (Shahar et al., 2012).¹²

Emotionally, self-critical individuals often experience intense and poorly regulated emotions, including shame, guilt, anger, and anxiety. Because these emotions are experienced as aversive and uncontrollable, they frequently lead to maladaptive efforts to suppress or avoid emotional experiences, thus exacerbating dysregulation (Gilbert, 2010; Linehan, 2014).

Behaviorally, these internal experiences may drive avoidant, impulsive, or self-destructive actions. Common manifestations include withdrawal from meaningful activities, substance use, self-harm, or interpersonal aggression—all of which serve to temporarily alleviate distress but undermine long-term adaptation (Linehan, 2014).

Physiologically, chronic self-criticism and emotional dysregulation are linked to dysregulation of the autonomic nervous system and increased allostatic load. Elevated stress hormones, disturbed sleep, and somatic symptoms such as muscle tension, gastrointestinal issues, or fatigue are frequently observed and further impair functioning (Porges, 2007).¹³

Relationally, individuals who struggle with self-criticism and emotion dysregulation often report heightened interpersonal sensitivity, difficulty asserting needs, and frequent conflict or withdrawal in close relationships. These relational patterns can reinforce feelings of isolation, unworthiness,

⁸ Beck, J. S. (2020). *Cognitive behavior therapy: Basics and beyond* (3rd ed.). Guilford Press.

⁹ Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. Guilford Press.

¹⁰ Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). Guilford Press.

¹¹ Gilbert, P. (2010). *Compassion focused therapy: Distinctive features*. Routledge.

¹² Shahar, B., Blatt, S. J., Zuroff, D. C., & Krupnick, J. L. (2012). The role of self-criticism and attachment in psychotherapy outcome. *Clinical Psychology Review*, 32(5), 409–416. <https://doi.org/10.1016/j.cpr.2012.05.001>

¹³ Porges, S. W. (2007). The polyvagal perspective. *Biological Psychology*, 74(2), 116–143. <https://doi.org/10.1016/j.biopsycho.2006.06.009>

and fear of rejection, further entrenching psychological distress (Gilbert, 2010; MacBeth & Gumley, 2012).

Understanding the pervasive impact of these processes across domains highlights the clinical importance of interventions that cultivate self-compassion and enhance emotion regulation. By addressing these transdiagnostic targets, clinicians can intervene at the root of dysfunction, supporting more durable therapeutic change and holistic client well-being.

3. Integrative Therapeutic Approaches

Contemporary psychotherapeutic models increasingly emphasize the cultivation of self-compassion and the enhancement of emotion regulation as central mechanisms for improving mental health outcomes. These skills are targeted through diverse yet complementary frameworks, each contributing unique strategies to address the cognitive, emotional, behavioral, physiological, and relational domains implicated in psychological distress.

Cognitive Behavioral Therapy (CBT) primarily focuses on identifying and restructuring distorted cognitions that perpetuate negative self-judgments and maladaptive emotional responses. Through cognitive restructuring and behavioral activation, CBT promotes the development of more balanced and compassionate self-appraisals while encouraging engagement in values-consistent behaviors that foster resilience and well-being (Beck, 2020).¹⁴ This approach directly evaluate and modify maladaptive beliefs such as self-criticism and worthlessness, which are central targets in cultivating self-compassion within therapy.

Dialectical Behavior Therapy (DBT) offers a structured framework for teaching clients practical skills in emotion regulation and distress tolerance. Developed initially for borderline personality disorder, DBT equips individuals with strategies such as mindfulness, “opposite action,” and distress tolerance techniques (e.g., TIPP: temperature change, intense exercise, paced breathing, paired muscle relaxation) to manage overwhelming emotional states and reduce impulsive behaviors (Linehan, 1993)¹⁵. The emphasis on nonjudgmental awareness and acceptance aligns with fostering self-compassion and improved emotional control.

Acceptance and Commitment Therapy (ACT) enhances psychological flexibility by encouraging acceptance of internal experiences and commitment to value-driven action. ACT interventions such as cognitive defusion help individuals disentangle from harsh self-criticism and intrusive thoughts by promoting a compassionate stance towards one’s internal landscape, while behavioral strategies support engagement in meaningful life domains despite emotional discomfort (Hayes, Strosahl, & Wilson, 1999)¹⁶. This acceptance-based approach nurtures self-compassion by shifting the focus from symptom elimination to living a valued life.

Compassion-Focused Therapy (CFT) directly targets the cultivation of self-compassion by working with the “three flows” of compassion: compassion for self, from others, and towards

¹⁴ Beck, J. S. (2020). *Cognitive behavior therapy: Basics and beyond* (3rd ed.). Guilford Press.

¹⁵ Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Press.

¹⁶ Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. Guilford Press.

others. CFT addresses evolutionary and affect regulation systems, such as the threat, drive, and soothing systems, by teaching clients how to activate their compassionate mind to soothe emotional pain and reduce shame and self-criticism (Gilbert, 2009)¹⁷. This approach is uniquely designed to foster warmth, kindness, and strength in the therapeutic process, supporting clients in transforming internal critical dialogues.

Schema Therapy integrates cognitive, experiential, and interpersonal techniques to address deeply ingrained maladaptive schemas and emotional modes that underlie chronic self-criticism and emotion dysregulation. By identifying and modifying schemas such as “Defectiveness/Shame” and fostering the development of the “Healthy Adult” mode, Schema Therapy promotes self-compassion and adaptive emotion regulation strategies (Young, Klosko, & Weishaar, 2003). It incorporates reparenting techniques that help repair relational deficits contributing to emotional vulnerability.

Together, these integrative models underscore a transdiagnostic focus on self-compassion and emotion regulation as vital therapeutic targets. By combining cognitive, emotional, behavioral, and relational interventions, modern therapies offer a comprehensive framework for fostering resilience and psychological flexibility across diverse clinical populations.

For readers interested in further exploring the therapeutic strategies and theoretical foundations discussed in this section, the works of the paper’s author offer valuable and comprehensive insights. In his book, the author delves deeper into a variety of therapeutic strategies, providing ¹⁸بوصلة المعالج practical guidance and clinical examples that enrich the understanding of effective interventions. His book ¹⁹مسارات السعادة explores how the five core psychological domains—cognitive, emotional, behavioral, physiological, and relational—can be positively influenced through the integrative application of the five therapeutic modalities outlined above. Additionally, the text ²⁰دليل تعلم العلاج المعرفي السلوكي offers an in-depth examination of Cognitive Behavioral Therapy from foundational principles to advanced techniques, equipping readers with practical tools to understand, learn, and apply CBT in clinical and personal contexts. These resources provide a rich, practitioner-focused complement to the theoretical and clinical discussions presented here.

4. A Step-by-Step Framework for Practice

Building upon the integrative therapeutic approaches outlined earlier, a structured, stepwise framework can guide clinicians in effectively fostering self-compassion and enhancing emotion regulation within diverse client populations. This framework synthesizes core principles and practical recommendations aimed at facilitating insight, emotional processing, and behavioral change, ensuring that interventions are both targeted and adaptable.

Step 1: Recognize Internal Experiences

The initial clinical task involves helping clients develop mindfulness and awareness of their internal experiences, including automatic thoughts, emotional states, and behavioral urges. This recognition is foundational, as it enables clients to observe these experiences without immediate

¹⁷ Gilbert, P. (2009). *The compassionate mind*. Constable & Robinson.

¹⁸ كوكباني، ب. (2024). *بوصلة المعالج: ارسم مسار رحلتك نحو التميز*. دار الفكر.

¹⁹ كوكباني، ب. (2025). *مسارات السعادة: عصير الكتب*.

²⁰ كوكباني، ب. (2025). *دليل تعلم العلاج المعرفي السلوكي*. بول كوكباني.

reactivity or judgment. Mindfulness-based strategies and psychoeducation are useful in cultivating this capacity, which serves as the gateway for subsequent therapeutic work (Linehan, 1993; Hayes et al., 1999).

Step 2: Understand the Function of Painful Emotions or Critical Thoughts

Clinicians assist clients in exploring the underlying purpose or adaptive function of distressing internal phenomena. For example, critical thoughts may serve as maladaptive attempts at self-protection or motivation, while painful emotions such as shame or anxiety might signal perceived threats or relational vulnerabilities. Understanding these functions contextualizes symptoms, reduces experiential avoidance, and fosters a compassionate stance towards oneself (Gilbert, 2009; Young et al., 2003).

Step 3: Evaluate the Cost and Impact of Holding Onto Maladaptive Patterns

This step encourages clients to reflect on the consequences of maintaining rigid or harmful cognitive, emotional, and behavioral patterns. By explicitly weighing the psychological, physiological, and relational costs—such as increased distress, impaired functioning, or interpersonal conflict—clients can develop motivation for change. Socratic questioning and behavioral experiments are effective tools in this evaluative process (Beck, 2020).

Step 4: Apply Tailored Therapeutic Strategies Across Psychological Domains

Finally, interventions are introduced that address the multidimensional nature of psychological distress, targeting cognitive, emotional, behavioral, physiological, and relational domains. Examples include cognitive restructuring to challenge maladaptive beliefs, emotion regulation skills to manage intense affect, behavioral activation to encourage adaptive actions, relaxation techniques to reduce physiological arousal, and interpersonal skills training to improve relational functioning. Integrative therapies such as CBT, DBT, ACT, CFT, and Schema Therapy provide empirically supported techniques adaptable to individual client needs, promoting holistic recovery and resilience (Beck, 2020; Linehan, 1993; Hayes et al., 1999; Gilbert, 2009; Young et al., 2003).

This stepwise framework offers clinicians a practical roadmap for translating theoretical insights into effective clinical practice, emphasizing a compassionate and flexible approach tailored to each client's unique experience.

5. Therapeutic Strategies Across Models and Domains (5*5 Method)

Modern psychotherapies deploy a wide array of techniques designed to cultivate self-compassion (SC) and emotion regulation (ER) skills across multiple psychological domains: cognitive, emotional, behavioral, physiological, and relational. This section synthesizes specific strategies employed within five prominent therapeutic models—Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), Schema Therapy (ST), and Compassion-Focused Therapy (CFT)—to illustrate their integrative and complementary nature.

Cognitive Domain: Strategies Targeting Thoughts and Beliefs

- **CBT** emphasizes restructuring distorted cognitions through techniques such as cognitive restructuring, Socratic questioning, the downward arrow technique, reattribution, and thought records, all aimed at reducing self-criticism and fostering balanced self-perceptions (Beck, 2020).
- **DBT** incorporates mindfulness practices that cultivate awareness and nonjudgmental observation of thoughts, alongside Wise Mind exercises to balance rational and emotional processing (Linehan, 1993).
- **ACT** focuses on cognitive defusion to help clients detach from unhelpful thoughts, acceptance of cognitive experiences, and evaluation of the workability of thoughts relative to valued living (Hayes et al., 1999).
- **Schema Therapy** targets deeply ingrained maladaptive schemas via identification, schema flashcards, and schema rescripting to alter entrenched cognitive-emotional patterns (Young et al., 2003).
- **CFT** employs compassionate reframing and cognitive self-soothing to counteract self-critical thoughts by nurturing a kind and supportive inner dialogue (Gilbert, 2009).

Emotional Domain: Strategies Addressing Emotional Awareness and Regulation

- **CBT** uses emotional labeling, normalization of emotional responses, and relaxation techniques to enhance emotional understanding and regulation (Beck, 2020).
- **DBT** teaches opposite action, fact-checking, emotional function analysis, and problem-solving to regulate intense affective states (Linehan, 1993).
- **ACT** encourages emotional acceptance, expansion practice, present-moment awareness, and normalization to foster openness to emotional experiences (Hayes et al., 1999).
- **Schema Therapy** applies mode work, imagery rescripting, and exploration of unmet emotional needs to transform maladaptive emotional responses (Young et al., 2003).
- **CFT** promotes self-compassion breaks, reduction of shame, and affective compassion practices aimed at soothing distress and enhancing emotional resilience (Gilbert, 2009).

Behavioral Domain: Strategies Promoting Adaptive Actions

- **CBT** utilizes behavioral activation, activity scheduling, graded task assignments, exposure therapy, and roleplay to encourage engagement in value-consistent behaviors and skill acquisition (Beck, 2020).
- **DBT** incorporates chain analysis, behavioral skills training, and opposite action to interrupt maladaptive behavioral patterns and build effective coping skills (Linehan, 1993).
- **ACT** stresses value-based and committed actions supported by skills training to promote meaningful living despite emotional discomfort (Hayes et al., 1999).
- **Schema Therapy** emphasizes behavioral pattern breaking, limited reparenting, and behavioral experiments to modify entrenched maladaptive behaviors (Young et al., 2003).
- **CFT** encourages behavioral activation through self-compassion and compassionate motivation to nurture adaptive behavior change (Gilbert, 2009).

Physiological Domain: Strategies for Regulating Bodily Responses

- **CBT** incorporates progressive muscle relaxation, diaphragmatic breathing, and visualization techniques to reduce physiological arousal (Beck, 2020).
- **DBT** teaches TIP skills (temperature change, intense exercise, paced breathing, paired muscle relaxation), body scans, and paced breathing to manage physiological distress (Linehan, 1993).
- **ACT** applies grounding techniques, mindful movement, breathing exercises, and “dropping anchor” practices to cultivate present-moment awareness and calm (Hayes et al., 1999).
- **Schema Therapy** focuses on self-compassion practices following schema activation to soothe physiological distress (Young et al., 2003).
- **CFT** uses soothing rhythm breathing and visualization of the compassionate self to regulate physiological responses and foster calmness (Gilbert, 2009).

Relational Domain: Strategies Enhancing Interpersonal Effectiveness

- **CBT** includes assertiveness training, communication skills, roleplay for social situations, and conflict resolution training to improve relational functioning (Beck, 2020).
- **DBT** provides interpersonal effectiveness modules using skills such as DEAR MAN, GIVE, and FAST, along with validation and conflict management strategies (Linehan, 1993).
- **ACT** promotes values clarification, perspective-taking, and reflection on conflicts to enhance relational flexibility (Hayes et al., 1999).
- **Schema Therapy** applies schema mode shifting, healing the inner child, and relationship rescripting to repair relational deficits (Young et al., 2003).
- **CFT** encourages compassionate communication and relational reframing to build empathic and supportive interpersonal connections (Gilbert, 2009).

This comprehensive overview demonstrates how contemporary therapeutic models collaboratively utilize targeted strategies across domains to foster self-compassion and emotion regulation, integral components for sustained mental health and well-being.

6. Conclusion

The landscape of contemporary psychotherapy increasingly recognizes the critical role of self-compassion and emotion regulation as foundational mechanisms for psychological healing and resilience. Across diverse therapeutic models—including Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Schema Therapy, and Compassion-Focused Therapy—there is a convergent emphasis on cultivating these skills through tailored, domain-specific interventions. By targeting cognitive distortions, maladaptive emotional patterns, behavioral avoidance, physiological dysregulation, and relational difficulties, these integrative approaches provide a comprehensive framework that addresses the multifaceted nature of psychological distress.

The step-by-step clinical framework outlined—beginning with recognizing internal experiences, understanding their functions, evaluating their costs, and applying domain-specific therapeutic strategies—serves as a practical guide for clinicians to foster adaptive self-awareness and

compassion in their clients. This integrative perspective not only facilitates symptom reduction but also nurtures the development of psychological flexibility, self-kindness, and meaningful engagement with life values.

Ultimately, the synthesis of these approaches underscores the evolving paradigm in mental health treatment: one that balances evidence-based cognitive and behavioral techniques with compassion-focused and acceptance-based strategies. This balance is essential for supporting clients in transforming self-critical narratives into compassionate self-understanding and in regulating emotions in ways that promote sustained well-being across diverse populations and clinical presentations.

Future research and clinical practice should continue to explore and refine the interplay of these therapeutic components, with an emphasis on personalized interventions that respect the unique cognitive, emotional, behavioral, physiological, and relational contexts of each individual. By doing so, psychotherapy can more effectively empower clients to become active agents of their healing and growth, ultimately advancing the field towards more holistic and compassionate mental health care.

مع المدرسة التحليلية تعلمنا نكتشف جذور الألم، مع المدرسة الإنسانية تعلمنا نكون حاضرين مع المتألم، مع المدرسة المعرفية والسلوكية تعلمنا نكتشف أبعاد الألم (المعرفية، السلوكية، العاطفية، الفيسيولوجية، العلائقية) وكيف نتعامل معن، مع المدرسة الجدلية تعلمنا نشوف الجوانب المتناقضة المتكاملة من الألم، مع مدرسة القبول والالتزام تعلمنا نسمح للألم يكون موجود مع الإلتزام بعيش قيمنا، مع مدرسة التعاطف النشط تعلمنا كيف نتراحم مع المتألم ونلتزم بالتخفيف عن الألم، مع مدراس التعرض تعلمنا كيف نزيد مرونتنا اتجاه الألم ونتطلع بعيون الألم نفسو بدل التجنب، مع المدرسة الجشطالتيية تعلمنا نكتشف أشكال الألم وأبعادو، مع المدرسة الوجودية اتعلمنا ننبش ع معنى الألم، مع المدارس الفنية تعلمنا نحول الألم لرسمه، غنية، رقصة أو قصة ونحكيها، مع مدرسة المخططات تعلمنا كيف نكتشف أصوات الألم وكيفية تجسدن بحياتنا وكيف نتعامل معن. بالرغم من اختلافات العلاجات النفسية بكيفية التعامل مع الألم الا انو القاسم المشترك هوي شجاعة "الحضور مع المتألم" حكمة التعامل مع الألم اي انو نكون حاضرين لحضور هالألم بحياة كل مستفيد ملتقى فيه – بول كوكباني

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Paul Kawkabany, BICBT-CC, A-CBT

Licensed Clinical Psychologist and Psychotherapist

Beck Institute CBT Certified Clinician BICBT-CC

Diplomate of the Academy of Cognitive and Behavioral Therapies A-CBT