Overcoming Low Self-Esteem

THE TALKING THERAPIES UK SELF-HELP SERIES



Overcoming Low Self-Esteem

An eight-module CBT programme for understanding low self-esteem, recognising the patterns that maintain it, and building a more compassionate and accurate view of yourself

A self-help workbook · 8 modules · about 8 weeks

TALKING THERAPIES UK

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First edition, 2026.

This workbook accompanies the Overcoming Low Self-Esteem programme on the Talking Therapies UK self-help platform. Its text is drawn from the programme and is kept current with it: whenever the programme changes, the workbook is set again.

Revision 4. This printing was set on 8 November 2026 from the programme as it stood that day.

A note on using this workbook. It offers self-help based on established psychological approaches for difficulties of mild to moderate severity. It is not a substitute for assessment or treatment by a qualified professional and is not designed for use in a crisis. The examples in it are fictional; no real person appears in them. If you are worried about your safety, or your difficulties are getting worse, the page headed “When self-help is not enough” says where to turn.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

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How to use this workbook

Low self-esteem is the felt sense of being fundamentally not good enough, often in ways that feel like simple facts rather than beliefs. The fact-quality is what makes low self-esteem so tenacious: you do not argue with facts, and the conclusions about yourself feel as solid as the conclusion that the sky is blue. The whole structure rests on conclusions you came to a long time ago about who you are and what you are worth, and those conclusions have been quietly running the show ever since. This eight-module programme works with low self-esteem at exactly that level. It uses the cognitive-behavioural framework developed by the British clinical psychologist Melanie Fennell at the Oxford Cognitive Therapy Centre, which is the standard CBT approach to low self-esteem used in NHS Talking Therapies, in international clinical practice, and in the Fennell self-help books that have introduced the model to lay readers across two decades. The model and the methods are well-tested; the format is self-directed rather than therapist-led. How low self-esteem develops and maintains itself. Low self-esteem typically takes shape early, through experiences in which the message about being not-good-enough was communicated either directly or indirectly: being criticised in particular ways at particular ages, being compared unfavourably, being told that love or approval was conditional on performance, or growing up in environments where being-yourself was unsafe. From these experiences come bottom-line beliefs about yourself ('I am not good enough', 'I am unlovable', 'I am defective') and then rules for living ('I must be perfect to be acceptable', 'I must put others first to be loved', 'I must hide who I really am'). The rules feel protective but maintain the underlying belief: every time you follow the rule, you do not test whether the belief is actually true. Identifying your specific structure. The first two modules build a clear personal map of how the low self-esteem system has organised itself for you specifically: the bottom-line beliefs, the rules for living that have grown up around them, the trigger situations in which the system fires hardest, and the typical pattern of thoughts, feelings, and behaviours that follow. The map is the foundation; the work that follows is structured around the specific picture rather than generic self-esteem advice. Working with anxious predictions. When a trigger situation arises, low self-esteem produces a specific kind of anxious prediction: 'they will see I am not good enough', 'I will be exposed', 'I will be rejected'. These predictions feel like accurate previews of the future. The cognitive work identifies the predictions as they arrive, examines whether they hold up against the actual evidence, and develops more accurate alternatives. The predictions feel less true once you have collected the evidence rather than only the felt sense. Working with self-critical thinking. Low self-esteem maintains itself partly through a relentless internal critic that comments on your performance, your appearance, your worth. The critical voice often feels like the truth-teller of the psyche, the one part of you that sees things clearly. The cognitive modules teach you to identify the critical voice, examine its actual track record (which on inspection is often poor), and develop a more balanced internal commentary. Behavioural experiments. Beliefs about yourself respond better to evidence collected through action than to evidence collected through thinking. The behavioural-experiment modules teach you to set up small structured tests of your underlying beliefs: situations in which the prediction made by low self-esteem can be checked against what actually happens, with the results recorded carefully so the new evidence has somewhere to land. Over time the accumulation of disconfirming evidence shifts the underlying belief. Building a more balanced view of yourself. The final substantive module is the constructive work: building a fuller

and more accurate self-picture that includes the qualities, the accomplishments, the relationships, and the evidence that low self-esteem has been quietly editing out for years. The work is not affirmations; it is accurate accounting. The maintenance plan. The closing module is a personalised maintenance plan: the early warning signs that low self-esteem patterns are reasserting themselves, the specific strategies that work for you at each level of intensity, and the conditions under which stepping up to therapist-led care is the right move. Who this is for and what it is not. The programme is suitable for adults experiencing low self-esteem at NHS Talking Therapies Step 2 equivalent: the felt sense of being not-good-enough is interfering with relationships, work, or wellbeing, but there is enough cognitive and emotional capacity to engage with structured material between modules. If low self-esteem is bound up with serious depression, complex trauma, eating disorders, or personality-organised difficulty, individual therapy is more appropriate; the self-esteem work in this programme is typically integrated into broader therapeutic work in those situations. If you are in crisis, please contact Samaritans on 116 123, text SHOUT to 85258, or NHS 111 option 2.

This workbook is the written form of the Overcoming Low Self-Esteem programme on the Talking Therapies UK self-help platform. It follows the programme module by module: each part of the book is one module, and each chapter is one piece of the module's teaching, set in the order the programme presents it.

Read the chapters of a part in order, then turn to the worksheets that follow them. The worksheets are the part of the work that changes things, so give them the time they ask for and come back to them as the weeks go on. You may copy or print the worksheets for your own use, as often as you need.

Most people work through one module a week, which takes the whole programme about 8 weeks. Go at the pace that suits you: a module done properly is worth more than two done quickly.

The check-in questionnaires let you see how things are changing. Complete each one when you reach it, note the date and your total, and compare it with the last.

When self-help is not enough

- If you are in danger now, or have seriously harmed yourself, call 999 or go to your nearest accident and emergency department.
- If you need help urgently but it is not an emergency, call NHS 111 or contact your GP surgery.
- Samaritans are there day and night, every day of the year: call 116 123 free from any phone.
- If you would rather not talk, text SHOUT to 85258 for free, confidential support at any hour.
- If your difficulties are getting worse as you work through this book, or you find yourself thinking about ending your life, stop and speak to your GP or a mental health professional. A workbook can be a good start, and some difficulties need more help than a book can give.

What this workbook will help you to do

By the end of this module you will:

- Understand self-esteem as a learned set of beliefs rather than a fixed characteristic
- Recognise the difference between situational self-doubt and generalised low self-esteem
- Have a working sense of the cognitive model of low self-esteem and the cycles that maintain it
- Have set three goals for what this programme should change
- Understand the kinds of experiences that typically produce low self-esteem in the first place
- Be able to identify the experiences and influences that may have shaped your own self-esteem
- Know the maintenance cycle that keeps low self-esteem going long after the original trigger has resolved
- Have begun mapping your own version of the cycle
- Be able to articulate your bottom-line beliefs about yourself in words you recognise

PART 1

Understanding Self-Esteem

What self-esteem is, what the low version looks like, and the framework this programme will use

CHAPTER 1

Welcome to the programme

This is an eight-module programme for understanding and changing low self-esteem. The framework is cognitive-behavioural therapy, drawing primarily on the model developed by Melanie Fennell at the Oxford Cognitive Therapy Centre, which is the standard CBT approach to self-esteem and is the framework used in NHS Talking Therapies, clinical guidelines internationally, and most contemporary self-help books on the subject. The evidence base is solid, and the framework lends itself well to self-directed work because the structure makes the underlying patterns visible and the interventions concrete.

A note about what low self-esteem is and is not. Self-esteem is the set of beliefs you hold about yourself: about your worth, your competence, your lovability, your place in the world. Everyone has these beliefs, and the beliefs vary in content and in confidence across people. Self-esteem in the everyday sense is not the same as confidence in any particular skill; you can be confident in your professional competence while having low self-esteem about yourself as a person, or you can have a generally robust sense of self while feeling uncertain about a specific situation. The programme is about the underlying view of yourself as a person, not about confidence in any particular domain.

The low version is characterised by a set of beliefs about yourself that are largely negative, that feel like facts rather than opinions, and that shape how you experience situations even when the external circumstances are ordinary. The person with low self-esteem does not just think they performed badly in a particular meeting; they think the meeting confirmed something about who they fundamentally are. They do not just have a difficult conversation with a friend; they have evidence that they are not really worth anyone's time. They do not just receive a piece of negative feedback; they have been confirmed in their long-standing suspicion that they are not good enough. The events themselves may be ordinary, but the meaning attached to them is heavy and personal in a way that someone with healthier self-esteem would not experience.

The good news is that low self-esteem, even when it has been present for years or decades, is amenable to change. It is not a fixed feature of personality; it is a set of beliefs that have been learned, often very early, and that are maintained by predictable patterns of thinking and behaviour. The beliefs can be unlearned. The patterns can be changed. The work takes time, and the change is gradual rather than sudden, but the direction of travel is reliable for people who do the work consistently.

This programme covers what self-esteem is and how the low version is structured (this module), how it develops and what keeps it going (module two), the underlying bottom-line beliefs and the rules for living that arise from them (module three), the day-to-day patterns of anxious prediction and self-criticism that maintain it (modules four and five), the depressive self-talk and the work of building a more accurate view of yourself (modules six and seven), and the maintenance plan (module eight). Each module pairs psycho-education with structured exercises that build the skill and apply the framework to your own picture.

CHAPTER 2

The cognitive model of low self-esteem

The cognitive model identifies several layers in low self-esteem, each of which can be addressed in turn.

The bottom line

At the deepest level, low self-esteem is held in a small number of core beliefs about yourself, called the bottom line. These are the most fundamental statements you hold about who you are. They are usually short, absolute, and global. I am worthless. I am unlovable. I am not good enough. I am inadequate. I am bad. I am stupid. I am weak. I am defective. The exact wording varies by person; the structure is similar.

The bottom line is rarely consciously stated. Most people with low self-esteem do not walk around thinking I am unlovable in those words. They feel it, in moments where it is brought close to the surface, but the everyday experience is more diffuse: a felt sense that something is not right with them, a persistent low-level sense of inadequacy, a flinch when attention turns towards themselves. The bottom line is the substrate; the felt sense is what arrives at the surface when situations activate it.

The bottom line is usually formed in early life, often through specific experiences (a critical or neglectful caregiver, bullying, abuse, loss, repeated failure or rejection, comparison with siblings, conditional love), and once formed it operates as a kind of organising principle for how subsequent experience is interpreted. Module two covers the origins in more detail; for now, the point is simply that the bottom line exists, that it is the deepest layer, and that it shapes everything above it.

A woman in her thirties is preparing for an important review with her manager. She is unusually anxious about it, but cannot quite name why. She works through several preparatory drafts, each more thorough than the last, and still feels unready. In conversation with a close friend afterwards she finds herself saying, half-jokingly, “I just feel like she is going to see that I do not really know what I am doing.” Her friend asks, gently, what makes her think she does not know what she is doing. The woman pauses for a long moment, and then says, in a quieter voice, “I have always thought that. I do not know why. I just have always thought there is something missing.” That is the bottom line surfacing. The thought there is something missing in me is not new; it has been present, mostly out of conscious view, for as long as she can remember. The review prepared a situation in which the bottom line came close enough to the surface for her to almost name it. Most days she would not have noticed it; today she did.

Rules for living

If your bottom line is I am unlovable, you do not just walk around feeling unlovable; you develop a set of rules for living that protect you from that conclusion being constantly confirmed. The rules typically take the form of if X, then Y statements. If I always put others first, then they will not reject me. If I always succeed, then no one will see how inadequate I am. If I never make mistakes,

then I will not be exposed. If I keep everyone happy, then I will be safe. The rules feel like sensible policies for living; what they actually are is defensive structures designed to prevent the bottom line being touched.

The rules are exhausting because they require constant compliance. The person who lives by if I always put others first never gets to put themselves first. The person who lives by if I always succeed cannot tolerate anything that looks like failure, however minor. The person who lives by if I never make mistakes cannot risk anything new. The rules narrow the life that is being lived, and the narrowing itself is part of what produces and sustains low self-esteem.

The rules also fail eventually. Nobody can always succeed. Nobody can always put others first. Nobody can never make mistakes. When the rules fail, the bottom line is exposed, and the felt experience is intense: shame, despair, the conclusion that the worst suspicions about oneself are true. People with low self-esteem often describe these moments as the times when the truth comes out; what is actually happening is that a defensive rule has failed and the bottom line has been temporarily contacted.

A man in his late forties has, for as long as he can remember, organised his life around the rule if I am useful to people, they will keep me around. He is the person who volunteers for the difficult jobs, who stays late when others have gone, who is reliable across the network of relationships he has built. He has been promoted twice and is well-regarded; from the outside he looks like a person whose self-esteem is in good order. From the inside, the picture is different. He is exhausted. He cannot rest without feeling guilty. He cannot turn down a request without spending several days believing the person will think less of him. He cannot tell when he is doing things because he wants to and when he is doing them because the rule requires it. The rule has worked, in the sense that people do keep him around. The rule has also become the cage. When he tries to say no for the first time in a small situation (declining to attend a colleague's leaving drinks) he experiences a level of anxiety that is entirely disproportionate to the situation. That disproportion is the rule revealing itself: the bottom line beneath it (I am only worth something when I am being useful) is being touched, briefly, by the absence of the rule's protection.

Anxious predictions and self-criticism

Day to day, the bottom line and the rules produce two recurrent patterns. The first is anxious prediction: the mind generates predictions about what might happen in upcoming situations, predictions that anticipate failure, rejection, exposure, or judgement. The party where you will say something stupid. The presentation where you will be exposed. The conversation where the other person will not really want to be there. The new task you will not be able to handle. The predictions are not random; they are always in the direction of confirming the bottom line, and the body responds to them with the anxiety that confirmation would warrant.

The second is self-criticism: an internal voice that comments harshly on what you do, what you fail to do, how you appear, and who you are. The inner critic. The voice is often in the second person (you are such an idiot, you cannot do anything right, look at you, what is wrong with you) and is often experienced as automatic, as if it were just observing the truth. Module five covers the inner critic in detail. For now, the point is that the self-criticism is a maintenance mechanism: it continually reinforces the bottom line by interpreting daily events as further evidence of inadequacy.

A woman wakes on a Friday with a low-level dread because she has a small social event in the evening. Across the morning her mind generates a series of predictions, each presented as plain fact rather than as guess: she will not know what to say; the people there will be more interesting than her; her friend will introduce her and the introduction will fall flat; she will end up standing alone by the food; she will leave early and feel relieved and ashamed in equal measure. None of these predictions is based on actual evidence from previous similar evenings, all of which have been, on balance, fine. The predictions feel like facts. By the afternoon the dread is at a 6 out of 10.

She attends the event. It is, as previous similar evenings have been, fine. She has two good conversations and one slightly awkward one. She leaves at a reasonable time. On the walk home the self-critical voice starts before she has reached the corner: she was too quiet in the first conversation; she said something stupid in the second; she should not have laughed when the man told that anecdote; the woman she was introduced to clearly did not want to talk to her. By the time she is home the evening has been re-rewritten by the critical voice into an account that confirms the morning's predictions. The actual evening, which was fine, has been transformed into evidence that the bottom line is correct. This is the daily layer at work: the predictions before, the self-criticism after, both pointed in the same direction, both reinforcing the picture that produced them.

The maintenance cycle

The cycle that maintains low self-esteem looks like this: the bottom line generates rules; the rules require effortful compliance; events occur that either fit the rules (which is a brief relief) or break them (which exposes the bottom line); broken rules trigger anxious predictions and self-criticism; the predictions and criticism generate behaviours (avoidance, withdrawal, perfectionism, over-compensation) that keep new evidence from emerging; without new evidence, the bottom line is never updated, and the cycle continues. The rest of the programme works on every layer of this cycle.

A man in his thirties holds the bottom line I am not capable. His rule for living is if I work harder than everyone else, no one will see I am not capable. On Monday he is given a new project that is at the edge of his current skills. His rule fires: he must work harder than would be required for someone genuinely capable.

The anxious predictions begin almost immediately. He will not be able to do this. His manager will see he was promoted beyond his level. The team will recognise that the project was given to the wrong person. The predictions are made with the confidence of seeing what is about to happen. The body responds: he sleeps less, eats less carefully, and is short with his partner across the week.

The behaviours follow. He over-prepares. He stays late three nights. He drafts and redrafts the project brief instead of asking colleagues for input, which would risk exposure. He turns down a coffee with a colleague who has offered, because the offer felt like an invitation to small talk that he could not handle while in this state.

The work goes well, mostly. The project is well-received in Friday's meeting. The critical voice handles this immediately. The result was due to the hours he put in, not to any actual capability;

anyone would have produced this if they had stayed three nights late; the manager's praise was kind rather than meant. The success is interpreted into evidence that the rule worked (he stayed late, therefore he was protected); the underlying bottom line is unchanged. He sets up for the next week with the same rule in place, and the cycle continues.

The crucial feature of the cycle is what is not happening. New evidence is not arriving. The work that went well is not being credited to him; the chance to test whether he could have produced the same result without staying late three nights was given up because he stayed late three nights; the colleague's offered support was not received. The bottom line cannot be updated because the data that would update it is being kept away by the very behaviours the rule produces. This is why the cycle is self-sustaining, and why every layer of it needs work for the picture to change.

A NOTE

Low self-esteem is not the truth about you. It is a set of beliefs, formed in particular circumstances, maintained by particular patterns. The beliefs feel like the truth because they have been with you for so long that you have not had the experience of seeing yourself any other way. The work of the programme is partly to help you see that the beliefs are beliefs, not facts, and partly to give you the structured experience that allows different beliefs to form.

WORKSHEET

Sort each statement into the layer of the model it belongs to

Before reading how the programme will work on the layers, sort twelve statements by which of the four layers each one represents. The exercise gives the model concrete examples to hang on, which makes it easier to recognise the layers in your own life when you begin the goal-setting that follows.

Bottom-line beliefs are absolute and global, about who you fundamentally are. Rules for living are conditional if-then statements that protect the bottom line from being constantly exposed. Anxious predictions are specific forecasts about how an upcoming situation will go. Self-criticism is the internal commentary that comments on what you have done, are doing, or have failed to do.

The groups: A Bottom line (core belief about who I am) B Rules for living (if-then protective rule) C Anxious predictions (forecast about a situation) D Self-criticism (commentary on what I did)

Write the letter of the group each item belongs to in its box.

☐ 1. I am not really good enough at any of the things people seem to think I am good at

☐ 2. If I always work harder than everyone else around me, no one will see that I am out of my depth

☐ 3. They are going to look at the work and notice the three places where the analysis is thin, and the meeting will be uncomfortable

☐ 4. You handled that conversation badly. You should have said the thing you thought of two minutes too late

☐ 5. I am fundamentally unlovable in a way that other people can usually sense, even when they cannot name it

- [ ] 6. If I always say yes when somebody asks me for help, they will not get tired of me and they will not stop including me
- [ ] 7. When I send the message suggesting drinks, she is going to make an excuse, and I will be able to tell from the wording that she was relieved I gave her a way out
- [ ] 8. Look at you. You actually thought that was going to land. You always do this
- [ ] 9. There is something defective about me that other people cannot quite name but can definitely feel when they are around me
- [ ] 10. If I never make a visible mistake in front of senior people, they will keep believing that I am competent at my job
- [ ] 11. The presentation on Wednesday is going to be a disaster; my voice will shake, the slides will not work, and the questions at the end will be the ones I cannot answer
- [ ] 12. That was pathetic. You laughed too loudly at his joke. Everyone in the room noticed and is now wondering why you are so desperate to be liked

The answers are at the back of the book.