

Compassion Focused Therapy An Introduction

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Responsibility

- During the workshop we will be engaging in various exercises such as compassionate imagery or working on self-criticism
- All exercises are entirely voluntary
- You are responsible for your own well-being
- All shared material is confidential
- You are clinically responsible for how you use CFT



Basic Overview

- Offer a review of Compassion Focused Therapy
- How and why it started
- Rooted in an evolutionary and neuroscience approach to psychological processes
- The focus on shame and self-criticism
- Key strategies that we use in CFT

How did CFT Start

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

What is helpful

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

Key Message

- We need to feel congruent affect in order for our thoughts to be meaningful to us. Thus emotions 'tag' meaning onto experiences. In order for us to be reassured by a thought (say) 'I am lovable' this thought needs to link with the emotional experience of 'being lovable'. If the positive affect system for such linkage is not activated there is little feeling to the thought. People who have few memories/experiences of being lovable or soothed may thus struggle to feel reassured and safe by alternative thoughts
- Compassion focused therapy therefore targets the activation of the soothing system so that it can be more readily accessed and used to help regulate threat based emotions of anger, fear, and disgust and shame

Nature of the problem

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

Question:

What are the mechanisms that help people *feel* better?

Why do we need Compassion? Life is Hard



How New is Evolution Approach in Psychopathology?

Freud (id), Jung (archetypes), and Bowlby (attachment) all developed theories with an evolutionary focus

Anxiety disorders are related to how cognitions trigger innate defences - fight, flight, demobilisation (Beck et al., 1985; Marks, 1987) – danger modes (Beck, 1996)

Depressions are related to evolved mechanisms for coping with defeats and loss (Beck, 1983, 1987; Gilbert 1984, 1992)

Personality disorders are related to the under or over development of innate strategies (e.g. cooperation vs. competition: Beck, Freeman et al., 1990; Gilbert, 1989)

Towards a science of the two psychologies of compassion

Science of compassion

Science of compassion must begin with an understanding of

- The 'complex and often chaotic' nature of the human mind
- The components that create a compassionate mind
- How to cultivate a compassionate mind
- What undermines a compassionate mind

Compassion begins with a reality check

We are an emergent species in the 'flow of life' so our brains, with their motives, emotions and competencies are products of evolution, designed to function in certain ways

We are designed for wanting, craving needing and seeking permanence – to fear and aggress, to love and to grieve – to know of our destiny



Compassion begins with a reality check

We are an emergent species in the 'flow of life' so our brains, with their motives, emotions and competencies are products of evolution, designed to function in certain ways

Our lives are short (25,000-30,000 days), decay and end. We are subject to various malfunctions and diseases – in a genetic lottery. Everything changes – the nature of impermanence – the nature of tragedy

The social circumstances of our lives, over which we have no control, have major implications for the kinds of minds we have, the kind of person we become, the values we endorse, and the lives we live



So, Basic Philosophy is That:

We all *just find ourselves* here with a brain, emotions and sense of (socially made) self we did not choose but have to figure out

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

Much of what goes on in our minds is not of 'our design' and not our fault

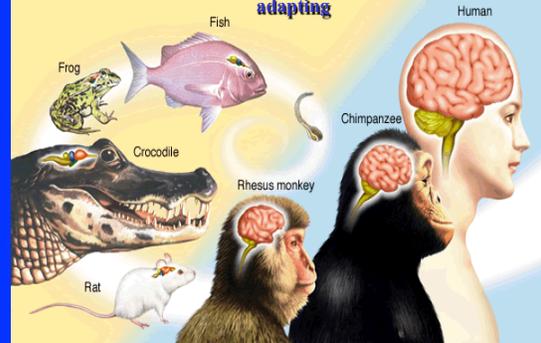
We are all in the same boat

De-pathologising and de-labelling – understanding unique coping processes

Causes of Suffering

- The evolution of the Brain
- Evolutionary functional analysis
- Genotype and phenotype

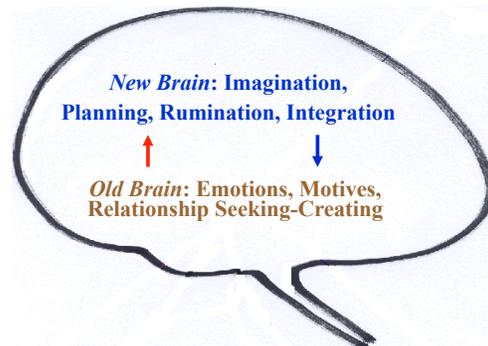
The human brain is the product of many millions of years of evolution – a process of **conserving, modifying and adapting**

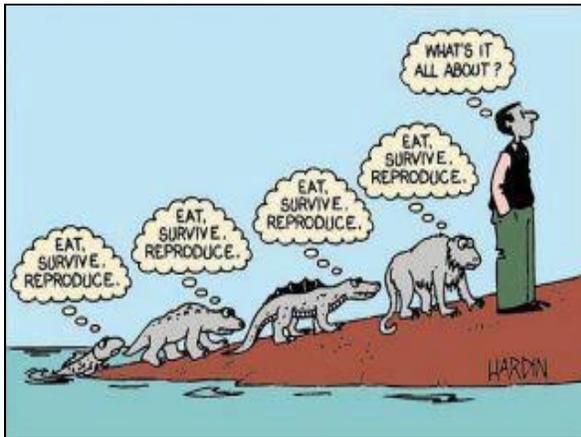


New Psychologies Emerge in the World

1 million?	↑	Extended caring
Human (2 million?)		Symbolic thought and self-identity, theory of mind, meta-cognition
Mammalian (120 million?)		Caring, group, alliance-building, play, status
Reptilian (500 million?)		Territory, fear, aggression, sex, hunting

Need compassion for a very *tricky* brain





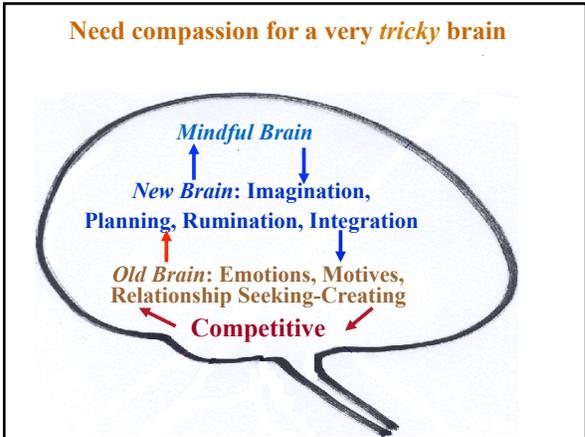
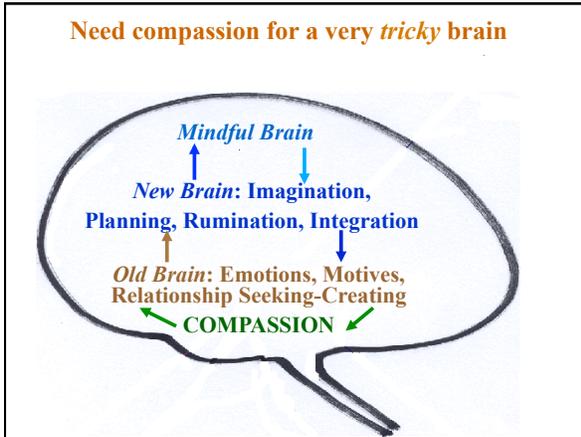
Built in Biases

Compassion insights

Biased learning – e.g., fear of snakes not electricity

Biases can be implicit (non-conscious) or explicit (Conscious)

- Self-focused
- Kin preferences – (nepotism)
- In-group preferences – (tribalism)



Your Brain in a Social Signal Processor

Humans evolved complex competencies to send and receive social signals that are motive congruent – create interactional sequences that are mutually influencing

CFT focuses on the fact the brain evolved to respond to *social signals* and communications -

Functional Analysis of Emotions

Understanding our Motives and Emotions

Motives and their social mentalities evolved because they help animals to survive and leave genes behind

Emotions guide us to our (social) goals, respond if we are succeeding or threatened

There are three types of emotion regulation

1. Those that focus on threat and self-protection
2. Those that focus on doing and achieving
3. Those that focus on contentment and feeling safe

Types of Affect Regulator Systems



Types of Affect Regulator Systems



Threat-focused

Protection and Safety-seeking

Activating/inhibiting

Anxiety

Body/feelings

- Tense
- Heart increase
- Dry mouth
- "Butterflies"
- Afraid

Attention/Thinking

- Narrow-focused
- Danger threat
- Scan – search
- Internal vs. external (attribution prediction)

Behaviour

- Passive avoidance
- Active avoidance
- Submissive display
- Dissociate

Threat-focused

Protection and Safety-seeking

Activating/inhibiting

Anger

Body/feelings

- Tense
- Heart increase
- Pressure to act
- Anger

Attention/Thinking

- Narrow-focused
- Transgression/block
- Scan – search
- Internal vs. external (attribution prediction)

Behaviour

- Increase outputs
- Aggressive display
- Approach
- Dissociate

Threat relations

Conflicts of Emotions



Each emotion can have its own body states, cognitions, action tendencies and memories

*Understand conflicts
between Motives,
Emotions and Strategies*

What gets Blocked?

*Varieties of
Positive
Emotions*
EFA

Types of Affect Regulator Systems



Lottery



**Incentive/
resource-focused**
Wanting, pursuing,
achieving, consuming
Activating

Pleasure

Body/feelings

- Activation
- Heart increase
- Pressure to act
- Disrupt sleep

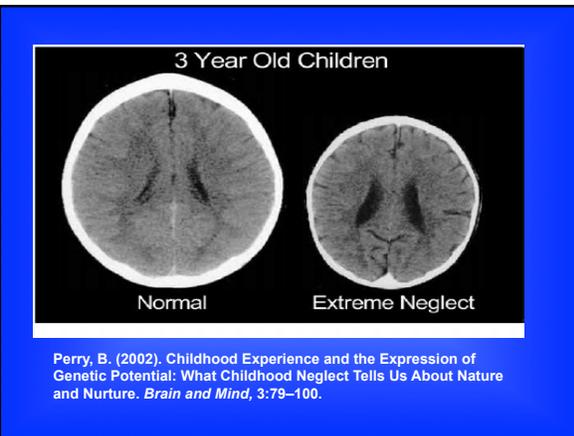
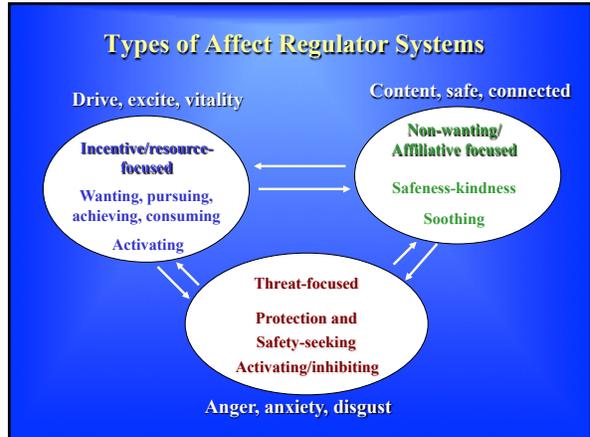
Attention/Thinking

- Narrow-focused
- Acquiring
- Explorative
- Internal vs. external (attribution prediction)

Behaviour

- Approach
- Engage
- Socialise
- Restless
- Celebrating





Safeness and Soothing

Contentment



Self-Protection



In species without attachment only 1-2% make it to adulthood to reproduce. Threats come from ecologies, food shortage, predation, injury, disease. At birth individuals must be able to 'go it alone', be mobile and disperse

Dispersal and avoid others





The Mammalian Importance of Caring Minds

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

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

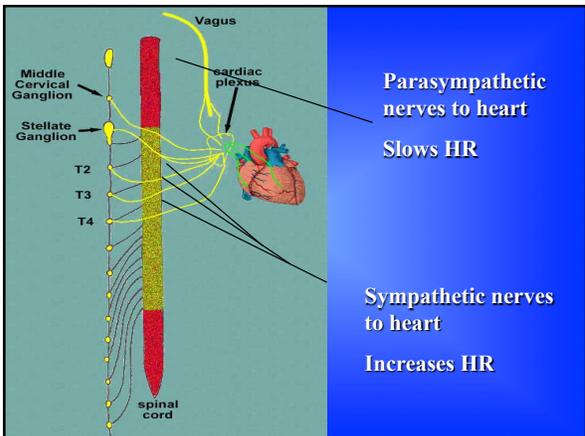


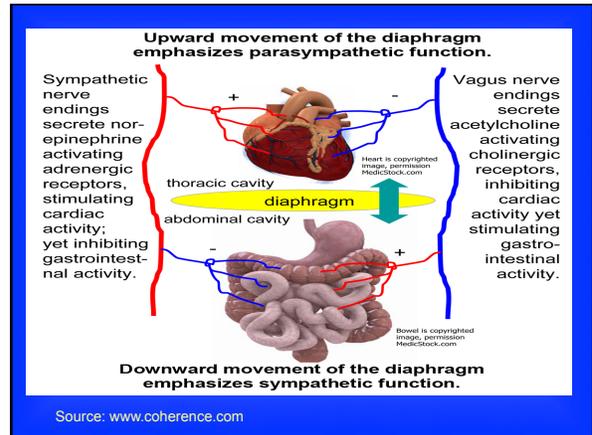
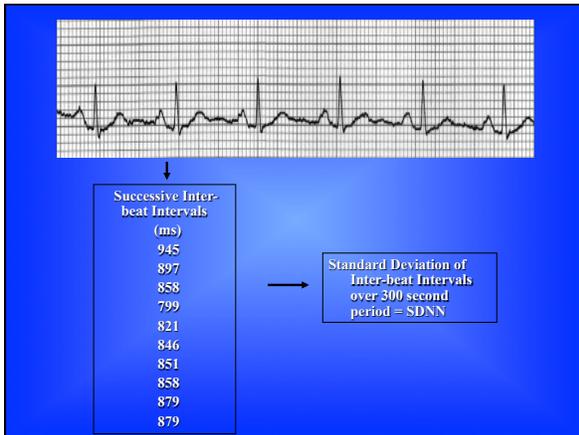
Safeness -connecting and the parasympathetic system: The Vagus Nerve

Vagus Nerve Innervation

1. Pharynx
2. Left Lung
3. Right Lung
4. Stomach
5. Spleen
6. Liver
7. Gallbladder
8. Pancreas
9. Right Kidney
10. Small Intestine
11. Large Intestine

- PNS influence on heart rate – slows beat down during outbreath
- Associated with affiliation, tend & befriend, general positive emotional tone
- Sensitive to safeness





'New Brain' with Frontal cortex and PNS

- HRV ass. with flexibility
- Mindful attention
- Control of attention
- Reflective thinking
- Empathy – mentalizing
- Not acting on emotions

'Some Overloads for New brain

- Chronic sympathetic arousal
- Rapid shifts of attention
- No time for reflective thinking
- Fear based (personal distress) based arousal
- Self-criticism and self-doubt
- Systemic failures in support

Attachment

- *Proximity seeking* –desire closeness, to be with
- *Safe base* –source of security to go out and explore and develop confidence
- *Safe haven* –source of conflict comment and emotion regulation
- Social signals are the drivers (social mentality)

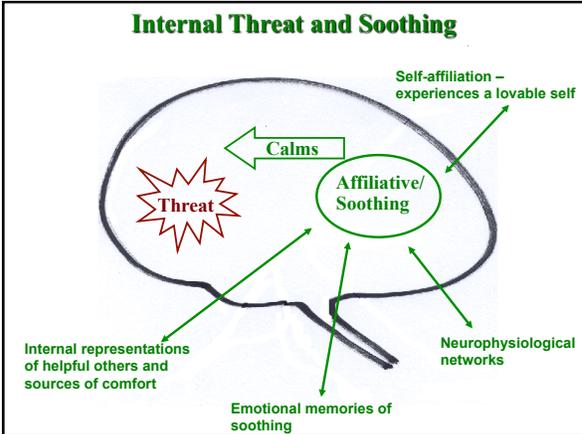


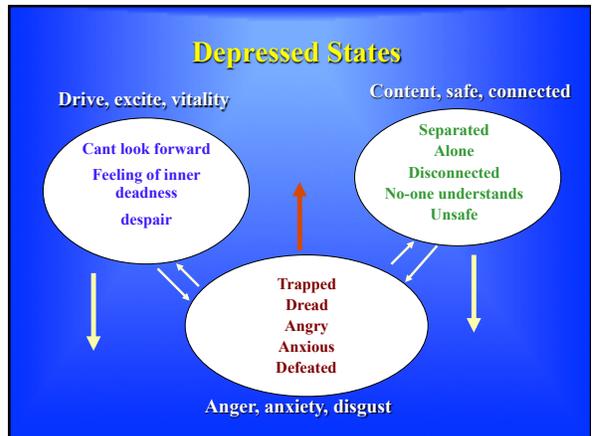
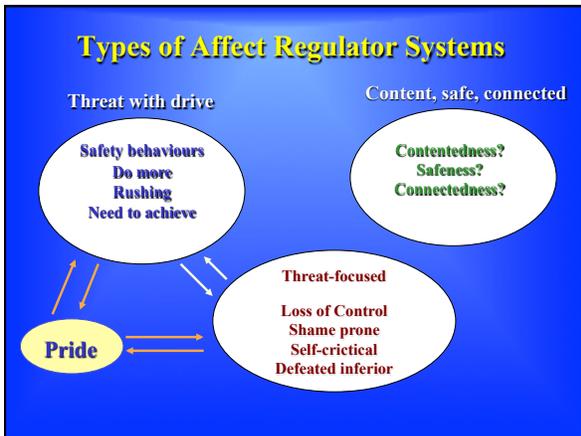
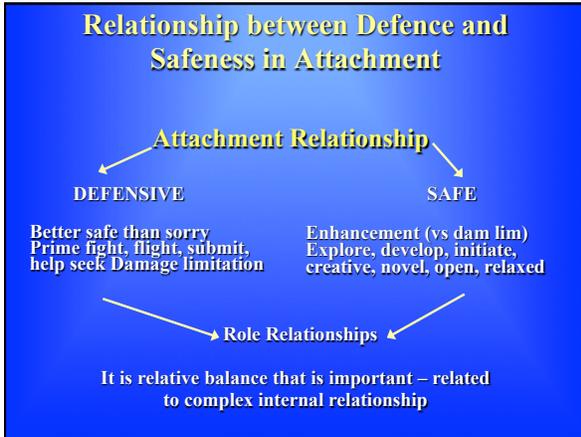
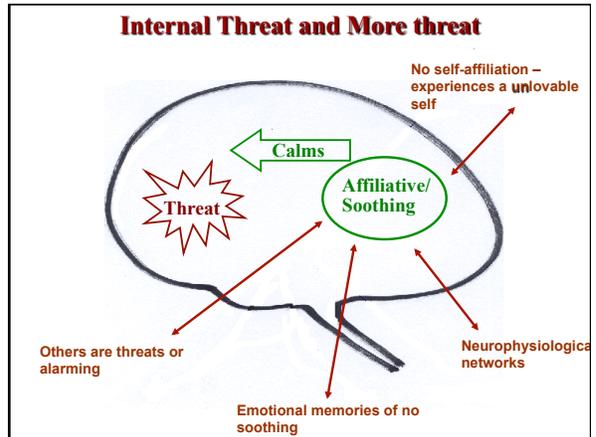
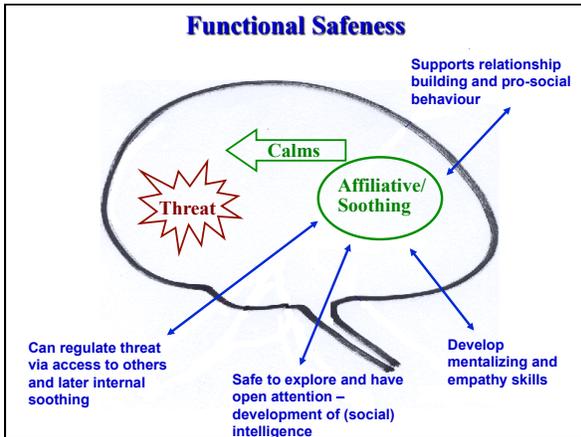


Functions of Caring-Attachments - Needs Sensitivity

The Carer-Provider offers...

- Protection:** anticipating/preventing; build nest out of harms way, defending/standing up for – advocate
- Distress call responsive:** listening out for; rescuing; coming to the aid of – responding to distress
- Provision:** physical care, hygiene, food,
- Affection:** warmth positive affects that acts as key inputs for brain maturation
- Education and Validation:** teach/learn life skills in family context: understanding one's own mind
- Interaction:** being present, stimulating and regulating various affect systems: curiosity, play, soothing – socialising agent – shaping phenotypes





Affiliative emotions and social contexts: Combat trauma

Affiliative system highly linked to male buddy system – provides sense of safeness and connectedness in threatening environments

Affiliative system, when one comes home, is now NOT entrained for safe environments, partner and child relating – loss of feeling safeness and affection plus increase threat system activation --- and sense emptiness disorientation and self-blame

Therapists must explain –plus help understand experience of grieving

Loneliness

- Most common experience for many clients is in a sense of loneliness –affiliative system is not accessible.
- The most common reason that people seek religion is to find a way of breaking through a 'feeling of being alone'
- Feelings of aloneness are highly associated with other emotions such as fear or anger
- Aloneness makes the threat emotions very difficult to work on and in particular the process of grieving
- CFT is particularly interested in trying to work with feelings of disconnection, alienation separation –this feeling of being inwardly alone.
- See Cacioppo, J.T. & Patrick, (2008) *Loneliness: Human Nature and the Need for Social Connection*. Norton: New York