Threat and Beyond

- Threat
- Shame and Self-Criticisms
- More compassion

Compassionate Knowledge

The Threat System

Compassionate Knowledge
Some Basic Themes

Understand how our minds were designed

If therapy involves psycho-education then what do we teach clients about how our minds work?

Evolution-informed and functional analysis focus

Most psychopathology is related to threat processing so we need to understand this system in detail

From Yesterday
Basic Design or Mind 1

- To survive - detect and respond to threats and secure resources for survival and reproduction
- Attention is constantly drawn into this 'programming' - Archetypes run the show
- The constant background of our being and mind
- Threat Processing is our 'factory setting'

Basic Design or Mind 2

- Threat emotions over-rule positive ones
- Rapid processing more focusing on threat detection (e.g. thalamic-amygdala)
- Threat/harm memories more powerful than positive one
- Easy to acquire (some) fear and safety strategies

Acquiring threat reactions and safety strategies

Classical conditioning

Emotional responses learnt by association – rapid elicitation – emotion with cognition. Basis of body memory

Operant learning

Learning via the behavioural consequences Re-inforcers - Safety behaviours

Social learning

Observation, copying, instruction, self-system

Safety Strategies

- Basic multimodal ways of detecting, appraising and responding to threat
- Short term harm minimisation – commonly avoidance
- Apply to both external and internal focus (e.g., anger avoidance)
- Have both conscious and non-conscious attributes
- People belief they are essential – if I did not stick to them (more or less) then 'bad things could happen' – could be true in the past (e.g., in abuse)

Strategies operate across domains

Social and Cultural Threat

- Put hand in pocket and find you have lost your wallet. Going for an examination
- Fears can come from 'knowing' and foresight (e.g. health anxieties or rejections)
- Variety of culturally transmitted religious fears (e.g. God's punishment, re-incarnation) but based on underlying existential-evolved anxieties

Witchcraft

Confronted by threats

Need to create meaning and give form to threat (hostile agents)

Develop means of control and safety behaviours

Fear and paranoia are easy to inflame

How the threat system works

Understanding the *Complexity* of the Threat System

1) Different processing systems are active
2) Threat emotions often conflict
3) One protection strategy creates another
4) Emotional Conditioning
5) Dilemmas and motive conflicts – disorganising the mind

Self-Protection

All organisms are structured for self-protection: Safe/Not safe. Thus high priority and urgency are given to this decision in all biological systems

Symptoms often arise from perceived threats and efforts to cope defend and protect

Some phenotypes have undesirable effects and are linked to suffering

Resistance is related to threat of change – fears of 'new' self

These are shared views of many therapies – however, in CFT explore and explain complexity of threat system - 'tricky brain'

Language of self-protection, better safe than sorry and validation, rather than pathologising

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

The Threat System

Common task for all living creatures – survival

Over millions of years species evolved ways of detecting and reacting to threats

Humans motivated to 'get safe', limit potential damage and hold on to what we have/current resources

Menu of 'safety strategies' - responses that can be activated quickly and automatically when needed and include :

- Physiological systems (e.g. amygdala, FC, HPA system)
- Emotions (e.g. anger, anxiety, disgust)
- Behaviours (e.g. fight, flight, freeze, submit)
- Cognitive Processes (e.g. 'better safe than sorry')
- Memory Processes (e.g. to predict and be 'body ready')

The Amygdala – The Brain's 'Alarm System'

Located in the limbic system – part of a fast track, automatic and non-conscious system

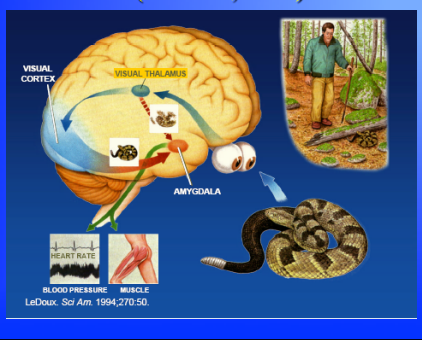
Detects emotional stimuli – 'primary' emotions of fear, anger, sadness, disgust and joy

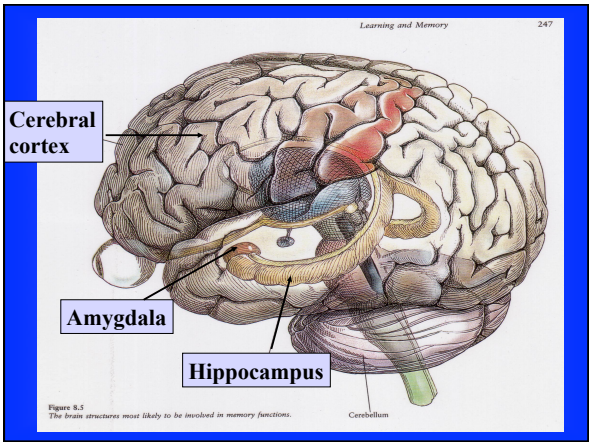
Although linked to both positive and negative emotions, set up to be loaded to negative emotions

Helps to detect threat and stimulate the body to react, e.g. fight, flight

Two amygdalae – right and left – left more responsive to vocal expression, right more to facial expression

Neural Bases of Threat Processing (LeDoux, 1994)





Menu of Implicit Threat - Protective Emotions

Anger – increase effort and signal threat
Anxiety – alert to danger and select defensive behaviour
Disgust – expel / keep away from noxious or undesirable
Sadness – acknowledge loss, signal distress
Jealousy – threaten and defend
Envy – undermine / spoil benefits of the other

Menu of Defensive / Protective Behaviours

Stop - Hyper-alert/ hyper vigilance – predict threat early
Flight - Escape, prevent exposure (Cannon, 1929)
Fight - Protection or deterrent – subdue others / exert control

Hiding and camouflage
Tonic immobility – 'play dead' (Bracha, 2004)
Cut off - turning away from
Demobilisation - short-term and long-term

Clinging 'on to'
Help seeking - hyper activation of proximity seeking
Submission - appease, comply

These behaviours can be automatic and easily conditioned, and are designed for protection and damage limitation

Menu of Defensive / Protective Cognitive Processes

Better Safe than Sorry requires rapid decisions

- Selective attention - scan for threat
- Crude analysis
- Dichotomous thinking
- Over-generalisation
- Disqualify positive – can't risk false hope
- Sensitive to non-verbal signals

Helps select automatic appropriate defence (e.g. flight, submit or attack)

May be into process before conscious awareness, e.g. we find ourselves submitting and then make self-referent explanation

Better Safe Than Sorry

- Whole person response
- Some threats over rule others (e.g. risk taking to prove worth to peers)
- Anger vs anxious defences

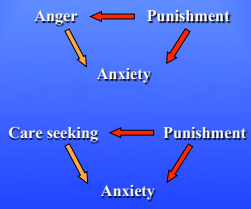
Threat Processing

- Threat processing cannot be understood in single domains of cognitive, behavioural, physiological but are complex multi-modal brain states
- Threat processing (often) cannot be focused on single emotions, e.g. anxiety but combination and conflicts of emotions
- Threat emotions can have conscious and non-conscious attributes
- Need to work in multimodal domains

Emotional Conditioning

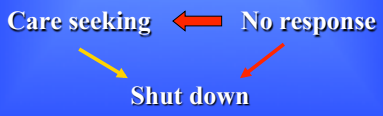
Some people can struggle to 'feel', tolerate or express their emotions

It is also possible that emotions and desires can become non-conscious (Ferster, 1973)



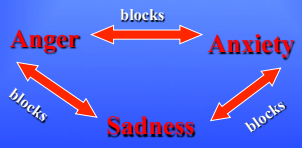
Care seeking systems can become conditioned to threat rather than safeness. If happens early, people may not recall specific memories but experience confusing feelings in close relationships

Conditioning



Threat relations

Conflicts of Emotions



Each emotion can have a variety of defensive behaviours and memories

Emotion Fusion

- Emotions that we experience together can 'wire' together –basic conditioning model
- A child is hit (fear) then sent to their room (loneliness-no rescue). Fear and loneliness become fused Therapist sometimes miss the importance of loneliness as a core emotion to work with while engaging with fear.
- Anger and fear also a common fusion

Source of threat

External

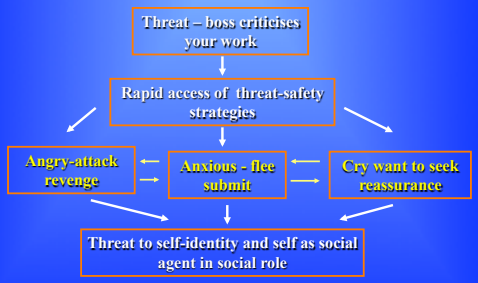
Shared with other animals focus on the outside and how to behave in the outside world to minimize threat and harm

Internal

Can be threatened by the emergence of internal emotions, desires fantasies and memories

Both can be very clear or very subtle threats

Threat Emotions and Conflicts



Problems can occur when different emotions arise at similar time, or when one emotion triggers another – can leave us feeling confused: 'I don't know what I feel'

Exercise

Imagine an argument with someone you care for:
Now focus on different voices and parts
What did your:

angry part think, and feel and wants to do
anxious part think, and feel and wants to do
sad part thinks, and feel and wants to do

Do they turn up at different times and conflict?

Build the compassion self

Compassion Process

Process of Multi Self

- Use Socratic questions – and explain process of guided discovery
- Mindful observation – not to be overwhelmed
- All our minds have these parts – so helpful to get to know them better –
- Aiding emotions discrimination and awareness of conflicts of emotions as 'normal' common.

Therapeutic Task - Multiple self

- Identify the 'dominant' problematic part of the self
- Identify the sub-merged/subordinated and strengths of the self
- Link them to compassion self – the self one would like to be or become
- Future project – steps to getting there – what would need to happen and how to help it happen

Avoidance of Emotions and Self-Criticism

Small things can start me off
Go to supermarket – no bread

Processed and conscious emotions

Panic Mind
Out of control now – sense of order and predictability go. Now what shall I do?
Feel alone

Unprocessed avoided emotions

Raging Mind
You bastards – why cant you keep your shelves full?
I hate you

Self-Criticism Why are you in this state over a loaf of bread. No-one else does. You are one crazy woman – mad. I hate myself

Embedded Emotions

Want to grieve but frightened and feel overwhelmed

Anger
This should not have happened - Unfair. Mistakes were made

Feel totally alone
Others get anger and don't understand. Isolate myself

Guilt/Self blame
I should have done more and stayed with her. Things left unsaid

Shame and invalidation
I should not feel this bad. after this time something wrong with me

The problem of undifferentiated emotions

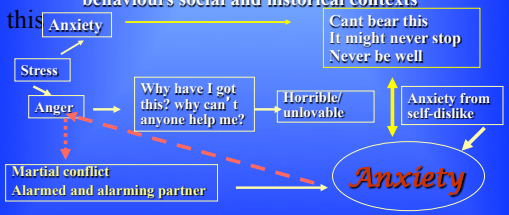
- Just overwhelmed by feeling
- Not able to articulate conflicts within the self or the multi-minded self
- Emotional coaching of identifying and then working with each emotion
- Note shift to "I hate myself when I feel like this" – standing back with compassionate refocusing

Complex Feelings and Interactions

We often have many feelings going on at the same time and these feelings can conflict with each other - then we judge ourselves too

Anxiety Anger and Relational Links

need to understand cognition behaviour interpretations of behaviours social and historical contexts



Reactivation of childhood memories of being "alone in the world. No one can help me feel better or protect me"
Reactivation of protest anxiety and anger

Conflicts

(e.g. Approach-Avoidance)

Conflicts between things that are pleasurable/rewarding vs threatening/aversive can lead to disruption in threat system

Experimental neurosis – trigger two different behaviours at same time, e.g. seek reward and avoid threat – Pavlov, Liddell & Cooke etc.

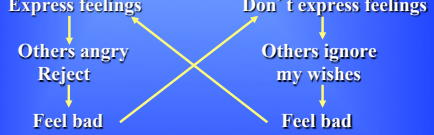
Incompatible decisions – choosing one violates another; Disorganisation of systems (also classic Sci-fi; Hale in '2001 A Space Odyssey' and '2010 the Return')

Dilemmas (e.g. risk change or trust vs stay safe); head vs heart

Increase in stress arousal can inhibit abilities to think – dissociation Confusing to client and therapist

Therapeutic task is to clearly articulate the conflict, explain how conflict affects in the brain, and then 'brain storm' – may take time to work through – resolution may not be easy – hard life decisions

One Protection Strategy Creates Another



Again, it can be helpful to draw these conflicts out with people – complexity of threat system. Can see as black-white thinking but important to be empathic to dilemmas

Coping

- Spend time drawing out the complexity
- Not your fault (tricky brain and harsh background)
- Importance of slowing down – need space?
- Mindfulness
- Compassionate tolerance and reflection

Summary

- Conflicts of motives and emotions
- Avoided (feared) emotions
- Embedded emotions
- Undifferentiated emotions

Compassionate self will enable progress on all these

Shame

The Dark Shadow of the Mind

Insight Exercise

- To help you recognise the complexities of shame and also see that you already have intuitive knowledge of shame, we would like to you to engage in a short imagery exercise
- Let's take a *hypothetical* situation: Imagine that as part of this workshop you will be asked to describe something you feel ashamed about, and would rather keep hidden, to the person sitting next to you. We would like you to explore this is a series of steps. Rest assured this is hypothetical, but try to imagine it as if it were to be the case

Shame Memories

Do this exercise gently don't go any further than you want to

Focus on the shame memory

How much do you think this memory as influenced your sense of self?

To what extent dos this memory come with unpleasant emotions

To what extent does this memory intrude into your life – operating the background

To what extent do try and avoid thinking about it or working on it?

What have we learnt about shame?

Shame and desires to be loved valued

Strategies for Gaining and Maintaining Rank and Status

Strategy	Aggression	Attractiveness
Tactics used	Coercive Threatening Authoritarian	Show Talent Show competence Affiliative
Outcome desired	To be obeyed To be reckoned with To be submitted to	To be valued To be chosen To be freely given to
Purpose of strategy others	To inhibit others To stimulate fear	To inspire, attract To stimulate positive affect

From Gilbert & McGuire (1998)

The Undesired/Unattractive Self

"…when ashamed, participants talked about being who they did *not* want to be. That is, they experienced themselves as embodying an anti-ideal, rather than simply not being who they wanted to be. The participants said things like. "I am fat and ugly", not "I failed to be pretty" or "I am bad and evil", not "I am not as good as I want to be". This difference in emphasis is not simply semantic. Participants insisted that the distinction was important..."
(Lindsay-Hartz, de Rivera and Mascolo (1995, p. 277)

It is therefore not so much failing to meet standards but the meaning and experience of self from falling short

Safeness and the minds of others

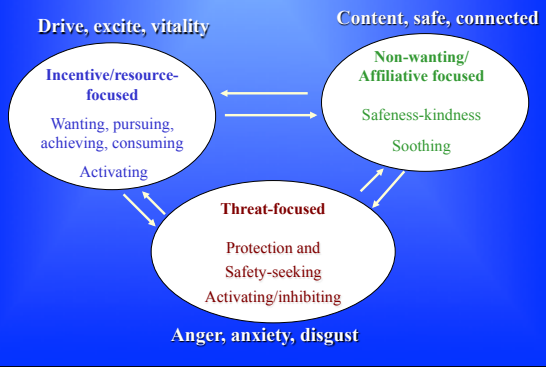
Creating positive feelings and thoughts in the minds of others, about oneself, makes the world safe

- safe and will not rejected or attacked
- likely to be available in time of need
- co-create advantageous relationships (e.g. sexual, co-operative)
- physiologically regulating (e.g. oxytocin, cortisol)
- stimulates positive feelings for self and other
- lay down emotional memories of warmth

External shame is experiencing negative feelings (contempt, anger, ridicule) in the minds of others lead to attack, rejection or 'un-included'

major threat - generating defensive behaviours such as fight/flight/submit

Types of Affect Regulator Systems



Threat Responses in Social-Contexts

Embarrassment
External shame
Internal shame
Humiliation

Guilt

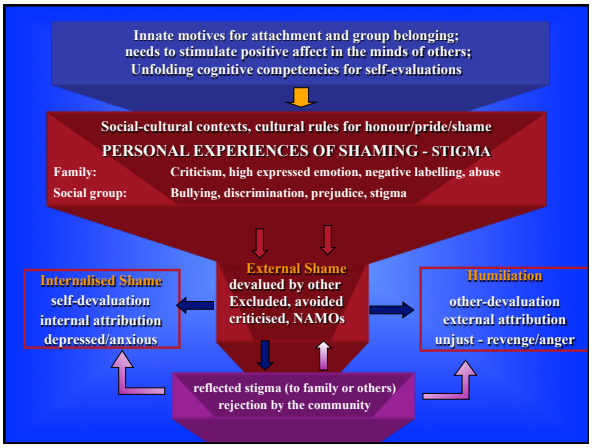
Shame focus

External – focus on the mind of the other with desire to repair reputation, avoid or hide the self

Internal – focus is on the self with (threat) judgements and feelings about one self

Humiliation – focus on the other accusing and blaming the other – forcing the other to comply

Guilt – focus is on our behaviour and desire for reparations – empathic connections



Language and Shame

People rarely use the word 'shame'

May say: 'I feel awkward, difficult, 'don't like feeling 'silly', 'exposed''

May use labels such 'weak, inadequate, useless'

May show signs in nonverbal behaviour (look away-down, freeze), change subject or be aggressive

The Dance of Shame

When activated in interactions people shift to automatic threat-focused processing – little reflective thought

Easily spiral out of control and then defences become more extreme (dominate-subordinate). An interaction-amplifying spiral

Feel damaged or have damaged relationship and now not know how to repair and/or back to shame - so stay dissociated, avoid, minimise, externalise, ruminate

Therapy: normalise then careful micro-analysis of behaviour - noting threat-self protection as focus. Role switching – compassion focusing, forgiveness

Videos

The Foci of Shame

Shame can have a specific or generalised focus

The body	The body in action and functions
Failures	Relationships/roles
Feelings/fantasises	Coping/needing
Past events	Group based (stigma Cons)

Self as lacking, as different, bad, powerless, defined by other

Examples of Coping with Shame/Inferiority

Compensation:	Making up for deficits
Concealment:	Hiding things 'from view'
Aggression:	Threaten others to 'never notice' Externalise - 'not on me'
Avoidance:	Avoid situation/encounters where shame effects may arise
Projection:	Others see me as I see myself: Shame others
Dissociation:	Acting without feeling, separating
Numbing	Substance misuse

Shame as a 'Distance' Regulator

Need to hide or be alone when I feel bad
Don't want others to see me this way
Don't want others to be feel worse for seeing me
Bad to cry, lose control or be aggressive

But when he left the ward (safety behaviour)
I'm isolated, feel alone misunderstood, no-one to help. It is pointless. Angry with self and everyone. I hate feeling like this

What makes shame so aversive?

* Shame is a normal emotion and some degree of it is helpful for everyday functioning (imagine a 'shameless' person)
* Archetypal and innate threat of rejection and social exclusion – major survival risk - so our brains are highly sensitive to it
* Early experiences of being shamed often linked with powerful, hostile, rejecting others. The context of being shamed was one of threat – thus trauma memories
* Damage may be long-term (e.g. to a reputation). Social contexts
* Different safety strategies for coping with shame (e.g. concealment, compensation, avoidance). Safety strategies can inhibit learning helpful coping and acceptance

Coping with shame: Be Nice loop

Feel worthless

Treated like a doormat

Seek approval liking

Try to please others
Avoid needs or anger
Be for others what they want

Striving loop

Various coping behaviours such as alcohol use, work long hours etc.

Summary Soothing and Shame

Soothing system evolved with attachment system and is a threat-affect regulator (parent is protector/soother)

Become safe by eliciting positive affect in the mind of others – 'care' cues are soothing (from parent to peers)

Access to soothing system enables reflective thinking

Shame is the experience of becoming the undesired and undesirable self vulnerable to rejection, marginalistion and involuntary subordination

A range of defensive strategies (links affect cognition and behaviour) - internalising (low rank, submissive) and externalising (dominant, aggressive)

Guilt

Types of Negative Self-Conscious Experience: Guilt

Harm done by specific behaviours

Focus on effects of our behaviour on welfare of self, others or objects. Internal attributions

Must have empathic connection to harm

Behaviours aimed to try to repair harm. Common affect is sadness/ remorse. Easily 'fused' with shame

Comparing Shame and Guilt (often fused to varying degrees)

Shame is linked to the competitive mentality thus to social comparison, sensitivity to put down and rank linked defences of attack or submission avoidance (high association to psychopathology)

Guilt is linked to the care-giving, cooperative mentalities and focused on specific behaviours and is thus linked to harm avoidance, taking responsibility, reparations (often negative relationship to psychopathology)

Repairing shame opens possibilities for guilt

Shame	Guilt
Rank Mentality	Caring mentality
Attention is on damage to self and reputation (inward)	Attention is on hurt caused to the other (outward)
Feelings are of anxiety paralysis confusion emptiness - self-directed anger	Feelings are ones of sorrow sadness and remorse
Thoughts focused on negative judgments of the 'whole self'	Thoughts focused on the other, sympathy and empathy. Focus on behaviour – what one did
Behaviours focused on submissive appeasement, escape, apologetic denial, avoidant displacement, self-harm	Behaviours focused on genuine apologies, reparation, making amends

Examples of Origins of Guilt

- Caught in parental conflicts – divided loyalties
- Parents ill health – conflicting motives (for self vs for other)
- Inability to process or taboo on anger
- Guilt can often lead to shame when empathy fails, or people can't tolerate or process guilt.
- Working on guilt (often) activates sadness

Therapist Feelings Scenario

Client came for few weeks then said 'what we were doing was not helpful' - actually she was feeling worse and seemed angry

What cognitions and behaviours would go with this

External Shame, Internal shame, Humiliation, Indifference, Guilt, Empathy-sympathy

How might you respond for each?

Exercise

You have lost your temper with someone

- What are your shame reactions?
- What are your guilt reactions?

You let somebody down

- What are your shame reactions?
- What are your guilt reactions?

Shame

And Trauma

The Co-construction of Self and Other

Associations of threat 'meanings' in shame-traumas

Shame experiences - memories can be work like 'trauma'

* Sensory stimulus triggers emotional response (fear, anger, disgust, sadness) via the amygdala
* Intrusive and prominent
* Reoccurring - flashback-like

De-shaming is linked to working through

1. Fear and anger
2. Acceptance in the eyes of self and others

Shame and Therapy

Therapy relationship – safe or shaming?

(non-verbal, pacing, empathic + therapist's shame area)

Shame during therapy (e.g. revealing, crying, losing control)

Shame and safety behaviour/styles (related to past events)

Shame and internal self-attacking (safety behaviours?)

Compassion as a shame antidote

De-Shaming - Safe in Your Mind

Therapeutic relationship

Validation

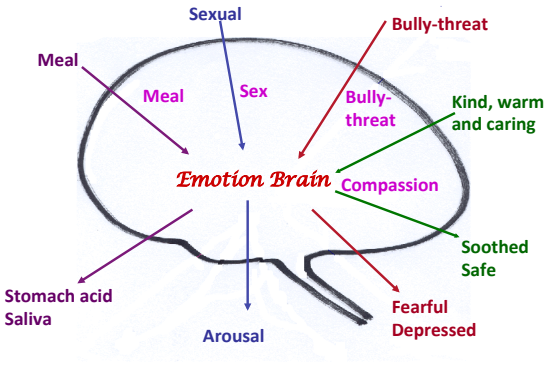
Tough brain and tough life to cope with

Common humanity

Reflective and Predictive Empathy

Internal relationships
New Brain
Imagination and
Self-to-Self Relating

How our own thoughts and images affect our brains



Pink represents our inner images and thoughts

Questions

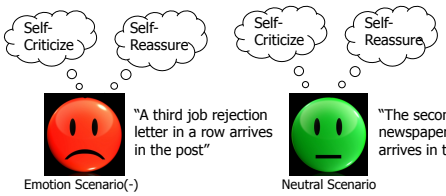
How does self-criticism and self-compassion/ reassurance work in the brain?

Are there individual differences linked to trait self-criticism?

How might compassion training influence neurophysiology?

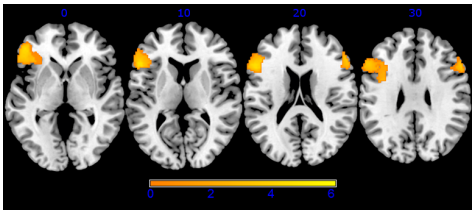
fMRI Study (Aston University)

STUDY: Olivia Longe, Gina Rippon, Paul Gilbert & Frankie Maratos



- 2X2 Factorial: 2 X Statement Scenarios, 2 X Imagery Perspectives
- Statements pre-tested (n=12), for imagability (i.e. ease of imagining self-critical or self-reassuring thoughts), 1-7 Likert Scale.

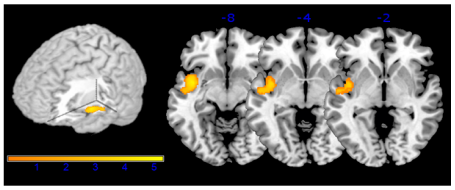
Self-Criticism during Emotional Scenarios vs. Neutral



Axial slices displaying left lateral PFC (BA 47, 45,9) and right lateral PFC (BA 46) activation

Longe et al. (2010). Having a word with yourself: *NeuroImage*, 49, 1849-1856

Self-Reassurance during Emotional Scenarios vs. Neutral



Whole brain and axial slices displaying left temporal pole (BA 38) and insula activation

Longe et al. (2010). Having a word with yourself: *NeuroImage*, 49, 1849-1856

Why Focus on Self-Attacking?

Self-critics have poor social relationships (Zuroff et al., 1999)

Depressed people become more self-critical as mood lowers (Teasdale & Cox, 2001)

Self-critics may do less well with standard CBT (Rector et al., 2002)

Self-Attacking in Psychosis

70% of voices are malevolent

Commands – sometimes with threats

Insults (direct and indirect)

Working with Self criticism

- Functional Analysis
- Greatest fear of letting go?
- Imagery
- Bests interests?

Self-Critical Thinking Styles

Social Comparison
Personalisation and Self-blaming
Self-labelling/condemning

FORMS
Self-attacking (frustration)
Self-criticism (to improve/correct)
Self-hatred/disgust (to hurt or destroy)

Affects and Self-Attacking

Ideal self ⇄ Actual self

Disappointment Gap

↓

Self-attacking

* Separate feeling of frustration from self-attacking
* What are the key fears of failure
* What is the emotional focus (e.g. anger, sadness hatred, contempt)
* Ability to experience and tolerate frustration without self-attack (conditioning)

Fear of Giving up Self-Criticism

Functional analysis

How does it work for you?

What does it help you do?

What would your greatest fear be in stopping it or giving it up?

A Submissive Strategy

Powerful Other(s) (Gods)
(harmful and/or protective)

↓

Appease, submit, comply (sacrifice)

↓

Harmful things (still) happen

Sense of aloneness

Self-monitor ⇄ Self-Blame

May also blame others for non-compliance for upsetting the dominant (Persecute)

Self-Criticism vs Self-Compassion

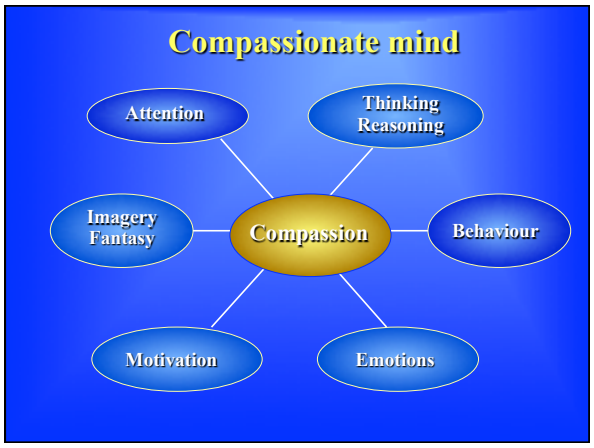
Shame Self-Attacking	*Compassionate Self-Correction*
Desire to punish and condemn	Desire to improve - at one's best
Backward looking	Forward looking
Linked to disappointment and focusing on deficits	Linked to building on the positives and abilities
Emotions are anger frustration anxiety contempt	Validation of set back and encouragement
Consider critical teacher with a child who is struggling	Consider compassionate teacher with a child who is struggling

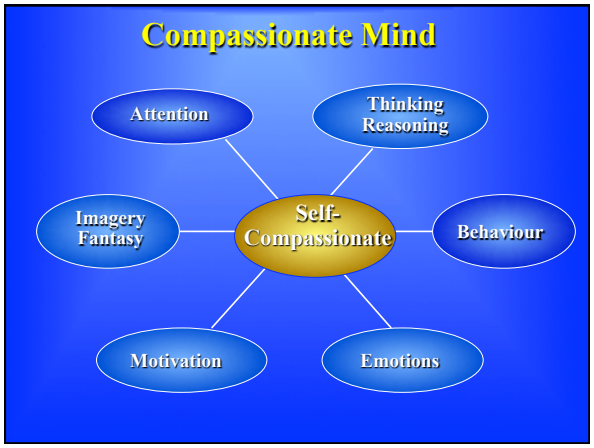
Self-criticism: A sequence

Functional analysis – How does it work for you? – what is your great fears of giving it up –can we explore these?

- Imagine critic –appearance and sense of
- Feeling directed at self
- How we feel
- Does it have our best interests at heart?
- What part of our self might?
- How do these parts influence our brain – what would we choose?

Threatened mind can block Compassion





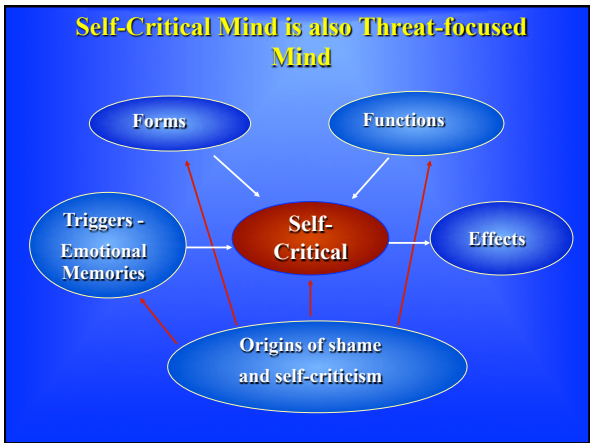
Summary of Self-Criticism

Social threat a *very major* threat to humans – shame is becoming the undesired and undesirable self

Self-criticism has multiple origins – abuse, neglect, bullying, competitive relationships, trying to win approval - is usually linked to feeling 'socially unsafe' – thus with external threat

Velco-like trauma like memories – 'threat first' processing

Different functions of self-criticism: Self-correcting and self-persecuting can be linked to complex networks of meaning, self-identity and social relationships



Therapy

Consider something you are critical of yourself about – but always start at the low end

Briefly bring to mind a picture of your critic and emotions it is expressing towards you

Now spend a minute to engage with compassionate self, focusing on the breathing, the body grounding, voice tone and facial expressions –reconnecting to wisdom. strength and motivation to be helpful

Therapy

Then observe critical self and try to get a sense of the fear, disappointment or threat that lies behind anger or contempt –might spend a moment discussing this with the client

Next focus on the mantra

- May that which is causing you to have so much anger upset, frustration or contempt –cease
- May you find peace

Focus on your genuine heartfelt wish for that to be so

We *don't* use 'may you be happy' because that is tricky with the critic

Compassion for the threat Systems

Key Imagery Tasks

- Soothing breathing rhythm
- Safe 'welcoming' place
- Compassion colour
- Compassionate self
- Compassionate other/image
- Building and strengthening the compassionate mind as building capacity

Compassion Focus

Empathy and sympathy for one's own distress
Awareness with out-judgement or blame

Refocus/activate safe-conferring processing systems
Compassionate attention, thinking, behaviour
Generate compassionate feeling (warmth)
Use images and sensory experiences

Key focus is "finding what is experienced as helpful, kind and supportive in this moment"

Event: Poor results with patients

External Shame

Others will wonder what I am doing.
Others critical – will see me as not competent or unable
Consequence - disconnection

Internal Shame

I should be getting better results
My patients would do better with someone else
Don't know enough
Maybe I am incompetent
Not up to this job

External Shame Others will wonder what I am doing Others critical – will see me as not competent or unable *Consequence* - disconnection **Internal Shame** I should be getting better results My patients would do better with someone else Don't know enough Maybe I am incompetent Not up to this job	**Empathy to one's own distress:** Understandable to feel disappointed and thwarted – this is hard. Compassionate acceptance. Understand functions and origins of SC – what is inner bully frightened of?

External Shame	Empathy to one's own distress: Understandable to feel disappointed and thwarted – this is hard. Compassionate acceptance. Understand functions and origins of SC – what is inner bully frightened of?
Others will wonder what I am doing	CA: Attention: Focus on what I can do rather than what I can't – recall times successful or others who were helpful
Others critical – will see me as not competent or unable	
Consequence - disconnection	
Internal Shame	
I should be getting better results	
My patients would do better with someone else	
Don't know enough	
Maybe I am incompetent	
Not up to this job	

External Shame	Empathy to one's own distress: Understandable to feel disappointed and thwarted – this is hard. Compassionate acceptance. Understand functions and origins of SC – what is inner bully frightened of?
Others will wonder what I am doing	CA: Attention: Focus on what I can do rather than what I can't – recall times successful or others who were helpful
Others critical – will see me as not competent or unable	CT: What is helpful: Ability to be with patients and listen and 'bear' feelings of stuckness is itself helpful
Consequence - disconnection	CT: Not black/white: Will learn more as I gain experience but this does not make me incompetent
Internal Shame	CT: Accept limitations: Would like to see progress, but can only do my best
I should be getting better results	CT: Like others: Experienced therapists often have these kinds of problems
My patients would do better with someone else	
Don't know enough	
Maybe I am incompetent	
Not up to this job	

External Shame	Empathy to one's own distress: Understandable to feel disappointed and thwarted – this is hard. Compassionate acceptance. Understand functions and origins of SC – what is inner bully frightened of?
Others will wonder what I am doing	CA: Attention: focus on what I can do rather than what I can't – recall times successful or others who were helpful
Others critical – will see me as not competent or unable	CT: What is helpful: Ability to be with patients and listen and 'bear' feelings of stuckness is itself helpful
Consequence - disconnection	CT: Not black/white: Will learn more as I gain experience but this does not make me incompetent
Internal Shame	CT: Accept limitations: Would like to see progress, but can only do my best
I should be getting better results	CT: Like others: Experienced therapists often have these kinds of problems
My patients would do better with someone else	CB: Help seeking: Can share my difficulties, seek supervision/help, talk to others
Don't know enough	
Maybe I am incompetent	
Not up to this job	

External Shame	Empathy to one's own distress: Understandable to feel disappointed and thwarted – this is hard. Compassionate acceptance. Understand functions and origins of SC – what is inner bully frightened of?
Others will wonder what I am doing	CA: Attention: focus on what I can do rather than what I can't – recall times successful or others who were helpful
Others critical – will see me as not competent or unable	CT: What is helpful: Ability to be with patients and listen and 'bear' feelings of stuckness is itself helpful
Consequence - disconnection	CT: Not black/white: Will learn more as I gain experience but this does not make me incompetent
Internal Shame	CT: Accept limitations: Would like to see progress, but can only do my best
I should be getting better results	CT: Like others: Experienced therapists often have these kinds of problems
My patients would do better with someone else	CB: Help seeking: Can share my difficulties, seek supervision/help, talk to others
Don't know enough	Compassionate feeling
Maybe I am incompetent	
Not up to this job	

Compassionate Flash Card

- Identify core difficulty
- Generate appropriate helpful alternative thoughts e.g., Empathic understanding, validating, evidence, common humanity, acceptance, etc
- Write them down and go through them – then switch to compassionate self and focus on compassionate emotion –note the difference.

Compassionate letter writing

Different types of expressive writing that has different functions

- Compassionate non-judgment/shaming stance
- Warm voice
- Validating understanding but also supporting and encouraging
- Open to others
- What would be the most helpful thing to hear and do

Compassion Self and the Multi-Mind

Practice shift to compassion self to prepared for difficulties

Look at the problematic part of self through the eyes of the compassionate self

Build images of coping, being kind and flourishing

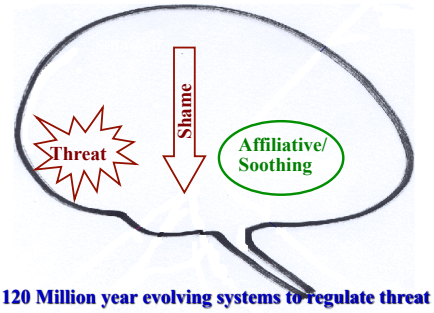
The Hard Side of Compassion

Loved *Stranger* *Hated*

Oxytocin may increase prosocial affects for others but increase hostility to those seen as threats

Self-compassion too is easier for pain than for shame and the hated part of self

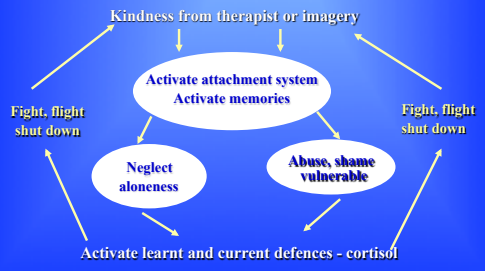
Self and others
Self and self



120 Million year evolving systems to regulate threat

Social relationships are the most important sources of meaning, self regulation and learning

Kindness, Attachment and Threat



Fear of Compassion

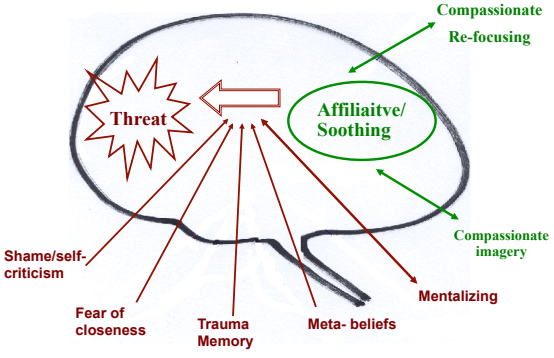
Certain types of positive feelings are threatening

It is dangerous to feel safe

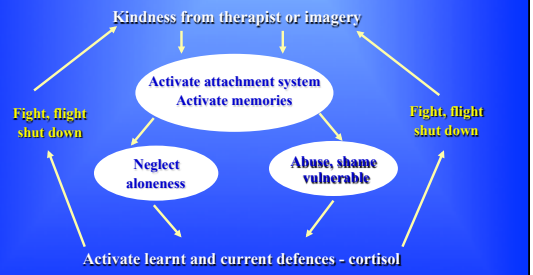
Compassion feelings are linked to beliefs such that it's an indulgence and weakness

Activated grief and or abuse memories

PROBLEM -Compassion is a threat



Kindness, Attachment and Threat



Bowlby: Kindness opens the attachment system and then whatever ever fears, anger or despair is coded there will become available and can be intensely threatening

Working with Fears of Compassion

to others, to self , from others

- Origins
- Put compassion to use
- Address misunderstandings
- Agree to work on blocks
- Grief process
- Assertiveness and unprocessed affects
- Time and practice

Therapy

Life history and contextual rather than symptom focused

Background → key threats → safety strategies → undesired/unintended consequence

High focus on validation, on "not your fault," courage and doing your best

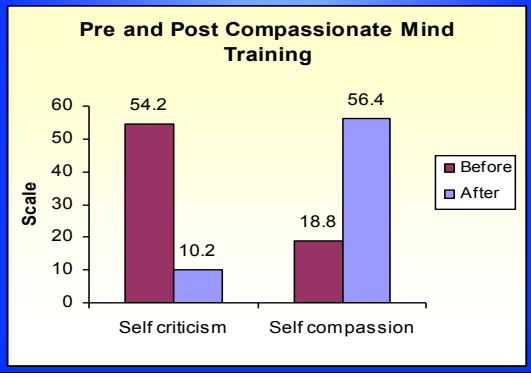
Clarify three circle model and why we will explore helpful behaviour for each circles

Desensitisation to affiliative positive affect – to be able to feel safe and self compassionate

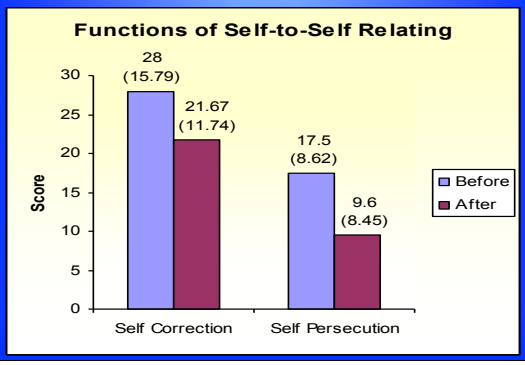
Treatment

- Attendance one of two programmes
- Patients invited to take part in a research trial of CMT at community meetings
- Criteria for inclusion were mid treatment (six months to one year), well engaged with the service and to have self-attacking, negative thoughts
- Nine patients agreed to take part in the study (five men and four women)
- Three did not complete the study: hence six completed
- Twelve two hour sessions
- Gradual process of developing compassionate imagery and soothing exercises and then engaging with self-critical thinking

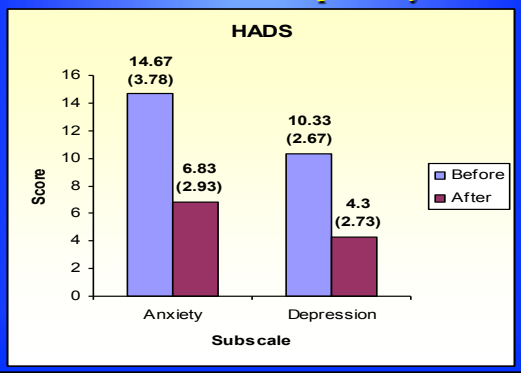
Data From Group Study



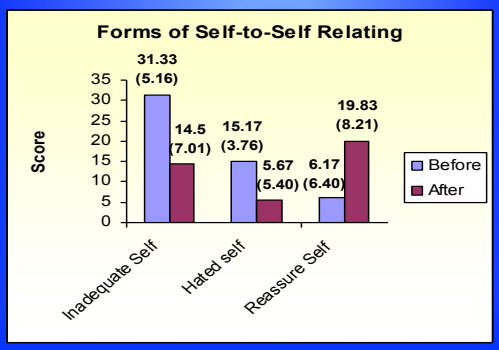
Data From Group Study



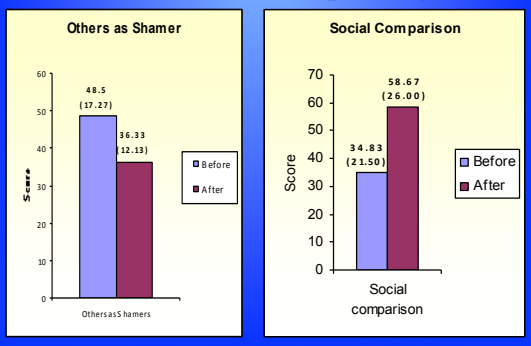
Data From Group Study



Data From Group Study



Data From Group Study



Reflections

I would just like to tell you all here today what (CMT) means to me. It seemed to awaken a part of my brain that I was not aware existed.

The feeling of only ever having compassion for other people and never ever contemplating having any for myself.

Suddenly realising that it's always been there, just that I have never knew how to use it towards myself.

It was such a beautiful, calming feeling to know it was OK to feel like this towards myself without feeling guilty or bad about it.

Being able to draw on this when I was frightened and confused, to calm myself down and to put things in prospective and say to myself, "IT'S OK TO FEEL LIKE THIS".

Reflections

Having compassion for myself means I feel so much more at peace with myself. Knowing that it is a normal way of life to have compassion for myself and it's not an abnormal way of thinking, but a very healthy way of thinking. It felt like I was training my mind to switch to this mode when I start to feel bad about myself or life situations were starting to get on top of me.

What is striking about this, and what other participants thought, was how much they had (previously) felt that being self-compassionate and empathic to one's distress was a self-indulgence or weakness and definitely not something to cultivate.

Mayhew and Gilbert, 2008

Three voices hearers with CFT

Results showed decreases for all participants in depression, psychoticism, anxiety, paranoia, OCD and interpersonal sensitivity. All participants' auditory hallucinations became less malevolent, less persecuting and more reassuring

Some other studies

Laithwaite et al. (2010, University of Glasgow) in a study of group based CFT study for 19 clients in a high security psychiatric at Carstairs found:

•"… a large magnitude of change for levels of depression and self-esteem ….. A moderate magnitude of change was found for the social comparison scale and general psychopathology, with a small magnitude of change for shame. These changes were maintained at 6-week follow-up".

Key Points of CFT

1. Clear understanding of evolutionary model - we are shaped by our genes and social relation –give example (Mexican drug gang)
2. Not our fault but our responsibility – can only take responsibility if we know how
3. CFT explains why and who we struggle (validation) and how to refocus using the three circles
4. What goes on in your mind influences the body and physiology – e,g., imaging a meal, sexual or recalling happy or angry memory
5. Therefore need train our minds to notice and refocus
6. Train our sense of self to be what is in our best interests

Key CFT Messages

1. Clear understanding of the evolutionary approach
2. Clear understand of therapist's basic orientation to problems and to de-pathologise
3. Clear understanding of concept of 'not our fault' but our responsibility (past vs future)
4. Clear understanding of the need to train our minds in order to take responsibility
5. Clear understanding of the three circle model and the importance of affiliation as an affect regulator -out of the red into the green
6. Clear understanding of the importance of mental conflicts (motive, emotions and strategies)
7. The two psychologies of compassion as containers for courageous work

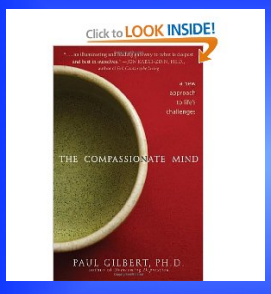
Conclusions

- CFT linked to evolved and neurophysiological systems : Must distinguish different types of positive emotion systems
- Self-to-self relationships are important mediators between early rearing styles and distressed states
- CFT focuses on this inner relationship – shifting it to a self-compassionate one – building capacity to do work
- First movements to compassion in self-critics are often aversive so this system needs to be 'detoxified'
- Takes time and should focus on practice rather than focusing on feelings first up
- Clarify and work with misunderstanding or compassion
- Clients like the neurophysiological and Mind Training aspects - like 'going to the gym' analogies

Group Task

- In small groups work out how to apply this to the people you work with
- What would you need to adapt and how will you try to secure it?

Look for the Compassionate Mind Series too



www.compassionatemind.co.uk

Some Useful Websites

- www.compassionatemind.co.uk
- www.compassionatewellbeing.com
- www.mindfulcompassion.com
- www.self-compassion.org
- www.ccare.stanford.edu
- www.mindfulselfcompassion.org
- www.mindandlife.org