

Compassion Focused Therapy as Applied to Depression

Recognizing and addressing the evolved mechanisms of affect regulation systems, self criticism and social rank mentality

Canadian Network for
Compassion Focused Therapy



Réseau canadien de
Thérapie Fondée sur la Compassion

Introducing Ourselves

Greg Samuelson

- Registered Nurse and Registered Psychotherapist
- Community Mental Health Nurse at a Complex General Psychiatry Clinic of a large speciality mental health hospital
- Clinical Associate providing psychotherapy services at The Mindfulness Clinic
- Psychotherapist in Private Practice
- A founding member of the Canadian Network for Compassion Focused Therapy
- A provider of consultation and supervision for Psychotherapists
- A Trainer for the Compassionate Mind Foundation
- Zen Meditation practitioner and teacher in the Korean Ganhwasoen tradition

Introducing Ourselves

Sariné Willis-O'Connor

- Registered Psychotherapist at the Poul Hansen Family Centre for Depression - UHN
- Experienced with group and individual application of CBT, CBT-I, MBCT, DBT, and CFT
- Experienced in working with individuals with developmental & physical disabilities, as well as members of the Deaf community
- Published and presented on psychotherapy research, primarily on topics related to multicultural counselling

Introducing Ourselves

Acknowledgements

- We are not Academics
- We are not researchers
- We are 2 psychotherapists who find the model of Compassion Focused Therapy to be extremely beneficial in helping clients with depression and other diagnoses and are motivated to share this with others (You!)
- We would like to express our appreciation to all the CFT authors and researchers who produced the material we will discuss with you today

Declaration of Conflicts of Interest

No financial conflicts of interest to declare.

We do belong to a network of therapists using this model and we do have an affiliation with The Compassionate Mind Foundation in the UK.

Overview and Learning Objectives

Participants will gain an understanding of:

- The origins of the model of Compassion Focused Therapy (CFT)
- What CFT means by “The Tricky Brain”
- The 3 Circles Affect and Emotion Regulation Model
- The CFT definition of Compassion
- The Flows of Compassion
- How Critical Self - Self relating and Competitive Social Mentalities can be involved in depressive processes
- Ways to engage in Compassionate Self Correction rather than Self Criticism

Origins of Compassion Focused Therapy (CFT)



- Founded by Dr. Paul Gilbert, U.K.
- Compassion Focused Therapy has been around since the early 1980's
- Paul was an expert in CBT
- Published on CBT and Depression
- Noticed that many of his patients understood and could apply CBT techniques, but didn't feel better
- A common thread among these patients was a strong inner critical voice
- He started to think about ways to help patients soften self criticism.

What is Helpful?

CBT distinguishes between *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”.



Why the Shift from CBT to CFT?

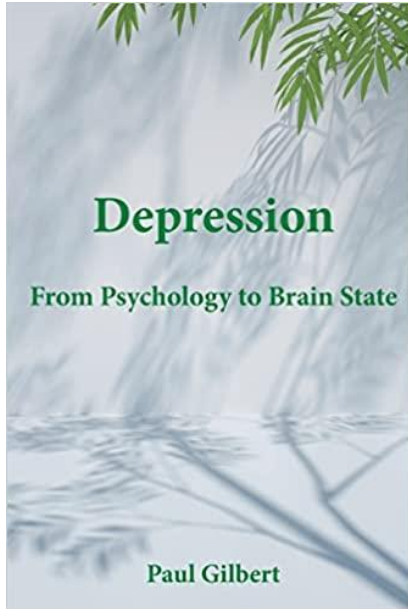
High rates of NATs (Beck), self-monitoring and critical self-judgement – even in training in mindfulness – but it is the *hostile* emotional tone that does the damage (Whelton & Greenberg, 2005)

Hostile tone, even in ‘helpful’ coping, alternative thoughts

Noticing the strong fears, blocks and resistances to care-affiliative motives and emotions

Profound grief when activating the care motivational system – the ‘yearned for’ other

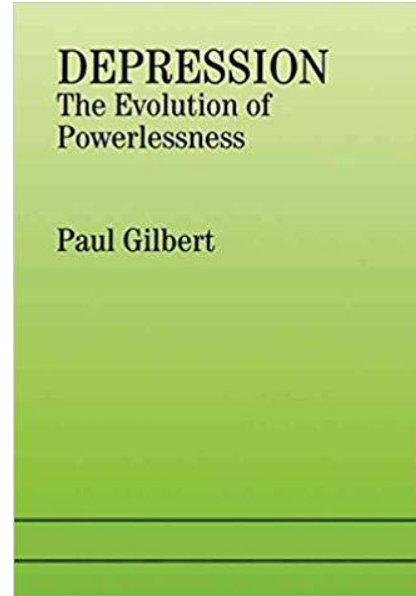
Some of Paul Gilbert's Books on Depression



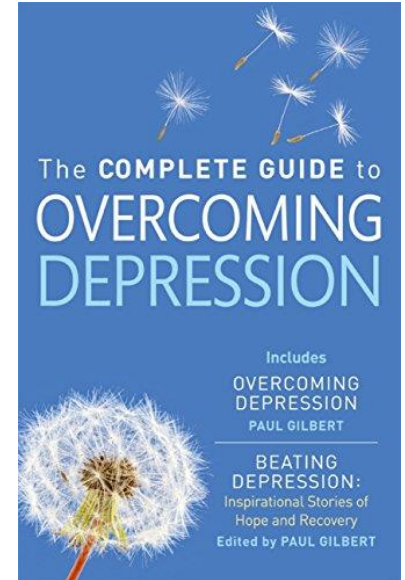
1984/2021



1989



1992



2013

CFT is not a third wave CBT model but a science based, integrative, evolution informed biopsychosocial approach to understanding the human mind and promoting prosociality and well-being.

Why Compassion?

Because life is hard!



Why Compassion?

Because it works!

“Often times compassion is not something patients have ever considered as their critic is just so strong. I like trying to support the compassionate voice that usually sounds like a whisper (if even existent at all) to become a little louder.”- UHN Clinician

“I have found myself to be less self-critical and that has made it easier to function normally. I haven't quite worked back up to 'thriving' but 'survival' has become less of a challenge” - Patient

What is Compassion?

- What do you think of when I say the word 'Compassion'?
- What has been good or positive about compassion in your personal and professional experience?
- Is there anything that is difficult or tricky about compassion?

Some relevant points regarding Compassion

1. Compassion is a motivational system rooted in ancient mammalian caring.
2. Activating this motivational system has profound effects on the organisation of the brain and body.
3. While compassion regulates and is regulated through emotions, compassionate behaviour can also be a choice, using knowing awareness and training.
4. Activating this motivational system has profound effects on the sense of self and values pursued.
5. It builds the inner courage and wisdom needed to address suffering within the self and for others.
6. Engaging with suffering is often not a pleasant experience.
7. Compassion can be a rational and moral choice.
8. People can mindfully choose to behave compassionately even when they feel angry or wish to be harmful.
9. People experiencing depression can behave in very caring ways even if they have lost feeling including to their own families.

CFT Compassion Definition

“Sensitivity to the suffering of self and others....”

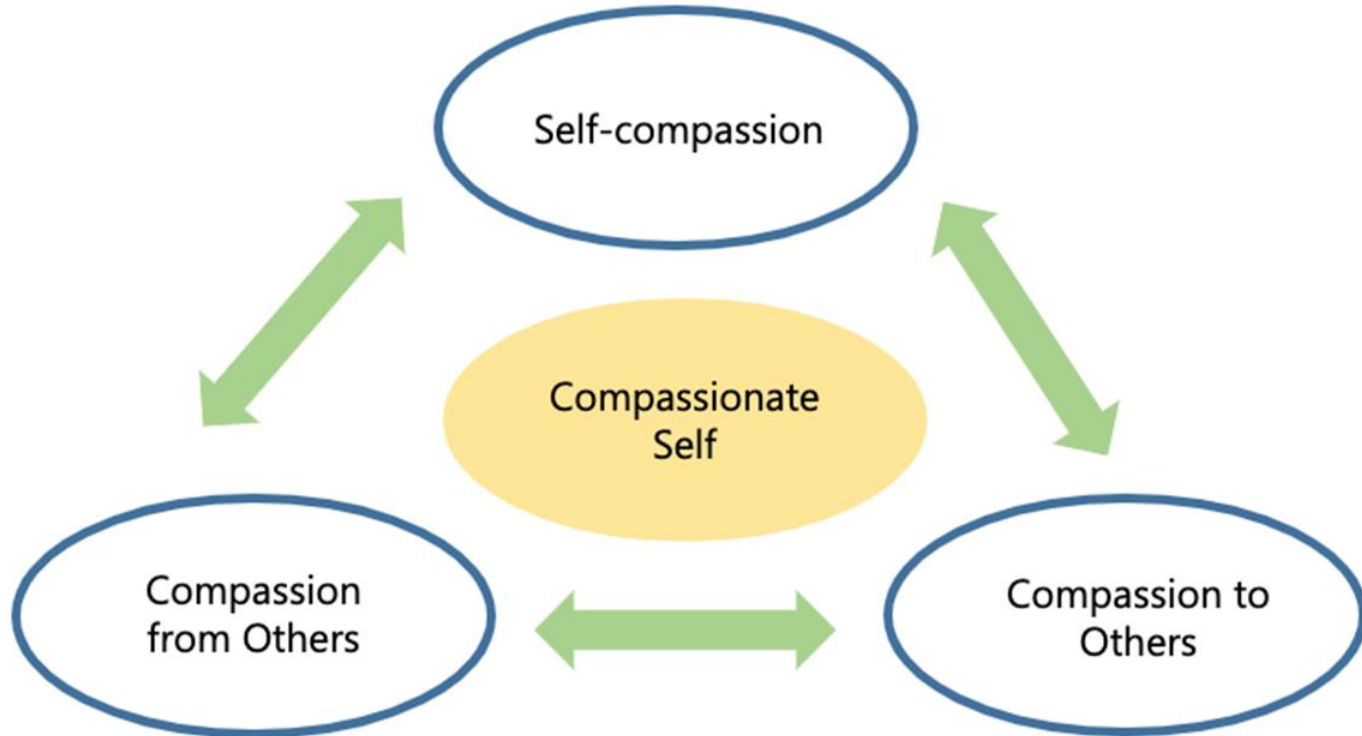
We practice turning towards & connecting with our difficult experiences. Engaging with our distress and needs in a non-judgemental manner.

“...with a commitment to try and relieve it.”

We make a commitment to relieve our or others' distress using strength, care & wisdom. Taking action in a skillful way, motivated by our care for well-being.

CFT does not view compassion as an emotional state. It is a motivation of caring commitment and a set of skills for engaging with and taking action related to emotional distress that can be learned or enhanced. Therefore, it is not state dependant.

The 3 Flows of Compassion



CFT Distinctive Features

- Psycho-education on evolved 'tricky' brain
- Multi-mind – cruel and compassionate
- Balance motives/social mentalities
- Model of affect regulation with special focus on affiliation and the parasympathetic system
- Definition of compassion
- Build compassion-focused motives, competencies and identities as inner organising systems
- Working with self-criticism and self-conscious emotions (e.g., shame and guilt)
- Work with fears, blocks and resistances to compassion and positive emotion

Experiential Exercise 1:

Experiencing the flow of compassion to others using memory

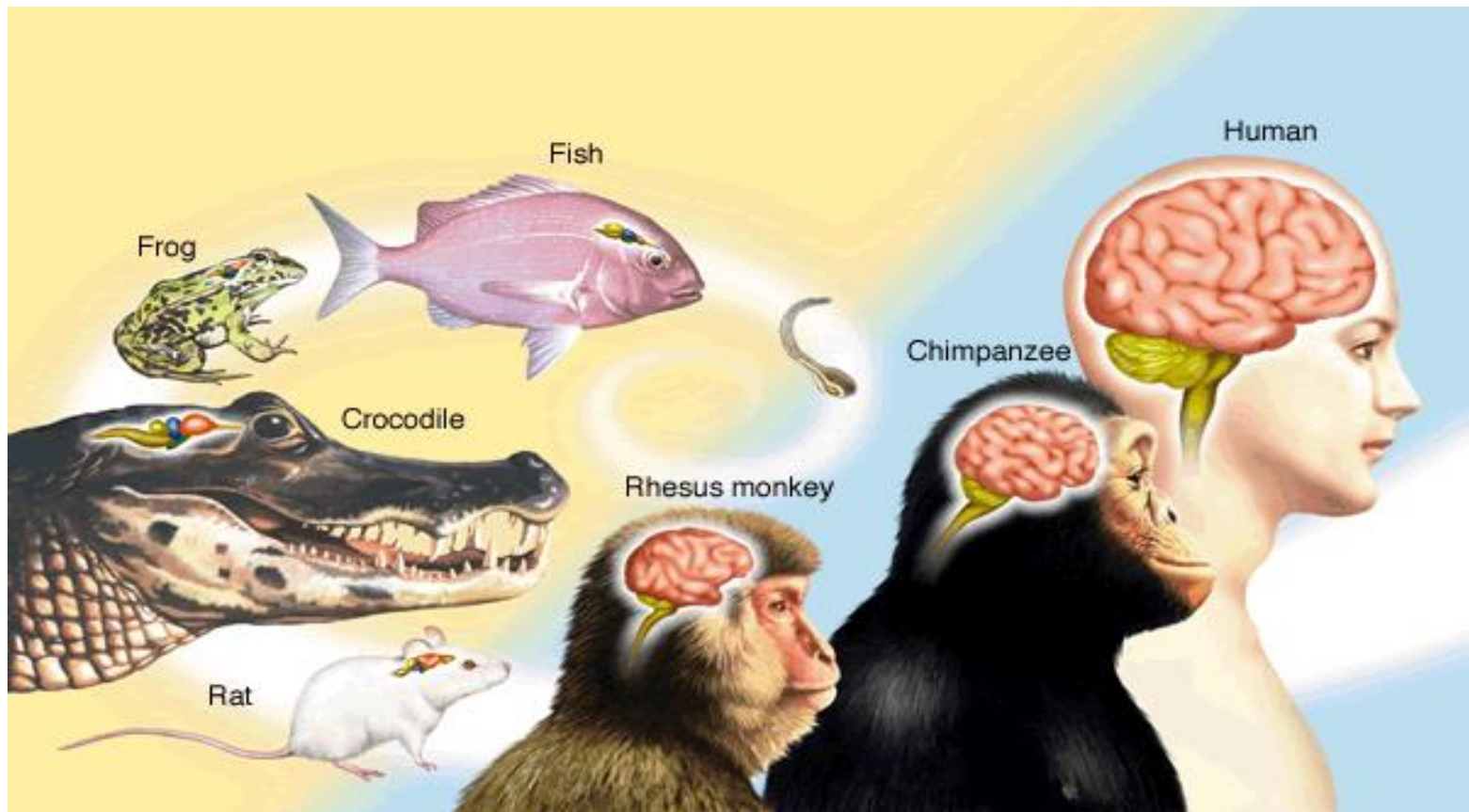
What did you experience?

Is there any understanding that comes out of that experience?

Are there any implications for what might be helpful that come out of that experience and understanding?

The Tricky Brain

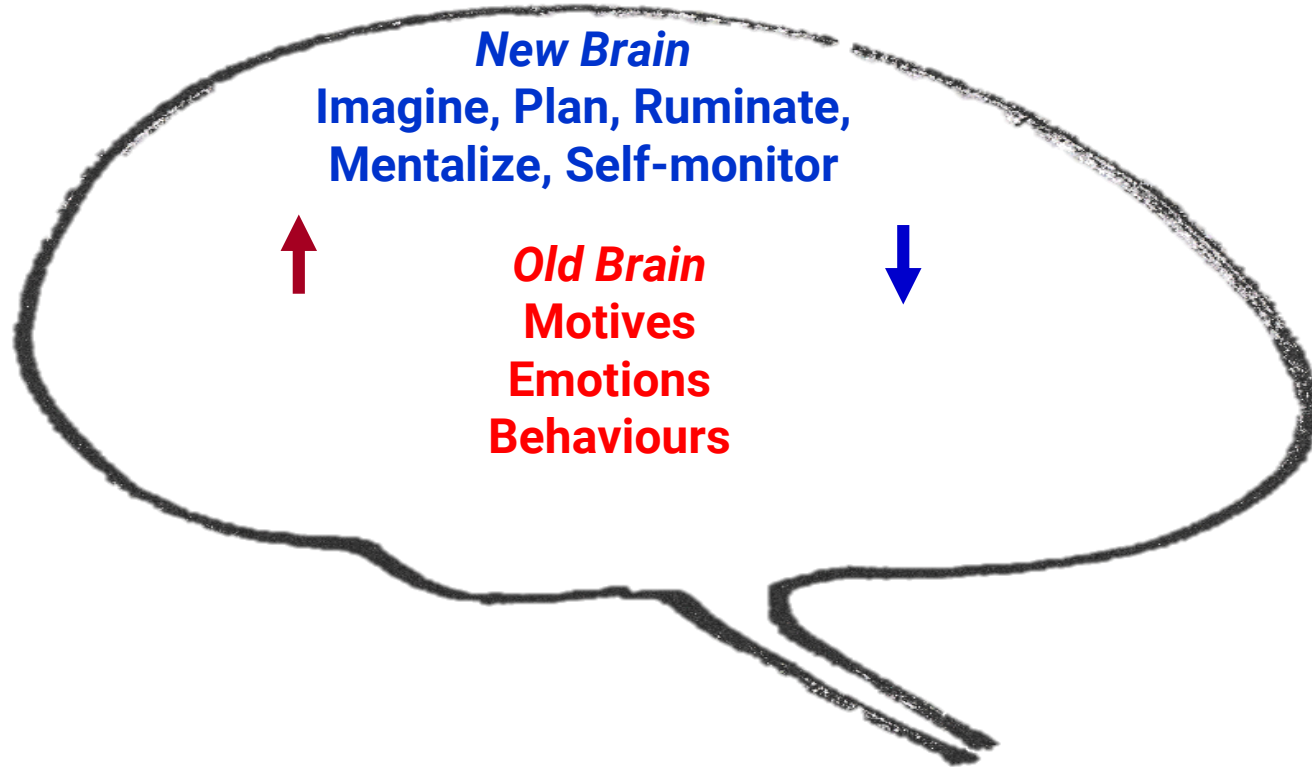
- We are all born with evolved Tricky Human Brains
- We get caught up in difficult emotions such as anger, anxiety, and sadness
- All of these emotions have a function related to keeping us safe
- We can find it difficult to get out of these emotional states
- We judge ourselves in comparison to others
- We sometimes try to motivate ourselves in ways that are harsh and critical
- We are shaped by our evolution, environments, and early learning



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

The Tricky Brain

Old Brain/New Brain Functions and Problematic Loops



Applying Mindfulness and Compassion to the Old Brain/New Brain Loops

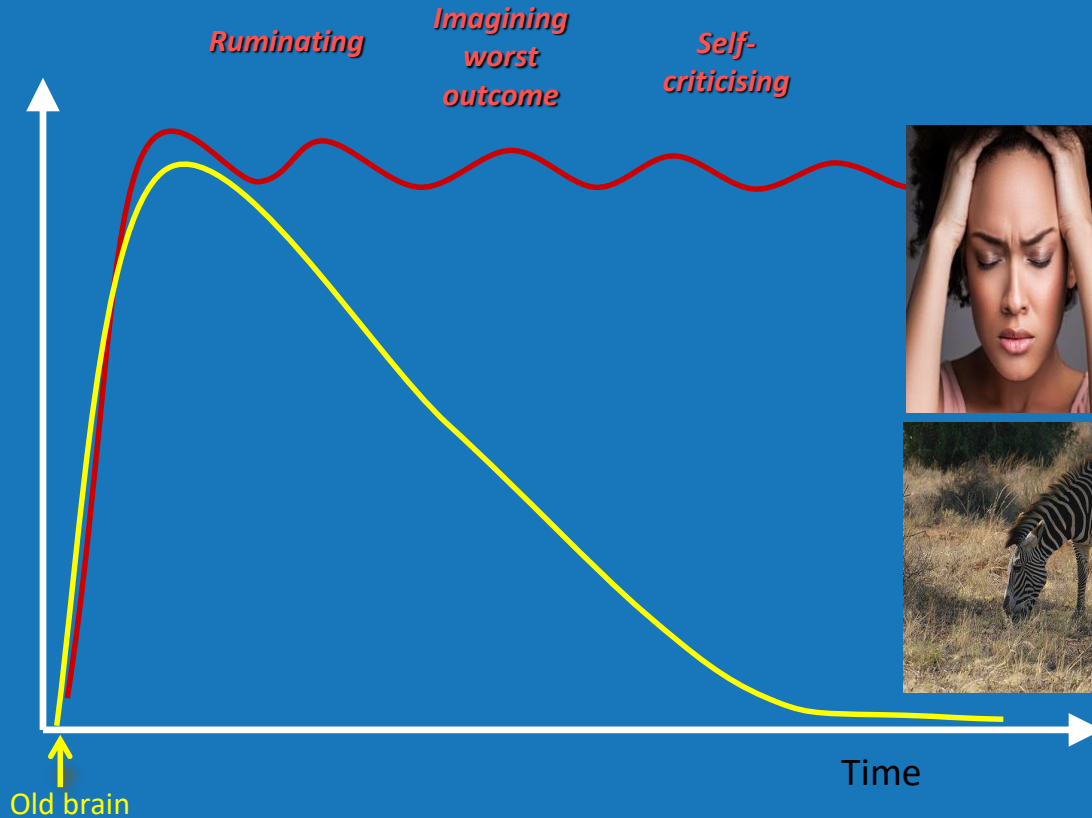


The Zebra Story



New brain

Physiological threat arousal level



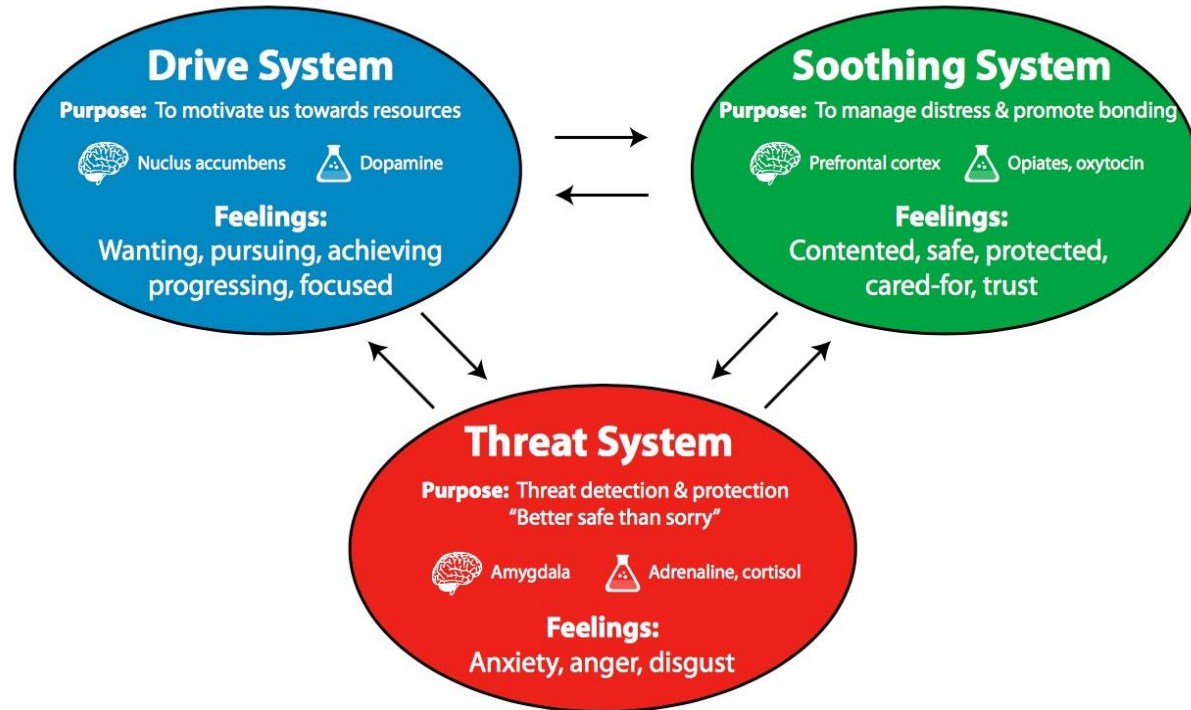
Ways to Use this Information with Clients

- The Old Brain functions can take over and make it difficult to experience the New Brain reasoning and soothing
- The New Brain can imagine things and we can experience them in the mind and body as though they're occurring in the here and now (anxious thinking, flashbacks, memories). CFT Zebra Story.
- “Tricky Brain”--It's not your fault!
 - We don't get to choose how our brains evolved
 - We don't get to choose the family we're born into
 - We don't get to choose our early developmental experiences
 - We don't get to choose whether we have trauma in our lives
 - It's important to understand how our brains effect our memories, biases, and behaviour

The 3 Circles Model of Affect and Emotion Regulation

CFT Emotion Regulation Systems

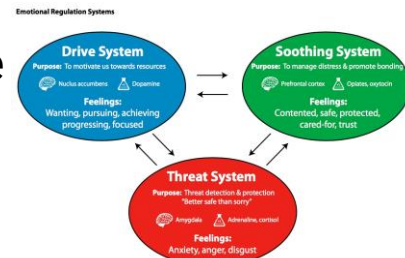
Emotional Regulation Systems



Experiential Exercise 2: Reflecting on our 3 Circles

Let's take a moment and reflect on what our 3 Circles are like when we encounter different situations and stimuli.

- Draw your 3 Circles as they are right now. What's their relative size to each other?
- Now, remember a time you felt really scared and anxious. Let yourself feel that again a little bit in this moment. What were your 3 circles like when you were in the situation?
- Remember a time you were really sad or depressed. Let yourself remember and feel what that was like in your body and mind. What were your 3 circles like then?



Types of Threat Defence

**Threat-focused
Protection and
Safety-seeking
Activating/inhibiting**

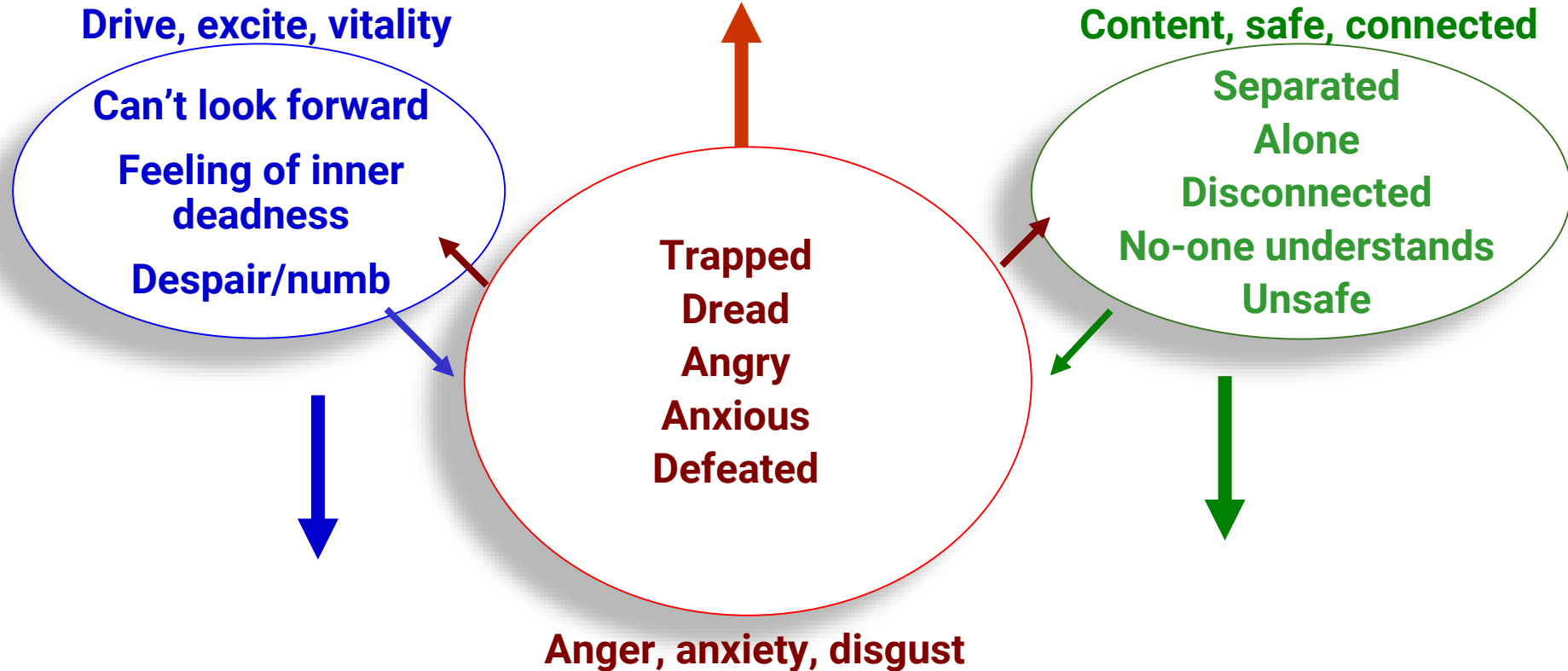
```
graph TD; A["Threat-focused Protection and Safety-seeking Activating/inhibiting"] --> B["ACTIVATION"]; A --> C["INHIBITION"]; A --> D["DEACTIVATION"];
```

ACTIVATION
**Fight/flight,
Repel,
Protest, Struggle**

INHIBITION
**Submit
Faint/freeze**

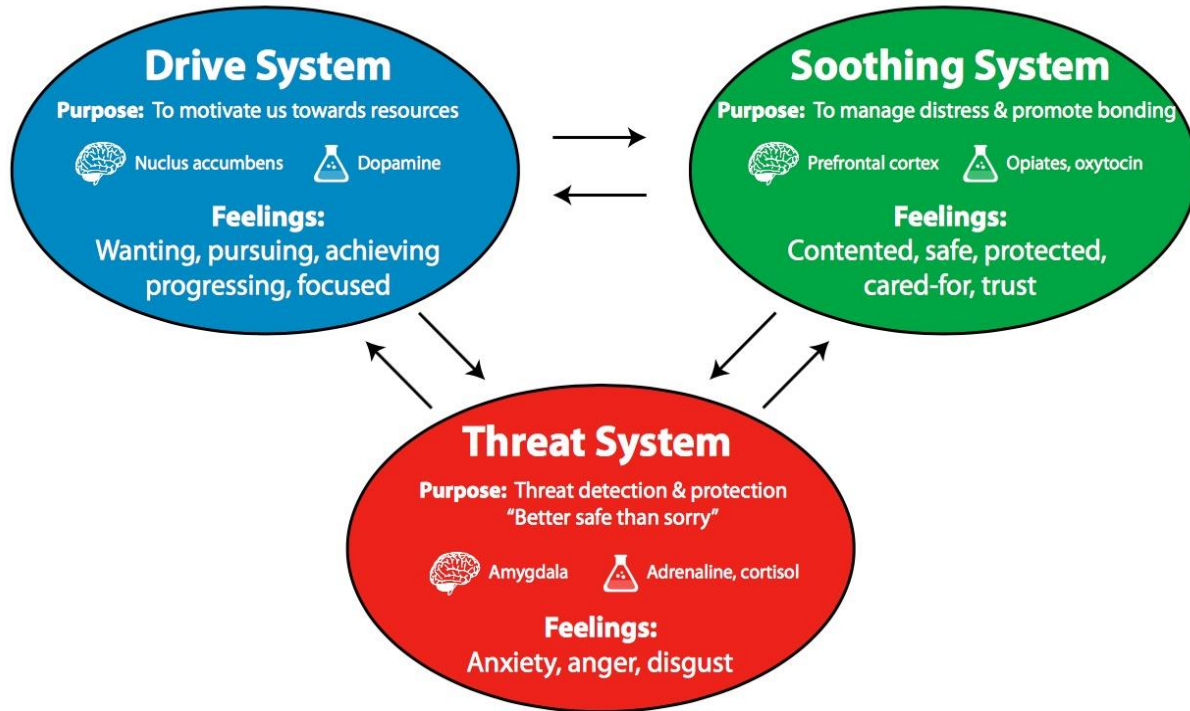
DEACTIVATION
**Demobilizing
Helplessness
Trapped, Defeated
Numb, Despair**

Depressed States Shift the Balance



Using the 3 Circles Model for Behavioural Activation

Emotional Regulation Systems



CFT - Emotion Regulation Activity Schedule

- Part of feeling good is about planning, and carrying out, activities that will help with our Emotion Regulation Systems. Try to plan activities that will help you manage your red circle and grow your blue and green circles.
- Over the next 2 weeks be intentional about trying to plan at least one activity for each system every day and record which of your circles it effected, how much it helped, and how you felt. Try to include a mix of activities with other people as well as activities you do on your own.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

The role of Social Mentalities

Why Do We Engage in Thinking that Involves Social Position, Status, and Relationships?

- We evolved to do better in groups (survival, support)
- Our ancestors who cared about how they fit into the group did better and passed their genes to us. We developed a “comparing mind”
- This comparing mind tends to leave us feeling as though we are winning and up rank, or struggling and down rank
- This can impact how we are motivated, how we think, what we do, and how we feel

What we mean by Social Mentalities

- Motives that co-evolved to enable the formation of social role relating – Dynamic, reciprocal interpersonal dances (parent-child; dominant-subordinate; sexual; friends-allies)
- Competencies for sending and decoding social signals that enable role formation (In humans increasingly rooted in empathy)
- Often require rapid processing in an integrated dance of interactions that are tracking (specific) role formation

Types of Social Mentalities

Evolved Motivational
Systems

- Care Seeking
- Care Giving
- Cooperative
- Competitive
- Sexual

Compassion Focused Therapy

Understanding and Choosing Care Giving and Care Seeking

**Caring/Help Giving
(Engaging in Compassion to
Others)**

**Specific Competencies
e.g., attention empathy**

Facilitators vs Inhibitors

**Care/Help Seeking/Receiving
(Receiving Compassion from
Others)**

**Specific Competencies
e.g., openness responsive**

Facilitators vs Inhibitors

In CFT we are not just interested in what compassion is, but also how it is experienced as a recipient – experienced as “being cared about”

Competitive vs. Caring Mentality

Competitive Mentality

Down Rank

Social comparison-
Inferior
External shame
Submissive
Striving
Angry Self-critical

Up Rank

Social comparison-
superior-entitled
Humiliation
Aggressive
Striving
Other
blaming/critical

Measures

Social comparison
External shame
Striving
Self-criticism

Caring Mentality

Distress Sensitivity

Able to help
Distress tolerant
Soothing-active
Joy-guilt
Emphatic

Self-reassuring

(CFT Experiential Exercises
focus on building these competencies)

Measures

Social comparison
Compassionate engagement and action scales
Fears of compassion scale
Self-reassurance

SOCIAL COMPARISON SCALE

Please circle a number at a point which best describes the way in which you see yourself in **comparison to others**.

For example:

Short 1 2 3 4 5 6 7 8 9 10 Tall

If you put a mark at 3 this means you see yourself as shorter than others; if you put a mark at 5 (middle) about average; and a mark at 7 somewhat taller.

If you understand the above instructions, please proceed. Circle one number on each line according to how you see yourself in relationship to others.

In relationship to others I feel:

Inferior	1	2	3	4	5	6	7	8	9	10	Superior
Incompetent	1	2	3	4	5	6	7	8	9	10	More competent
Unlikeable	1	2	3	4	5	6	7	8	9	10	More likeable
Left out	1	2	3	4	5	6	7	8	9	10	Accepted
Different	1	2	3	4	5	6	7	8	9	10	Same
Untalented	1	2	3	4	5	6	7	8	9	10	More talented
Weaker	1	2	3	4	5	6	7	8	9	10	Stronger
Unconfident	1	2	3	4	5	6	7	8	9	10	More confident
Undesirable	1	2	3	4	5	6	7	8	9	10	More desirable
Unattractive	1	2	3	4	5	6	7	8	9	10	More attractive
An outsider	1	2	3	4	5	6	7	8	9	10	An insider

SCORING

Scoring, add up all items.

Sometimes it is useful to look at the 3 items of feeling left out, different and an outsider as a measure of group fit or belongingness.

DESCRIPTION

Social Comparison Scale

This scale was developed by Allan and Gilbert (1995) to measure self-perceptions of social rank and relative social standing. This scale uses a semantic differential methodology and consists of 11 bipolar constructs. Participants are required to make a global comparison of themselves in relation to other people and to rate themselves along a ten-point scale. For example, the scale asks:

In relationship to others I feel:

Incompetent 1 2 3 4 5 6 7 8 9 10 More competent

The 11-items cover judgements concerned with rank, attractiveness and how well the person thinks they 'fit in' with others in society. Low scores point to feelings of inferiority and general low rank self-perceptions.

The scale has been found to have good reliability, with Cronbach alphas of .88 and .96 with clinical populations and .91 and .90 with student populations (Allan and Gilbert, 1995, 1997).

REFERENCES

Allan, S. & Gilbert, P. (1995). A social comparison scale: Psychometric properties and relationship to psychopathology. *Personality and Individual Differences*, 19, 293-299.

The Evolved Need to Feel Needed



Understanding and Differentiating Our Motives, Emotions, Competencies, and Behaviours

- Motives are key to the organisation of our minds and phenotypes
 - Therefore need to help clients to explore the links between motives, emotions, competencies and behaviour
- Our Social Mentalities are motivation systems related to our Social Roles and Goals

Phenotypic Variation

The Relationship between Defence and Safeness in Attachment

Attachment History

Threatening and non-investing



Primes defence system: social threat attentive - fight, flight, submissive, clinging



Social Mentality: Social rank - needing to compete for social place and resources



High-Rank Seeking: self-focused, avoidant, exploitative, aggressive
Low Rank-Avoiding: self-focused, submissive anxious, clinging



Qualities of compassion difficult to build into self-structure, withdraws or is overly distressed by others distress. Poor internal self-soothing

Safe and investing



Primes safeness system: positive social engagement, and social interest



Social Mentality: Care-concern for self and others, feels secure in social place and with self



Social Affiliation: concern with relationship quality, fairness and well-being of others, able to express warmth, investing in relationships, mutuality

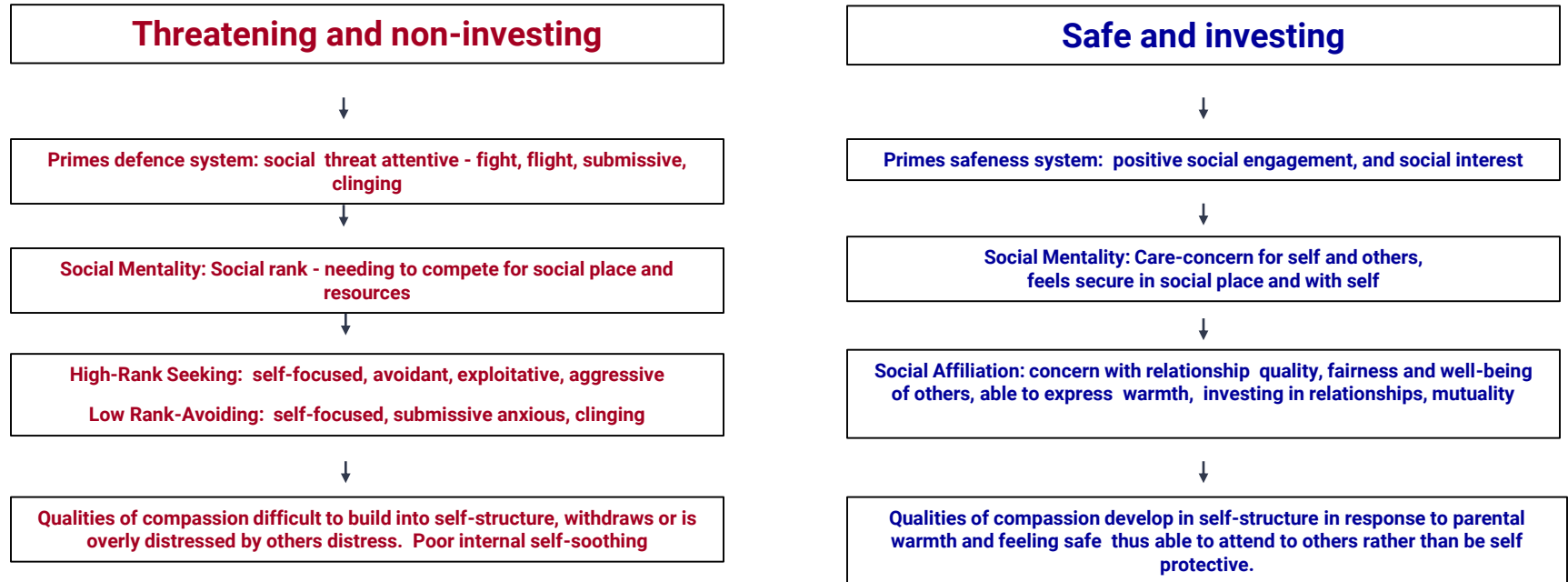


Qualities of compassion develop in self-structure in response to parental warmth and feeling safe thus able to attend to others rather than be self protective.

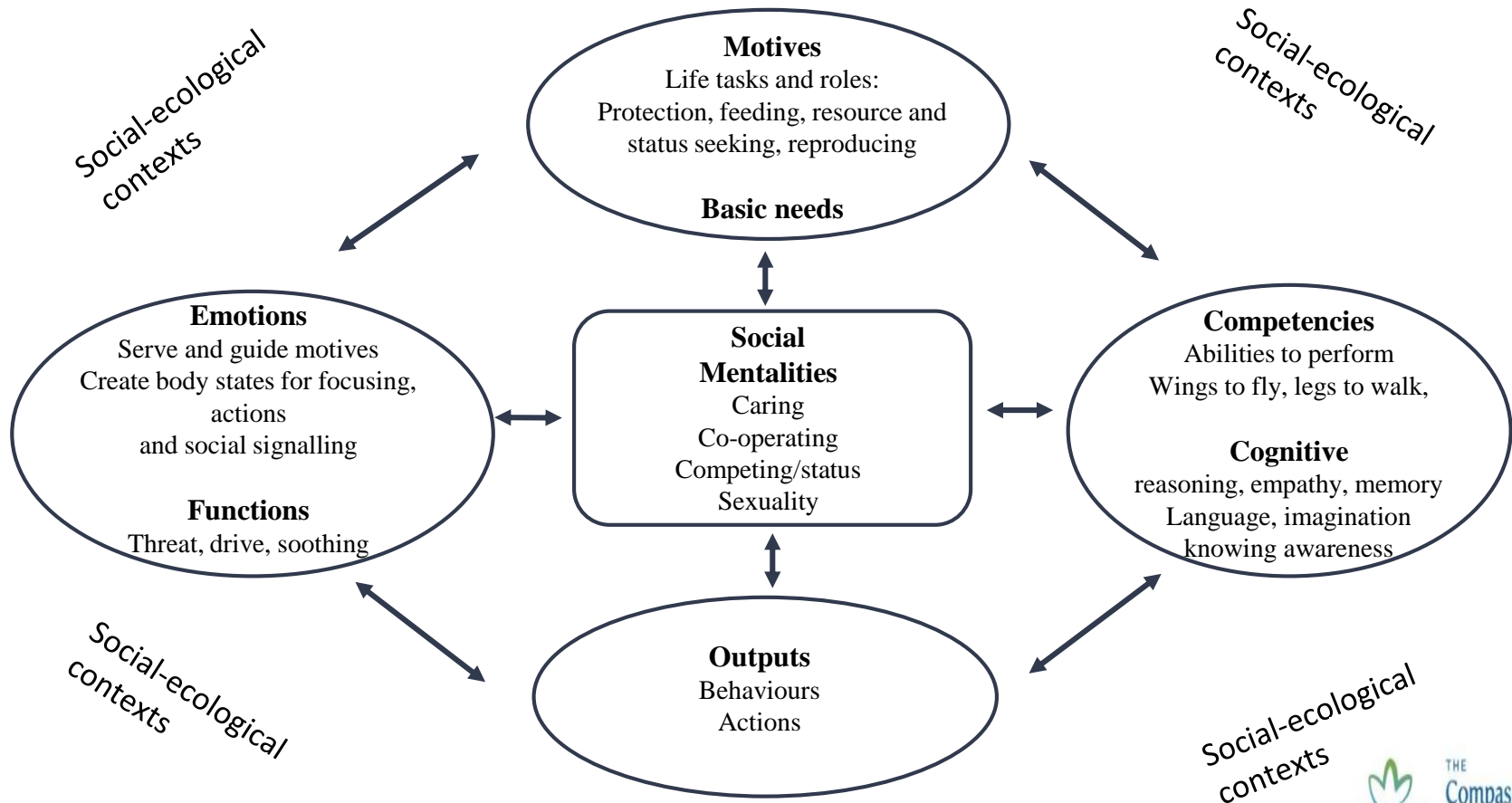
Phenotypic Variation

The Relationship between Defence and Safeness in Attachment

Attachment History



Core reciprocal interacting domains of functioning in relation to social mentalities



The Role of Self-Criticism

Self-Criticism & Depression

Individuals with depression are more likely to:

- become self-critical as mood lowers (Teasdale & Cox, 2001)
- have poor social relationships if they have high self-criticism (Zuroff et al., 1999)
- do less well with standard CBT treatment (Rector et al., 2002)

Why do We Engage in Self-Criticism?

Self-Criticism is a safety (defensive) behaviour

- As a warning of threat
- Self-correction (improvement)
- Cuing from memory or habit
- Avoid aggression (who are you protecting?)
- Identity linked (what kind of person would I be if I didn't self-attack)
- Affect regulation
- Get rid of the bad inside

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)

It is important to identify the form of self criticism as different forms call for different responses

Self-Criticism and Evolved Threat

Competitive social mentality monitoring
status, rank, social position

Surface fear may be about being a
failure, inadequate incompetent

Deep evolved threat
Social injury
Being shamed, rejected, isolated disconnected

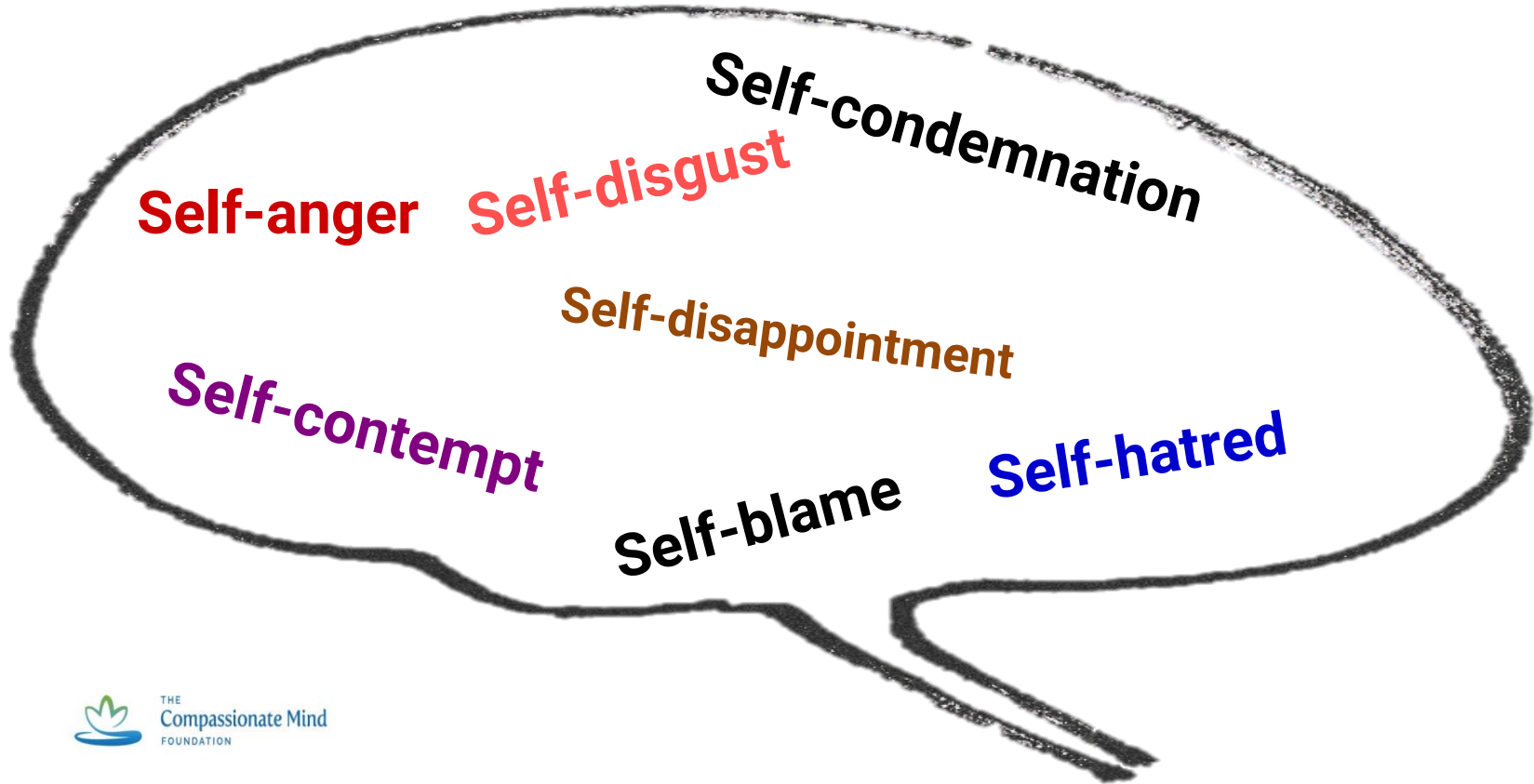
Therapeutic task: get behind self-criticism into the evolved threat and unprocessed anger, fear, and often intense inner loneliness and grief

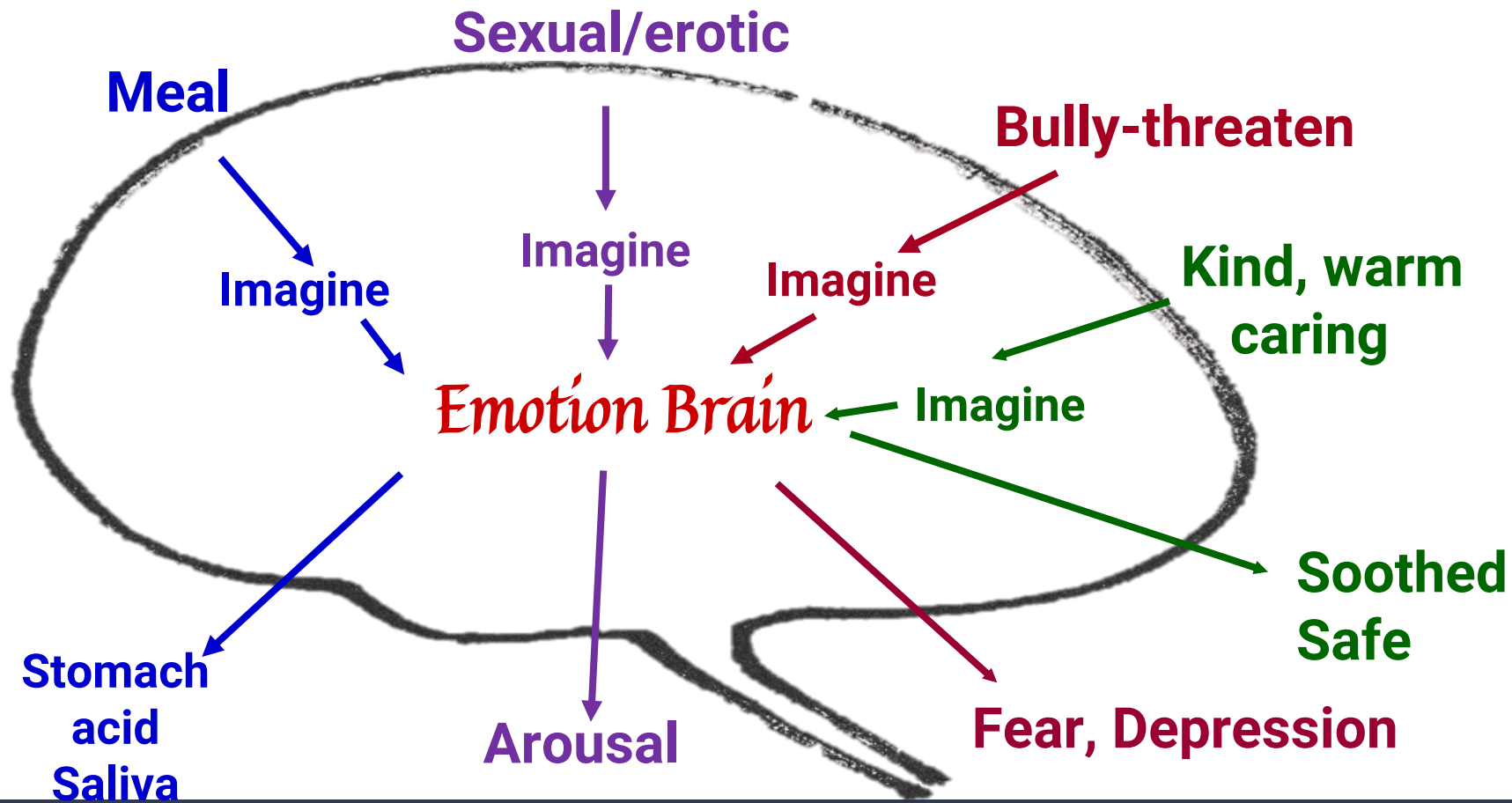
Consider sensitisation to evolved threat of:
Rejection,
interpersonal injury,
disconnection

History of criticism
bullying rejection,
abuse.

Competitive social
culture

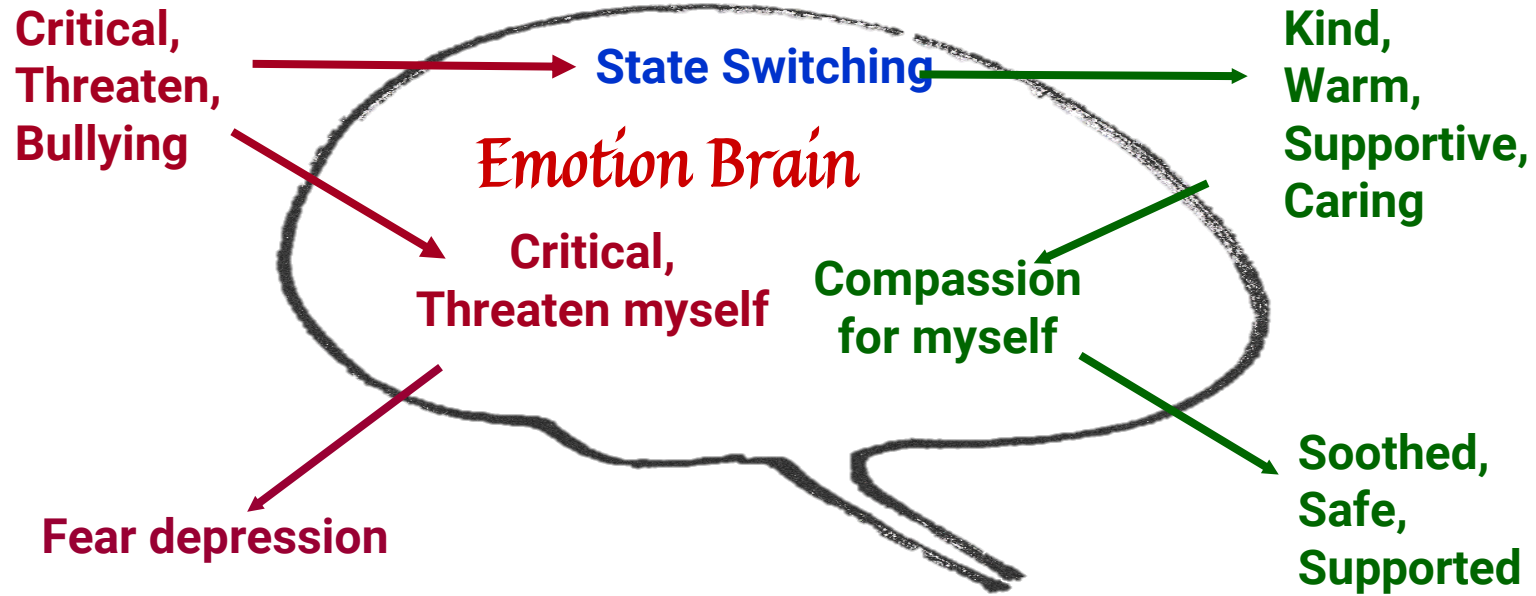
Forms of Self-Criticism





Brain-Body responses to its Own Internal Creations

Mindful Awareness Leads to Choice



Internal Roles and the Inner Relationship of Self

Two main types of internal self-to-self relationships

1. **Hostile dominant self** → **fearful, subordinated self**
2. **Caring empathetic self** → **cared for, soothed self**

Mediated through and reflected in *affect, behaviour, and self-talk*

Self-Criticism & Self-Compassion

Shame and Self-Attacking (Hostile dominant self)

- **Desire to punish and condemn**
- **Backward looking**
- **Focus on disappointment & deficits**
- **Emotions: Anger, Frustration, Anxiety, Contempt**
- **Bullying**

Compassionate Self-Correction (Caring empathetic self)

- **Desire to improve and be well**
- **Forward looking**
- **Focus on the positives and abilities**
- **Validation of setbacks and encouragement**
- **Coaching**

Disappointment Gap in Identity

Ideal Self

Competent
Successful
Assertive
Relaxed and Happy
Always kind
Positive focus

Actual Self

Tension of wanting to improve & not wanting to fall behind

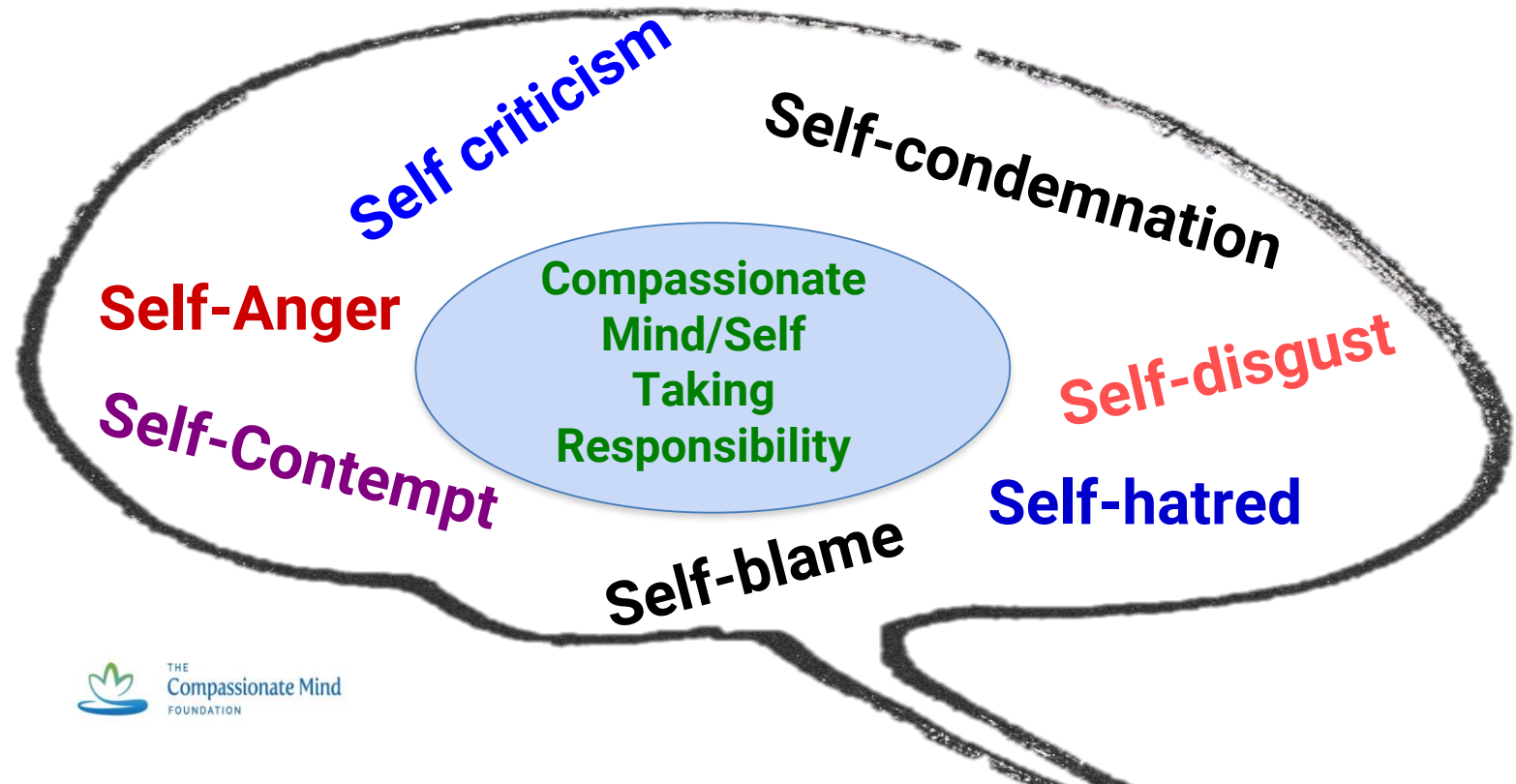
Undesired Self

Shame(d)
Inferior
Marginalized
Disconnection
Bad

Experiential Exercise 3: Meeting your Inner Critic



Incorporating the Compassionate Self



Functional Analysis of Self-Criticism

What is my greatest fear of letting it go?

I will become arrogant, lazy, and won't achieve anything

Underlying Fears

Falling behind, loss of resources, rejection, disconnection

What does it look like?

- Pointing Finger
- Angry me/parent

What does it say to me?

- You always mess up
- You're a loser

What does it feel about me?

- Anger
- Frustration
- Contempt

What does it want to do to me?

- Give up
- Shake me

What do I feel now?

Beaten down, disheartened, lost, angry, discouraged

Functional Analysis of Compassionate Self

What does my compassionate mind/self want for me?

Recognize that life is hard, hard working, me at my best, be helpful

Underlying hopes:

Develop courage and wisdom that can be used to help myself and others

What does it look like?

- Older, wiser, friendlier me
- Fluffy bear

What does it say?

- Life is hard
- Hang in there

What does it feel towards me?

- Care
- Excitement
- Belief

What does it want to do with me?

- Support
- Hold my hand

What do I feel now?

Hopeful, encouraged, realistic, open

Using Therapeutic Chairwork to Respond to the Inner Critic

Enable dialogue between the inner critic and the criticised self using chairs

1. Criticism Chair

- Ask the critic what it *thinks, feels, and wants to do* to the part of the self it is criticising (short engagements)

2. Criticised Self Chair

- Explore the experience of being criticised

3. Return to Critical Chair

- Explore how the critic responds to the hurt it has caused

4. Return to Criticised Self Chair

- Explore how this criticised self responds

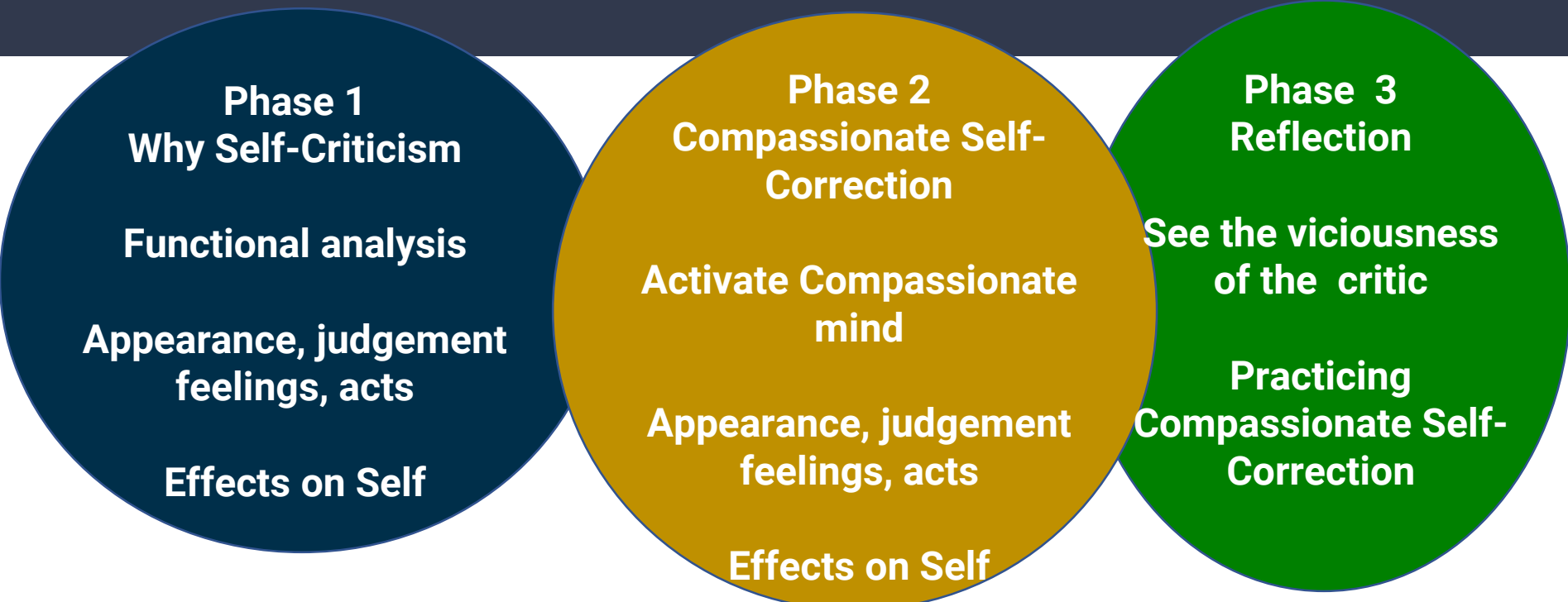
5. Compassionate Engagement

- End practice in original chair by shifting to compassionate engagement with both selves

Ways to Engage with the Inner Critic

- Invite acting techniques
- Invite the inner critic to walk around the room and experience intensity
- Explore the inner critic's greatest fears if it can't make the other part of self do what it wants
- Engage in therapy for the critic by addressing underlying fears and anxieties in the same way you might do therapy for an angry person

Summary of Working with Self-Criticism



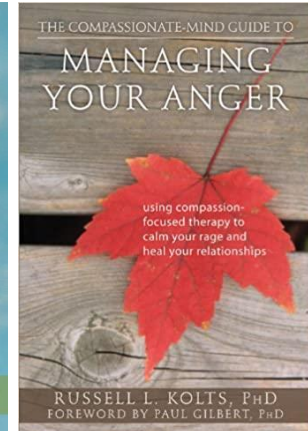
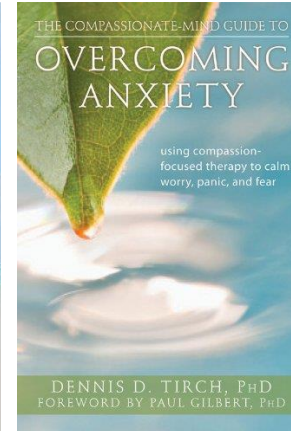
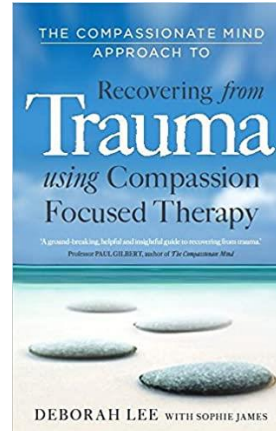
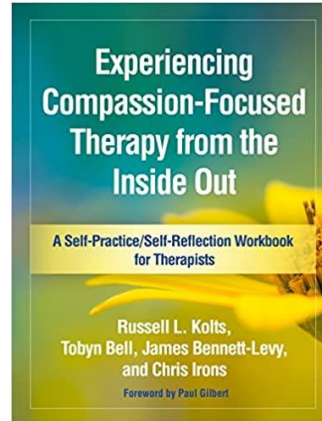
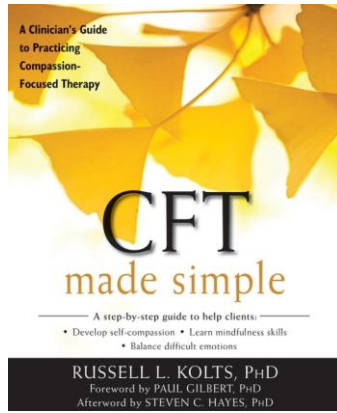
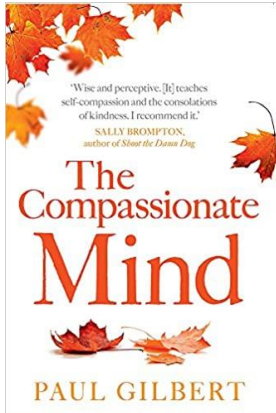
Examples of Process: Socratic dialogues, guided discovery, therapeutic chairwork, diagramming, thought experiments, behavioural experiments, acting, exposure

Summary

How CFT Can Help Our Clients with Depression

- We're all born with a Tricky Brain that impacts the way we think, feel, & act
- Our tendencies are shaped by our early emotional attachment and learning
- CFT involves approaching difficult emotions with compassion & practicing ways to engage in compassionate action
- Teaching clients the basic motivational systems of **threat**, **drive**, and **safeness/connection** can help them to regulate affect/emotion
- Competitive Social Mentalities can contribute to depression and teaching clients ways to give & seek care can help manage symptoms
- Teach how to switch states from **Self Criticism** to **Compassionate Self Correction**

Some Published Titles on Applications of CFT



Some of the published papers on CFT and Depression

- Benefits of group compassion-focused therapy for treatment-resistant depression: A pilot randomized controlled trial: Asano et al, 2022
- Social rank theory of depression: Wetherall et al 2019
- Imagining One's Compassionate Self and Coping with Life Difficulties: Gilbert and Basran, 2018
- Effect of Compassion Focused Therapy (CFT) on level of Depression and Self-compassion: Tiwari, Antony, and Acharya, 2018
- The Effectiveness of Compassion Focused Therapy on Depression and Rumination after Romantic Relationship Breakup: A Single Case Study: Soltani and Fatehizade, 2019
- A Case Report of Compassion Focused Therapy (CFT) for a Japanese Patient with Recurrent Depressive Disorder: The Importance of Layered Processes in CFT: Asano and Shimizu, 2018

CFT Resources for Clinicians

Canadian Network for Compassion Focused Therapy

- **Facebook Page** <https://www.facebook.com/CFTCan/>
- **Closed Facebook Group** <https://www.facebook.com/groups/296191724391868/>
- **Email:** CFTCan@gmail.com

Upcoming Introduction to the Theory and Practice of Compassion Focused Therapy 3 day workshops:

- **Online October 21-23, 2022** <https://www.compassionatemind.co.uk/workshops/an-introduction-to-theory-and-practice-of-cft-oct-2022>
- **In person in Toronto November 11-13, 2022** <https://www.compassionatemind.co.uk/international-trainings>

Ongoing Ottawa and Toronto CFT Community Meetings

Online or In-person CFT Peer Groups

The Compassionate Mind Foundation U.K. <https://www.compassionatemind.co.uk/> (Scales, videos, etc.)

Thank you!

Please raise “raise your hand” or type in the chat if you have any comments or questions.