



Compassion- focused therapy

*Compassion improves our mental health and helps recovery from loss and trauma. This is the message Professor of Clinical Psychology **DR PAUL GILBERT** delivered at a workshop organised by STARTTS in Sydney last February. Dr Gilbert is the author of *The Compassionate Mind: A New Approach to Life's Challenges and Overcoming Depression*. He spoke with Nooria Mehraby and Olga Yoldi.*

NM: How would you describe compassion-focused therapy? And what is different about it?

PG: Compassion-focused therapy helps clients to develop competencies to be compassionate with themselves and others. It involves understanding the nature of compassion, how it operates as a motive, how it evolves, the physiological parameters, and how to train people to practice compassion. In other words, compassion needs to be an important part of the engagement process with the client. It involves evidence-based processes, collaboration, guidance, building emotional tolerance, engaging in specific behavioural practices and mindfulness. Many therapists will say they try to be compassionate and that the relationship between the therapist and the patient must be empathic, it is true. Yet few use compassion as the focus of their therapy.

NM: How did it develop?

I was trained in Cognitive Behaviour Therapy, where you help people be aware of the negative thoughts that are causing them difficulties, such as depression, feelings of being inferior or helplessness, then stand back and take a different perspective to help clients generate alternative thoughts that will help them feel better. We found that while some clients could generate alternative thoughts, their tone was still very hostile. So I realised we couldn't rely on people just changing their thoughts, we also had to change the emotional texture of their thoughts, and that proved to be more difficult than expected because clients just didn't want to do it. They resisted engaging in feelings of compassion because they

perceived it as a sign of weakness.

Compassion-focused therapy gradually developed from the fact that many of our clients couldn't generate genuine compassionate undertones. When they tried to, they ran into all sorts of difficulties. Many clients hate themselves for being depressed and miserable. The role of the therapist is to focus on the tone, not only the content, and try to change the emotional tone to help clients engage with their own pain, their own emotions and be compassionate to the self.

OY: You mentioned in your presentation that some people change as they overcome their problems quite naturally, so when is therapy needed?

Not everyone needs therapy. Therapy is quite a recent invention. There are many approaches to help people with their minds. The Buddhist approach, which is more than 2000 years old, is about focusing and cultivating one's mind. We must not think that therapy is the only way in which people change, because people change in lots of different ways.

I am interested in the emotional systems that provide the basis of change. People come to therapy because of what they feel – anxiety, depression – not what they think. They will need therapy if they get stuck in their grieving process. Sometimes when the person feels ambivalent or angry towards the loved one who died and a sense of loss, that is a sign that the grieving process has got stuck and therapy can help. When traumatic events happen due to natural and man-made disasters, most people are best left to recover by themselves. If

they are still struggling a year later, have flashbacks and haven't settled down, those are indicators that perhaps it is time for them to get external help.

You also find that some people don't have the physiological resources to move on even though they have gone to the therapist. It is like getting fit. Some people will be able to climb a mountain, while others can't because they are unfit and need to get fit before they can do it. In the same way, we regulate our emotions not only cognitively but also by using a series of psychological systems. Some people need training to increase their abilities and understand how their frontal cortex works, so that they can stand back and find solutions to their problems based on compassion. Many clients find and suggest their own solutions. I like the way people can shift their mental state, their physiology and be able to move on. It is quite remarkable: they are quite courageous, but just get stuck along the way.

NM: You have spoken about grief and compassionate-focused therapy. How about complicated grief?

Complicated grief occurs when an anxious person with a dependent personality loses a partner who was his or her protector, the one that always made all the decisions. So when the loved one dies, the surviving partner must now face the world alone and can really struggle because there is nobody to take care of her or him. Another problem is unresolved ambivalence that can result in guilt. People say to me: "When I look back I should have done much more for my father, I should have been with him when he died." There are all kinds of problems that can make overcoming grief tricky.

If people feel anger they cannot really grieve. Here is an example of a woman who had anorexia and was living with her mother and they were having constant arguments. Then one day out of the blue the mother was taken ill and was rushed to the hospital and my client was busy and didn't go to the hospital and obviously she did not anticipate anything serious was about to happen. Unfortunately her mother died overnight. When my client got to the hospital she was already dead. She couldn't get it out of her mind that her mother had died alone, so what we did was work the anger she felt against herself and towards the hospital because she thought the hospital had made mistakes as her mother was fine the night before she died. She was getting flashbacks of her mother being in the hospital dead, alone. We had to work through those emotions, and the next thing was allowing herself to work on forgiveness.

I helped her through the flashbacks. I suggested to

do a video play. I said: "Just imagine now that you are with your Mum and what happens next is the undertakers come, then there is the ceremony and the cremation. I just want to make you work through that process. Now just imagine your mother could come back to you and talk to you. What would you mother say to you? How would she like you to live your life now?" She then did this imaginary dialogue with her mother, then I said: "How would your mother like you to remember her? Would your mother like you to remember her as a dead person? Or as a vibrant, caring mother?" She said: "Yes, my mother would like me to remember her, at her best." I said: "That is the most compassionate thing you could do for anybody, to remember them as they would like to be remembered." She cried a lot. Then she created images of her mother as she would like to be remembered. That facilitated a lot of grieving, so rather than getting stuck on the arguments they had and feelings of guilt, she was able to say every time she looked at her mother: "I will remember you as you would like to be remembered".

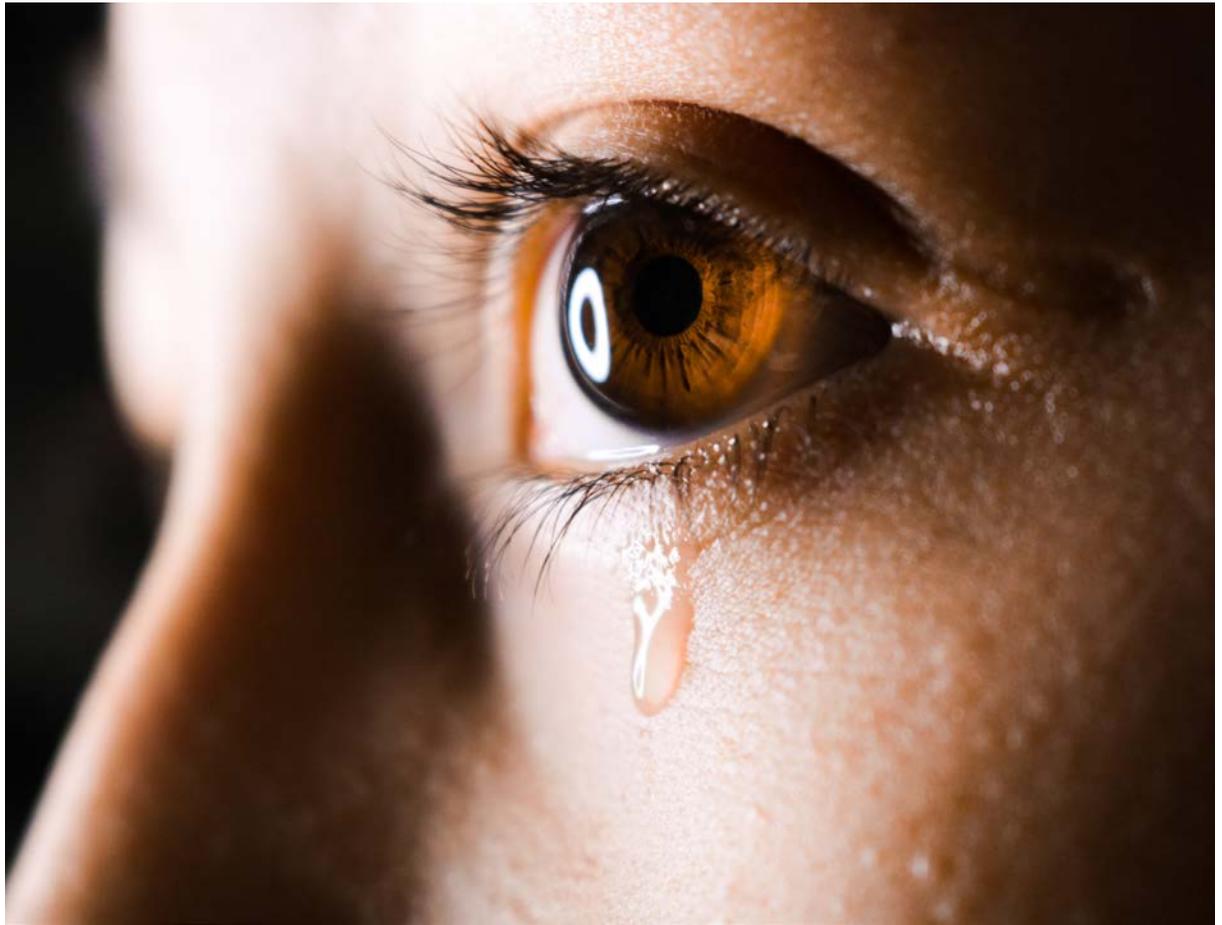
OY: You mentioned the human mind can be terribly dangerous.

The human mind is the most dangerous thing we have. Psychologist Rick Hanson says the mind is like Velcro for the negative and Teflon for the positive. The negative sticks more – because the mind is all about threats, which is important from an evolutionary point of view – but we can get trapped ruminating about what has happened to us. We have a multi-mind. This is a mind that has different programs, a lot of motivational systems planted into it, and can take you into different directions.

When people say "I am trying to find the real me, you are wasting your time", there is no real you. It doesn't exist. The mind is like water: it can contain a poison or a medicine.

The brain can do amazing things, we have the capacity for language and human awareness, but sometimes our thoughts can drive us mad. When it chooses, the mind can be vindictive, as our long history of tribal violence shows. Millions have been killed by other humans. Tribalism is the curse of humanity and right-wing parties play on it all the time. Now we don't have politicians who are orientated to be peace-makers. At the moment many are creating tribal boundaries, which is terrible. Brexit is a good example.

The history of humanity shows there is a dark side. I am interested in the Roman Empire, the cruelty of it. The Roman games were horrendous. Thousands of people were killed in the Coliseum just to entertain others. They had



to be killed slowly. It is unimaginable something like that happening today.

OY: Why do you think there is so much depression and suffering? Is it because most people live in urban competitive environments?

Yes, and also environments where some people are very poor in a sea of plenty. Depression is much more common in poor communities than in wealthy communities. Depression is more common in women due to a lack of external employment, a lack of confidence, being trapped in the house with small children with nobody to talk to, with an absent husband who is gambling or drinking, with no family support and struggling on their own. Certain types of lifestyles increase the risk of depression. Loneliness is a huge issue, as is the sense of disconnection. More young people are now living alone and have only short-term relationships.

When we are confronted with the enormous suffering in the world, we question why we suffer. We need to explore suffering in terms of the flow of life and our

common struggles. You are built by your genes and your genes are built to do certain things. You did not design your brain. It has been built for you, not by you. You did not choose to have a brain that triggers rage and depression. It is not your fault, so try to work out what would be helpful. I would say that while life is full of suffering, what makes it bearable are the joys that we bring in our relations with each other.

OY: Should children be trained to manage their emotions? And should this be part of our education system, because once we are adults it is more difficult?

There are many approaches in which this can be done through mindfulness, emotional resilience and emotional education and training for children. It would be important to build it into the school curriculum. This way bullying could be better addressed and children could learn how to be respectful and compassionate towards themselves and others. Unfortunately, we only teach them to compete and prepare them to be successful in a career. We don't teach how to be compassionate



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citizens, how to care for others and themselves. We need to teach children that the mind is very tricky and can easily take them to dark places.

NM: Most of our clients present with survival guilt for having left family and friends behind. Some feel a desire for revenge and hatred towards the perpetrators or the regime that caused so much suffering. How can you use compassion or forgiveness in these cases?

There is some wonderful work by Dr Robert Enright, the director of the International Forgiveness Institute in the US. He did work with Holocaust survivors and found three different groups. The first had forgiven the Nazis because it was part of their religion, they believed God wanted them to forgive their enemies, but they were struggling and had difficulties with it.

The second group had not forgiven the Nazis 30 years later and they were really struggling with it.

The third group had forgiven, because they realised that if they didn't forgive they would forever be chained to the Nazis so decided to free themselves from those early experiences. For those individuals it was the freedom from the self which was essential to move on, which is the great spirit of forgiveness.

In some cases people believe that if they forgive the enemy they will betray the memory of the people that were killed. They would say: "I cannot forgive them because that would be a betrayal. I have to keep fighting

to keep the memory of the people alive." As a therapist you need to work that dynamic of treason, perpetrator and forgiveness, the fears clients may have that if the victim knew they had forgiven the perpetrator they would feel betrayed. The therapist has to work in that triangle and again there is a lot of grieving.

OY: Do you think the relationship with oneself is the most challenging?

Yes It is. Every day I see the extraordinary suffering some people go through and their courage. The most important thing is the wisdom of compassion. It is the emotional understanding of their problems that contributes to the healing process, but it is a tricky and a bumpy road. The key issue is to understand that the mind has different motivational systems. It is important to understand the patterns of brain activity and then getting these patterns into position to better regulate threats and emotions.

NM: What are the key messages participants will take from your training workshop?

I would advise them to spend some time creating an image of how they would like to be best in their practice. In sport it's the same. You have a vision of the shot you want to play in tennis and you practise it. If you don't know what shot to play you cannot practise it. If you say "today I am going to practise patience" and whenever I notice myself becoming impatient I practise and breathe, or "today I am going to practise tolerance and whenever I notice intolerant thoughts coming into my mind I am going to practise bringing myself back to the position of tolerance". The key thing is having some kind of idea about what it is you are trying to become, because generally speaking we are not taught how to practise and build these qualities into habits. Your mind is like a garden: if you leave it alone it will grow, but you may not like the way it turns out. Your mind will grow, change and develop according to what you do with your life. But if you don't practise cultivating the good in you, you might not like the way your mind turns out. It is the same with our bodies: if you let it go you might not like the way it turns out, but if you spend time cultivating it through a good lifestyle you may have a nice body.

I would say therapy is not an easy profession. People come with pain. Focus on what is helpful. One must choose to live as a compassionate person, adopting the motto: "I will live my life to be helpful, not hurtful, therefore I need to be mindful that I am being kind to myself and others." R