Why Compassion Matters: Forensics and Neurodevelopmental Conditions

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Workshop Today

- Theory and model of CFT
- Some experiential exercises.....
- Therapeutic approach with people with neurodevelopmental disorders
- Application in forensic settings
CFT originally developed to help those who suffer from shame (Gilbert, 2010)

- **Shame** = negative feelings focused on view of self
- Different to *guilt* – where focus is on behaviour
- Shame related to basic human need for people to be thought of positively in the minds of others (De Zuleta, 2007; Gilbert, 2010) but also themselves...
- Shame is associated with experience of neglect and abuse
Intense feelings of shame tend to be associated with the experience of rejection and exclusion in intimate and peer relationships (Gilbert, 2010) → feelings of threat, paranoia and social anxiety.

Guilt and shame can be very disabling to the self and have a very negative effect upon social behaviour → obstruct the processing of emotional information and affect help-seeking behaviour (Gilbert, 1997).

Relationships create a ‘blueprint’ in our minds regarding how we are regarded by others (Bowlby’s IWM)
Belief others think of us in negative ways → experience of shame → sometimes we become submissive and withdrawn or conversely by becoming **hostile and aggressive** (De Zulueta, 2007; Gilligan, 1996; Fonagy, 2004).

Shame = threat to the Ego resulting in a fear of annihilation of the Self → capacity to mentalize protects against this (Fonagy 2004)

Shamed people often become defensive and “turn the tables,” externalize blame and anger outward onto a convenient scapegoat (Lewis, 1971; Scheff & Retzinger, 1991; Tangney, 1990) → control and superiority regained
SHAME AND MENTAL HEALTH

Shame - associated with numerous forms of mental illness e.g. depression (Andrews, Qian, & Valentine, 2002; De Rubeis & Hollestein, 2009), post-traumatic stress disorder (PTSD; Leskela, Dieperink, & Thuras, 2002; Andrews, Brewin, Rose, & Kirk, 2000) and obsessive compulsive disorder (OCD; Weingarden & Renshaw, 2015).

* Deliberate self-harm (Brown et al., 2009) and social anxiety often result of internalized shame response involving an *internal hostile self-to-self relationship*, or ‘self-criticism’ (Gilbert 1998, 2000; Gilbert and Irons 2009; Gilbert et al. 2004)

* Can lead to greater risk of suicidal desire (Arditte, Morabito, Shaw & Timpano, 2016)
Mental illness is often associated with shame and humiliation due to negative self-to-self and other-to-self relating, or internalised and externalised shame (Lee & Scragg, 2001).

This can be especially relevant for children and adults with ASD, ADHD and/or learning disabilities.

Research and practice suggest that people with developmental conditions are at risk of developing mental health difficulties (Tantam, 2013).

WHY IS THIS......??
In addition, the early lives of people who have committed offences are commonly characterised by neglect and trauma → intense feelings of shame that is defended against by acts of violence (De Zulueta, 2007; Gilligan, 1996; Fonagy, 2004).

Offending → reinforced feelings of shame

Further offending behaviour

Where people who have committed offences then develop mental illness → stigma and shame intensified → ever-increasing cycle of self-hatred in addition to fear and anger towards the society that brings about this stigma.

How is this relevant to us??
Reflect for a few moments upon the way this relates to your patients
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
CFT Model

We have complex brains and minds that are difficult to understand and regulate

1. Old Brain
   Emotions: Anger, anxiety, sadness, joy, lust
   Behaviours: Fight, flight, withdraw, engage
   Relationships: Sex, status, attachment, tribalism

2. New Brain
   Imagination, fantasise, look back and forward, plan, ruminate
   Integration of mental abilities
   Self-awareness, self-identity, and self-feeling

3. Social Brain
   Need for affection and care
   Socially responsive, self-experience and motives

What happens when new brain is recruited to pursue old brain passions?
3 Types of Affect Regulator Systems

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

- **Non-wanting/Affiliative focused**
  - Safeness-kindness
  - Soothing

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

**Anger, anxiety, disgust**

(Parc Gilbert, 2010)
Compassion, An Antidote to Shame?

Compassion

“A sensitivity to the suffering of self and others with a deep commitment to try to relieve it” (Dalai Lama)

Involves:

- Bravery and courage
- Empathy
- Wisdom
- Acceptance
- Responsibility
- Motivation
Key Targets of Therapy

- Attention
- Thinking Reasoning
- Imagery Fantasy
- Behaviour
- Motivation
- Emotions

Their pattern gives rise to a certain type of mind

(Paul Gilbert, 2017)
What if the central focus was threat/self-criticism?

(Paul Gilbert, 2017)
Our thoughts and images affect our brains…

Emotion Brain

- Meal
- Sexual
- Bully-threat
- Sex
- Stomach acid
- Salvia
- Arousal
- Compassion
- Soothed
- Safe
- Fearful
- Depressed

Pink represents our inner images and thoughts

(Paul Gilbert, 2017)
Self-Criticism

Worry

Rumination

Internal Threat and Soothing

Threat

Calms

Affiliative/Soothing

Compassionate Re-focusing

Compassionate imagery

(Paul Gilbert, 2017)
People with chronic problems often have

* High levels of shame
* Are often self-critical
* Tend to be self-disliking, or self-hating
* Live in a world of constant internal and external threat
* Have few experiences of feeling safe or soothed and are not able to do this for themselves

→ Inner compassion soothes and rebalances the internal threat system
People often have a fear of compassion for themselves and others…

“it is weak”
“It is indulgent”
“Others will take advantage of me”
“it reminds me of being abused/bullied”
PROBLEM - Compassion is a threat

Shame-self criticism
Fear of closeness
Trauma Memory
Meta-beliefs
Mentalizing

Compassionate imagery
Re-focusing

(Paul Gilbert, 2017)
Bowlby: Kindness opens the attachment system and then whatever fears, anger or despair is coded there will become available and can be intensely threatening

(Paul Gilbert, 2017)
Therapy
Life history and contextual rather than symptom focused

- Formulate:
  - Background
    - Key threats
    - Safety strategies
    - Unintended consequence

- High focus on validation, on “it was not your fault”
- Focus on courage and “doing your best”
- Clarify three circle model and why we explore helpful behaviour for each circle
- Desensitisation to affiliative positive affect – to be able to feel safe and self compassionate
Some Practice

Getting to know our inner critic

Pair up with someone who is of a different band to you and share with each other:

- How often are you critical of yourself?
- What do you typically criticize?
- Why do you think you are so critical of yourself?
- Does the voice of the inner critic remind you of someone?
- Does the inner critic do any good things for you or help in any way?
- What harmful things does the inner critic do to you?
- Is your inner critic fair, objective, balanced and caring? If not, why should you believe it?

From: Learning Self-Compassion by Kristin Neff
Reflections

Feed back to whole group:

* Was there any commonality in areas of criticism?
* How did this ‘feel’ talking about it to someone else?
* Did you learn anything from it?
* How would you feel sharing some of your thoughts with patients?
Your Compassionate Place
Reflections...?

Share with the group:
* Did you have any difficulties? If so what were they?
* What your compassionate place was like
* How you felt being ‘in’ your compassionate place
Reflect upon CFT model and shame for a few moments regarding the patient group you work with

* How do we see Shame and humiliation expressing itself in patients?
* How do we normally deal with that behaviour?
* What effect might this have upon the threat, drive and self-soothing systems?
* How can you use the CFT model to prevent and respond to aggressive/hostile/violent behaviour?

Attachment related deficits in compassion may have a wider link to offending because they enable detachment from consequences of offending (Baim & Guthrie, 2014)
CFT with People who have Committed Offences

When feeling emotions such as anger & vengefulness, Compassionate Mind training aims to:

* Motivate others not to be controlled by negative emotions
* Be sensitive to their own sensitivities
* Be sympathetic to suffering in self and other
* Be more tolerant of self and others
* To accept responsibility for their behaviour now, in the past and in the future
* Develop feelings of empathy for others’ situations
* To be non-judgmental and less condemning (Gilbert, 2010)

_CFT might challenge processes that sustain a “criminal identity”_ (Boduszek & Hyland, 2011).
Clark (2012) treating others compassionately and being treated similarly by others becomes internalised into self-compassion. Helps progress from the experience of internalized shame to that of guilt.

Shame condemns the self whereas guilt admonishes behaviour and reflects a need for reparation through responsibility.

When shame is detached from the self, allowing the experience of guilt, (facilitated by self-compassion), acceptance of the self and reintegration back into society may be possible (Tangney, Stuewif & Hafex, 2011).
Early experience of threat often related to shame and paranoia

Others can be experienced as shaming, controlling and persecutory

Shame can block the affect regulation system → shame is internal → no rescue

Others seen as malevolent – but inner self-self hostility is intolerable → anger, meltdowns, mental health problems (incl. psychosis)

Be sensitive – Be patient – BE WARM......

Try to avoid ‘homework’ – esp. with people with ADHD

Be prepared to practice lots – distraction is inevitable
How could this model be used with someone you work with who has difficulties with anger, paranoia, depression and anxiety?

Can you see any potential obstacles?

Formulate with care – take time and avoid going into depth too quickly as this can be traumatising.

Becoming angry and controlling towards the self critic is like becoming angry and controlling towards ourselves → we try to adopt a compassionate approach to our critical side, carefully and sensitively.
CFT for Developmental Disabilities

- Room needs to be free of clutter or distraction hinders concentration
- If group – use clear ppt slides – not too much on each one
- Often group members require support with understanding the exercises – they are quite abstract!
- **Scaffolding** → Zone of Proximal Development
- Use clear language – but avoid speaking down to person – some people with ASD/ADHD/LD have language processing difficulties and require a pause between sentences (though they understand very well)
- Patients may require more encouragement to speak if they are socially anxious (esp. if history of bullying and scapegoating)
Overcoming Barriers to Abstract Exercises

* Use diagrams and pictures if this is preferred learning style of individual to help with imagery – e.g. DRAW your compassionate place/WRITE about it first

* Keep a folder/scrap book to review sessions if patient feels lost or stuck

* Use a bag/box of objects for self soothing and to aid imagery → something to hold, something to smell, something to listen to (e.g. crackly paper = fire side/shell = sea), something to look at (photograph, pebble…) and something to taste.

* Use cards to describe feelings

* Circle of emotions/faces

* Symbols that represent patient’s emotions
May I be safe and free from harm
May I be peaceful and happy
May I be healthy and strong
May I live with ease

From The Compassionate Mind by Paul Gilbert
QUESTIONS?
Useful resources etc.

Compassionate Mind Websites:
* https://compassionatemind.co.uk
* http://self-compassion.org

YouTube videos by:
* Eleanor Longdon
* Brene Brown
* Kristin Neff

Books:
* Russel Kolts - Compassion Focused Therapy Made Simple
* Paul Gilbert - CFT: distinctive Features
* Paul Gilbert - The Compassionate Mind
* Kristin Neff – Self Compassion
References


