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CFT for Psychosis – Manual

Overview of therapy levels
The ordering of 1-5 levels is to guide the therapist through the therapy content. In reality this is a process-driven therapy, so therapists will be following the client, using clinical judgment, supervision, and collaborative discussion to transition to/from each level. This may involve re-ordering levels 1-5, blending one with another, or skipping one out completely. The phrases below are also to guide, rather than to quote. The therapist will be talking to clients in their own language, at their own pace, using Socratic questioning, and attending to process.

Starting therapy		**S.1.** Human connection and collaboration **S.2.** Feelings about being here, and hopes **S.3.** Definitions of compassion
1 (↑↓)	**Establishing *safeness* and connection**	**1.** **1.1.** External safeness – social safeness from the 'outside-in' **1.1.1.** Connectedness (family, friends, peers, communities) **1.1.2.** Environments (physical) **1.2.** Internal safeness – social safeness from the 'inside-out' **1.2.1.** Safeness physiology (grounding, body, breathing) **1.2.2.** Safeness imagery (safe place)
2 (↑↓)	**Learning about evolved (tricky) brains, emotional systems, & multiple selves**	**2.1.** Tricky brain and loops **2.2.** 3 circles: threat; drive; soothing **2.3.** The power of attention **2.4.** Normal brains operating under difficult conditions **2.4.1.** Multiple selves **2.4.2.** Dissociation **2.4.3.** Hearing voices and over-estimating threat
3 (↑↓)	**Understanding how my emotions and mind have become shaped**	**3.1.** '3 circles' assessment & formulation **3.2.** Threat-focused assessment & formulation **3.3.** Social mentality assessment & formulation **3.4.** Functional analysis & making sense of voices / beliefs
4 (↑↓)	**Building the compassionate self**	**4.1.** Qualities of the compassionate self **4.2.** Compassionate Mind Training (CMT) **4.2.1.** Body posture, facial expression, voice tone **4.2.2.** Compassionate imagery (self and other) **4.2.3.** Fears, blocks, & resistances (FBRs) **4.3.** Becoming your compassionate self in daily life
5 (↑↓)	**Directing compassion to self, others, emotional parts, and voices**	**5.1.** Directing compassion to self / multiple selves / emotional parts / voices **5.1.1.** Compassionate relating in sessions **5.1.2.** Compassionate relating in daily life **5.2.** Developing compassion to, and from, other people **5.2.1.** Compassionate relating in sessions **5.2.2.** Compassionate relating in daily life
Ending therapy		**E.1.** Summarising session, shared as audio / written report **E.2.** Collating other audio / written materials for sharing **E.3.** Feedback and compassionate learning (for therapist)

Starting therapy

S.1. Human connection and collaboration
S.2. Feelings about being here, and hopes
S.3. Definitions of compassion

S.1. Human connection and collaboration

Start off by welcoming the client and thanking them for coming along and helping with the research. Then start the process of establishing safeness, such as paying attention to the room (how the client would like to sit, e.g. chair closest to the door, or whether the client would like to go for a walk around a bit with you first), and paying attention to practicalities (whether an hour each week sounds okay, and planning what the client would like to happen if they miss an appointment, e.g. if they would like a call or text from you). Non-verbal communication is key here, e.g. very friendly voice tone. Putting client centre stage, and at each step, asking the client if there is anything they would like to ask. This also contextualises in the process of getting to know each other, having a genuine curiosity about the client as a person. Ask about their strengths and interests, and here you can share some of your interests too. Look out for possible moments of connectivity, e.g. sharing positive interests, using humour, etc. Remember about the neuroscientific rationale for establishing safeness / affiliation (you're not just doing this because you're a nice therapist). Ask the client to let you know if they're feeling unsafe.

> *"Is there anything else that would help to make this feel easier for you?*
> *"Okay, let's just see how we go and if at any time you are feeling uncomfortable or want to stop, that is fine, just let me know and we can do what you want."*

Discuss confidentiality.

> *"Everything we discuss here is confidential. As you can imagine we will need to keep brief notes about sessions, e.g. saying when we met etc. I won't write things that you don't want me to. It can help if you look at the notes before you go in case there are any errors or changes you'd like to make. Then we know that each session we are agreed."*
> *"How does that sound to you?"*
> *"I should advise you that if, for whatever reason, things get very difficult for you and there are issues of harm, then of course I'd seek the help of others to help you"*
> *"Any questions about this?"*

Discuss the use of recording equipment.

> *"As you know, you have very kindly agreed to help us with research into what can help you and other people with similar difficulties. Because it's research, we are going to be recording our sessions simply so that we can analyse and think about what's been said, and how we responded to that. This will help us learn. This is the only reason for recording. You can ask for the recordings any time you want, and you can also ask for the recordings to be wiped at any time. All recordings will be deleted anyway at the end of the research project in 2019. If you would like to have your own copies of the recordings, you are most welcome, and indeed we would be very interested in your thoughts. After all, this research is really about helping to*

understand you and how to be more helpful for you and others"

S.2. Feelings about being here, and hopes

Ask generally about how the client is today and their thoughts about coming here (n.b. make a note of this information to use later when explaining the brain etc). Ask about hopes and expectations of therapy. Use a lot of validation, for instance, saying it's completely understandable they feel like that, e.g. if they talk about feeling awkward / ashamed / unsafe upon staring therapy.

"So maybe we could start by simply asking you how are you? How are things? What sort of things do you like to do?"
(allow time for getting to know each other)
"Is there anything that's important for you to discuss right now?"
"How was it coming today? What was going through your mind?"
"So we are going to start a journey together with the aim of helping you, so what are you hoping to get out of the work together?"
(collaborate on developing therapeutic goals)
"So what do you think would be the difficulties in achieving your hopes?"
"Sometimes people worry not just about what might happen but also the person that you going to work with. Do have any questions about me, or about psychologists, or about how we work? Any other thoughts / hopes / worries?"
"Do you have any thoughts about what might be the most difficult part of your journey?"

It may also be appropriate to check in with the client's voices (if they hear voices) to try and establish safeness with them too, e.g. asking if it's okay to talk about all this with their voices, and asking whether the voices are here now, and if so, if they want to say anything about the process, about being here in the room, about meeting the therapist, etc. If the client doesn't hear voices, it might be worth checking if there's anyone else, or any part of the client that might have a view or feeling that we should know.

Make sure they know that they really don't have to talk about anything they don't want to.

"As I've said we are very grateful to you to come and be part of our work to help people. Just to remind you that everything is completely up to you, what you say when you say it. Obviously sometimes we will be talking about things you enjoy but at other times painful things or things you find difficult to share. So at those times we would just go gently with whatever you feel okay and comfortable with"

S.3. Definitions of compassion

Discuss the therapy and begin to look at the client's definitions / descriptions of compassion.

"Is it okay if we begin to explore the therapy a little bit? So this research is looking at therapy called Compassion Focused Therapy. Have you heard about it? Do you have any thoughts about it?"
"So this word compassion can sometimes be a bit odd. How does the word sound to

you? What does it mean to you?"
(client's descriptions)
"When you think about compassion that way, do you have any concerns or worries about it?"
(agree with these, validate etc)
"it might be useful if I share with you what we mean by compassion"

Give a card to the client (CARD 1) to show what we mean by compassion.

***CARD 1 –** What we mean by compassion*
Two aspects of compassion that we'll be working on:
(i) *how we can be sensitive to suffering and difficulties in ourselves and others*
(ii) *how we can approach that suffering and difficulties by learning what is helpful and doing it*

And we'll aim to cultivate compassion in three directions:
(i) *self → others (compassion for others)*
(ii) *others → self (being open to compassion from others)*
(iii) *self → self (compassion for yourself)*

Clarify that, in this definition, there are two aspects that you are going to be working on together, and that both of the aspects are important. Also clarify that you're not just working with self-compassion, but also compassion for others and being open to the compassion from others.

"We need both of these aspects for compassion. For example if you see somebody fall into a fast flowing river you might want to help them – but if you jump in and you can't swim that wouldn't be very helpful right?"
(give time to discuss)
"So it's the same way we approach any aspect of suffering, including what's been happening for you. The key thing is learning how best to do that and what is going to be helpful for you, so we can learn and practice together."
"How does that sound? Any worries?"
"Any thoughts about the different directions, e.g. which might be easier or harder?"
(initial info may emerge about client's blocks to compassion)
(if so, normalise, validate, ask for their suggestions about how to address)
"If there are any worries as we go along, just let me know because it's a little bit like learning to swim here – we always start off in the shallow end and see how we go and the idea is not to add to problems but to help them."

Then start tapping into the client's intuitive wisdom about compassion. Use a lot of Socratic questioning to get them into the concept of compassion. The key thing is to help the client begin to think about compassion in the actual practical ways, not just talking abstractly about it. (Potentially could do this before giving them the definition card.)

"Let's imagine that you had a compassionate friend that really cares about you. How would you like them to be with you? How would you like them to be with you when you are frightened or maybe voices were very difficult for you?"

(or)

"Imagine you had somebody who was suffering as you have. How would you feel towards them? How would you like to talk to them and be with them? How would you like to show compassion for them?"

(then)

"If a compassionate friend treated you like this, how would that feel and how would that be helpful to you?"

(or)

"If you could be very compassionate to somebody you care about who is struggling, how do you think that would be for them?"

(after client's answers)

"That's great. You see, that is your intuitive wisdom. You already know the key elements of compassion, which is great. That's the way were going to move forward here together."

1. Establishing internal & external *safeness*

1.1. External – social safeness from the 'outside-in'
- **1.1.1.** Connectedness (family, friends, peers, communities)
- **1.1.2.** Environments (physical)

1.2. Internal – social safeness from the 'inside-out'
- **1.2.1.** Safeness physiology (grounding, body, breathing)
- **1.2.2.** Safeness imagery (safe place)

Although this will be on ongoing process throughout therapy, you will start thinking from early on about the various ways in which to help build experiences of *safeness*. Social safeness experience can be cultivated both *externally* (e.g. with relationships, networks, environments) and *internally* (e.g. practices with breathing, grounding, posture etc, and with the self-self relationship).

Note the difference between and *safety* and *safeness*. Both have value, but are not the same. Safety is about protection (from danger), where our focus is on the danger and how to keep ourselves safe. It is therefore directed by the threat system. *Safeness*, however, is an experience that facilitates more open awareness and freedom to explore. This is more linked to experiences of calmness and groundedness in the soothing system (see 2.2. for more detail about threat and soothing [and drive] systems).

1.1. External – social safeness from the 'outside-in'

1.1.1. Connectedness (family, friends, peers, communities)

It is important to consider the client's interpersonal environment, and the role of relationships, interactions and social contexts in supporting the key CFT therapeutic mechanisms / processes of social safeness and compassion. Drawing on roots in Attachment Theory, CFT emphasises the links between social affiliative experience and the 'soothing system' (see 2.1), which refers to the body's natural systems of (parasympathetic) slowing, calming, and settling. Important for CFT, however, is recognising when experiences of social attachment and affiliation may *not* activate soothing/safeness system, but rather the threat system – as may be the case for many people with psychosis. This can be due to attachment–threat conditioning through early relationships, particularly where childhood experiences with caregivers have been aversive or inadequate. For these individuals, it will understandably be harder to access the soothing/safeness effects of caring social experiences. In CFT, the aim would be to increase a person's capacity for affiliative relating by, e.g., graded exposure to social experience and connection.

1.1.2. Environments (physical)

It may be helpful to start compiling a safeness kit or kitbag (CARD 2) from the start, especially if the client is very distressed. This might contain a list of places, people, activities, etc (or physical objects / items) that facilitate safeness. For some clients, it might be better to wait before doing a CARD 2 safeness until you have been through the psychoeducational material, which provides the rationale for building soothing/safeness experience as a regulator/calmer of threat (DIAGRAM 5).

It might be helpful for some clients to make plans for both safety and safeness, and to identify environments in which they can experience both.

CARD 2 *– My safeness kit*
Things that help me feel safe

-
-
-

(e.g. transitional object, collection of comforting/inspiring quotes, CD of soothing music, photos of people who care for me, numbers to call when things feel difficult)

Places that help me feel safe

-
-
-

(e.g. particular chair in my room / house, park bench, looking at a certain view, friend's / relative's house, church, café)

Activities / practices that help me feel safe

-
-
-

(e.g. 2 minutes BreathingZone app, grounding, smelling lavender oil, naming 5 things I can see / hear, writing down what I feel, tell myself something reassuring)

People that help me feel safe

-
-
-

(e.g. the hearing voices group, my sister, etc)

1.2. Internal – social safeness from the 'inside-out'

1.2.1. Safeness physiology (grounding, body, breathing)

Soothing breathing practice involves practicing slowing down the rhythm of breathing, whilst paying mindful attention to sensations of slowing in the body. The practice of slow, even, smooth breathing can bring feelings of calmness/settling and groundedness, which can be helpful for steadying and anchoring when dealing with threat-based emotions and experiences.

Exercise: soothing breathing rhythm and grounding

"Part of this journey towards developing the compassionate self involves tapping into emotion systems that evolved to process experiences of safeness, soothing and affiliation – the green circle in our model (DIAGRAM 4). As we said before, the green soothing system is our natural (built-in) emotional system that acts as a natural calmer / soother of threat-based emotion. So we're essentially building up your green system to bring your three systems more into balance"

"Soothing breathing rhythm is a practice that directly accesses the green system, and in doing so, prepares us for the compassionate practices that come later. The key elements of soothing breathing rhythm are slowing down, stilling, and grounding in the body. How do you feel about giving this a go?"

"During the exercise, all you have to do is to notice what's happening for you, such as feelings in the body. How does that sound? Do you have any concerns? Of course, we can stop the exercise at any time if it feels uncomfortable. I'll be sitting here with my eyes shut too, so maybe just say 'stop' out loud if you want us to stop"

(proceed to exercise on soothing breathing, body posture, grounding)

"How was that for you? What did you notice?"

(discussion)
(set homework, whatever client decides, e.g. 5 mins practice per day)
(start practice diary)

1.2.2. Safeness imagery (safe place)

Exercise: safe place

Is it somewhere you have been before or somewhere you have just imagined? How would you describe it?

What can you see?

What can you hear?

What you can smell?

Could you notice any tactile sensations?

How did you feel imaging being in your safe place?

Many scripts and audios for CFT exercises can be accessed online (e.g. Compassionate Mind Foundation: https://compassionatemind.co.uk/resources/audio). In the literature, there is also a more a detailed exploration of these techniques by Kirby (2017). It would be helpful to point your clients in the direction of generic resources, online, CDs, etc, to practice at home; however, it is always a good idea to practice together (in session) when doing a new exercise for the first time. And to continue using the sessions for some practicing throughout. This is so that you can have a reflective conversation after the practice, e.g. noticing how it was, noticing if anything was tricky, difficulty, scary, etc. This post-exercise de-briefing and feedback can often form an important part of your assessment, especially around a client's understandable blocks to safeness, affiliation, and compassion (see fears, blocks, resistances 4.2.3).

2. Learning about evolved (tricky) brains, emotional systems, & multiple selves

2.1. Tricky brain and loops
2.2. 3 circles: threat; drive; soothing
2.3. The power of attention
2.4. Normal brains operating under difficult conditions
- **2.4.1.** Multiple selves
- **2.4.2.** Dissociation
- **2.4.3.** Hearing voices and over-estimating threat

As safeness is established (clarify to the client that safeness is likely to emerge gradually over time, as well as wax and wane), and the client is happy with the context of a compassionate approach, start moving onto establishing a de-shaming foundation with psycho-education.

See guidance on page 1 re transitioning within/between levels. Psycho-education can be quite heavy, so this section will need to be titrated to the client's state of mind.

"Okay so are you alright with us beginning to take this compassionate approach. I hope that you will feel more and more comfortable and safe as we go along, but this may change at different stages as we talk about different things, so again, just to remind you that if you do want to tell me anything, ask anything, or of course not tell me anything, please let me know"

"So it might be helpful to now think about some of the things that we all share as human beings; particularly thinking about how our minds are built, and how they work"
"I wonder if we could explore with you something that not a lot of people understand really – it is the fact that the human brain is not that well designed!"
(Pause and see how they respond)
"This is why we are prone to suffering. Has anybody ever explained this to you?"
"We often think that things like our brains should work perfectly and if they don't something has gone wrong or it's our fault. But, as we will discuss, we can get into many kinds of difficulties through no fault of our own at all. We say that actually the human brain is quite tricky."
"They never teach this at school do they?! Could we take a moment to explore this?"

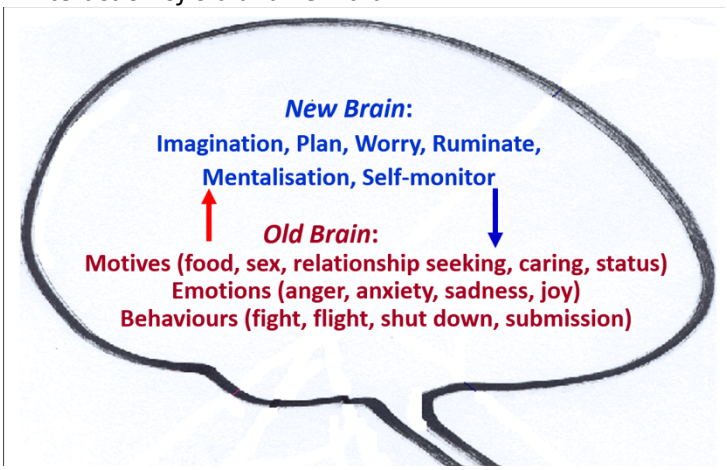
2.1. Tricky brain and loops

Psycho-education about the brain, and how its basic design/operation can be tricky for us. Purpose here is to establish de-shaming foundations, and to continue the creation of safeness experience. Firstly introduce old-brain / new-brain interactions using diagrams (DIAGRAMS 2 & 3), and discuss loops.

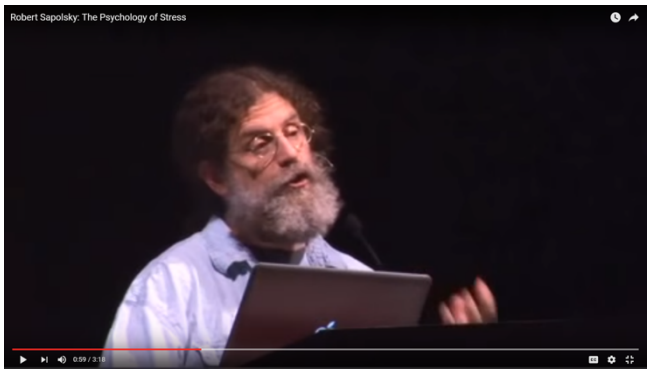
"Although our brains have evolved to be helpful to us, the way that they have been created can sometimes result in difficulties as well. This is because we have an 'old brain' which has more primitive responses and motivations (e.g., detecting and avoiding danger, forming friendships and relationships) but we also have a 'new brain' characterised by reasoning and imagining what may happen. All of these processes are helpful but sometimes they may interact in unhelpful ways. For

example we may find ourselves ruminating or worrying about future threat and perhaps associate things that are important to us with danger (e.g. going out, socialising)."
"So let's explore this a bit more with some diagrams and examples"

DIAGRAM 1 – Interaction of old and new brain



VIDEO 1 – Robert Sapolsky (3 mins) on the stress response in animals and humans



(https://www.youtube.com/watch?v=bEcdGK4DQSg)

"So the old brain is the parts of our brain that we share with other animals, and the new brain is more unique to humans. We can see the important implications of this difference by considering stress in animals and humans…"
"All animals, including humans, share a physical stress response. This is what our bodies automatically do in response to an immediate physical crisis. So, for example, if a zebra is being chased by a lion, its body responds by releasing hormones such as adrenaline."

"We humans have evolved the same stress-response system. However, as humans, because of our new brain, we sometimes turn on this stress response because we think we are about to be stressed. And if it turns out that you're right, hurray for you! Here comes the elephant, and you don't have to wait to be stomped on by it before increasing your blood pressure! You can have an anticipatory stress response, which

is great. On the other hand, what if you think that way all the time, and you're constantly assuming there are stressors coming that do not really exist? So, we turn on the exact same stress response as does that zebra running for its life, but we turn it on for purely psychological reasons. We turn it on with memories, with emotions, with thoughts, but THAT'S NOT WHAT IT EVOLVED FOR! What stress is like for 99.9% of beasts on this planet is three minutes of screaming terror in the savannah, after which either it's over with, or you're over with. But what do we do? We turn on the identical stress response for all sorts of things like phones bills, public transport, social events, etc. And that's when you begin to get wear and tear in the system."

"Have you ever seen a dog sitting under a tree worrying about how much weight it's put on recently? Or whether it will perform socially in front of the other dogs in the park later?"

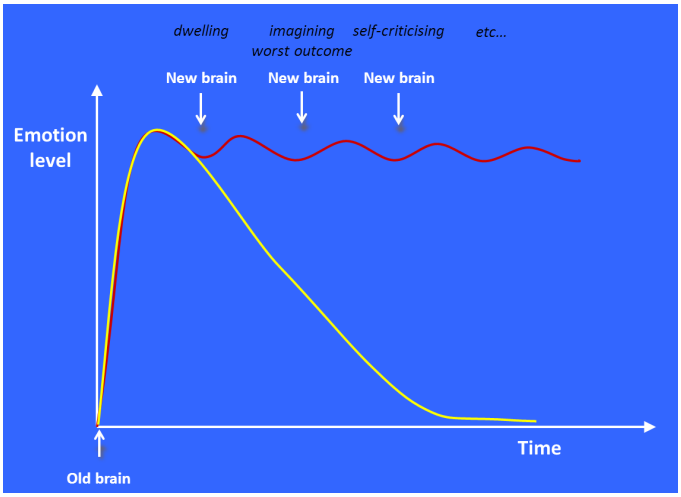
"Unlike dogs, humans create this stress out of nowhere. And it's not just through anticipating future events that our new brain causes stress. It also causes stress through ruminating and dwelling on past events. Dogs and zebras don't do this. When the lion gives up chasing the zebra, and heads back to its den, it is not long before the zebra's stress response starts to settle down. With no more sight, sound, or scent of the lion, the immediate danger is over, and the zebra calmly returns to eating the grass. Look out for this next time you're watching a nature programme – how quickly the zebra gets back to what it was doing. For humans, however, the story would be very different. What do you think would be happening in our minds after being chased by a lion? We would be going over it in our minds again and again, imagining what could have happened if the lion caught us, what we should have done differently, etc. And each time these images and memories appeared in our minds, our emotional and physical stress response would be re-triggered."

"So this is what we mean by 'loops'. Because of the design of our brain, humans have these interactions between new brain and old brain. The new brain fuels old brain emotions and responses, and the old brain fuels new brain anticipation, thoughts, images, etc. So one part of our brain fires up another, and so on, and the whole system gets caught in a loop, a bit like a vicious circle. So unlike the zebra, our emotions are not allowed to naturally calm down after they've done their job (i.e. what they evolved to do). Our emotions stay at a high level for prolonged periods"

"On this diagram (DIAGRAM 2), the yellow line is the zebra's emotion. This is what emotions are supposed to do – they shoot up, get the job done, then gradually come back down again. The red line is the human's emotion. The emotion shoots up, but then keeps getting re-triggered by the new brain, caught in a loop, and remaining at

a high level. This is not what emotions are supposed to do"

DIAGRAM2 – Unhelpful interactions



"So it's really not very good brain design really, because not being able to get out of these problematic loops can keep us in suffering. It's really not our fault that we've inherited this human brain of ours from evolution. It's a tricky brain"

"Of course we don't encounter lions so much these days, but shall we now think about what some of our typical loops are as we go about our day-to-day life?"
"So, in my case, for example, my typical daily loops as a clinician working in the health service are things like…"
"What are your loops?"
"Over the last week, can you think of times when you might have got stuck in loops"
"What about your loops around coming to therapy?"
(client's loops + refer back to their thoughts about coming to therapy)
"These are built in problems that we share."
"Much of what goes on in our minds is not of 'our design' and not our fault. So, we're all in the same boat, and the first steps to compassion are being open to some of the difficulties and suffering that we are all up against as humans, with a desire to relieve suffering"
"We can become aware of what our minds are doing and we can also try to understand it. This can then in turn help us to make choices to enable us to move forward."

Homework: Having demonstrated the principle of noticing loops in therapy (a mindfulness skill), this can then be built on as a homework task. Ask client to notice / record any loops that they find themselves going into over the next week. Could also notice / record any times when they have been in a loop and then managed to bring themselves out of it.

At the start of each psycho-educational session, have a quick recap of the previous week's topic and discuss how the client got on with the homework.

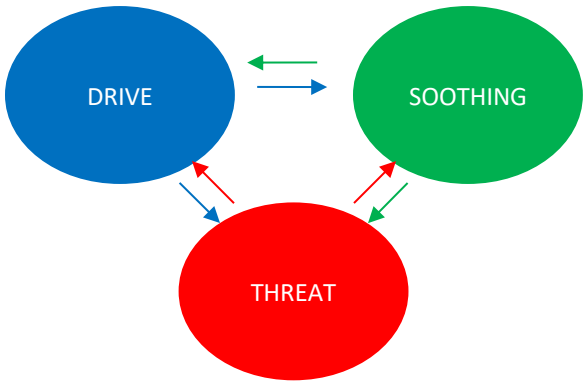
> *"Last week we talked about how our minds are shaped by a number of things including evolution and our past experiences. We also discussed how there can sometimes be unhelpful loops or interactions between our 'old brain' desires, emotions and responses and our 'new brain' anticipation and rumination."*
> *"What loops did you find yourself going into over the last week? Were there times you were in a loop and were able to bring yourself out of it"*

2.2. 3 circles: threat; drive; soothing

Next psycho-educational topic is 3 circles. Start this off by talking about emotions, and their functions, then introduce 3 circles / systems as useful model to understand the main emotional systems that help us with 3 fundamental things in life: 1) dealing with threats; 2) seeking and having drives to acquire things; and 3) being calmed/soothed through affiliation with others. Use diagram (DIAGRAM 4).

> *"We all share basic emotions and desires. They are universal and we do not choose how we feel about things. Although some emotions are more welcome than others they are all likely to have evolved to be helpful to us."*
> *"Why do you think we have emotions? What would we lack without them?"*
> *"Thinking in terms of 3 main 'systems' can offer a helpful framework for exploring how our brain gives rise to different feelings, desires and urges."*

DIAGRAM 4 – 3 circles



When talking through the 3 systems, you are all the time using examples and helping the client to develop a personal connection to their experience of the 3 circles. So it's not just explaining / educating; it's helping the client to experience what you're talking about.

> ***The Threat system***
> *"Imagine not having a sense of danger. We all need to have a threat system and for it to pick up on threats quickly. If our threat system detects threat, it will provide us with bursts of feelings such as anxiety, anger or disgust. These feelings will ripple through our bodies alerting us and giving us a message or urge to take action*

against the threat. Hence to act in ways to protect ourselves. This is often referred to as the 'fight or flight response'. However, the threat system may also sometimes inhibit us rather than getting us to run or defend ourselves so that we freeze or submit, or stop doing things. All of these responses may provide ways of increasing our safety."

"Supposing you heard a sound in your kitchen late at night. What might go through your mind? What might happen in your body?"
"What other sorts of things make you anxious?"
"So let's take one of those examples that you just gave… Imagine being in that situation that makes you anxious. What does your body feel like? What do you attend to? What do you think about? How do you behave?"

"Another important thing to notice about the threat system is that threat emotions are designed to turn on fast, and to turn off positive emotions – 'better safe than sorry'. Here's an example for us to imagine together. Okay, imagine you're going Christmas shopping. You go into 10 different shops and in nine of those shops the shop assistant is very helpful to you and you are very pleased with what they help you buy. But in one shop the assistant is extremely rude, keeps you waiting, and does not appear to want to help you. Then they give you the wrong change and deny it! Who do you think about when you go home? Who do you talk to your partner or friend about? The chances are it will be the rude one and your anger at them might stay with you for a while. Even though anger won't do your mood or body much good (or your friend's), because it's about a threat your brain will hold onto it. So even though 90% of the people were kind to you, these many positive memories, which if you brought them to mind would give you positive feelings, are forgotten"

"This is how our brains work. <u>It's not our fault</u>. Our threat protection emotions are easy to activate and can be difficult to soothe because they were designed for protection. Although this is useful, sometimes our threat system can be overly hasty– a bit like an oversensitive smoke alarm. This is just the way our bodies have been designed - we have tricky brains! It can be useful to sometimes double check whether the threat system has rushed to the wrong conclusion or perhaps been too hasty."

The Drive system
"We also all need to feel pleasure and interest in things and to have a sense of what matters to us. The function of the drive system is to give us positive feelings that guide, motivate and encourage us to seek out things that are desirable and helpful to us in order to survive and prosper. We are motivated, and experience positive feelings, when we seek out, experience or achieve nice things (e.g. food, places to live, comforts, friendships, and so on). If we win a competition, pass an exam, or get to go out with a desired person, we can have feelings of excitement and pleasure."

"Supposing you just found out that you've won the Euromillions jackpot. What might happen in your body? What might go through your mind? Do you think it would be easy to sleep that night? What would be happening?"
"What kind of things give you pleasure?"
"So let's take one of those examples that you just gave… Imagine being in that

situation that gives you pleasure. What does your body feel like? What do you attend to? What do you think about? How do you behave?"

The Soothing system

"Finally we have a system of emotions and body states that are linked to not being under threat, and not seeking to achieve or do things, but instead to feelings of peaceful contentment – been able to accept things as they are. This system enables us to bring a certain soothing and peacefulness to the self, which helps to restore our balance. When we are not defending ourselves against threats and problems, and don't need to achieve or do anything, we can perhaps be content. Contentment is a form of being happy with the way things are and feeling safe, not striving or wanting; an inner peacefulness that is a quite different positive feeling from the hyped-up, excitement or 'striving and succeeding' feeling of the drive system."

"Think about a young baby who is distressed. The mother picks the baby up, strokes it, speaks gently, and gradually the baby calms down. So we are born with these systems in our brain which helps to calm us down when we encounter caring, kindness and affiliation from others."

"Now it may be that these are experiences are quite difficult to relate to, or may seem quite distant to us right now, so we might need to use our imagination about what this feels like. Is it ok to give this a go? What do you imagine your body would feel like if you were content, or if others are being kind to you? What about if you felt kindness for yourself? If you did feel safe and content, what sort of things would you attend to and think about? How would do you behave?"

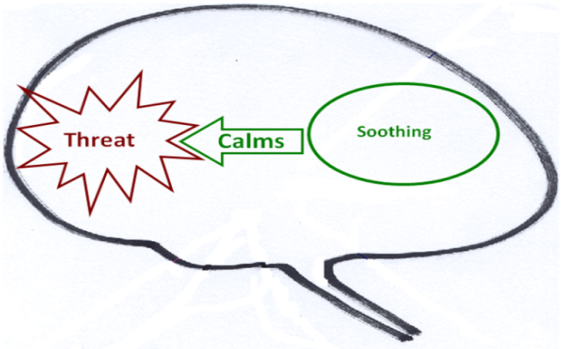
Exercises: If the client feels able to do this, or wants to do it, just do a brief demonstration of their 3 circles experience by asking them to close eyes and to move their attention around memories associated with each of the 3 circles. Ask for 'mild' memory examples of each system, because this is more for learning purposes, rather than tapping too much arousal. So, for example, with the threat system, remember a time where they felt nervous before an exam, rather than a trauma memory. Ask the client to notice any body sensations, changes, thoughts, images urges, etc as they move around the 3 systems. If it feels safer for the client (give them the choice), another version of this exercise is asking them to physically move around the room, with different corners of the room (or perhaps different chairs in the room) representing each of the 3 circles. Again, as they switch between each one, asking them to focus on associated body sensations, feelings etc

Talk about the impact of experience on our emotion systems, and how the soothing system is a natural 'built-in' threat-regulator. Introduce the idea that this can be built up to calm threat, using diagram (DIAGRAM 5).

"So do you have a sense of these 3 systems and how they work? Any questions?"
"All of us have the basic hard-wiring in our brains for each of these systems, but because of our different life experiences and situations, we all slightly differ in how much we have used or exercised each of the systems. So, for example, if we have been exposed to lots of threatening environments, e.g. difficult childhoods or traumatic experiences, we may have a very highly developed threat and self-protection system, making anxiety and anger very easy to feel"

"Did you notice in the exercise which systems where quicker to access and switch on for you, and which systems took more time?"
"Similar to the how the threat system becomes sensitised according to our experiences, the soothing system also develops according to our experiences. So, for instance, if someone has had regular experiences of caring and nurturing while growing up, it may be easier for them to access and turn on this system as adults."
"One really important thing to remember about the soothing system is that it is a natural calmer of threat emotions (remember the crying baby example)"
(draw diagram 5)
"So people who have had less opportunity to exercise their soothing system while growing up may have a less developed system, and may find it harder to calm down threat emotions such as anxiety and anger"
"Having an over-active threat system that's hard to calm down can create problems for us. And actually most mental health 'symptoms' can be seen as some kind of attempt or strategy to manage threat. This isn't our fault of course, because we didn't chose the design of our brain, or our early experiences. However, the good news is that we do all have a soothing system hard-wired into our brain, and we can practice certain exercises to try and help us develop and build up the soothing system. This is a bit like going to the gym to build up a certain muscle."

DIAGRAM 5 – Soothing calms threat

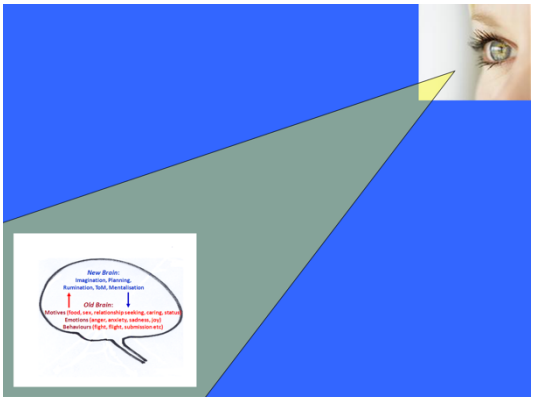


2.3. The power of attention

Introduce attention as a powerful and useful process or skill. Refer back to the previous 3 circles memory exercise to demonstrate the power of attention (i.e. simply switching attention to different memories can have a significant effect on body, sensation, thinking etc). This can be supplemented by another exercise involving asking the client to switch attention from left foot to right foot. This helps reinforce the point that attention acts like a spotlight; we become aware of whatever's illuminated by the spotlight, while lose awareness of whatever's outside the spotlight. Then talk about training attention to become more aware of our loops (link back to homework task of noticing loops), and to move our minds towards different loops or ways of organising our mind. Is it helpful to draw a diagram to illustrative the more observer view 'from the balcony' (DIAGRAM 6).

"Attention is an excellent skill that can help us throughout this therapy. Not only we can train it to become more aware of our unhelpful loops (mindful awareness), and move us away from them, but we can also train it to move us towards more helpful and more compassionate loops."

DIAGRAM 6 – Mindful awareness



Exercise: Mindful awareness and attention training

The mindfulness exercises are to help the client train attention. Decide your exercises in collaboration with the client, because, as mentioned above, some clients may have difficulty with certain exercises. The client can choose between e.g. mindfulness of sound, eating, breath, body, walking etc. The main skill you are trying to develop, whatever exercise you go for is 'notice and return' – and in doing this, it may help to use labelling (for what they notice) and to practice accepting it without reaction or judgement. For instance, labelling whatever pops up as e.g. 'a thought' or 'a memory', and maybe taking it one step further to label as 'an anxious thought' or 'a happy memory' etc. Then, without becoming involved or engaged, calmly bring attention back to the focus (sound, taste etc).

"Don't be surprised to find that your mind wanders a lot and you might not be able to keep it on task for more than a couple of seconds. This is because our brains and minds are designed to wander, to be thinking of a range of things at the same time. This is not only normal, a wandering mind can be linked to our creativity. Indeed the fact that you notice how much it wanders is part of the training. So when we are doing these practices, the most helpful thing is to simply notice if your mind has wandered and return your attention to what you were focusing on. Although quite understandable, in fact it is the noticing your mind wandering that is the work because that means your attention is beginning to help you notice how your mind is. So you're not trying to achieve anything in terms of emptying your mind of thoughts of anything like that simply noticing where you mind is – and then directing it gently to where you want it to where you want to be. So all you need to do is notice that your mind is wandering and bring it back on task. To the best of your ability, simply notice and return your attention each time it wanders. Keep in mind that the kinder, gentler and more accepting you are of your wandering mind, and the less you try to force it to pay attention, the easier you may find these exercises over time."

(exercise)

"How was that for you? What did you notice?"
(discussion)
(set homework, whatever client decides, e.g. 5 mins practice per day)
(start practice diary)

Homework: After practicing in the session, and discussing how this was for the client, ask them to listen to CD track 1: (for example, depending on what the client wants to practice..) a 'mindfulness of the body' exercise. Then recap / homework check-in at the following session

"Last week we discussed some of the reasons we have emotions and the idea that we have three types of emotions related to Threat, Drive and Soothing. We talked about how we all need to find a degree of balance in these systems so that things are not too overwhelming for us and so that we have some time feeling more content or calm in ourselves."
"We also tried out a brief exercise involving moving our attention between each of our feet and discussed the role of attention in influencing how we feel.
"How did you get on with the CD? What were your experiences of listening to the 'mindfulness of the body' track?"

2.4. Normal brains operating under difficult conditions

As already mentioned in the heading of this section, therapeutic process is crucial, and so all of these psycho-educational topics will have to be developed within the therapeutic process. Rather than churning through one topic after another, you will be collaborating with the client, checking in, reflecting, and tuning into their mental state. It may be deemed more appropriate to start with level 3 (assessment / formulation) first, then build in or merge these psycho-educational topics at a later stage. This is a matter of clinical judgment. For some clients, it may be more helpful to leave any detailed psycho-education until after some work with level 4 (compassionate self), particularly some cultivation of the client's motivation for the compassionate quality of 'wisdom'.

2.4.1. Multiple selves

Introduce the client to multiple selves, and demonstrate with an exercise that involves asking them to imagine an argument with somebody they like or care about. Then ask them to direct attention to different aspects of themselves (their multiple selves) that can be aroused by the argument.

"This may sound like a strange idea at first, but sometimes it can be helpful to think of ourselves as having multiple parts or multiple selves. Each part/self has its own thoughts, feelings, urges, and memories. We will probably find that these are very different. This is because our whole mind and body becomes orientated / organised in line with certain feelings and motivations. So, for instance, we have an anxious self, a happy self, an angry self, etc etc, and whichever self we are in at a particular time can hold our attention and focus. Shall we do a quick exercise to see our

multiple selves in action?"
"So close your eyes and imagine an argument with someone you care for. Now focus on different parts. So, if there is an angry part of you during this argument, what did your angry part: Think? Feel? Want to do? If there were no holds barred what would it do? Does this trigger any memories in you? What is the hope of this part? What would be a good outcome?"
(Same with anxious part: Think? Feel? Want to do? Memories?)
(Same with sad part: Think? Feel? Want to do? Memories?)
"How these parts relate to each other? What does the angry part think of the anxious part? Angry think of sad? (What is angry scared of?) Anxious think of angry? Anxious think of sad? Sad think of angry? Sad think of anxious?"

You want to help the client discover that whichever part/self they are in will fill their attention and set up different responses, and that they can shift attention between parts (link back to previous work around attention).

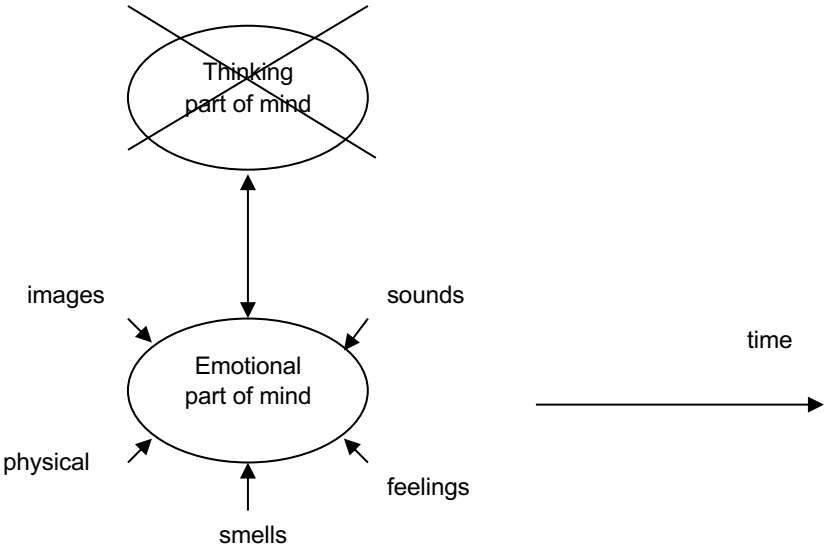
2.4.2. Dissociation

Discuss dissociation as a normal, adaptive (protective) experience. Give examples of day-to-day dissociative states (e.g. daydreaming, highway hypnosis, or getting lost in a book or a film), then talk about more protective dissociative responses (e.g. during trauma, drug-use, isolation or impasse). If appropriate, trauma-related dissociation can be described simply, with help of a diagram (DIAGRAM 7).

"Shall we have a look at some of the other things that our human brains do? Again, these are not really things that we are taught in school, but the more people are learning through research, the more we recognise that the way our brains are designed can be really helpful in some ways, but really problematic in other ways"
"Having a better understanding of how brains work, particularly when they're under stress or extreme circumstances, might help us to anticipate, manage, or avoid some of the more problematic tendencies"

"A good example to start with is 'dissociation'. Have you come across this word before? Dissociation is something that our brains do automatically out of self-protection, so it's part of the threat system. Dissociating is really helpful in some ways, for instance, it keeps our minds protected from becoming overwhelmed by distressing information. For instance, if someone is in a car crash, their brain might dissociate at a really frightening moment during the crash because the experience is too extreme or incompatible to process at the time. Although the brain is dissociating to protect the person, which is helpful, this can also lead to problems. For instance, that person might experience flashbacks and nightmares for weeks afterwards about that significant point. This is because the memory was not properly processed and stored at the time, and if it can't be properly processed and stored afterwards, then parts of the memory like sounds and images can become intrusive"

DIAGRAM 7 – brain dissociates to protect during trauma



Depending on the client's grasp of information, and its clinical relevance, it might be helpful to deepen the understanding of dissociative processes, and start to lay the foundations for trauma-psychosis links; for example, the importance of appraisal of trauma memories (i.e. appraising as either past or present).

"In a traumatic situation, the thinking part of the mind can become 'cut off' to protect the individual from consciously processing the experience. The experience is often so terrifying and so incompatible with one's previous expectations and ideas of the world that it is blotted out of (thinking) consciousness. However, the sensory aspects of experience (e.g. visions, smells, sounds, feelings) still get registered unconsciously, and because they are not processed by the mind's thinking part, they are uncontextualised, disorganised, and not properly stored in memory along with other memories. If the trauma occurs during childhood, before the thinking mind is properly developed, there is even more reason why these sensory memories can't be properly processed and contextualised. When these sensory memories (which don't have a context of time and space) are triggered into awareness at a later date, they may feel like they are being experienced now. Because the experiences feel like they are happening now, there may be a temptation to believe that they actually are happening now. It's similar to when we've been dreaming, we can wake up feeling like the dream experiences are happening now, and for small moment we might believe that they were really happening now, but then we soon realise that we are in bed and must have been dreaming. However, with a trauma memory, it doesn't necessarily happen during sleep, so we have to be careful about what we think/believe; ie i) believing that it is really is happening now, or ii) believing that it's a memory."

2.4.3. Hearing voices and over-estimating threat

Share with the client some of the research on out-of-the-ordinary experiences (OOEs) in the general population (e.g. reviews of evidence for 'continuum' of experiences: (Linscott & van Os, 2013; van Os,

Linscott, Myin-Germeys, Delespaul, & Krabbendam, 2009). OOEs are not inevitably linked to psychiatric conditions, a need for care, nor do they necessarily cause distress. Indeed, van Os et al. (2009) described them as "mostly self-limiting and of good outcome" (p 190), while others have reported on their positive and transformative value to individuals (Jackson, Hayward, & Cooke, 2011; Jenner, Rutten, Beuckens, Boonstra, & Sytema, 2008). In a large random sample of American adults (Gallup & Newport, 1991), it was found that 42% believed in haunted houses, and 33% believed that extra-terrestrial beings have visited earth. Voice-hearing has an estimated prevalence of 10-15% in the non-clinical population (Tien, 1991). Other potentially useful material to include in this section on normalising unusual experiences: i) examples of how similar things are experienced in different cultures / contexts; ii) provide a list of famous people who have had 'unusual' experiences; iii) first-hand accounts of recovery (e.g. VIDEO 2 Eleanor Longden TED talk).

VIDEO 2 – Eleanor Longden on her personal experience of relating voices

(http://www.ted.com/talks/eleanor_longden_the_voices_in_my_head)

And other accounts of other people who are doing well / recovering

"What do think about this?"
"Did you know that other people have similar experiences?"
"Did you know that many people hear voice and have anomalous experiences but never come into contact with mental health services?"
"Did you know that some people who receive a diagnosis then go on to recover?"

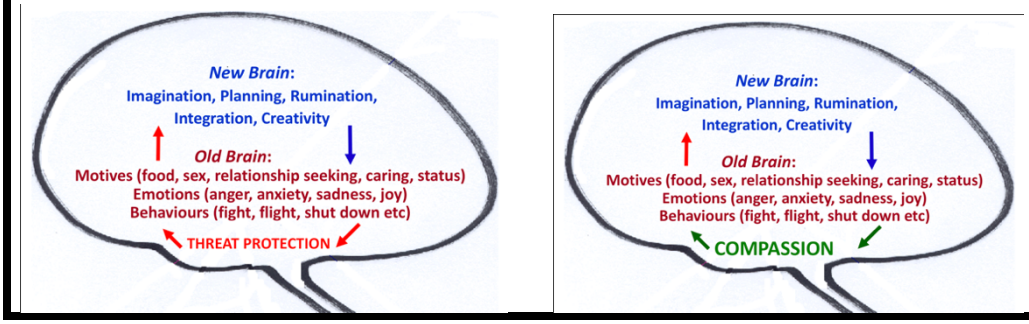
Key psycho-education message #1:

THERE IS NOTHING TO 'FIX' IN THE BRAIN.

The mind/brain is constantly creating patterns in response to different contexts and environments. The patterns that existed before (e.g. paranoid, threat-focused, social-rank focused etc) was conducive to, and developed for, the context of dealing with threat and severe danger, often some kind of inter-personal threat or trauma (e.g. sexual abuse, bullying, discrimination etc). It wasn't broken, it was doing a (functional) job under difficult conditions. So there is nothing to fix, rather it is more a question of trying to create new patterns and transforming the patterns that our mind creates. As such, this therapy is not about fixing, it's about helping to creating new contexts (bio-psycho-social) which can facilitate the creation of new brain patterns. For instance, creating environments and relationships of safeness, care and compassion, rather than environments of threat. With voice-hearers specifically this might mean starting to appreciate the role our voices have played in our past lives, how they've helped us survive contexts of threat etc., and then moving on to the potential for creating new patterns now that those contexts are moving on.

Note that the brain 'patterns' being referred to above are not personally created (in that we did not control or choose their creation), they are evolutionary-based mentalities – more like 'algorithms'. It's the algorithms that are essentially running the show, but what we can help our clients do is to become more mindfully observant, and able to recognise, what's flowing through the mind so that we have a chance to steer the mind more in the direction that we want it to go. A key process that we're going to helping our clients to practice, over and over again, is: Noticing when the threat system pattern has come on online, name it, and then shift into a compassionate pattern. To reinforce this, here is an example of a card that can be printed / drawn out (CARD 3).

CARD 3 *– Notice threat system in this moment…*
… it's not your fault, but you do have the choice to…
…shift to compassion in the next moment



Key psycho-education message #2:

THERE IS A NATURAL THREAT BIAS IN THE BRAIN. *(It's doing its job. It's not our fault)*

The brain is evolved primarily for our survival. The threat system is key to our survival, so it's important that the threat system has evolved to be a very dominant system and to override the other systems and patterns in the brain. The threat system doesn't function for our happiness – it just functions for our survival. It operates on the principle of: "It's better safe than sorry". That's it's job. It is naturally biased toward overestimating danger. So this helps us understand and normalise paranoia-type experiences, and we can talk to our paranoid clients in terms of a very sensitive threat system. A threat system that's had to be very well tuned and very well exercised to deal with threats in the past; hence why it's very sensitive now – because it's been doing its (survival/protection) job very well.

3. Understanding how my emotions and mind have become shaped

3.1. '3 circles' assessment & formulation
3.2. Threat-focused assessment & formulation
3.3. Social mentality assessment & formulation
3.4. Functional analysis & making sense of voices / belief

> *"Okay, so far we've set the scene about the compassionate approach, and we've found out some things about the tricky brain, and about some of the experiences and states that our brains can generate when it's functioning normally and when it's functioning under stress. Even through the brain was designed to do generate these experiences and states – they're normal processes – they can cause problems for us. This is not our fault. We're doing the best we can to deal with the brain we've inherited from evolution. The reason we've been talking about all this is because the more we know about the tricky brain, firstly, the less we tend to blame ourselves, and secondly, the more we can figure out what to do to reduce the problems."*
> *"So does it feel okay to now start thinking more about you and your personal circumstances, for instance, some of the things that are important to you, and about how your life has been?"*

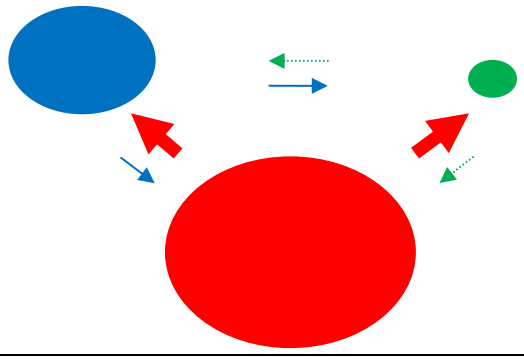
Try to start each assessment session with non-threat-related questions (e.g. *"What's been going well?"; "Can you tell me about support networks / friendships / family members that you find helpful?*), before moving to more threat-related questions in second half of sessions (e.g. *"What are the things you're struggling with?"; "How did you come into contact with services?" "Do you think there was anything in your background that contributed to the things you're struggling with now?"; "What are your fears?"*).

Mentalising: In the assessment, you are looking for the client's capacity to identify own mind states, emotions, thoughts, and other people's mind states.

3.1. '3 circles' assessment & formulation

Ask the client to draw out diagrammatically (DIAGRAM 8) how their systems are balanced (both today, and over the course of their life). The assessment information required for this formulation is experiences / memories / loops associated with each of the 3 systems. Ask them to identify what kinds of things trigger each system for them. These can be listed around the diagram too.

DIAGRAM 8 – 3 circles formulation



3.2. Threat-focused assessment & formulation

The assessment information required for a threat-focused formulation includes: 1) Early background experiences (e.g., attachment and peers); 2) Key emotional memories with fears, threats and concerns; 3) Safety strategies (both automatic and planned) that have developed to cope with external and internal threats; 4) Unintended consequences. Draw out together using template (DIAGRAM 9).

"What kinds of threats do you think have affected you while growing up?"
(Consider how these have coded the experience of self and of others and the relationship of self to other)

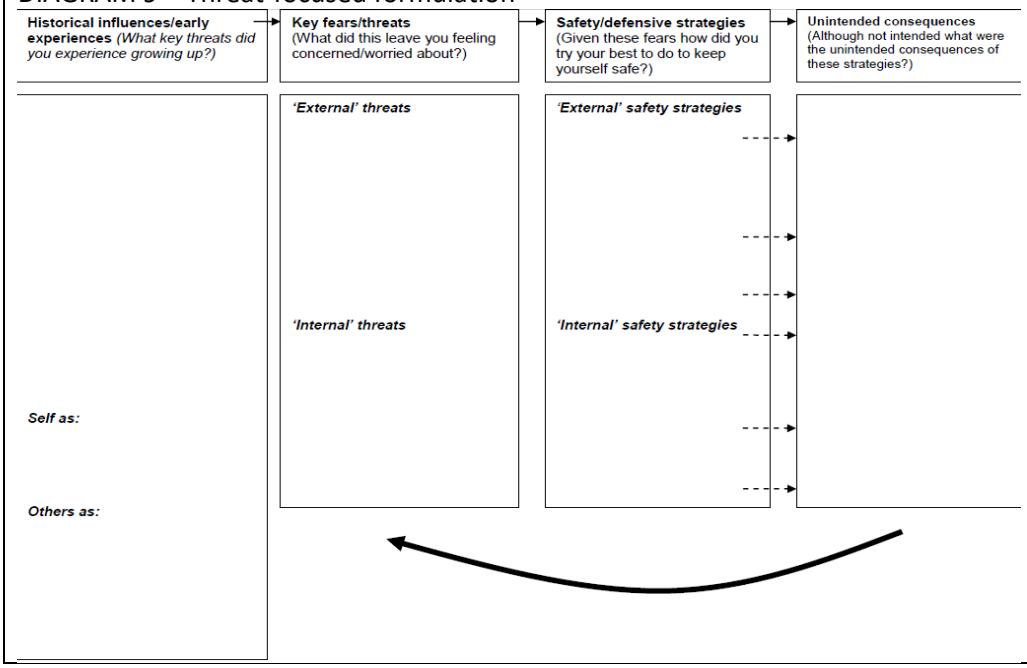
"What key fears have these left you with?"
(Both external threats - what the world or others can do - and internal threats - things arising in the self as well as coping behaviours)

"How have you tried to protect yourself - what kinds of safety strategies do you have for preventing these fears from occurring today?"
(Give validation to these as understandable and best efforts to stay safe. We are seeking to de-shame these)

"Although these safety strategies can be more than understandable they may have unforeseen and undesired consequences. What do you think these may be?"

"How do you think and feel about yourself when you engage in your safety strategies – and if the unintended and undesired consequences occur?"

DIAGRAM 9 – Threat-focused formulation



3.3. Social mentality assessment & formulation

For some clients, it might be helpful to draw out a social mentality formulation, which demonstrates how a particular social mentality (clients may find the language of 'mind-set' more accessible) may be underpinning all their relationships (with others, with voices, with themselves). Social mentalities are co-assemblies of motives, emotions, information processing routines and behaviour that are hard-wired into the brain through evolution. The activation of a social mentality gives rise to internal patterns of neurophysiological activity; essentially switching on and off different components of the mind. These patterns of activation give rise to social roles and reciprocal social roles; hence why they are fundamental to relationships. So, for instance, many clients, particularly those who have experienced abuse, stigma, and shame, may have minds organised by a social-rank mentality. This mentality focuses their mind on the dominant, controlling, power of others (and voices), and on the vulnerable, weak, powerlessness of themselves. Social-rank mentalities involve vulnerability to feelings of defeat, inferiority, rejection, and shame, high sensitivity to social comparison, and they elicit protective strategies such as submission, depression, and dissociation. This mentality will focus memory on emotional episodes of abuse and shame, increasing the possibility of sensory intrusions / flashbacks.

"So let's draw out a diagram to show how a particular mind-set can organize all the different aspects of mind and body. The organization patterns have come from evolution, but it is our personal experiences which determine how they are shaped, and which mind-sets become dominant in our lives. So the early experiences you told me about (e.g. bullying, abuse) may have understandably led you to develop what we call a social-rank mind-set, which basically means that, for instance, your attention is automatically tuned in a biased way to detect danger from others"

DIAGRAM 10 – Social mentality / 'mind-set' formulation

3.4. Functional analysis & making sense of voices / beliefs

The client can be helped to understand the functions of certain safety strategies, behaviours, and other 'symptoms'. Most (if not all) psychiatric symptoms / diagnoses can be seen as a set of strategies used to manage threat. Functional analysis studies the function of a behaviour / strategy / 'symptom'. An important Socratic ('guided discovery') question we can ask to identify the function of something is: "what is your greatest fear of changing X, letting go of X" etc). Some functions might be implicit and linked to evolved protective / defensive strategies.

One important aspect of CFT is understanding the functional role of self-criticism as a safety strategy (i.e. a protective strategy generated from the threat-protection system to help manage external or internal threat). Understanding the protective function of self-criticism might also help our clients with psychosis understand the protective function of voices, including critical voices.

Some common functions of self-criticism are: 'to prevent me getting lazy', 'to stop me getting too arrogant / too big for my boots', 'to stop me hurting others', 'to stop others hurting me (if I criticise myself first)', 'to stop me making mistakes', 'to stop me being a failure' etc. We can see that the threat system is what's underlying these functions (e.g. underlying fears of rejection, vulnerability, inferiority, loneliness).

> *"Briefly imagine your own self-critical part"*
> (Pause)
> *"What does it say?"*
> *"How does it work for you?"*
> *"What does it help you do?"*
> *"What would be your greatest fear I stopping it or giving it up?"*

When identifying functions, it is essential that therapists use normalising, validation, 'it is not your fault', common humanity, etc. The strategy is understandable, and often absolutely necessary for survival, and yet there are unintended consequences.

Making sense of voices

It is important that we are not imposing any one belief about voices on clients, they are many complex reasons why some people do develop voice-hearing and others don't, and the client holds the wisdom about their own voices, and crucially, about what their own minds are ready to discover about their voices. So, as therapists, are coming from a point of not-knowing, but with curiosity to explore and to look for emotional links and meanings together with the client. The client guides us. One thing we can be pretty confident about is the considerable evidence for voice-hearing being linked to life events and adversity, so we can see if our client would like to start exploring these links.

This might mean starting to look for emotional themes within the voices, and linking these to life events; starting to 'profile' voices (e.g. age, gender of voice, when did the voice start, etc). The Maastricht Hearing Voices Interview (Romme & Escher, 2000) is an excellent tool for voice profiling, and often links with personal histories naturally start arising through these questions.

"Some people find it helpful to explore different ways of understanding their voices. How do feel about this? How do your voices feel about this? It may be that your voices have become angry or upset, in which case I would like to reassure them that it is not our intention to make them angry or upset. Some people find it helpful to explore links between their experiences and significant events in their lives, but there is no pressure for you or your voices to do this or to agree with this. How do you feel about starting to explore? And maybe we'll find some links that feel important and meaningful, maybe not, either way is fine."

There is an important metaphor we use in Compassion Focused Therapy that helps voice-hearers start to conceive of their voices as potentially having a function, which may not be immediately obvious, but which may be interesting or helpful to explore: The Wizard of Oz metaphor.

The 'Wizard of Oz' metaphor

"One way of thinking about voices is that they might be quite similar to the Wizard of Oz. Do you remember the film? Through most of this film, we see this angry, green wizard, who's very powerful, loud, demanding, and strong, but then later on in the film, we discover that actually the person operating the wizard, behind the curtain, is a little man hiding. He's quite vulnerable, worried about being seen – he makes the wizard say in a loud voice "pay no attention to the man behind the curtain…"

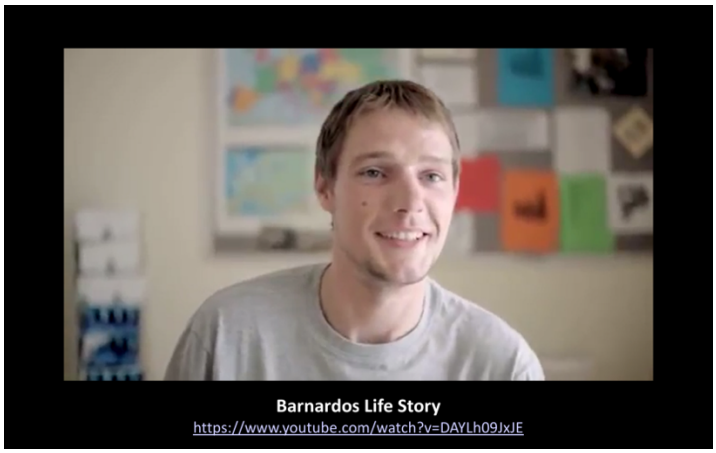
"We could think about your voices as being a bit like the green wizard. But then what would we find if we looked behind the curtain? What's behind the curtain of your voices?"

(This could be a starting point for exploring link between adversity and voice hearing, and perhaps starting to see how voices can be understood as a meaningful human response to stress and adversity. And perhaps seeing voices in more of a protective role.)

"If we looked behind the curtain of our voice, is there a part that's maybe a bit more

vulnerable? A part that's being protected by the voice? Or maybe the voice is masking something that doesn't want to be seen? Or isn't yet ready to be seen?"

VIDEO – Barnardos Life Story



"What do you think of this video?"
"This is sometimes what happens with emotions and emotional parts – sometime the important emotions are underneath or hidden from view. Even though on the surface there might be a lot of anger and hostility, if we keep looking behind that layer, we might find something more vulnerable and afraid. It's a bit like peeling back the layers of the onion. So we might get this angry 'exterior', on the outside, masking something more vulnerable on the inside. This is a similar point to what we were making with the Wizard of Oz (above)*. So if we looked behind the curtain of your voices, what emotional part or 'self' might we find? Is it an anxious part? A sad part? A ashamed part? What memories does this link to? What life events?"*

These explorations might lead to identifying a protective function of voices. In the same way that self-criticism might be protective against rejection, vulnerability etc, it might be that a voice is also playing some protective role, often in relation to traumatic or distressing life events, where dissociation has occurred; hence the voice may not be experienced as a 'part of self' but a dissociated or 'disowned' part. This is why it's helpful to already have a psychoeducational background in 'dissociation' and 'multiple selves' (section 2.4); hence being able to normalise how the brain works, and how it responds to distressing experiences. When extremely distressed, some emotional experiences can become split off in memory. These can come back into awareness as, e.g. a sense of dread or fear or even a voice.

Depending on the client, it might be helpful to explore some evolutionary context in the functional analysis of voices, e.g. considering the evolved threat-based self-monitoring system, and how voices might have a function of drawing attention towards threat or significant information for survival. It might be helpful to consider the threat continuum of voice hearing, from threat-based self-monitoring at one end, to threat-based dissociative split at the other end. Referring back to Eleanor Longden's TED talk could be useful in terms of referencing threat-related functions of voices. There are also some quotes in the literature that could help (e.g. Mosquera and Ross (2017) below).

QUOTE – on the importance of function / meaning behind voices

"Many dissociative clients have difficulties with voices that are hostile and critical… One factor that affects this conflict is how the patient deals with the voices or parts of the self. Patients who develop an understanding of the different aspects of self, including dissociative parts and voices, usually do better than those who are avoidant or despise aspects of themselves. Patients need help to learn to understand what the voices or parts are really trying to achieve with certain comments or behaviors. [We] believe that any approach that implies getting rid of the voices or ignoring them, only creates more internal conflict. The greater the internal conflict, the greater the dissociative barriers need to be and the less integrative capacities the patients develop…. Strategies that involve ignoring or getting rid of the voices involve avoiding issues or emotions the voices are expressing. A key aspect of the work with hostile parts of the personality and voices is to listen and understand their function and the meaning behind their disruptive behaviors. The less we listen and the more the voices are ignored, the more they tend to scream or escalate their behaviors in a desperate attempt to be heard. If both clinician and patient understand this, we have the basic ground on which to begin building a good alliance with the whole system of parts and voices." (Mosquera & Ross, 2017)

We can talk to the client about considering what voices say in a metaphorical or symbolic sense. It is similar in a sense to dreaming, in that how every night our brain creates elaborate stories around emotional concerns. So there is this normalising idea that brains do this all the time, usually when we're asleep. Can we start trying to consider voices in terms of what they symbolise or *imply*, based on our real-life emotional concerns and memories, bearing in mind that some of our emotional concerns and memories might have become dissociated, or suppressed, or hidden somewhere behind a protective layer. The key to all this is gentle exploration and curiosity. It's always tentative, and the approach is always about gradually feeding bits of information ("Some people find…, Eleanor Longden noticed…., the Barnados boy experienced…" etc) until the client arrives at their own meanings. Also remember that in this CFT manual, the movement between the levels is fluid, and not sequential. So it may be that before getting the point of functional analysis of voices, the client has already completed weeks or months of building up their compassionate self (Level 4), and then is able to use the wise compassionate self as the part that develops curiosity into exploring and understanding the function of voices.

4. Building the compassionate self

4.1 Qualities of the compassionate self
4.2 Compassionate Mind Training (CMT)
- **4.2.1** Body posture, facial expression, voice tone
- **4.2.2** Compassionate imagery (self and other)
- **4.2.3** Fears, blocks, & resistances

4.3 Becoming your compassionate self in daily life

In this part of the intervention, you will start helping your client orientate to their compassionate mind, to cultivate and deepen their compassionate self, and to address any fears, blocks, and resistances that come up. The compassionate self will be developed to act as a secure base / grounding from which the client can explore and engage with their feared / avoided emotion. We suspect that it is these dissociated or disowned parts that may be behind the client's dominant threat-based mentalities, driving them, and therefore maintaining difficulties with e.g. submissiveness, self-esteem, paranoia, etc. So the compassionate self will be developed as a place for your client to both come from, and go to, when working with emotions, and will become a mediator for bringing their 3 systems into balance.

You can start this process by linking in with the social mentality formulation.

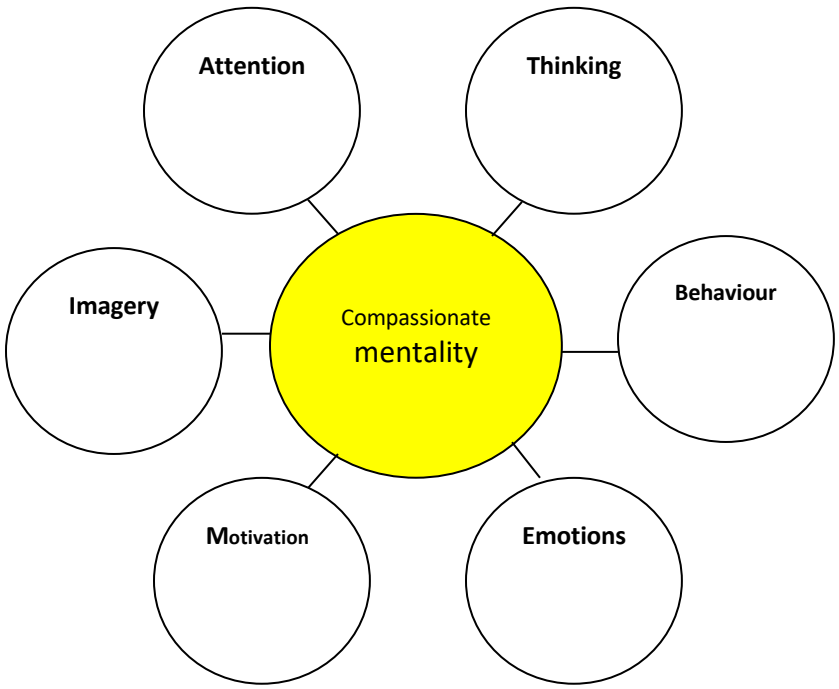
"So that formulation we drew out (DIAGRAM 10) shows the dominant mind-set or mentality that has been organising your mind. So it organises things like what you pay attention to, what kind of thoughts you have, how you act etc. This is a threat-based mind-set. Now a major problem with this kind of mind-set is that it's quite difficult to achieve your therapy goals because a brain organised like this will always be thinking 'self-protection, self-protection' which stops you from learning new things, overcoming the fears you've identified, and moving forwards with what you actually want in life – your true desire. We also saw a similar thing in our threat-focused formulation (DIAGRAM 9); i.e. how safety strategies can lead to unintended consequences such as keeping you stuck with your fears."

"So let's think about what kind of mind-set you actually want to be organising your mind? What version of you do you want to be? What would help you understand and overcome some of your difficulties, so that you can move towards your goals?"

"Remember what we discovered earlier about compassion, that it had two aspects:
(i) *sensitive to suffering and difficulties in ourselves and others*
(ii) *approaching suffering and difficulties by learning what is helpful and doing it*

"So, in this therapy, we are aiming to develop a compassionate mind-set, so that this is the mentality that's organizing your mind (rather than social-ranking). Would it help if we draw out what a compassionate mind-set might look like?"
(draw DIAGRAM 11)
"So this is pretty different then to the diagram we drew about social-rank mind-set. There are big differences in every one of the aspects – thinking, attention, behaviour, memories etc. Which of these two mind-sets do you think would by more helpful in moving you forward to your therapy goals and 'true' desires?"

DIAGRAM 11 – What social mentality do you want to be organising your mind?



4.1 Qualities of compassionate self

Ultimately we want to be helping the client to create a self-identify that can help them with the unique challenges / difficulties that they face. Therefore, we can spend time identifying which particular qualities are going to be helpful in achieving their therapy goals. For example, if therapy is aiming to help someone process a terrifying trauma memory, the kinds of qualities that might be helpful could include, e.g. courage, groundedness, desire for wellbeing, non-judgement, etc. Different qualities might be helpful for different challenges. This can be an ongoing / developing discussion, as therapy progresses, and potentially moves to focus on different difficulties. However, at the start, it would be helpful to have some sense of some 'generic' qualities that are likely important for compassionate engagement and action.

"Okay so let's really try and think about this compassionate mind-set. Do you remember what we were saying about multiple selves, you know, that we all have these mini-selves within us like our angry self, our sad self, our happy self, and our anxious self? So maybe one way to try and develop this compassionate mind-set is to really start tuning into our 'compassionate self', and what that might be like"

"So let's make a list of what we think are the important qualities of our ideal compassionate self. What are the qualities required to be compassionate? So, coming back to our definition (CARD 1), an ideal compassionate being will need qualities that enable them to be sensitive to distress and difficulties, as well as qualities that enable them to understand and do something about improving things"

(make a list of ideal compassionate qualities)
"So these are the qualities that we are looking to cultivate in the compassionate self. Some really important ones that we think are particularly helpful to focus on are the qualities of 'wisdom' (e.g. about the nature and causes of her psychological distress), the qualities of 'empathy', 'tolerance', and 'courage' to be able to engage and connect with this distress, and the qualities of 'motivation' and 'commitment' to start moving towards its alleviation. So let's underline these ones on the list"

"So how is this sounding to you? Any worries? What is coming up for you when you talk about these qualities?"
(more identifying client's blocks to compassion)
"Remember we're thinking about ideal qualities of a compassionate person, and what it would be like if we could build an ideal compassionate version of you. So don't worry if this feels a bit distant at the moment, or doesn't fit with your experience of other people or yourself. At the moment, this is just about imagining and thinking about this. It would be helpful if you could tell me what kind of thoughts and memories are coming up when we talk about this, so we know where some of the challenges and barriers could be in our journey of developing compassion"

4.2 Compassionate Mind Training

As the client becomes more motivated for compassion, and is more on board with where the therapy is heading (i.e. the journey towards achieving their goals, via the process of cultivating compassion), you can start building up the key steps of compassionate practice, with, first of all, in-session exercises, then homework tasks.

Some of the practices have already been covered in earlier sections, and these will continue to be practiced and developed as the foundations underlying the compassionate mind training:

Practices covered above:
- Mindful awareness and attention training (covered in 2.3.)
- Soothing breathing rhythm and grounding (covered in 1.2.1.)
- Safe place imagery (covered in 1.2.2.)

Practices covered in this section:
- Body posture, facial expression, voice tone
- Compassionate imagery (self and other)

These exercises, which involve focussing on body sensations, may have to be carefully handled for some child sexual abuse survivors, for whom the body is a locus of extreme shame/horror. Acutely attending to it can initially feel triggering and destabilising. You may not have this information disclosed to you, so the main thing here would be to check out how they feel about doing these exercises in advance. (Same with mindfulness exercises, which for some people can augment dissociation or make voices worse.)

4.2.1 Body posture, facial expression, voice tone

Grounding and body posture: This involves practicing certain body postures and movements to support the desired patterns of physiology and mentality. For example, adopting more upright and expansive postures are more likely to send signals of calm composure and confidence to the mind, in contrast to more inward and tighter body postures, which are more likely to signal anxiety, threat, and danger.

Facial expression and voice tone: This involves practicing different facial expressions and voice tones that reflect and support compassionate intentions and motives. There are often certain 'tones' that come with threat-based self-monitoring (thoughts and voices). As these are driven by the threat system, i.e. serving interests of protection and survival, these tones can be loud, critical and hostile – effective for salience and attention-grabbing. Practicing self-monitoring with friendlier, warmer, and more supportive tones can help shift body and mind into more compassionate patterns

"To explore how powerful facial expressions and voice tones can be we will first just sit with our soothing rhythm breathing with a neutral facial expression for 3 breaths. Then we will create a gentle smile of a friendly facial expression and try to create a feeling in our face of friendliness as if we want to convey this to somebody we really like. So here we go then:

- *3 breaths neutral face*
- *3 breaths friendly face*
- *3 breaths neutral face*
- *3 breaths friendly face*

Just notice any changes in feelings as you change facial expressions. Okay we're now going to use voice tones, again changing between neutral and friendly. So on the out breath we are going to say hello to ourselves – so you can practice saying 'hello…. and then naming yourself in a neutral voice tone for 3 breaths then in a friendly one for 3 breaths. Here we go:

- *3 breaths neutral face and voice tone*
- *3 breaths friendly face and voice tone*
- *3 breaths neutral face and voice tone*
- *3 breaths friendly face and voice tone"*

"So how did you find that? What did you notice?"
"That's interesting, so creating friendliness in the face and in the voice tones could be important in stimulating certain feelings in us. So that could be really useful to building into our practice"

4.2.2 Compassionate imagery (self and other)

Exercise: Compassionate self

Building on the various stages up till now, the next step is for your client to imagine being a compassionate self. It is helpful to use the analogy of method acting.

(Body posture – grounded, stable; soothing breathing rhythm)
(Notice, label, and return)
(Gentle voice tone and smile)
"Now like a method actor getting into a role and a character, we are going to use

our imagination to create an idea of ourselves at our compassionate best. So for a moment think about the qualities you would like to have if you were a deeply compassionate person. Remember it doesn't matter if you don't feel you actually are or not a deeply compassionate person. The most important thing is to imagine the qualities of a deeply compassionate person, and that you have them – you are stepping into this character – the version of you – like an actor."

(Pause)

"Now we're going to focus on some very specific qualities of compassion that you can add to your own personal and unique qualities you want to create in your compassionate self."

(Wisdom - pause)

(Strength - pause)

(Commitment - pause)

"Notice how you feel when you imagine yourself like this - an authority with confidence. So holding your compassionate friendly facial expression and warm voice tone, think about how you would speak in a compassionate way, how you would move in the world, how you would express this confidence, maturity and authority. Imagine yourself as this confident, calm, strong and compassionate authority. Remember it doesn't mean that you feel you can be this only that at this point you are imagining what it would be like to be this way"

"So how did you find that? What did you notice?"

Exercise: Mantra

"may I be a person who is helpful to others"
'may I be helpful not harmful'

Exercise: Compassionate other

"Sit in an upright but comfortable position. Engage in your soothing rhythm breathing and friendly facial expression. Allow your breathing to slow a little, and gently rest your attention in the flow of breathing in, and breathing out. Stay with this for 60 seconds or so…."

"Hold in mind some of the qualities of compassion you would value in another. For the purposes of this exercise, we will outline some of these, although you may want to focus on other qualities that are important to you:"

"Caring motivation: your ideal compassionate other will have a deep caring commitment to you. It is there to support and to help you. It does not criticise you and it wants to help you to build compassion for yourself, and for other people. Remember that your image wants you to be free from suffering, to be able to deal with difficulties and wants you to feel cared for."

"Wisdom: your ideal compassionate other is wise…it has a deep wisdom and understanding about the nature of suffering, that we have 'tricky brains' and knows that much of what happens inside of us is 'not our fault'. It understands the

difficulties we experience in life, and is able to offer helpful perspectives on this."

"Strength and courage: your ideal compassionate other has a sense of authority and quiet confidence – it is committed to you, and has a strength that gives it the ability to tolerate distress and difficulties so that no matter what your struggles might be, they will be there offering their support and strength to you."

"With these qualities in mind – caring-commitment, wisdom and strength - what would your ideal compassionate other look like? Spend a few moments imagining this. Maybe you could consider whether they are old or young…..male or female….short or tall. Maybe your image isn't human – it could be an animal or piece of nature – again just pay attention to what this image looks like. Spend a minute just allowing your mind to bring an image in to focus."

"How would you like your ideal compassionate other to sound?…..If they have a voice, what would their tone of voice be like? Spend a little time imagining this, and focusing how the voice tone leave your feeling. If your image has a face, what's their facial expression like? How does their face express their compassionate nature? How would you like your ideal compassionate other to relate to you……would anything help you to sense their commitment and kindness to you...."

"Consider how your ideal compassionate other became compassionate – maybe they have experienced pain and suffering, but learnt how to dedicate themselves to the compassionate path. They understand the reality of pain and suffering that is part of life. Your compassionate image knows that we all just find ourselves here, with our tricky brains. It understands that our thoughts and feelings can run riot within us and that this is not our fault. They have deep wish for you to have compassion for your life. Your compassionate image is not judgemental, they are not overwhelmed by what you feel, or by your life choices. Your ideal compassionate other wants to be there to help you with whatever difficulties you might experience in life. They offer you a sense of strength, of calm of wisdom. They have a deep desire to support you, to understand you and to help you become more compassionate to yourself and to other people".

"How does it feel to be in the presence of your ideal compassionate other? What does it feel like, knowing that this ideal compassionate other is committed to supporting you? Focusing again on the facial expression, voice tone and deep sense of compassion that this image has for you – imagine somehow now that compassion is flowing from your compassionate other to you. How does it feel to receive this? If you can, just focus on this experience, receiving compassion from your compassionate other. If it helps, tune in to your soothing breathing rhythm as you imagine this."

"Spend a couple more minutes thinking about the image, making your facial expressions as compassionate as you can. When you are ready just let the image fade"

"So how did you find that? What did you notice?"

4.2.3 Fears, blocks, & resistances (FBRs)

Throughout the intervention so far, and particularly throughout this section where you've been starting to talk about qualities of compassion and to practise acting / feeling compassionate, you will have encountered some of the client's blocks to compassion. These are crucial, and form a significant part of the work. In fact, it is the identification and navigation of these barriers that is the work; the journey to compassion. Every client will present different fears, blocks and resistances, and these can occur at both stages of compassion (engagement and alleviation – the two aspects of definition given in CARD 1). Some of the common blocks clients report are that: certain types of positive feelings may be threatening; it may be dangerous to feel safe (fear others will take advantage/hurt self); compassion feelings may be linked to beliefs such as it's an indulgence and weakness; activation of grief and/or abuse memories; threatened mind blocks compassion (remember Christmas shopping example). To identify these, it might be helpful to use the *Fears of Compassion Scale*.

Fears of Compassion Scale

Scale 1: Expressing compassion for others

1. People will take advantage of me if they see me as too compassionate
2. Being compassionate towards people who have done bad things is letting them off the hook
3. There are some people in life who don't deserve compassion
4. I fear that being too compassionate makes people an easy target
5. People will take advantage of you if you are too forgiving and compassionate
6. I worry that if I am compassionate, vulnerable people can be drawn to me and drain my emotional resources
7. People need to help themselves rather than waiting for others to help them
8. I fear that if I am compassionate, some people will become too dependent upon me
9. Being too compassionate makes people soft and easy to take advantage of
10. For some people, I think discipline and proper punishments are more helpful than being compassionate to them

Scale 2: Responding to the expression of compassion from others

1. Wanting others to be kind to oneself is a weakness
2. I fear that when I need people to be kind and understanding they wont be
3. I'm fearful of becoming dependent on the care from others because they might not always be available or willing to give it
4. I often wonder whether displays of warmth and kindness from others are genuine
5. Feelings of kindness from others are somehow frightening
6. When people are kind and compassionate towards me I feel anxious or embarrassed
7. If people are friendly and kind I worry they will find out something bad about me that will change their mind

8. I worry that people are only kind and compassionate if they want something from me
9. When people are kind and compassionate towards me I feel empty and sad
10. If people are kind I feel they are getting too close
11. Even though other people are kind to me, I have rarely felt warmth from my relationships with others
12. I try to keep my distance from others even if I know they are kind
13. If I think someone is being kind and caring towards me, I 'put up a barrier'

Scale 3: Expressing kindness and compassion towards yourself

1. I feel that I don't deserve to be kind and forgiving to myself
2. If I really think about being kind and gentle with myself it makes me sad
3. Getting on in life is about being tough rather than compassionate
4. I would rather not know what being 'kind and compassionate to myself' feels like
5. When I try and feel kind and warm to myself I just feel kind of empty
6. I fear that if I start to feel compassion and warmth for myself, I will feel overcome with a sense of loss/grief
7. I fear that if I become kinder and less self-critical to myself then my standards will drop
8. I fear that if I am more self compassionate I will become a weak person
9. I have never felt compassion for myself, so I would not know where to begin to develop these feelings
10. I worry that if I start to develop compassion for myself I will become dependent on it
11. I fear that if I become too compassionate to myself I will lose my self-criticism and my flaws will show
12. I fear that if I develop compassion for myself, I will become someone I do not want to be
13. I fear that if I become too compassionate to myself others will reject me
14. I find it easier to be critical towards myself rather than compassionate
15. I fear that if I am too compassionate towards myself, bad things will happen

4.3 Becoming your compassionate self in daily life

There are a number of ways to develop the compassionate self imagery exercises; for example, your client might be able practice experiencing a more 'embodied' sense of their compassionate self if you invite then to imagine walking down the street in the mind and body of their compassionate self, looking out at the world through their compassionate lens (looking at shops they pass, other people, etc). They might imagine encountering someone on the street to whom they can direct compassionate intent / action. For other client, imagining being the compassionate self can feel a little abstract. If this is the case, sometimes if can be helpful to focus your intention on trying to 'be' aspects of your compassionate self imagery in 'real' life. So, for example, rather than just imagining your posture, voice tone or facial expression of your compassionate self you could practice this for 'real' like an actor. A possible exercise might be to research a bit with your client what kinds of techniques are used by actors and method actors to 'get into' an embodied sense of a character.

You might encourage your client to focus on trying to be their compassionate self – the caring, strong, wise version of themselves – for brief periods of time in the day, noticing how it feels to walk the streets as this character. This could potentially be set up as a *behavioural experiment* as well; i.e. on the tube, spend 5 minutes as your usual (e.g. paranoid) self, and then 5 minutes acting as your compassionate self, and make a note of any differences in how you feel, etc.

Helping your client to build up regular compassion practice is an important part of the work. Some clients might benefit from a 'compassionate practice diary' (CARD 4) which essentially plans out various ways, over a week, in which they can practice becoming their compassionate self in daily life. In the CARD 4 example, a few suggestions of compassion practices are given at the top, and then the client chooses which kind of practice they think would be helpful for which particular day / occasion.

CARD 4 – Compassionate practice diary

Evidence from Matos, Duarte, Duarte, Gilbert, and Pinto-Gouveia (2017) has shown that the more a person succeeds in embodying the compassionate mind training in their everyday lives (i.e. via a compassionate self), the more this improves their perceived feelings of safeness and their compassionate relating.

It can be helpful to use a 'gym' analogy: in the same way that we would take regular exercise and go to the gym if we wanted to train up our muscles, we are also finding regular opportunities to train up our compassionate mind. The more we practice and train it, the more of a resource it will become for us in relation to our mental health and wellbeing. Another helpful analogy is preparing for a marathon. You prepare your physical body for a marathon with lots of training beforehand. You wouldn't just turn up on the starting line and run. It's the same as with therapy – the therapy is a tough process (e.g. engaging with painful emotions, trauma memories, voices, fears, etc), so essentially we're training up our mind in preparation for doing what's required in the therapy work.

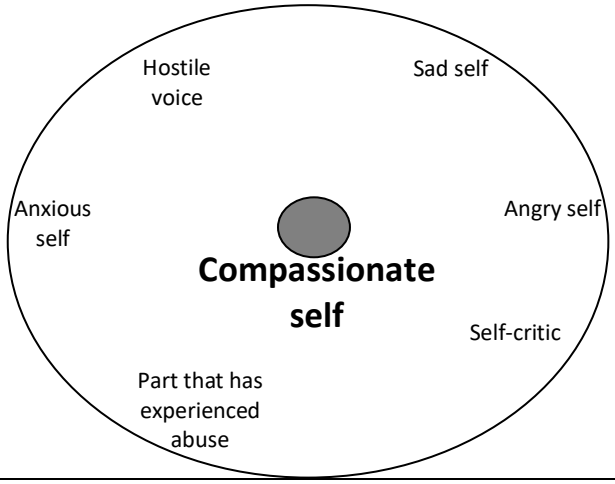
5. Directing compassion to self, others, emotional parts, and voices

The basic premise for this intervention is helping the client to build up their capacity for internal safeness experience, and orientate to her compassionate mentality, before addressing their fears, voices, psychosis etc. So, a significant proportion of the therapy is used for cultivating this compassionate position, and addressing the blocks and fears of doing so. This is all before this point.

5.1 Directing compassion to self, multiple selves, emotion parts, & voices

As the compassionate self is established, encourage the client to start recognising the value in this as a secure base / grounding from which to explore and engage with fears, trauma, voices, and avoided/feared emotion. It might be helpful to illustrate this in a diagram, which shows compassionate self in the centre of a mandala of multiple other parts / selves / voices.

DIAGRAM 12 – Compassionate self as a centre point / grounding



Then start using the compassionate self to work with whatever the client wants to work with. (So at this point, we don't know yet what interventions we'd do, but we'd build the compassionate self first, then make a decision with the client about where to direct it). This might be developing compassion for their psychosis or for the suffering of their psychosis. It may involve communicating directly with voices (which may represent frightened parts) or may involve communicating with parts of the client and therapist have conceived together in therapy, such as 'anxious self', 'submissive self', or 'self-critic' (which often sits behind the relational processes). It may actually feel safer for the client, at least to begin with, to engage with these parts that they've, rather than dialoguing with voices straight away, which might be a terrifying prospect. The more safeness and courage the client feels over time in relation to their voices, the more they may want to work with them. However, we would not want to challenge or argue with voices, as this may maintain an aversive relationship (stimulate amygdala /

threat system), and trigger protective responses. Instead, we would aim to help the client develop new ways of thinking, feeling, behaving through compassionate dialogue. The aim is to feel safe in relation to voices, without need for submissive or appeasement responses.

If the client felt safe enough to do trauma processing work, we would be developing compassion (from a compassionate self or ideal compassionate other) towards the part of them that has experienced trauma and abuse. The dialogue work between compassionate self and multiple other selves/voices will be initiated using various techniques such as imagery, chair work, and letters.

Through the course of therapy, we will be aiming to facilitate the development of different 'flows' of compassion: 'Others–Self'; 'Self–Others'; 'Self–Self'. So there would be no need to rush into voice dialogue, because we could start working on other relationships / flows first. Other emotions, such as anger and sadness, might be blocked because they are a threat to the client. So, we would aim to help the client to access and express these emotions in a safe way. As a general rule, we are trying to bring the soothing / affiliative system online first in sessions before doing the desired interventions (working with fears, voices, trauma etc). Essentially we are using the client's parasympathetic system, with its soothing/slowing-down properties, to naturally calm over-stimulated threat processing, thereby making the interventions more accessible and tolerable.

5.1.1 Compassionate relating in sessions

The best way to introduce compassionate relating is to first watch the video 'Compassion for Voices' (Cultural Institute at King's, 2015), which is available on YouTube. After watching this, the client should have a reasonable template of what compassionate relating looks like, and what's involved in the preparation. You can then start trying this out for themselves in sessions, using various techniques, such as chair work, letter writing, imagery, as well as techniques from the voice dialogue approach developed by Stone and Stone (2011) and adapted for voice-hearing by Corstens, Longden, and May (2012).

Compassion for voices: This 5-minute film charts the therapeutic progression of a young man, Stuart, from being tormented by his voices, through establishing safeness, to developing the qualities needed to engage with them through compassionate dialogue. For people with psychosis, this may have therapeutic value as a template or metaphor for their own recovery journey. Therefore, you can watch this video with the client, discuss their reactions etc., and then go through the video slowly to relate each aspect of the video the client's personal experiences.

VIDEO – Compassion for Voices

https://www.youtube.com/watch?v=VRqI4lxuXAw

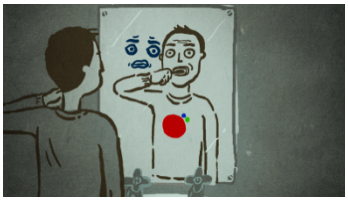
"In this video we see Stuart going through his daily life. As he goes through his day, it shows on his chest how his 3 emotion systems are balanced. Importantly, we can see how the balance of Stuart's 3 systems is linked to his experiences with voices, and also to what is going on in his social environments"

(watch all the way through)

"Any thoughts? Reactions? Reflections?"

"So shall we now watch the video again a bit more slowly? This time we can stop it at certain points and see how some of Stuart's expereinces might be relevant to some of your own personal experiences"

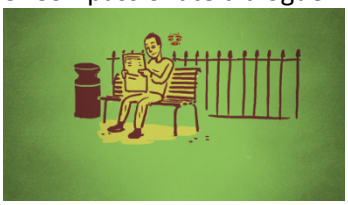
(watch through pausing at discussion points)


1. Stuart's threat system kicks in.


2. Stuart meets his therapist.


3. Compassionate dialogue with voices.


4. Compassionate self develops over time.


5. Feeling safe in relation to his voices.


6. Compassionate self in the driving seat.

(1. Stuarts threat system kicks in)
"When do you notice your threat system kicking in?"
"How does this link to your social environment?"
"How does this link to your voices?"

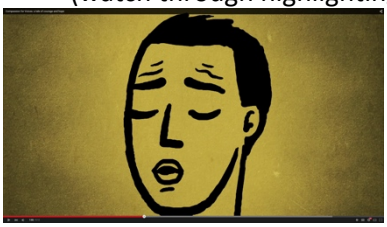
(2. Stuart meets his therapist)
"How did you feel about meeting me?"
"What did your voices say about meeting me?"
"What do they say now?"

(3. Compassionate dialogue with voices)
"If it felt safe enough, is there any would you like to ask your voices?"
"What would be difficult about talking to your voices?"

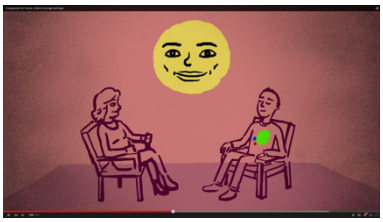
"Which voice would be easiest / hardest?"
"Stuart decides to talk to his critical voice, but only after he has really spent time building up the compassionate qualities of strength and courage. What qualities would you or your compassionate self really need to draw on to talk to your voices?"

(4. Compassionate self develops over time)
"It takes Stuart quite a long time to develop his compassionate self, with plenty of practice and encouragement.

(watch through highlighting the compassionate self practices)



1. Soothing breathing rhythm



2. Safe place imagery and compassionate imagery



3. Facial expression; voice tones; body posture

"So we see Stuart using all these practices to active his soothing system in order to calm down his threat system"

(diagram 5)

"Previously, his threat system was very dominant in daily life, so he's trying to bring his 3 systems into more of a balance"

<u>Techniques for compassionate relating: chair work, letter writing, imagery, and voice dialogue</u>
One way of facilitating the compassionate relating process is through role-play using different chairs I the room. Switching between chairs can help the person to connect with an embodied sense of the particular emotional and motivational systems they are working with. So, for example, the voice-hearer might be invited to sit in one chair representing the critical voice, and another chair to represent the

compassionate self. When shifting between chairs, the person has time and space to feel their way into each role. So if the voice comes with feelings of frustration, anger or contempt, then the individual would be invited to gradually connect with the associated postures, attitudes and mindset. Similarly with the compassionate self, a shift into this chair will involve plenty of time and space for the person to connect with soothing breathing, groundedness, and the particular qualities required to respond compassionately to this angry voice.

One of the important goals of compassionate relating might be to understand the nature of the emotion *sitting behind* the voice; i.e. what's driving the voice; what feeling/experience is the voice protecting? What feeling is there but not yet safe enough to access? (see section 3.4: Functional analysis & making sense of voices / beliefs).

Examples of compassionate self showing curiosity about function:

"Why are you angry? What would happen if you stopped or couldn't be angry? What would be your concern then?"

Examples of compassionate self showing understanding and validation:

"That sounds really tough for you. I can see why you're frustrated. That makes a lot of sense"

Some more suggestions for improving the relationship with voices, adapted from Moskowitz, Mosquera, and Longden (2017):

- *Listen to what the voices have to say, but don't act on suggestions or commands.*
- *Promote empathy between hearer and voice.*
- *Curiosity:*
  - *What is the voice concerned about?*
  - *Is it trying to help in some way?*
  - *What does the voice think would happen if you did x, and how would the voice feel after that?*
- *Recognizing the function the voice has and its capacity to help. Validate its effort, but suggest more useful or adaptive ways for the voice to help the person.*
- *Exploring shared resources and ways of moving forward.*

The compassionate chair work can take many different forms depending on the situation. So, for instance, it might be helpful to have a chair for the part of self that receives the criticism from the voice. This can give the person a chance to really connect with the dominant-subordinate roles and ranking mentality in operation. The compassionate self might, in this case, be positioned in more of a reflective role: firstly observing and listening to the emotional conflict being played out before responding to both parts with a wise overview of the threat-based functions, and then mediating these parts towards some resolution or integration. This highlights the flexibility required of the compassionate self, and hence the importance in CFT of continuing to train the range of qualities, attributes and skills throughout therapy. In some circumstances, it may be the more gentle, warm and nurturing qualities of compassion that are required. This might be true, for example, when the flow of compassion is directed to an abused child

part. Whereas, in other situations, it might be the stronger, more assertive and courageous qualities that are required; for example, when first intentionally opening to the verbal attacks of a hostile voice, which will necessitate considerable courage and tolerance.

To help therapists with this aspect of the work, I (CHM) have co-produced a series of training videos with people with lived experience of voice-hearing and psychosis. One video is with co-produced with Eleanor Longden, and the others are co-produced with Elisabeth Svanholmer and Rufus May. All videos are available for training purposes on request from CHM (charles.heriot-maitland@glasgow.ac.uk).

TRAINING VIDEOS FOR THERAPISTS

TRAINING VIDEO 1 – Compassionate relating to voices using chair work

Charlie Heriot-Maitland and Eleanor Longden (produced by ARTE)

TRAINING VIDEOS 1-16 – Compassionate engaging with voices

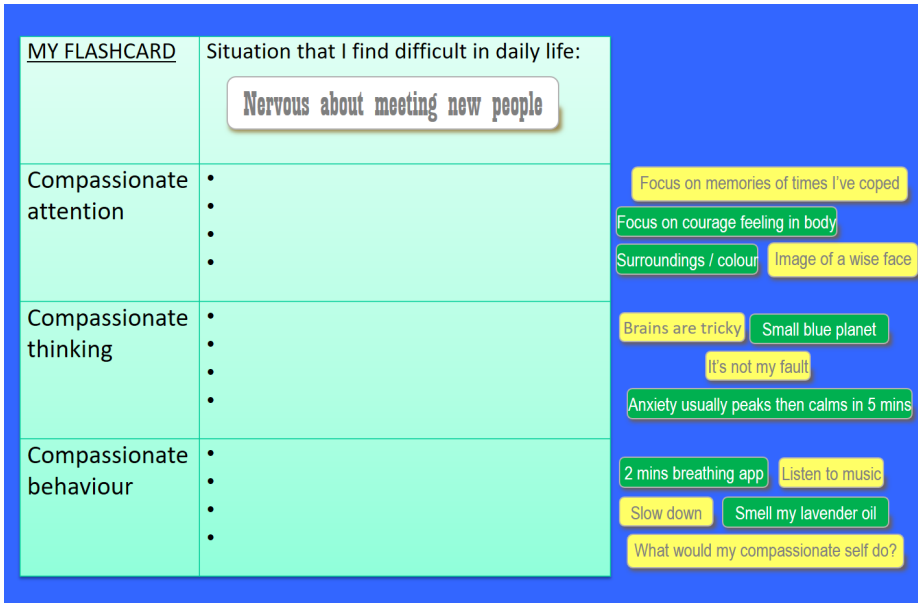
Elisabeth Svanholmer, Charlie Heriot-Maitland & Rufus May (produced by John Richardson)

In addition to chair work, the process of bringing compassion to emotional parts and voices in CFT employs other techniques such as imagery and letter writing. Compassionate imagery might involve creating imagined characters to represent parts, focusing on characteristics such as facial expression, size, proximity, voice tone, etc. These visual representations can be helpful in enhancing a client's understanding of different aspects and intentions of their parts and voices. They can also provide opportunities for setting up safe imagined scenarios whereby the compassionate self (or an ideal compassionate other) might encounter the part or voice to start a conversation. With visualisations, there may also be opportunities for the client to modify some of these characteristics over time, for example, as the image of the part or voice receives compassion, there might a slight settling of posture, or lightening of colour, or reduction of volume. In compassionate letter-writing, the client will often write from the perspective of their compassionate self to an emotional part or voice, bringing empathic and wise understanding to how it developed and acknowledging its protective role.

5.1.2 Compassionate relating in daily life

We are always trying to think of ways of taking the compassionate work out of the therapy room and into the real world. It might be helpful, for instance, to spend time walking about with the client to help bridge the gap between sessions and 'real life'. Setting homework can be a useful bridge. In the 'Compassion for Voices' video we intentionally show Stuart doing the majority of his compassionate self training and his compassionate relating to voices dialogue in his own home. The goal is to not require a therapist, but for the client's compassionate self to become their own internal 'therapist' and guide in their own daily life. Flashcards can be another useful way of helping the client bring compassion into day-to-day situations (see CARDS 5a & 5b).

CARD 5a – Compassionate flashcard (large version)



CARD 5b) – Compssionate flashcard (credit card sized version)

GROUNDED -breathing, anchoring
Standing posture -against wall
Tuning in to **INNER** & **OUTER help**
Inner: compassionate self
Outer: calm, wise (compassionate other)
WISDOM -you've been through this before and come out unscathed; "you're safe"; "it might take an hour, but you'll be ok" (reassuring tone). Glass of water (oak tree)
GROUNDING ACTIVITIES (comedy, physical)

5.2 Developing compassion to, and from, other people

As already mentioned in section 1.1, the development and cultivation of social affiliative relationships is a key aspect of the therapy. In CFT, we often talk about the '3 flows of compassion: self-to-other, other-to-self, and self-to self' (in CFT for psychosis, we would also add self-to-voices). The cultivation of compassion to and from other people enhances social safeness and connectedness, which in turn, regulates threat system activation and sensitivity. In this section, we focus on practices that focus more on giving compassion to others (compassion flowing out) and building our capacity to experience and tolerate receiving compassion from others (compassion flowing in).

5.2.1 Compassionate relating in sessions

We're already aware that the levels of this manual (1-5) are not to be followed sequentially, so ideally these interpersonal aspects of compassion practice should be appearing throughout the therapy. In many cases, it will actually be more helpful to start with 'compassion to other' or 'compassion from other' practices before moving on to 'compassion to self' or 'compassion for voices' practices. It depends on what the client finds easier. In general, a good principle is to start where is easier and build up. In the Compassionate Mind Workbook (Irons & Beaumont, 2017), there is a helpful concept of 'The Compassionate Ladder' (p 348), which is a helpful tool when we're finding compassion practices difficult. At bottom rung of the ladder, a client might have 'mindfulness', and then going up to 'soothing breathing' and 'safe place', to 'compassion flowing in', and then to 'self compassion' at the top (the practice that they find the hardest). It is helpful, when a client finds that they are really struggling with a practice, to know that they can just come down a rung to somewhere they feel comfortable. Then once they feel more settled and grounded, they might come back to re-attempted the harder practice.

Over time, the client's compassionate self becomes the guide overseeing these processes, e.g. of which practices would be helpful, etc, and when, and also bringing compassionate validation, understanding and support when the client is struggling with a practice.

Exercise: Compassion to others (compassion flowing out)

"So, as before, we always start these practices by taking time to prepare ourselves physically, in the body. We're using the body to support the mind.

(Body posture – grounded, stable, upright)
(Soothing breathing rhythm)
(Facial expression and voice tone)

Now we are going to bring to mind the different qualities of compassion that we have discussed. We will focus on each of these in turn.

(Wisdom - pause)
(Strength - pause)
(Caring-commitment - pause)

Try to imagine bringing these qualities together as your compassionate self – how you might stand, how you might speak, how you would think and feel, how you would try to respond to people. Now imagine stepping into and embodying this compassionate part of you – becoming your compassionate self.

As your compassionate self, if you can now bring to mind an image of someone who you care for – maybe a friend or family member. Imagine that you can see them in front of you. As your compassionate self, imagine directing your compassion and care to the other person. Notice how it feels as your compassionate self to be directing compassion to the other person.

Focus on your compassionate intention and voice tone and repeat the following:
May you be well (their name)
May you be happy (their name)
May you have the strength to tolerate your difficulties and distress in life (their name)

Spend a couple more minutes thinking about the exercise, holding on to your compassionate facial expression, voice tone and intent to be caring and compassionate."

For an example of a 'compassion flowing in' exercise, see above (4.2.2 Compassionate other).

5.2.2 Compassionate relating in daily life

One example of how we might use homework task to bridge these compassionate relating practices in 'real world' action and relating is to invite the client to try and **be** their 'compassionate self' as often as they can throughout the next week. This might be as they're walking down a street, interacting with a sales assistant, or caring for a friend or partner. Tell them that it doesn't matter whether they are able to 'be' this part of them for 30 seconds, 3 minutes or 3 hours. The main thing is giving it a try, and

particularly remembering to focus on qualities (caring, strength, wisdom) and embodied sense (e.g. posture, facial expression, voice tone).

As described previously, creating these wider, real-world opportunities for social safeness and connection is a key relational context in which the CFT approach is built. In this regard, the CFT approach to psychosis is very compatible with social network approaches in psychosis such as Open Dialogue, Peer-Supported Open Dialogue, and the Hearing Voices Network approach. If you can help your clients access a local group, such as a Hearing Voices Group, this would certainly be encouraged. Also, keep your eye out for any opportunities to involve families or friends in the intervention. Or indeed any other mental health professionals involved with your client's care. All these people potentially have important facilitating, or hindering, roles in the CFT process of building social safeness and compassion. If we can guide them in how to support these processes, and not hinder them, then the CFTp intervention will have a better chance of being beneficial. As CFT therapists, we must always be mindful of, and engaged with, the social context around the client.

Ending therapy
E.1. Summarising session, shared as audio / written report
E.2. Collating other audio / written materials for sharing
E.3. Feedback and compassionate learning (for therapist)

These 'Ending therapy' sections are self-explanatory, and do not require further guidance. The ending is a chance to consolidate the client's compassionate self as the 'helper' going forward. Think together with the client about what resources would be helpful (written or audio) in ensuring that, when faced with difficulties / fears / challenges in the future, it's their compassion self that 'shows up' to help.

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