



CFT for Psychosis series

Session 1 (April 17th 2023) – Introduction to CFT for Psychosis model and psychoeducation

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with thanks to

Dr Chris Irons, Prof Paul Gilbert, Dr Eleanor Longden (clinical)
Prof Emmanuelle Peters, Prof Til Wykes, Prof Andrew Gumley (research)



COMPASSION FOCUSED THERAPY



Key: How compassion shapes and textures multiple interventions / processes



WHAT IS COMPASSION?

“A sensitivity to the suffering of self and others with a commitment to relieve and prevent it”

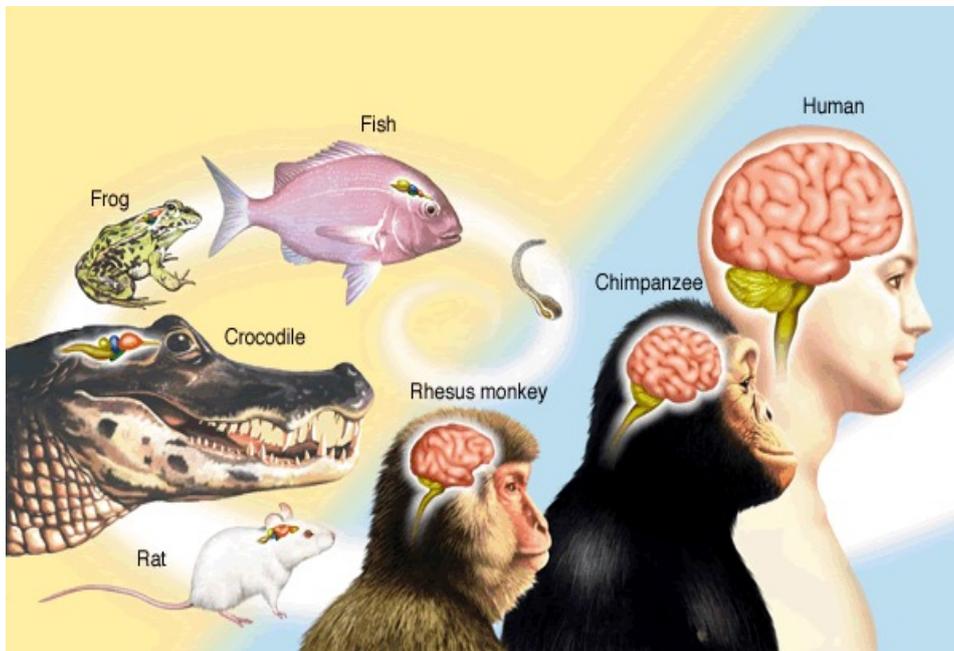
- In CFT, compassion is linked to two very different psychologies, which we can aim to develop:
 1. Engagement: The ability to *notice, engage with, tolerate* and *understand* distress and difficulties – [COURAGE](#)
 2. Action: The ability to engage in wise action to reduce or prevent distress and difficulties – [DEDICATION & WISDOM](#)



Why do we need compassion?



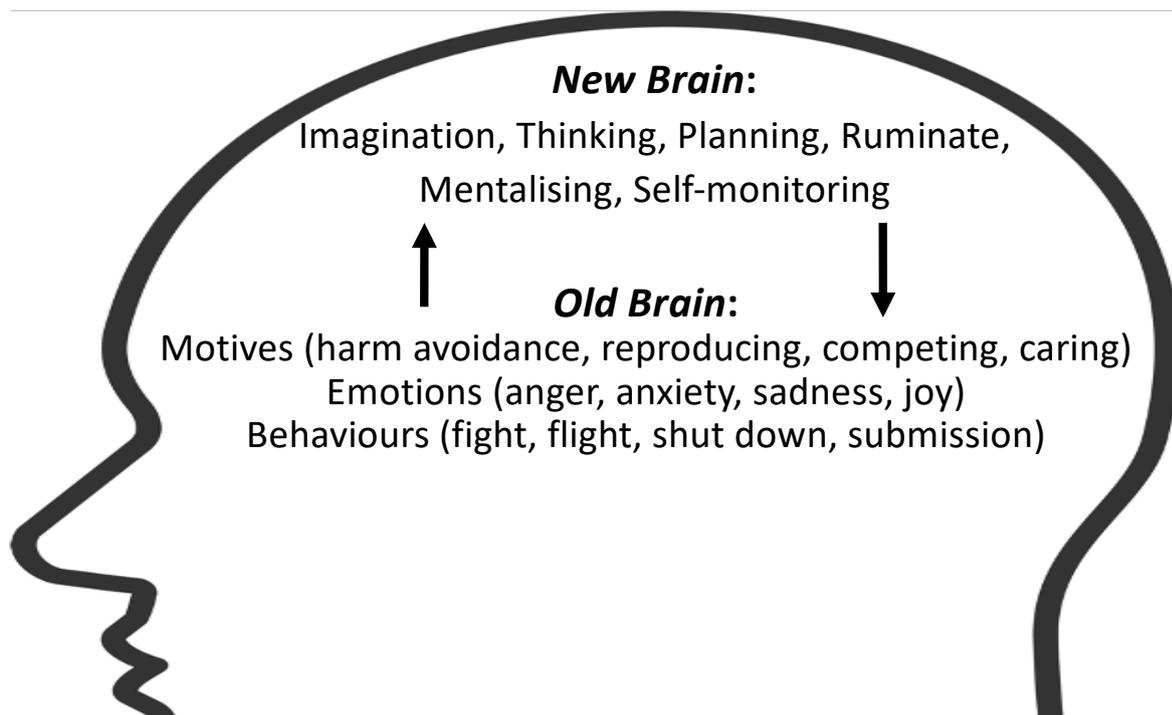
A COMPILATION OF PSYCHOLOGIES FROM DIFFERENT STAGES OF EVOLUTION



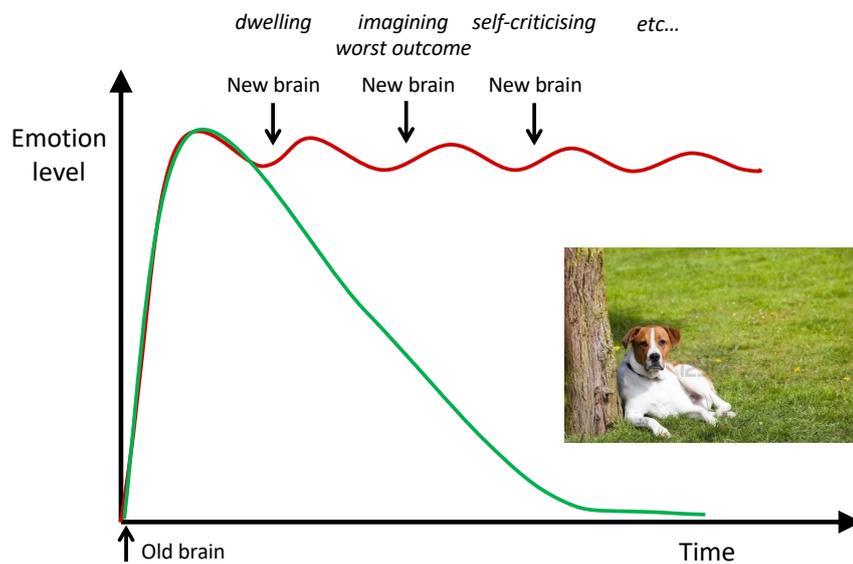
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INTERACTION OF OLD AND NEW BRAIN

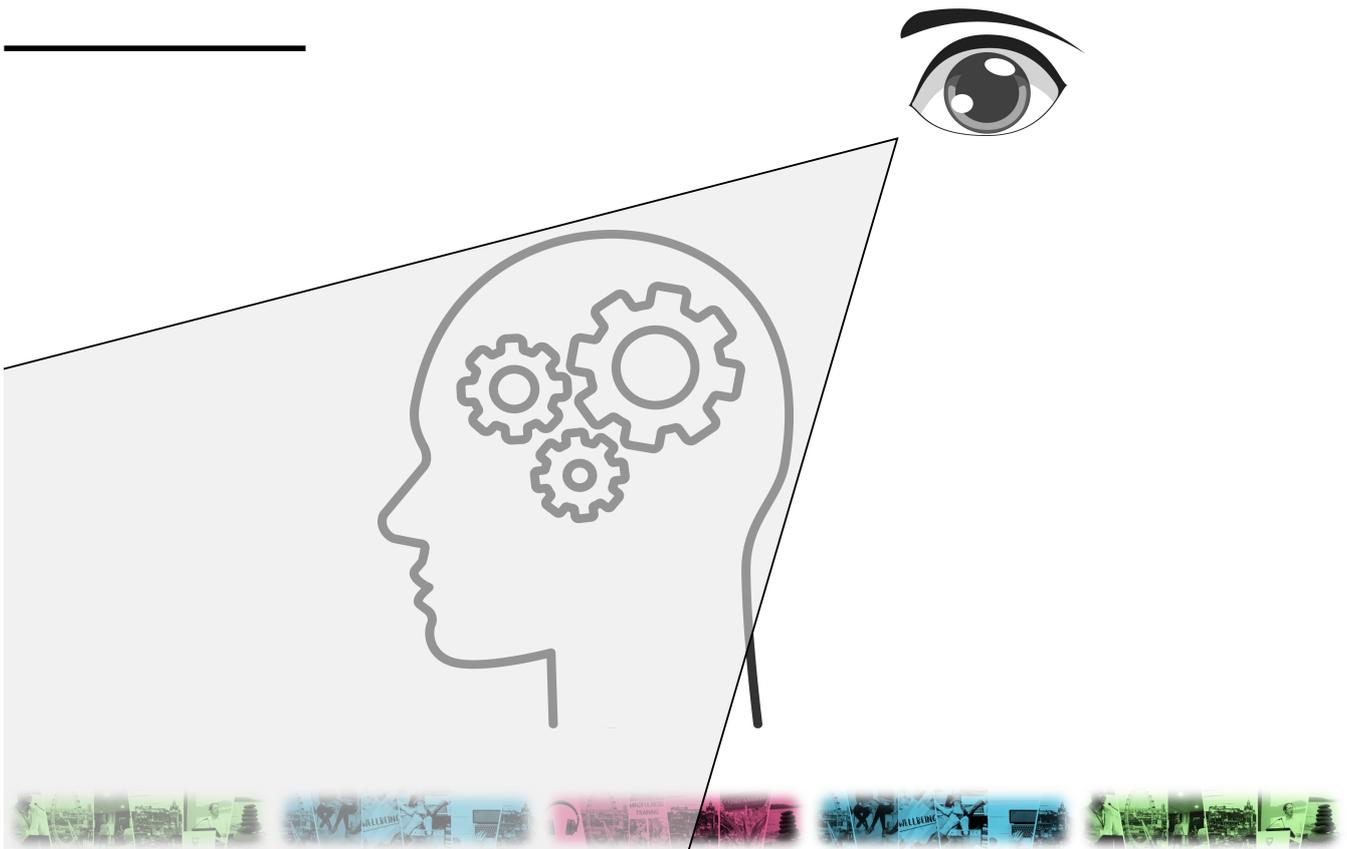


INTERACTION SOMETIMES UNHELPFUL



How can we use this knowledge about our tricky brains to reduce suffering and improve wellbeing?

A VIEW FROM THE BALCONY

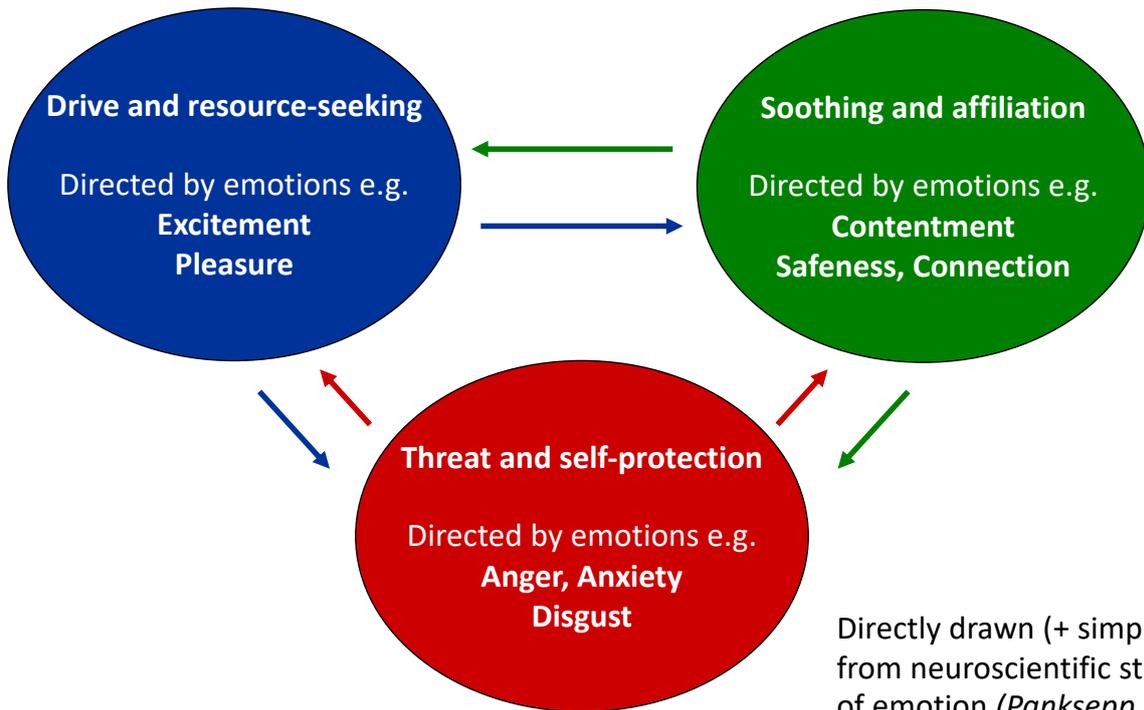


AWARENESS → COMPASSION

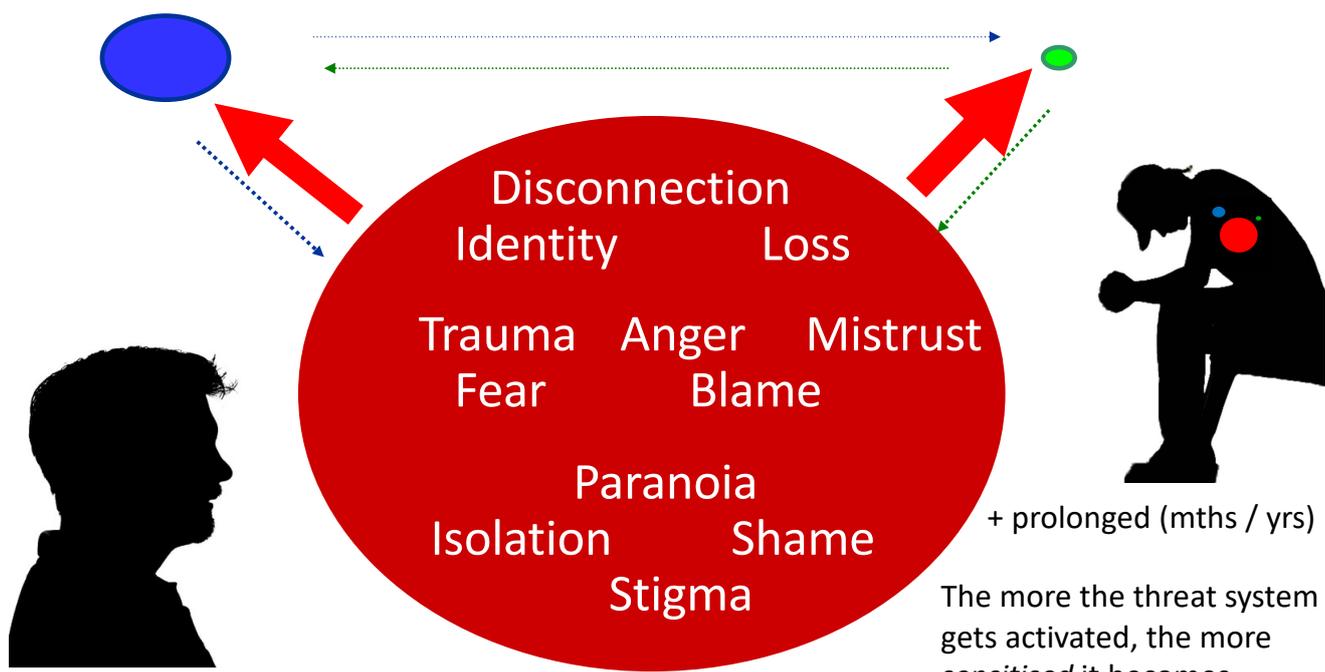
- Develop awareness of, and step back from, the patterns and loops of old-new brain interaction that maintain an unhelpful emotion system
- Develop an understanding of our brains and ourselves that brings a more compassionate view – the brain is tricky; it is not designed by us, but by evolution, and it is shaped by our experiences. It's not our fault
- Tone up 'positive' emotion systems so that they can help regulate / balance unhelpful loops of 'negative' emotion



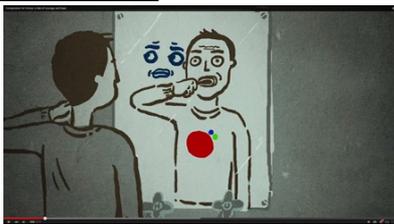
3 MAJOR EMOTION SYSTEMS



THREAT SYSTEM IN OUR CLIENTS STRUGGLING WITH PSYCHOSIS



THREAT SYSTEM IN PSYCHOSIS



Experiences

- Voices making explicit threats, feelings of being watched, conspiracy, life being influenced by outside forces

Research

- Biased processing of threat – memory and attention (*Dorahy & Green, 2008*)
- Threat beliefs (*Freeman et al*)
- Threat-based risk factors (e.g. trauma, adversity, *Varese et al, 2012*) and mediators (e.g. dissociation)

Experiences / processing (past and present) characterised by high threat stimulation (*Gumley et al, 2010*)

The more the threat system gets activated, the more *sensitised* it becomes



THREAT SYSTEM IN PSYCHOSIS



And as if this weren't problematic enough..

Social-rank threat

Additional threat linked to social position or social-rank

Stigma, and negative internal relationship with self (*Birchwood et al, 2000; 2004*)

Services, staff, treatment approaches also operating from their threat systems

Gumley et al (2010). In psychosis, “not only may the threat system be highly sensitized and vigilant to certain types of threat, the maturation of the soothing system ... seems compromised, greatly interfering with threat regulation”

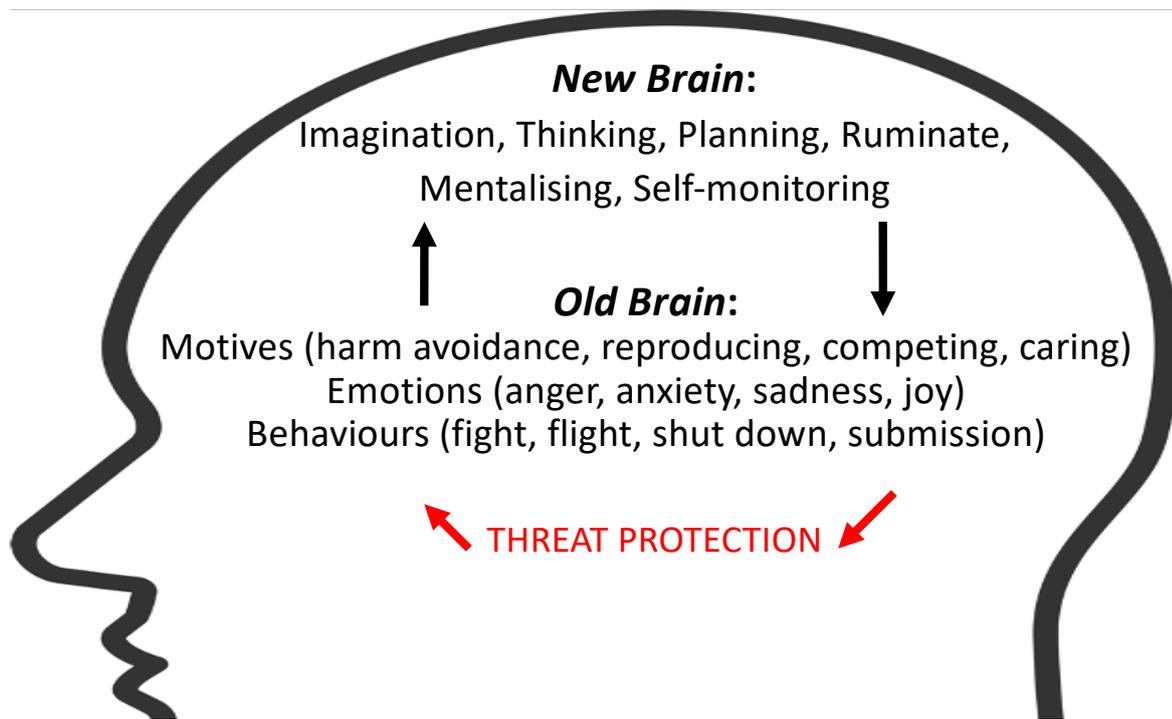
International Journal of Cognitive Therapy, 3(2), 186–201, 2010
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A Compassion Focused Model of Recovery after Psychosis

Andrew Gumley
University of Glasgow
Christine Bracher
University of Glasgow and NHS Ayrshire & Arran
Heather Lathwaite and Angus MacBeth
University of Glasgow and NHS Greater Glasgow & Clyde
Paul Gilbert
University of Derby



WHICH UNDERLYING MOTIVE IS ORGANISING THE MIND / LOOPS?



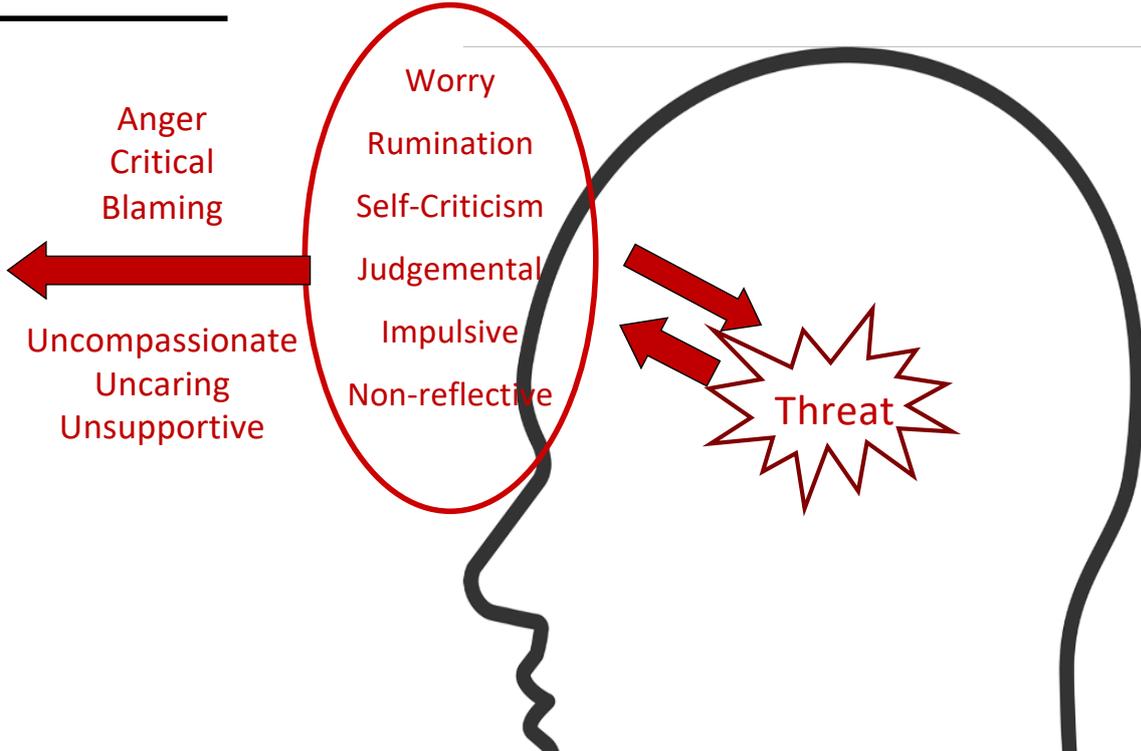
THREAT MIND



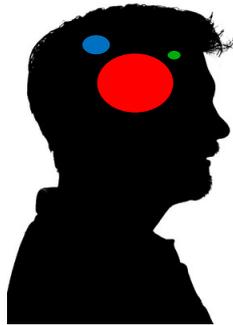
HOW ARE THE 3 SYSTEMS BALANCED?



IMPLICATIONS OF OPERATING IN THREAT MIND



IMPLICATIONS OF OPERATING IN THREAT MIND



Client

- Hyper-vigilant to threat, and turn on threat emotions fast
 - Anger, anxiety, sadness
- Less capacity for mentalising, reflective problem-solving, putting emotions into words

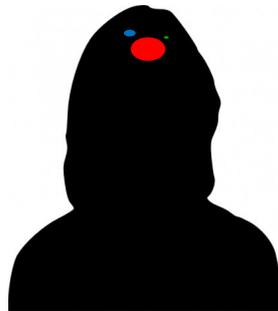
Service

- Quick solutions
- Imposing (rather than collaboratively generating) may set up 'social rank' (power – powerless) patterns
- Dissociation (systemic) – e.g. between organisers of care and givers of care



Therapist

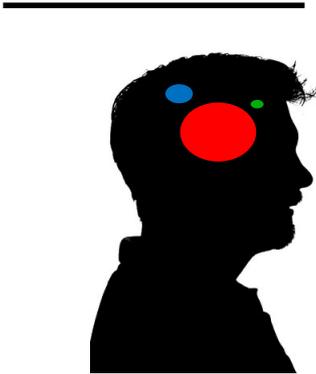
- Overwhelmed, demoralised, hopeless
- Exacerbated by 'loops'
- Dissociation (individual) – e.g. the ability to tune out from suffering (others' and own)
- Vulnerable to self-critical loops



AIM – BALANCE



... AT EACH LEVEL

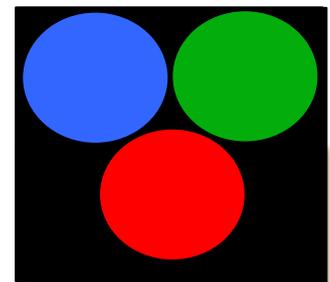
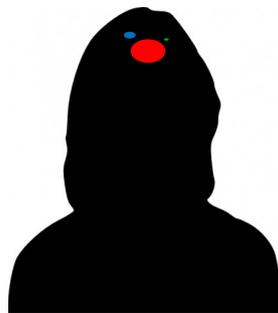


Client

Service



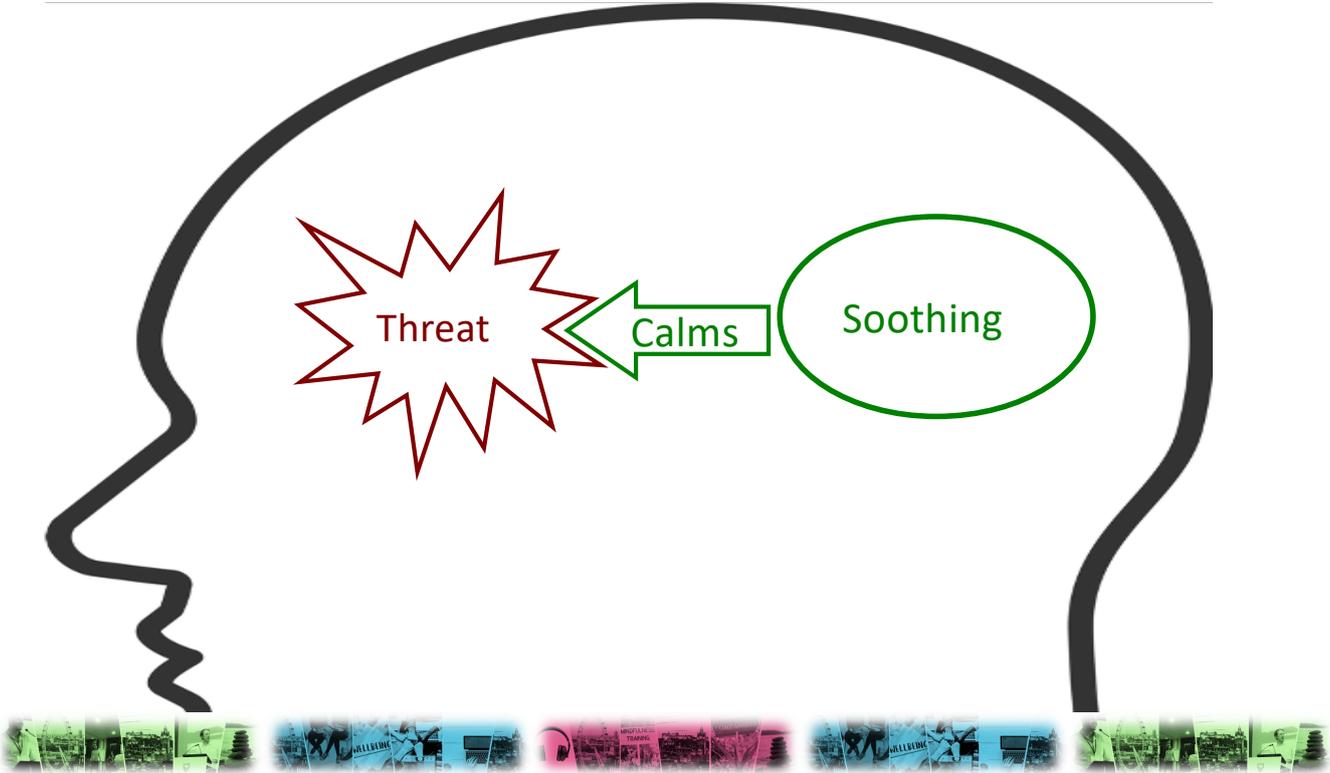
Therapist



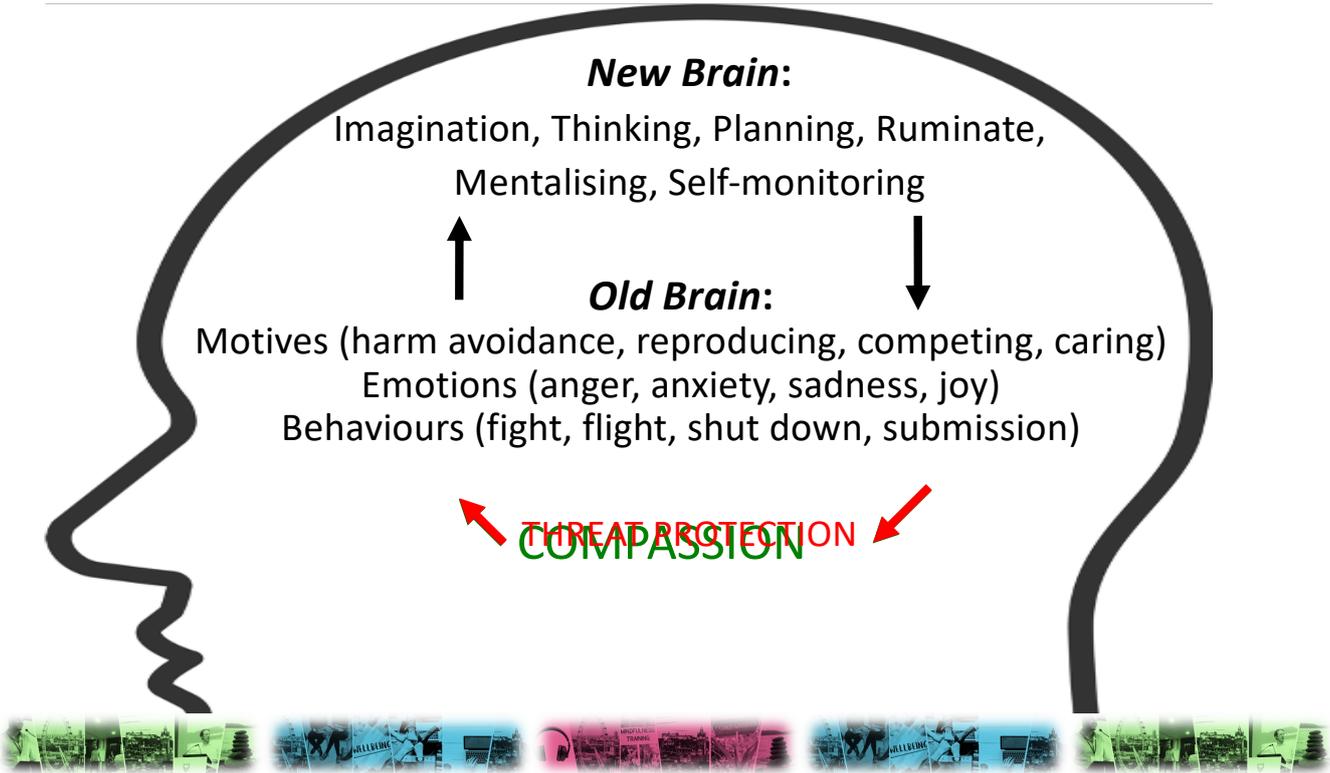
How can we do this?



1. USE OUR 'BUILT - IN' THREAT-CALMER



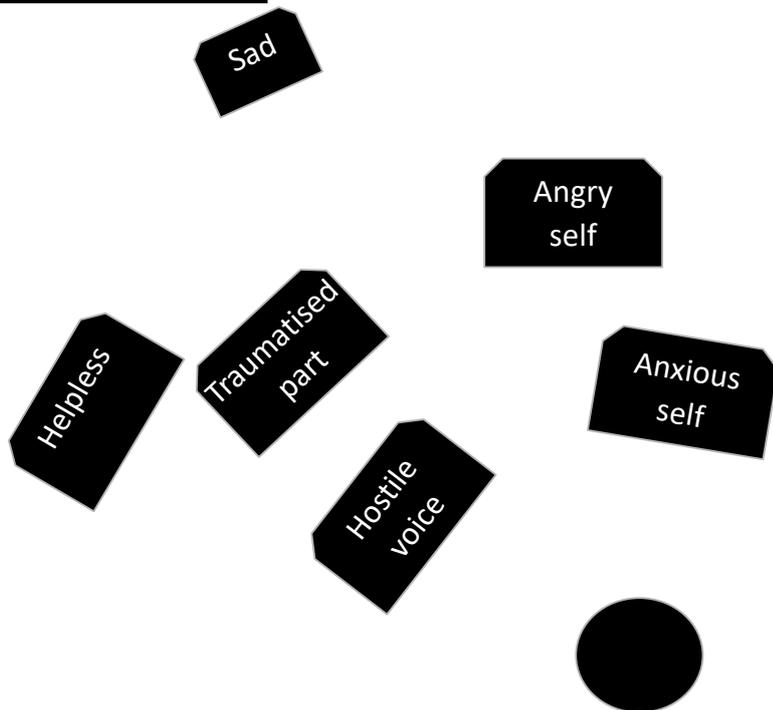
2. INTENTIONALLY PRACTICE ORGANISING OUR MINDS BY A DIFFERENT MOTIVE



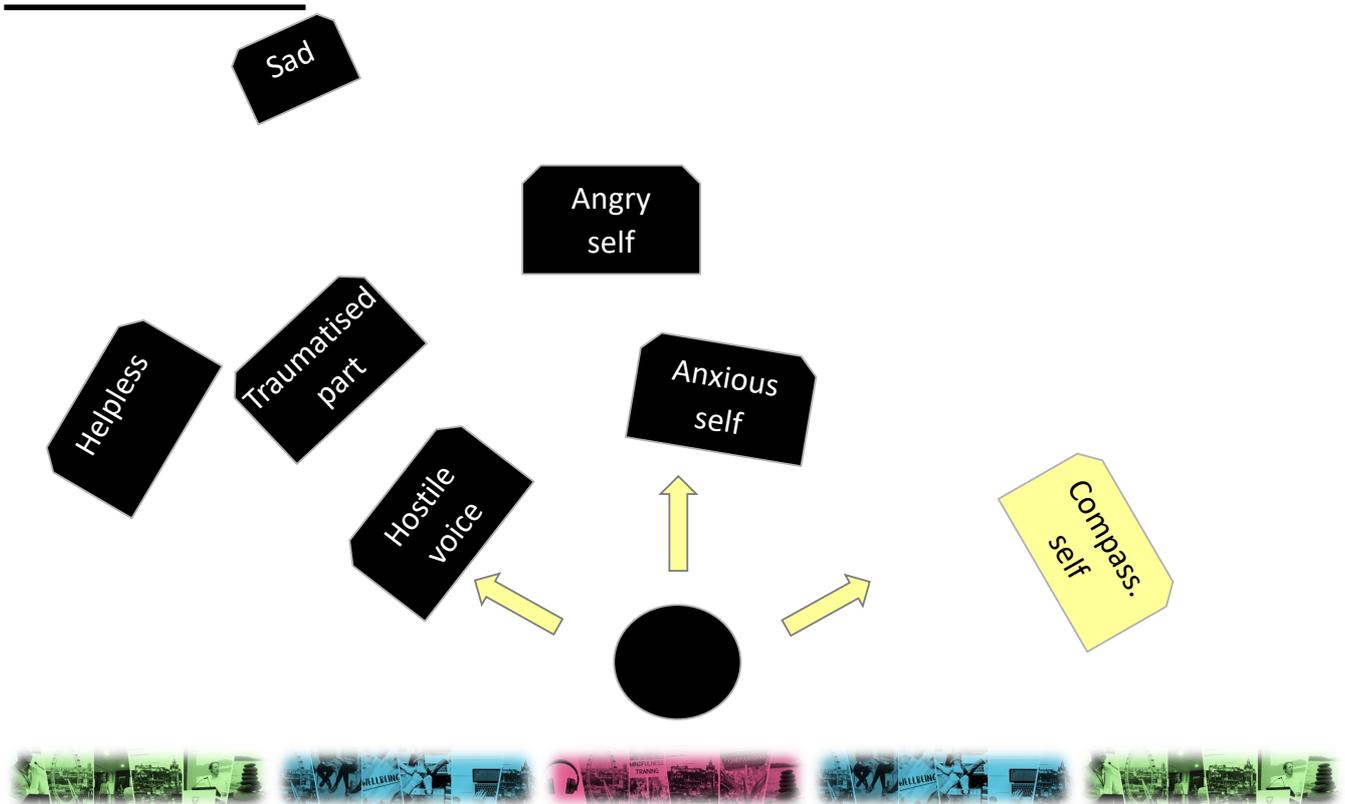
COMPASSIONATE MIND



MAPPING OUT VOICES/PARTS, THEIR RELATIONSHIPS AND FUNCTIONS



SHOW UP FOR THESE RELATIONSHIPS AS OUR COMPASSIONATE SELF



VIDEO – COMPASSION FOR VOICES





Thank you!

Self-help book :

RELATING TO VOICES USING COMPASSION FOCUSED THERAPY

A Self-help Companion

CHARLIE HERIOT-MAITLAND
AND ELEANOR LONGDEN



Dr Charlie Heriot-Maitland
Balanced Minds, London/Edinburgh, UK



www.relatingtovoices.com

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