

Episode 6: Compassion-Focused Therapy, with guest Dr Alice Nicholls, PsychWorks Associates psychologist

Intro 0:05

Welcome to the psychology of case management podcast: the show that helps you use psychological ideas to strengthen your relationship with your catastrophically injured clients and their professional networks, so you can achieve more for your clients and feel more fulfilled in your role.

Shabnam 0:20

Today we have Dr Alice Nicholls, our PsychWorks Associate who I'm sure you will have heard on some of our other podcasts, talking today about compassion-focused therapy, which is a bit of a specialism, dare I say, Dr Alice Nicholls? For you, in the work that you do – not just for us, but in other other aspects of your professional life as well.

Alice 0:46

Yeah, thank you. Yeah, it's a model I really like, and I do use it a lot.

Shabnam 0:50

Right. So tell us... well, I suppose the first thing is, how did you come across, it because it's a relatively new model, in that it's a take-off from a traditional model called CBT, that everyone, generally I'm sure, in our audience will have known: cognitive behavioural therapy. But I mean, certainly when I was at training, it wasn't something that was particularly big or talked about, although that was quite a long time ago now. But you know, you weren't far behind me, I don't think, in terms of training. So, how did you get into it?

Alice 1:19

No, I wasn't. I was really lucky. I actually had a placement in Oncology in my final year of training. It isn't a particularly normal place to have a placement as a trainee psychologist, but yeah, I had this placement in oncology. And my supervisor there used it a lot. And it was a model that just really fit when you're working with people who have just received a really difficult diagnosis, or were living with terminal illness. It was a really helpful model.

Shabnam 1:49

Yeah, so, do you do you know a bit about the history of CFT and where it came from, and how it perhaps links to something that people might be more familiar with in the form of CBT?

Alice 2:00

Yeah, so Paul Gilbert, is or was a CBT therapist. And he found that CBT for depression is really very effective, except with a certain group of clients. And when he looked at this group of clients, and what they seemed to find difficult about CBT, it was that the voice they were using, when they were talking to themselves, when they were using the thought-challenging techniques, the tone of the voice, that means it was a really critical voice. And actually, he realized the whole internal dialogue was really quite critical and

quite a critical way of talking to themselves. And there was quite a lot of shame, as well, that they carried about themselves. And for those people, they just didn't react particularly well, they didn't respond in the way you'd hope someone would respond to CBT for depression. So he developed this new model that... I mean, people often talk about as something used alongside CBT, but really it's a model in its own right, as a way of helping those clients with that high level of shame and self-criticism. It's got a really nice evolutionary kind of basis to it as well. So it draws on an awful lot of stuff that we know about the brain and the way the brain works. So it's got a really nice scientific basis too.

Shabnam 3:14

Okay, so my next question would naturally then be, I suppose: tell us about the theory! It's really interesting, I think.

Alice 3:23

Okay, so the theory really starts with our evolutionary background. So, we've evolved from reptiles through to mammals and through to humans. And at each stage, our brain has just had a different bit added on, it's not had a complete redesign. And that means we still have some really basic motivational systems. And those are – we'll go into more detail in a minute – but those are *threat*, *drive*, and *soothing*. Now, the threat and the drive system are the ones that we share with reptiles. So, reptiles are motivated by *threat*, which is to avoid or escape danger, and *drive*, which is to gather resources, so food and shelter. And what our mammalian brain then added onto that was the drive to... I'm going to call it the *soothing* system, but it's a motivator to rest, digest, to build affectionate bonds with other mammals, which actually helped our survival as a species because it meant that we were caring for our young and that we were caring for other members of our community, which meant we were able to evolve even further as a species and achieve amazing things together. So those three systems - threat, drive and soothing - we share with all mammals. What's different for us, to the other mammals, is we have the ability to think about it all. So if you're a rabbit, and you've run away from a fox, so your threat system has been engaged, you run away from the fox. And so you've got rid of the danger, you've escaped the danger. And then you've had enough to eat and you've got someone nice to stay for the night, then actually, your drive system has been activated and you've satisfied it all, you will automatically go into the soothing state: you will automatically rest and relax and play with the other rabbits and build relationships. And you know, just have a nice, relaxed, fun time. There won't be anything that you're trying to achieve in that time, and you won't be trying to escape any threat. What the rabbit doesn't do is sit there and think about that fox that they ran away from today and wonder if they're going to see it again tomorrow, and wonder if they should go a different route. And wonder if the other bunnies are judging them for the way they dealt with the fox. And, actually, should they go and plant some more grass so there will be some grass for the other bunnies, another day. They're not thinking about the future and they're not thinking about the past. And because of that, they are just automatically in this lovely soothing state. Whereas for humans...

Shabnam 6:16

Us, on the other hand. Tell us about what we do that doesn't help!

Alice 6:21

It's just so much more complicated. So we have this amazing ability to think about the past and learn from it, and to think about the future and to plan. And that obviously means we've achieved lots of really great stuff: it's not all bad. But it also means that we can sit and think about something that was very difficult, or about how we're worried we've offended somebody. And we can worry about how we might not have done enough work for an exam, and that we're going to fail it. And, actually, when we're doing that, we are

putting ourselves in threat. And we're maintaining that threat state all the time, or not all the time, but we could, you know, potentially, we can maintain that threat system a lot of the time.

Shabnam 7:04

By simply having these cognitive thoughts about what we could have done, should have done, will be doing, should be doing. Wow, OK...

Alice 7:11

Yeah. And of course, in personal injury we're not always doing it on purpose, either. If we've been through trauma, then actually that will be something that might be coming up. Although we're not wanting it to, it will be coming up, because that's the way our brain processes trauma. And that might be some rumination around that too. So actually, we're being put under threat by memories of difficult, traumatic events as well, the threat system can be active a lot of the time. The thing about all these systems is that when one of them is activated, it kind of deactivates the other ones. So, the threat response is associated with cortisol: stress hormone. And the soothing system is associated with oxytocin, the 'love hormone', if you like, and they actually will deactivate each other. But there's actually evidence of people activating their soothing systems, and the rise in oxytocin inhibiting the production of cortisol. And equally, drive: the drive system is associated with dopamine. So if you achieve something, and you know, with rabbits, we talked about getting enough grass to eat. But actually, for us, drive is about ticking things off your 'to do' list, it's about getting stuff from the supermarket, it's about working towards an exam, or trying to get some staff in to cover a shift... that's all drive stuff. And we get a dopamine hit every time we do that, and that dopamine hit actually inhibits the cortisol threat system, temporarily. So, you get a dopamine hit, and you feel better. And actually, that's been set up in an evolutionary way, because if you are in threat, and you're escaping danger, and you achieve a place of safety, then actually, you're getting like a little reward, a chemical reward for having done that: your drive system was working in a way that actually solved the problem that was causing the threat system to be activated in the first place. But what we do as humans is almost like a 'brain hack'. So we go into drive and do something completely unrelated. So when I was in oncology, we would see people who've got these really life-changing diagnoses: maybe they've been told they've not got very long to live. And they'd go home and rather than doing... I guess, the stuff I imagined they might do, which was to go and be with their children and to you know, to have a cry and to hug their loved ones... they went home and sorted out their shoe cupboard, or rearranged the furniture, or decided - I don't know - to start a blog.

Shabnam 9:51

Or, in the case of some of our families, I'm thinking, they might get on the phone to litigating solicitors or whatever and the email, or something, and just start catching up with all the work-related stuff. So there is a sort of...

Alice 10:11

Yeah, exactly... we see this in Personal Injury, yeah: they'll get really kind of involved in something and they'll think they need to do this; they think they need to get this amazing product, or...

Shabnam 10:23

Yeah, 'purchase budgeting' is a big thing that comes up as well, actually. Yeah, so there's a maladaptive version of drive that does still give you the dopamine hit, and the sense of excitement and joy, I suppose, but it may not always...

Alice 10:41

Well, they're in a threat-drive loop. So I guess they're not really like... they've not really escaped the actual threat, the thing that was causing their cortisol to go up in the short term, is something that either they're not dealing with, or that there is nothing they can do about it right now. And, you know, that is often the case. But yeah, but they are kind of coping with it by going into drive, it makes you feel better, you know, it may in the short term, it makes us all feel better, I think we can all kind of relate to that.

Shabnam 11:09

I know the impacts of Amazon!

Alice 11:12

Yeah, if you've got like a difficult phone call to make or something like that, suddenly, it becomes really like the washing up, the dishes, suddenly becomes really attractive, doesn't it? The things that suddenly become attractive, like, rather than deal with the nasty threat. And you are, you're getting a dopamine hit when you're doing those things, even if they're not actually helping you, you're getting this dopamine, and that is actually inhibiting your cortisol. But as soon as you've stopped doing it, that problem, that threat is still there. So actually, it's temporary, and then you go back into threat. And again, if you're avoiding the threat, and you're not able to do anything about it, there's a real risk you're just going to loop back into drive. And what we see is just people being absolutely exhausted by that, absolutely exhausted.

Shabnam 11:57

I'm guessing this happens to people that haven't been injured, that this is actually something that happens to the general population. So our audience members may feel that this is actually kind of a familiar thing that might happen to them, even. Not to say that trauma is driving the threat, necessarily, but there is... the loop exists in different in different magnitudes, I guess.

Alice 12:25

That's it, and actually, if you've got a critical internal voice... which I do think a lot of us in this country were probably raised to have, in some respects, I think it was almost a parenting style in England, to be quite critical of your children and expect them to make themselves better because of it. And we internalize those voices. So a lot of us do have a critical voice in our head to say, "Oh, you're not being a very good case manager, or actually, if you were a better solicitor, you'd have sorted that out already." That's going on in your own head. And so you've activated your own threat system. And because your threat system is activated, you're then going into drive, and you're doing lots of stuff. And it's really easy to get burnt out like that. And this is where compassion comes in, because – it makes it sound like a very simple therapy, but it's really not, because it's a really easy thing to say, and not a very easy thing to do, because it goes against so much of our culture and the way we've been raised.

Shabnam 13:20

And I think we're set to... you say when you say 'cultural', I think particularly if we're trying to support other people, and we are in the helping profession, I wonder if we are a little bit more prone, at risk of developing this threat-drive loop, as you talk about it, and that compassion is quite a hard thing to do. By nature of the way we've decided to... the field that we've decided to work in.

Alice 13:50

Yeah. I think when our clients have unmet needs, I think it's very easy to get activated... get our threat system activated like that. And I think what we see in big institutions, where this goes wrong, is you develop a box-ticking culture to kind of try and contain the feelings of threat and give people a little dopamine boost, but it means that people aren't connecting; they're not soothing the clients. They are going into drive and they're ticking boxes because it makes them feel better. You know, it's much easier to develop, to write a nice care plan than to connect with what's going on on an emotional level because that's threatening. So we can sometimes see people *doing* rather than really kind of *being* with what's going on. Frantically trying to get stuff done that maybe isn't as important as it feels, but because it's anything than sit with the threat of the client's distress.

Shabnam 14:43

Or indeed your own distress of... whatever it is. Yeah. So, how do we break out of this loop? This feels almost self-destructive, or you can imagine this sort of downward spiral with it, and like you say, burnt out... those are big words and outcomes that you can see, that are almost inevitable. What do we do to make our soothing system 'trump', if you like, that threat-drive loop?

Alice 15:12

I know that case managers and solicitors listening will want to say "What can I do to help the client?", but it starts so much with how we are inside our own heads. Because if our threat systems are activated – again, and will activate other people's threat systems – you know, it's such a basic part of who we are as human beings to be picking up on threat. And I know people are going to wince as I say it, but being compassionate towards yourself is the first step. It's like listening to how you're talking in your head and just thinking is there a kinder way I can say that to myself, is there a more compassionate way I can say that to myself? Because suddenly you're not criticizing yourself. And actually, you're starting to just be more nurturing towards yourself, you're just going to activate your soothing system a little bit. And that's the trick: is that your soothing system, if you're activating that, you're also inhibiting your threat system and your drive system. And that oxytocin going up makes the dopamine and the cortisol go down. And it's not something we're used to doing. It's something that takes a lot of practice and training, unless... I might be speaking to the wrong people – you know, you might be able to do that. But it's something that a lot of people find really hard, you know, to actually be compassionate, and to be kind to yourself in times of difficulty. And yeah, to activate that soothing system, and it's not just about being kind to yourself, it might be that there are lots of other ways of activating that soothing system. So it might be that there's something you can do: you could sit and listen to your favourite song, or you could sit and you could rub some handcream in, but in a way that you know you're doing something kind for yourself. So you're making an effort to be soothing, and to be kind. And that will bring down that threat response. It doesn't have to be like that you take up meditating and doing an hour a day.

Shabnam 17:18

Yeah, it doesn't have to be something big, even. I mean, just rubbing handcream... do you know what, I love the feel of my hands after I've put some... I've got a little pot of handcream here that I'm touching at the moment as I talk, and it's such a lovely smell. And it just makes me so happy to just rub a little bit, and I do it sparingly because it's such a small pot. But it's such a nice thing to do, it really is. So it's really interesting that it doesn't have to be something big and grand and ostentatious, I suppose what you may also say later on is that it's got to be sustainable as well.

Alice 17:57

And actually, we can do pretty much anything we do in our lives in a compassionate way. So you could brush your teeth in a compassionate way. You know, you could be saying to yourself, as you're brushing

your teeth, I'm doing this for myself because I care about myself. And I know this is a wise, caring thing to do. I think some people think when I say 'compassion' I mean letting yourself off the hook, and being a bit soft on yourself. Certainly there is perhaps a bit of softening that needs to happen. But actually, to be compassionate is to be wise and to be strong as well as to be kind, is to think about what needs to happen and what's going to make things better. And then to act on it. But through that real genuine desire to relieve suffering; a genuine desire to be kind and caring and connecting.

Shabnam 18:46

No, I can see that there's a neurological element to it, in terms of our frontal lobes and our threat systems and our mammalian brains and some of the things that you've spoken about. But there's also something that feels like... there's something about the universality of this idea of compassion, that it could be the case whether you're a client or family member or professional working with people who have injuries; do it to yourself, do it to others. Ability feels like it doesn't come into it, necessarily, in terms of cognitive ability and thinking about our brain-injured clients in particular, or children who may not have obviously the experience and cognitive-emotional structures that we as adults have. It feels like there's something that's quite sort of universal about it. Is that fair to say?

Alice 19:44

I really think that's true. It works on a cognitive level, and you can get people to be thinking about this, but it also works just by observing someone who maybe doesn't have the skills to communicate how they're feeling, but you can observe them and you can kind of tell if someone's in threat, if they're looking anxious or angry or agitated, and they're in threat, and you can also start to identify things that they find soothing, you can be speaking to them in a soothing voice, and noticing your own kind of threat state and thinking about that when you're working with them. Something that I really liked when we were working in oncology was that often would get called by the doctors or nurses because they had a really distressed client on the ward, say, someone was lying in bed and was really upset, and they just didn't really know what to do with them. And they would call us and we'd go and see them. And actually, it felt like the right thing to do was to sit and hold their hand. And a lot of psychological models maybe wouldn't have given you a theoretical basis for that. And you would have been saying, you know, querying, why you're doing what you're doing. Yeah, actually, this compassion-focused therapy model gave you a reason to sit and hold someone's hand: you're connecting, you're offering comfort, you're being present with someone in their suffering and showing a genuine desire to ease that suffering. You're stimulating oxytocin release, and you're decreasing their cortisol levels when you do that. So that's like an application of the model. I mean we are giving a theoretical reason for doing something that just feels like the human thing to do. But that's what people need when they're in distress, and when they're in threat, is for us to show them human kindness and compassion.

Shabnam 21:32

Yeah, and I guess in case management, certainly in the personal injury world in general, whether you're a case manager or a solicitor, therapist, carer... there is always going to be a need for the equivalent of holding someone's hand. It's not practical, as we're often driven by being goal-oriented and evidence-based, etc, sometimes just being and sitting, from what you're saying, is just what is needed to thwart this threat-or-drive loop. And to just soothe a client or oneself, indeed, if one is feeling in themselves, or noticing in themselves a sense of fatigue, or burnout or something like this that needs address. Really, for me, it is changing my view of slowing down a little bit. And having, like you say, a theoretical framework that actually says that you may need to do this once in a while, and it's okay to do it. And in fact, it's the *right* thing to do. Because your intuition might be saying it's absolutely the right thing to do. But I don't know if I can do it! Am I allowed in my case? Can solicitors do this? I'm a carer! I can't be seen to be doing something that's sort of nice, not exactly according to the care plan. Obviously, if there's risk involved,

that's a different matter. But in terms of just sitting and being with a client, there's a real role for that, and a call for that, and a need.

Alice 23:07

There really is. And yeah, and if we get drawn into thinking we need to be *doing* all the time, I think there's a risk that we are avoiding something when we're doing that. So yeah, definitely. If you're finding this urge to think "I have to solve this problem, I need to do something about it," it's worth taking a step back and just querying what the threat is, and are you actually dealing with the threat? Or is this you trying to deactivate your threat system by doing? And actually, if that's what you're doing, then consider doing something that would be soothing, instead.

Shabnam 23:44

Yeah, definitely. And because I guess the bottom line is, as you've said, clients who are stuck in that loop will just maintain that level of trauma that perhaps is kicking off that loop in the first place and perpetuating it, and/or has caused that loop to kick off, I suppose. But equally, us as professionals in the personal injury world, if we don't think about this on a serious level, we are going to be stressed to the max. It could be an argument for thinking about our own... or a formulation for us to think about our own stress, our own sense of longevity in the work we do, because I would have thought none of us want to be burnt out. And there is a way out, which is tremendous to hear. And I know it's the c-word – compassion – which is bandied about an awful lot. It may feel like it's yet another buzzword that people use, but the way you've described it feels like it's an absolutely crucial element. It's not just a buzzword. It's not just to sound fashionable or to get people's attention: this actually has a role, and it may well be the answer for some people who are in that perpetual sense of stress, be it in terms of threat or in terms of overdrive, for want of a better word, none of which is sustainable, ultimately. So, okay! So what tips could you give us, as a personal injury group of people listening to this model and thinking, "Well, my goodness, this could be very helpful." What, say, two or three ideas would you give us as an audience around using compassion-focused therapy in the work we do, whether that's for ourselves or directly with our clients.

Alice 25:36

So, I think something that we've already talked about quite a lot today is to notice when you're in a threat-drive loop, or when your clients are in a threat-drive loop – or the care team, or the family. So, if someone's very busy, very stressed, they're talking about being burnt out, or at risk of burning out, and especially if they're doing things that don't really seem to be related to the problem, you know, think about what is the real threat, and what can actually be done about it. And if you can't do anything about it, or they can't do anything about it, then encouraging them to engage in some soothing activities, rather than jumping into this 'drive' state. So that's my first top tip. My next one would be to think about how balanced yours or, again, your client's threat, drive and soothing systems are. It's really likely that the soothing system is under-activated. And if it is, you can start to just gradually introduce tiny bits of soothing into your life. Like we said earlier, it doesn't have to mean that you're doing an hour's meditation a day – although if you want to, great – but it could be that you're just doing a couple of things a day, and just being a bit more mindful and a bit kinder to yourself, when you do them. It might be that you are just stopping every now and then thinking about what you need, you know: do you need to have a drink? Do you need to eat something? Do you need a rest? And actually, being wise and kind to yourself in just providing that for yourself. The other thing that we know can make a difference is just remembering tiny acts of kindness that have occurred throughout the day: times when you've done something kind for someone else, and times when people have done things that were kind for you. And it could just be that someone held the door open for you, or someone let you out of a junction while you were driving somewhere, or that someone made your cup of tea, or that someone sent you a full text message. You know, it doesn't have to be something big, but, but just just sitting there and spending a couple of minutes thinking about some acts of kindness that occurred during your day will stimulate that same area of your brain, which is what we want to activate a bit more.

Shabnam 27:49

Yes, and I think we've said it before, haven't we, but it doesn't have to be big. 'Compassion' feels like a very big word. And 'soothing' feels like... can make some people feel quite uncomfortable about that sort of 'contentment', or 'nurture'. These sound like big words but, actually, when you break it down as you have they sound a bit more manageable, somehow.

Alice 28:14

That's a really nice point, I think people can feel quite threatened by the idea of going into the soothing state: maybe you've been criticized for relaxing or being lazy in the past, or you've got some negative associations with the idea of being kind to yourself. So to start small will gradually expose you to that feeling, without it being so big that (1) it feels like too big a task, but (2) it potentially sets off your threat system, because of that kind of complicated learning history.

Shabnam 28:46

Yeah, no, I see that. It's so linked to who we are as individuals and what our experiences are. I know that's exactly what psychology is all about. But you can really see how it feeds into the theory that you've talked about. I mean, 'compassion-focused therapy' I can imagine being very off-putting, but actually when you think of it as a threat/drive/soothing system, that has different motivations attached to these different systems and different, therefore, emotions that are linked to those systems, it makes an awful lot of sense. And it does seem like it has a lot of relevance with our with our personal injury clients. And I would really urge everyone to think about... maybe frame some of the experiences that they've had or have with their personal injury clients, whatever our roles are with those clients and maybe see if there's any mileage in thinking about CFT – compassion-focused therapy – as a way to think about the concept of threat in our clients. And I guess maybe more relevant to our clients, we might say 'trauma', right? Which is a constant sense of a threat that then drives various sorts of dopamine-causing or dopamine hits that bring about a sense of relief – temporary relief – but actually it's not really the answer. And often, as we were saying before, it can be quite maladaptive in what we see in our clients, and how we need to think about strengthening or improving the soothing system with our clients, and how that would be such a beneficial thing to do. And as you've highlighted with this sort of *notice* and *balance* ideas that you shared just now: very, very helpful. And actually, it's not about removing threat, it's just about increasing soothing.

Alice 30:46

Yeah, we just want everything to be a bit balanced. And that's all we're really aiming for. And in this client group, particularly, we do see that over-activation of threat and under-activation of soothing.

Shabnam 30:58

Yeah, now I see that, very much. That's really helpful.

Alice 31:02

My third top tip is to fight criticism with compassion. I've noticed that we often get clients or their parents, or even members of the staff team who become quite critical of other professionals involved in the case. And what I just think is a really useful application of this model is to think about people who have been critical as people who are in threat. And once you realize that, it's much easier to be compassionate towards them. So if you've got a client or a family member, or staff member who is being highly critical, then actually realizing they're in threat and being compassionate towards them, which isn't always very

easy, because actually, it does tend to activate our own threat systems: if someone is criticizing us, or we feel they're attacking us in some way, we kind of want to get defensive and launch a counter-attack or be defensive back. And the reality of that is it just exacerbates this threat cycle that's going on. So if we can be compassionate, and realize that their criticism is coming from a place of fear, or anger – but we're talking about fear, really – then it's much easier to be kind and compassionate and soothing. And actually what that looks like is probably just listening and understanding and trying to understand what they're so upset about, and what's really the problem. And when people feel heard, and they feel like someone's listened to them, been kind to them, they are much more likely to drop out of that threat state and into a more soothed state, when you can then do some really useful work with them. The other thing is, when people are in that threat state, when people are critical of others, it's a direct reflection of how critical they are of themselves. If someone is really critical about other people, they're probably doing that same thing to themselves – probably worse. So, again, they probably need some help with activating their soothing system.

Shabnam 33:06

Yes, yes. And that's a really interesting and really helpful observation that is very helpful to think about how how people respond in the world, and how that might be indicative of what might actually be going on for them on the inside, in their internal world. And so adding fuel to that fire is not actually going to help by, as you say, responding in a defensive or an attacking way, actually to break that cycle, to bring in something that is perhaps more soothing, not only to yourself, even though it might not feel it in the moment: you feel like you may need to make a point, or to talk to that support worker, or to reassert a particular status or to try and convince that client in a particular way, in a way of thinking that's going to be helpful for the case overall, or whatever... That actually, in order to stop that spiral from happening, or that that loop from happening, there needs to be something different, and being compassionate and bringing something that is more soothing into the conversation, everyone's a winner at the end of it.

Alice 34:15

And the trick with generating compassion for people, even people who perhaps you're finding quite difficult, it seems to be to think about their suffering and to connect with their suffering. That's ancient Buddhist wisdom, isn't it? But yeah, but actually to think about what's so hard for them and just imagine their life, and once you're doing that it is easier to kind of take their perspective and to be kind and compassionate to them for where they're at.

Shabnam 34:42

Yeah, that's really true. And that's kind of the whole premise of what we try and do at PsychWorks, but also in terms of the common thread of this whole podcast, is that it's about building up therapeutic allies and joining the client or the support worker or family member – or indeed yourself – at the point of pain and suffering, and sitting with that, rather than reacting to it or responding to it in a way that feeds the challenge of it rather than helps develop an exit strategy from it. And it's really helpful to think of that. I know we've said it, I'm sure people have heard it before and I'm sure we've said it before. But 'compassion' is not... it's an easy word to say; albeit it makes people feel a bit funny sometimes, I do appreciate that. But if you're able to sit with that discomfort of the word 'compassion', I just want to confirm again, or to hear again, that it isn't something that comes easily to many, many people. And that it's about practice. And just like anything, it gets easier, with a little bit – as you've highlighted – tiny bits of soothing here and there, noticing these... it's a mindset. It's not something that just comes naturally to many people. I mean, that's presumably across the board, I mean, in your clinic, I know you work in personal injury, but outside of personal injury as well, is that fair to say that... it's just a human thing?

Alice 36:18

Compassion is a really human thing. But unfortunately, the way we are raised and the way we're expected to live our lives almost teaches us to shut it down. And I think that's a widespread problem. You know, that's really about our society and the way it's run and the way we expect people to behave. And, yeah, I think it's been lost because of the way we live our lives. And I think that's... I want to say universal, but I think probably some people have managed to avoid that. I just obviously haven't met them.

Shabnam 36:50

Yes, I suppose it's unlikely, in the work we do, that someone's already got that sorted. But I think there may be some universality to this idea. But I'm really hopeful in some many of the conversations I'm hearing across not just the personal injury professional world, but just in life in general. But people are 'getting it' a bit more: maybe this idea of being able to look after ourselves, because it always starts with us, you know, "Put the oxygen mask on yourself first, before you put it on anyone else." But I think that is slowly shifting, and we're seeing more and more psychological theories that really demonstrate the worth and the value of all of this. And it like you said, I think a couple of times, at least, in the conversation today, it's not a new idea. This has been around for centuries, in ancient Buddhist times, etc. This is not new stuff. It's just that, as you say, we've kind of forgotten it a little bit. Before we get carried away with all of that, we probably ought to draw this to a close for now. In terms of take-aways, are you able to sort of summarize the conversation today, and help our audience just return back to where we are with compassion-focused therapy, and how it could be useful for our clients and for ourselves in the personal injury world?

Alice 38:19

Well, we have three motivational systems: the threat, drive, and the soothing system. Our threat system that gets activated by any kind of threat. And it can even be a threat that we're remembering or a threat that we're imagining for the future. So it's very easy to end up with that threat system being over-activated. A lot of us cope with that by actually going into drive and doing lots of things, some of which are helpful, some of which aren't. And actually, if we over-rely on going into that drive state to avoid the feelings of threat, then we end up exhausted and burnt out. And actually a much healthier, easier way of inhibiting that threat system is to engage the soothing system, and actually we need that for our recovery and for our mental health. And, for lots of reasons, a lot of us find that really hard. So compassion-focused therapy is really about helping us to be a bit more wise about which of our systems are being activated, and encouraging more activation of the soothing system, less reliance on the drive system to counteract the threat system. And mostly it seems to work to be compassionate about it: to think about what you need, what the client needs, and how to achieve that and if it's not achievable in the moment, then sitting with that and being okay with that in the moment. And the three top tips were to notice those threat-drive loops in yourself, the clients and the care team... and to summarize the three top tips, they were to notice threat-drive loops. And then, if you're noticing that, then working out what the real threat is, and what can be done about it. And if you can't do anything about it, then encouraging soothing instead. Think about how balanced the threat, drive and soothing systems are: what we're aiming for is balance, not that your soothing system is massively activated and everything else is under-activated. We're aiming for balance. And we looked at ways of gradually introducing more soothing into your life. And we talked about ways of doing that: doing everyday activities with kindness to yourself; speaking to yourself with a more compassionate voice; thinking about what you need and nurturing yourself a bit. And then finally, fighting criticism with compassion. So when you notice people being critical, trying to override your own threat system by being compassionate towards them and soothing them, rather than engaging in more threat-based behaviour, like either being defensive or critical, as well.

Shabnam 41:08

Brilliant, thank you. And I suppose it's not about letting yourself off the hook. It's just wising up to something else that tends to be under-activated, which is the soothing system. That's incredibly helpful. Thank you, Dr Alice Nicholls, for a very helpful introduction to Compassion-Focused Therapy and its

relevance in the Personal Injury world. For those of you who are very interested in this, we'll put a couple of links to websites and books [see <https://www.compassionatemind.co.uk/resource/resources>] that might be helpful to you, but if you want to talk a bit more about Compassion-Focused Therapy, do get in contact with PsychWorks Associates and we'll put you in touch with Dr Nicholls who will be able to think thorough that with you, with your clients. All right. Thanks, everyone, for listening today, and we'll see you next time. Thank you, bye-bye!

Before you go: If you enjoyed the episode today, I'd really appreciate it if you could rate it on whatever platform you're listening on, and 'share' and 'like' on your social media profiles. Word of mouth is the best way for us to grow and to be a continuous resource for all, and if there's any topic you wish for us to cover, please drop us a line on our website. Thank you so much for all your support.

A good starting point for people wanting to know more about CFT:
<https://www.compassionatemind.co.uk/resource/scales>

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