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Paul Gilbert
‘Compassion is an antidote to cruelty’

Kal Kseib meets Professor Paul Gilbert, founder of compassion-focused therapy

In a nutshell, what is compassion-focused therapy?
A way of helping people to develop compassion motivation for themselves and for others, and also to be open to receiving compassion. It began back in the late 80s with three basic themes; the first was, in the context of cognitive therapy, to get people to focus on the emotional tone of their coping thoughts, teaching people to generate a compassionate, caring, validating and supporting orientation to their coping thoughts. The key is to help people recruit specific brain systems that evolved for caring and helping others, and have specific threat emotion regulation functions.

The second strand stems from Buddhist psychology, and specifically the Mahayana Tibetan tradition, which sees compassion motivation as core, with practices and exercises around developing a compassionate mind and identity.

The third strand was from evolutionary psychology, to help people realise that the human brain is tricky because of the way it evolved. A lot of our motivational systems are designed by our genes for survival and reproduction, and can do wonderful things but also some terrible things. Humans are potentially one of the cruellest and nastiest species that have ever walked on this planet. We’re quite capable of deliberately trying to create and be indifferent to the suffering of others. Compassion really is an antidote to cruelty.

In the last 20 years of Western society we’ve been nudging people toward the competitive ‘me first’, and tribalism. It’s important to recognise that there are social contexts which can also nudge people toward the more compassionate side. CFT is really trying to introduce these notions about how we take a more compassionate orientation to ourselves, in therapy, in our schools, in our environment and the world we live in. We must study the relationship between inner motives and social contexts; it is social contexts that can bring out the best and worst in us.

What first motivated you to explore compassion?
You can see the beginnings of it in my 1989 book Human Nature and Suffering. Then in 1995, I watched quite an extraordinary programme about the experiences of people who were taken into the Nazi concentration camps in the Second World War. They showed letters written to children, stuffed in pillowcases hoping they were still alive. I had young children at the time, and I was never the same after that. I probably cried for well over an hour. I remember thinking, ‘Well actually, the human brain is completely f*cked. I mean, to have a mind where you can do that to millions of people, that is just frighteningly terrible.’ And that’s partly what got me on the road to really thinking we have to address the issue of cruelty, because we just keep doing it, century after century. So it’s been this kind of wake-up call to the reality that humans are not necessarily a nice species unless they’re given an opportunity to bring out the compassion and courage within us, and that raises the issue of how to cultivate compassionate minds and cultures. That, for me, is the great privilege of being a psychologist, understanding the origins of human behaviour and discovering how to help the human species, to become more moral. It’s a fantastic challenge.

Can compassion be an antidote for more personal suffering too?
People can be very cruel to themselves. Self-criticism is often quite hostile and can drive people to be depressed, anxious or even suicidal. One way of helping people to be compassionate to themselves is to link internal hostility to what sits underneath it – often a fear of being rejected, of being worthless or of not being wanted. Humans don’t do very well when they feel disconnected and isolated, and compassion allows us to see that. The research shows our physiological systems, our cardiovascular and immune systems, flourish best when people feel loved, cared for and have a sense of belonging, and when they themselves are being loving and caring to self and others.

Another dimension to compassion is in understanding that some forms of cruelty are rooted in fear and threat – so the more we feel threatened by people the more unpleasant we can become to them,
and therefore compassion helps people to reduce or not act on the threat. Compassion for the people you love is great, I'm all in favour of that, but if you can develop open compassion beyond those people you like, your friends or circles of preference, towards the people you don't like, the people who are different to you, the people who are not like you, then that becomes very important. And that also takes you into the sphere of morals and ethics. How do we bring a more moral and ethical orientation to the way we relate to ourselves, societies and the planet?

How does a compassion-focused approach differ from simply saying 'be kind'? Commitment to compassion has two aspects – one is about turning towards suffering, and the second is about finding out how to alleviate and prevent it where possible. That's important because people often forget the wisdom part of compassion, the desire to discover how to be helpful. For example, if I see someone fall in a river and I think to myself, 'Ah, I must jump in and save them', that's good intention, but if I can't swim it's not very helpful. If you wanted to help people as a health professional but you weren't prepared to study, then there's not much behind your intention.

So having both intentionality and commitment to learn how are really important in compassion. Compassion isn't just this nice feeling, it's the preparedness to turn towards difficulty and the commitment to try to work it out by taking action.

Could you give an example of a protocol or intervention used in CFT? One process is called, 'developing a compassionate self-identity' where we help people to think about 'If you were at your compassionate best, what qualities would you have?'. So a response might be 'I would be friendly, I would be tolerant'. The person imagines having those qualities and then is invited to have the quality of wisdom, the wisdom being that we all just find ourselves here with a brain and a body that's been built for us. We didn't build it, we just have to experience it. We then teach breathing exercises designed to create parasympathetic grounding, so as you slow your breathing you sense your body getting heavier and more grounded. And we have this commitment rooted in the compassion motivation, which is the preparedness to be sensitive to suffering for yourself and others, to turn towards it rather than away from it, and the openness to learn what you need in order to alleviate and prevent it. Kindness is more a sentiment maybe, important of course, but it does not focus on suffering per se nor does it require courage. We're just completing a study of how people distinguish them, and they do.

In helping someone to adopt a more compassionate stance in their lives, where might you start? We can bring the work of compassion into any aspect of people's lives. So imagine you've had an argument with someone you care about, you could be angry with them or ruminate, thinking, 'I'm so cross because they're not listening to me', or anxious, 'What does this mean for our relationship if we're arguing like this?'. Learning to take a compassionate position could be about breathing and grounding, and thinking, 'If I was at my compassionate best, if I was at my wisest, my strongest, and my most committed to try to address this in the wisest way I can, how would I actually like to be?'. Shifting someone into this perspective where intentionality is created, by using the body and also using this motivational clarity, brings the person into a different mental state in which they're able to think about the problem. So anger itself would just be attacking, whereas your compassionate self would give you a chance to be empathic to the difficulties between the two of you. Once that mental state is created, people tend to find they actually have a lot of intuitive wisdom. But you have to click into that, you have to practise getting into that state in your head, and that's when compassion opens up for you.

What are the biggest blocks to compassion? In CFT we talk about 'fears, blocks and resistances'. 'Fears' are things like 'I'd like to but I don't think I'd be any good at it', 'When people are kind to me, I feel like I don't deserve it' or 'It's because they want something from me'. 'Resistances' reflect situations where people think, 'It's stupid', 'I can't see the point in it', 'Why would you want to do that?'. An example of this is in what's going on in some countries right now, where people say, 'Why should we worry about immigrants or refugees?'; 'We've got to look after ourselves'. 'Blocks', on the other hand, are not necessarily caused by resistances or fears – they are because you can't. So with the NHS, for example, when you look closely people mostly aren't overwhelmed by the suffering they're dealing with, it's that they've lost morale, that they've been downgraded, they're working too hard, they don't get home at night, they're not able to give the time they want to the patients, and so on. You find that it's not really compassion fatigue, it's system fatigue. The research that we did on this was clear; people very rarely say, 'I'm overwhelmed because I'm seeing so much suffering', they say, 'The demands on me, the bureaucracy are too much', or 'I always feel that I'm selling the patients short'. In many of our health services there are a huge number of these blocks to compassion. Just ask the staff and they'll tell you.

What steps might overcome those 'blocks'? Really working with staff to help them understand that 'this is not your fault'. Most people in the service want to be as caring as they can be, and it is about helping people to deal with the emotions that are generated, particularly frustration emotions, in a system that has been turned into a bit of a factory. And then the next thing is trying to help people to work together. So if you could get people working together to form supportive relationships with each other about the
stresses at work, that’s also helpful. If you create the systems for compassion, compassion will flourish, but not as it is at the moment. I mean, it’s amazing what people are achieving given the stresses on them. So we must work for massive political change too.

**What are some of the latest innovations in CFT?**

From a therapeutic point of view, we’re using more acting techniques to help people practise enacting the compassionate self. Imagining and practising taking on this character of the compassionate self, even if at first it may seem very artificial. The other new focus is the importance of playfulness. How to make therapy more playful as a way of stimulating a capacity for social connectedness, because a lot of people, particularly individuals who are very shame prone, have a great sense of disconnection and of being isolated and alone. We’re doing a lot of work on training to improve heart-rate variability.

Another area we’re looking at is different types of self-criticism. There are the self-critics who basically think they should be better than they are. They might say, ‘I’m not performing’, ‘I can do better’. It’s like the famous footballer who misses an open goal and gets angry with themselves, ruminating on their mistake. There are also the ‘self-hating’ self-critics who don’t think they should be better, they just think they’re bad. Those individuals are more likely to come from backgrounds of abuse or hyper-competitive families.

Self-haters are complex because it’s possible they’re also carrying quite a lot of anger toward other people. A classic example of this in anthropology is how the Aztecs used to believe that the gods controlled the famines, the wars and pretty much everything. So what the Aztecs were doing to please the gods was sacrificing lots of people, virgins, and so on. If you do this all year, and then the famine is worse than ever, do you go to them and say, ‘Look, give us back our virgins? Where’s the rain, you cheats?’ No, you don’t, because displays of anger could get you hurt more, so you self-focus and you say, ‘What did we do to upset you?’ That’s what happens when we’re confronted with very powerful others who can hurt us. When you have a powerful other, be it a god or a parent, you have to bring them on side to make sure they care for you rather than hurt you.

What a child frightened of a parent may do is to think ‘What did I do?’, because it’s a natural safety mechanism. So they internalise this sense that ‘there’s something wrong with me’, or ‘I’ve done something bad’. Sorting out that confusion, and working through the anger towards the people that hurt you in the first place, can be quite scary for people. So when you’re working with people with very strong self-criticism, even though they could be liberated from it by seeing it in a different way, it’s sometimes too frightening for them to let it go. Whereas the self-improvers are slightly different because you can guide and show them that if they’re able to treat themselves more kindly and with more support, it’ll allow them to achieve more.

We call it ‘developing compassionate self-correction or guidance’. In 2010 we did some studies on self-criticism, looking at what happens in your brain when you’re being self-reassuring or being self-critical. What was very interesting was that the ‘self-hating’ self-critics also showed threat responses when they were trying to be self-reassuring! So for these different types of self-criticism, the therapies may differ.

**What do you think is the greatest opportunity CFT has in today’s world?**

Although there are new and major challenges, despite all of the setbacks, there’s a gradual movement towards understanding how we shift the world to a more compassionate place. There is a growing desire to do that. When we begin to see compassion as having the courage to address suffering, to try to be moral, to create a world that’s better for everybody, people say, ‘Yeah, that’s quite a good thing’. And they also say, ‘But I don’t know how to do it’. That’s a scientific question, that’s a psychological question. We’re beginning to understand how genes interact with environments, we know the process of methylation by which genes get turned on and off according to the environment, we know that people will respond strongly to the social context. Indeed psychologists of the future will need to know much more about epigenetics. The [Philip] Zimbardo book *The Lucifer Effect* looks at this idea of how you can get good people to do bad things and vice versa. People who are brought up in abusive environments are much more vulnerable to mental health issues than people who are brought up in loving environments. If we want to create a fairer and better world, the question is how. Can we bring compassion into the way societies organise themselves, given that humans can easily become tribal, self-orientated and narcissistic? How do we create the conditions for people to become more prosocial, compassionate and altruistic? Only science is going to answer that.

**And are you optimistic?**

We’re beginning to understand that, yes we can have better medicines, yes we can have faster cars, yes we can shop 24 hours a day, but at the end of the day, our happiness and our ability to live peacefully with each other is going to depend on interpersonal psychology.

I think psychology is one of the most important sciences to humanity, and it’s progressing fast. After the industrial and technological revolutions, I really think we’re standing on the brink of the psychological revolution. I think people are starting to get interested in the question of how we deal with the serious inherent problems with the evolved human brain. It’s very badly put together, an awful piece of gear full of trade-offs and glitches and feedback loops that go all over the place. Yet it’s also the root of the solutions to the problems we’ve got in the world – political, social, economic. That’s why I, with many others these days, am focused on how to build compassionate selves, relationships, communities and cultures.

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