

## Imagining One's Compassionate Self and Coping with Life Difficulties

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### Abstract

There is increasing evidence that when people focus on being a certain kind of person, for example optimistic, this changes how they engage with life difficulties. We explored individuals' experiences in thinking about a small life difficulty before and then after being guided through a compassionate self exercise.

During a compassion focused therapy workshop (2016), 95 participants were guided through a Compassionate Mind Training practice that enables them to compare and contrast thinking about a life difficulty from a natural position and then a compassionate-self mental state. Following the exercises, individuals completed a short evaluation form exploring the impact of switching to a compassionate mental state when thinking about the life difficulty.

All 95 participants rated switching to a compassionate self as increasing their abilities to be empathic to their difficulty, generate more insight into their difficulty, feel better able to cope and feel encouraged about the future.

Results suggest guiding people to generate a compassionate sense of self is experienced as having a number of helpful outcomes. It is these outcomes generated by the compassionate self that may be useful to people.

**Keywords:** *Compassion; Compassion Mind Training; Life Difficulties*

### Introduction

There is increasing evidence for the effectiveness of helping people switch to a compassion focus in dealing with life difficulties [1]. One approach to compassion cultivation is called Compassionate Mind Training [2-5]. An element of this approach is to guide individuals into creating an image of themselves as a compassionate self. Then they are asked to imagine having the qualities of a compassionate self and think about life difficulties from that position. Part of the training involves breathing techniques, grounding and focusing on one's inner wisdom, strengths, abilities and commitment to take a compassionate approach. These use a mix of acting techniques, where they are guided in how to create and engage with the motives, emotions and behaviours of the character, of the compassionate self, how to live the character from the inside [6] and generate compassionate forms of visualisation and imagery [5]. Although there are several studies now on the effectiveness of Compassion Focused Therapy [7] and Compassionate Mind Training [8,9], there have been only a few studies looking at specific constituents of Compassionate Mind Training as it is conducted within Compassion Focused Therapy [2-5].

One important component is the envisioning and engaging of a compassionate self as a character, a potential sense of self within one; orientating to one's inner compassion motives and competencies [3]. Arimitsu and Hofmann [10] utilised aspects of Compassionate Mind Training [2-5] and compared it with cognitive reappraisal and responsibility re-attribution, training. The instructions for compassion

thinking were: "Let's make an alternative thought in a compassionate way rather than in a self-critical way. Think about the qualities you value in compassion and become them as you imagine yourself in the role. Please imagine and try to hear kind voices from the perspective of a compassionate self who is understandable, supportive, kind, and encouraging to you" (p.3).

For recalled self-critical events, compassionate thinking had the largest effect on negative emotions; with a particularly large effect size. It was superior to responsibility re-attribution. The authors note that the deliberate generating a sense of compassionate self can offer effective emotion regulation benefits.

The process of inviting individuals to imagine themselves in a certain role is used in acting training and helps create roles and congruent states of mind that provides for skilled performance and different mental states [6,11]. Asking people to imagine themselves in certain roles and states of minds such as being self-critical or self-reassuring is associated with important differences in neurophysiological activation [12].

Creative imagination of a version of oneself, and exploring the impact that has on coping, has been explored in other paradigms. For example, there is evidence that imagining oneself at one's 'best possible self' and thinking about engaging in various life issues from that experience of self is related to emotional change and increased optimism [13,14]. Osimo, Pizarro, Spanlang, and Slater [15] created a virtual reality scenario where participants raised a personal issue and then offered themselves counseling either as themselves or as (a virtual) Sigmund Freud. Giving oneself-counseling 'as Sigmund Freud' reduced depressed feelings significantly more than as self. Similarly, practising positive-self imagery of recalling a time when one felt relaxed and positive was related to higher levels of self-esteem and reduced anxiety in response to anxiety-provoking vignettes (e.g. meeting your partner's parents for the first time) [16]. Falconer, Slater, Rovira, King, Gilbert, Antley and Brewin [17] developed a virtual reality scenario which enabled individuals to generate compassion in one virtual body and then experience receiving it from themselves in another virtual body. Developing a compassionate self and, then experiencing it for oneself-significantly reduced self-criticism. This impact was also observed for a depressed group of participants [18]. Taken together, there is good evidence that imagining ourselves in certain roles, characters and states of being, and imagining how these 'self-constructions' would think and deal with various life events, can have many beneficial effects.

Compassionate Mind Training (CMT) [3-5] includes a set of body and psychological based practices which involve slower and deeper breathing at around 5 breaths per minute called, soothing breathing rhythm. There is good evidence that this particular pattern of breathing impacts the myelinated parasympathetic system (the vagus) which improves heart rate variability and increases a sense of calming, settling and slowing [19]. CMT breathing exercises are contextualised with certain body postures, of shoulders up and back and open chest that support diaphragm focused breathing patterns for heart rate variability change [20]. In addition, CMT utilises specific facial expressions and voice tones of friendliness [3-5]. These directed practices can also impact a range of physiological and neurophysiological processes which influence people's ability to develop insight, conceptualise problems in compassionate ways and develop emotion regulation [21]. There is increasing evidence that CMT, for which these exercises are a component of, even over a two-week period, can impact on well-being and heart rate variability [9].

As noted then, there is increasing evidence then that helping people to specifically create a particular idea and character or version of themselves such as the compassionate self or optimistic self or coping self, and then viewing life difficulties through that lens has an impact on how they see that life difficulty. In this study, we wanted to tap into people's actual experiences of deliberately activating a compassionate sense of self for thinking about a small life problem and doing it in a large group. For this we invited participants at a conference to engage in a compassionate-self exercise and then complete a small number of questions on their experience.

### Aims of the Study

The aim of this study was to explore people's experiences and differences in perspective of talking to another person in a dyad about a life difficulty and thinking about it from a 'natural' or 'as felt' position and then switching to a compassionate-self-position.

## Methods

### Participants

A selection of delegates attending the 5<sup>th</sup> Compassionate Mind International CFT Conference (2016) took part in a workshop run by Professor Paul Gilbert (University of Derby) and Professor Dan Siegel (University Los Angeles). As part of the workshop, they were invited to do personal practice that lasted for approximately 12 minutes. 95 delegates at the workshop completed a very short evaluation form following the personal practice. Most delegates were clinicians interested in compassion focused therapy. We did not collect age or gender data, although all delegates were 18 or above.

### Practice and Procedure

This practice of comparing natural or usual thinking with deliberate compassionate self generated thinking is regularly used in introducing people to Compassionate Mind Training. It unfolds in the following way. First individuals are asked to form a dyad, so chairs are moved so that two people are facing each other (we suggest they should pair with an individual they don't know before the practice, but there was no check on this). Then one is allocated to be person A and the other person B. We then invited person A to talk to person B about a small life difficulty, nothing too major that would be too upsetting, for two minutes. Person B is requested not to talk, but simply listen. They can use non-verbal communication and encouragement, but not engage them in any kind of conversation. Participants were informed that the role-play was entirely voluntary, and they could pull out at any time, and to choose a life event that wasn't too difficult. It was explained that the purpose was simply to give them a personal experience of the practice used in CMT; to experience the impact of deliberately trying to switch into a compassionate mind state. After two minutes and a short space, they change roles and then it is person B who talks about a life difficulty to person A for two minutes.

The first reflection invites participants to reflect on what it was like to speak to somebody who simply listens without engaging conversation. And the second aspect is to ask what it was like to simply listen and not engage in conversation. Participants are asked to think about how they are thinking about the difficulty following the short two-minute experience of being listened to. The experience of being fully listened to is often regarded as having therapeutic and supportive value. Thus, it acts as an interesting comparison to compassionate listening and speaking.

The second part of the personal practice involves deliberately cultivating and moving into a sense of a compassionate self. Here participants are instructed to sit in a certain way with their shoulders back, which gives a slight concave curve in the back, the chest is open and then to begin to breathe in and out through the nose, deeper into the diaphragm and slower at around five breaths per minute. With each consecutive out breath the participant focuses on the mantra of 'mind slowing down' and then 'body slowing down,' which is said slowly and gently that fills the five seconds. After one-minute, participants are directed to the possible experiences of feeling more grounded, heavier in the body, the sense of the chair holding them up. This is called soothing rhythm breathing [2,4].

We then asked individuals to imagine the qualities they would have and endorse if they were at their compassionate best, the most compassionate person they could imagine being. Then as part of standard Compassionate Mind Training, we invited participants to imagine they had three particular qualities. In actual therapy, these would have been discussed and worked on previously. In this context, they had been discussed earlier in the day. The three qualities included: 1. Wisdom, which is linked to the evolutionary underpinnings of CMT, that without our choosing we are all gene built, biological and socially constructed beings, with minds that can be chaotic and textured by underlying evolved emotions and motives. Given the nature of the brain and our social circumstances, we are all trying our best to survive. 2. Sense of strength and grounding, which comes partly through the body posture and breathing 3. Focusing on the compassionate commitment and intention to try to address suffering where one can develop the wisdom for doing so. Individuals imagine the kind of self, they would be committed to and the intention in life [3-5]. Indeed, in the Buddhist traditions focusing on living with compassionate intention in all aspects of one's life is crucial to compassion development [22,23].

Earlier in the workshop participants were informed of the compassionate mind definitions of compassion which is a 'sensitivity to suffering of self and others with a commitment to try to relieve and prevent it' [24]. In addition, the compassionate self seeks to not carelessly or purposely cause suffering to self or others. This becomes the desire of the self to be helpful, not hurtful or harmful [25]. Following this guided practice, individuals were invited to spend one minute inhabiting that sense of self as a grounded, focused self, with compassionate commitment and wisdom.

Following this practice, they were invited to get back into their dyads and do the same again, of talking about the same life difficulty and with the listener staying relatively silent, only this time from the position of the compassionate self; trying to enter into the way this part of oneself would listen, think, act and feel. So, person A spoke to person B about the same life difficulty, but this time keeping their breathing at five breaths per minute, keeping the body posture, and keeping their compassion focus. After two minutes they changed roles. At the end of the exercise, the dyads were invited to discuss their experience with each other. They were then asked to fill in five questions on their experiences. Following this, participants shared their experiences in a large feedback session for about 10 minutes. Participants were then asked to leave their completed forms on a table at the back of the conference where they were collected.

**Measures**

As this was within a conference, and the first-time assessment of this particular practice, we were interested in how people actually experienced this practice. So we asked five simple questions which were rated on a 1 to 7 point Likert scale from not at all to very much. These questions were derived from common reflections people have made over the years of doing this practice. They weren’t derived in any specific order, but simply to understand how these experiences are experienced. The questions were:

1. To what extent were you able to shift into a sense of your compassionate self?  
To what extent did shifting into the compassionate self-help you be:
2. Empathic to self?
3. Gain helpful insight into your difficulty?
4. Feel better able to deal with your difficulty?
5. Feel encouraged about the future?

**Results**

Data was analysed using SPSS version 24.

For the questions comprising individual items, frequency analysis was conducted, and percentages were reported.

Questions	Not at all						Very much
	1	2	3	4	5	6	7
1. Shift into a sense of your compassionate self	0	0	0	6.3	31.6	38.9	23.2
2. Empathic to self?	0	0	0	4.2	29.5	39.9	27.4
3. Gain helpful insight into your difficulty?	0	0	29.5	11.6	18.9	36.8	30.5
4. Feel better able to deal with your difficulty?	0	0	0	9.5	26.3	34.7	28.4
5. Encouraged about the future?	0	0	0	9.5	16.8	44.2	29.5

**Table 1:** Ratings of experience following compassionate self-exercise (%).

Table 1 reveals that all participants had some form of positive experience of the exercise.

All participants noticed feeling more empathic with oneself, and shifting to the compassionate perspective increased helpful insight into the difficulty, feeling better able to cope with the difficulty and more encouraged about the future.

	1	2	3	4
1. Shift into a sense of your compassionate self	-	-	-	-
2. Empathic to self	.70**	-	-	-
3. Gain helpful insight into your difficulty?	.44**	.44**	-	-
4. Feel better able to deal with your difficulty?	.38**	.49**	.75**	-
5. Encouraged about the future?	.43**	.40**	.56**	.73**

**Table 2:** Correlations between outcomes of compassionate self-focusing.

\*\* : Correlation is significant at the .001 level (2-tailed).

Pearson product-moment correlation analysis was performed to assess the relationships between the variables.

Shifting to a compassionate self was only moderately correlated with feeling better able to deal with their difficulty, whereas becoming empathic towards self and having insight were highly correlated with coping with a life difficulty. Feeling encouraged about the future was moderately correlated with the shift to a compassionate self, but strongly associated with feeling better able to cope with the difficulty.

**Discussion**

These findings suggest that moving into a compassionate self mental state, supported by breathing techniques that influence the vagus, with imagery and focusing, can be helpful to how people think about life difficulties. Although we didn't ask about negative impacts, we anticipated that these would have shown up in low scores. Evidence from the self-report and anecdotal feedback in the actual workshop suggested that it was a surprisingly powerful practice for some people. Over a short period of time, people felt able to attune in different ways to their life difficulty. Some found it quite moving to realise they could take this compassionate stance to a life difficulty and change their insight and perspective simply by breathing, grounding in the body and focusing on compassionate intention.

Clearly, our self-report data can only capture the themes that we chose to measure. Switching into a compassionate self mental state had the strongest impact on being able to be empathic to oneself and moderately with being able to gain helpful insights, feeling encouraged by the future and being able to deal with the difficulty. Not surprisingly, the degree of encouragement for the future was highly, significantly linked to gaining insights and feeling better able to deal with the difficulty.

CMT seeks to help people switch motivational systems and physiological states, i.e. switch from a threat focused, competitive self-focused, self-critical processing system into a caring, validating and compassionate motivational system [24]. Although in clients, that can mean overcoming complex fears, blocks and resistances to compassion training [26], there is increasing evidence from a range of studies and approaches that Compassionate Mind Training impacts a range of both psychological and physiological processes [25,27]. Important in this field of study, therefore, is identifying specific aspects of an intervention that can be helpful. In this case we have explored the Compassionate Mind Training approach, using acting and visualisation techniques for stimulating compassionate self mental states [3-5]. This work builds on findings by Matos., *et al.* [9] that even short interventions can have an impact on well-being and heart rate variability. Future research exploring ways to help people integrate concepts of insight and wisdom into commitment to live from one's inner compassionate self are important and are the centre of the Buddhist practice [22].

**Limitations and Conclusion**

Although this is a convenience sample, and clearly biased because these are individuals who are very interested, and to some degree knowledgeable about Compassionate Mind Training, we think this type of study can be useful to begin to look more deeply into the specific changes that take place for people when they are deliberately try to create compassionate states of mind. We plan to repeat the study with naïve participants. Some may well may have practiced the compassionate self-exercise before.

We did not have a control group, other than subjects as their own control between the two conditions of talking about the problem in a way which they felt about the problem and then switching to a compassionate self mind state. However, they were speaking to individuals who were asked to take up a position of active listening, which is regarded as being of therapeutic value in itself. So our compassion intervention can be seen in comparison with active listening. The questionnaire, itself however, directs people to think of it as a difference between the two practices. Although this is used often in studies, this may have introduced expectation bias in that individuals in a compassion friendly audience may want to acknowledge the intervention as helpful. However, all response forms were completely anonymous with no age or gender identifying information of any kind. Nor can we rule out that simply going through the life difficulty for a second time may have slightly desensitised people to it. Against this is the fact that many people have thought about and talked about their problems before.

It's also possible that with a control group, who would be given a different self-focus such as those utilised in as Osimo, *et al.* [15] or a coping prime Meevissen, *et al.* [13] could have produced the same results. It's also possible that only the grounding and breathing component of the exercise was necessary to produce these results, without the need for compassion focusing, or vice versa. We suspect that it's cumulative, but that remains to be seen. As this was an initial exploration of peoples' experiences, subsequent research may wish to further explore the isolated experiences of each component of the practices.

While acknowledging the limitations, we have outlined a very specific practice within Compassionate Mind Training and for this audience at least, it had benefits. When working with individuals who are more compassion unfriendly or fearful, these kinds of exercises can sometimes be useful for helping people experience actual practical effects of compassion focused training. Indeed, it's experiencing the benefits of switching to a compassionate mind state that often helps people begin the journey into developing their compassionate mind and identity more fully [2,4].

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### Ethical Approval

All procedures performed in studies involving human participants were in accordance with the ethical standards and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. The practices are standard practices in compassionate mind training, common to training workshops.

### Informed Consent

Informed consent was obtained from all individual participants included in the study. As part of a personal practice exercise at the conference, people were asked to answer five questions when they had completed the practice. Participants were verbally informed of the purpose of the questions. No personal identifiable was collected and only participants who wished to take part completed the questions.

### Conflict of Interest

Whilst being the originator of compassion focused therapy, Paul Gilbert declares that he has no conflict of interest. Jaskaran Baran declares that she has no conflict of interest.

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