

Why students need compassion: compassion focused therapy in the university setting

With survey after survey indicating higher than ever levels of mental health concerns among the student population, **Kate Joseph** and **Chris Irons** explore the benefits of teaching students to develop self and other-compassion early in their student life



Today's students are not all having the time of their lives at university. In fact, there are growing numbers of students with mental health problems. According to a recent report, 16 to 24 year olds are more likely to experience mental health problems than previous generations.¹ In comparison with young adults in general, students reported lower levels of wellbeing (a composite of life satisfaction, happiness, low anxiety, and feeling that things are worthwhile). Between 2006 and 2015, the number of first-year students who disclosed a mental health problem increased

fivefold and suicides in the student population rose by 79 per cent.²

STRESS AT UNIVERSITY

There are clearly many stressors facing students. Tuition fees and the increasing cost of living place large financial burdens on many, and competition to find jobs in an uncertain economic climate means that many students worry about paying off large debts in the future. There are also cultural factors, such as international students feeling unwelcome in the UK after the Brexit referendum, and the impact of social media on young

people. Although there are no current data on how much social media impact on students' wellbeing, the Office for National Statistics found a clear link between the amount of time spent online and mental health problems in children aged 10 to 15.³ (Anecdotally, although some students share difficult feelings on social media, the more common trend is for young people to feel inadequate and/or unhappy when they view their peers posting positive images online.)

In addition to the multiple external pressures on students, various internal stress triggers exist, such as self-

criticism, perfectionism and chronic worry, and these can interact with the external stressors. For example, in the increasingly competitive job market, students can become even harder on themselves in order to succeed. This pressure means that they find it difficult to concentrate and to relax, leading to a vicious circle of stress and distress.

Once students recognise that they need help, they often struggle to access psychological therapy quickly, or indeed at all. NHS waiting lists for individual therapy can be several months long, and students can wait up to four months for treatment in university counselling services.⁴ This is in line with the 94 per cent rise in demand for university counselling services between 2012 and 2017.²

SELF-COMPASSION AT UNIVERSITY

Recent research with students in various countries suggests that self-compassion is related to both emotional wellbeing and academic progress. In an American diary study, self-compassion was associated with life satisfaction, identity development and reductions in negative affect in university students.⁵ Students with higher levels of self-compassion also appeared to be less vulnerable to the emotional impact of thwarted goal progress. For students in Turkey, self-compassion accounted for 56 per cent of the variance in psychological vulnerability.⁶ Research with Iranian students found that aspects of self-compassion (kindness, common humanity and mindfulness) were associated with higher levels of self efficacy.⁷ In a longitudinal study, Canadian students completed questionnaires at the beginning of their first semester and five months later.⁸ Increases in self-compassion were associated with improvements in wellbeing and greater satisfaction with regards to three key psychological needs (competence, autonomy,

relatedness). The authors conclude that addressing self-compassion in the first year of university could help to prevent a deterioration in student mental health.

COMPASSION FOCUSED THERAPY

Compassion focused therapy (CFT) is starting to be offered in several UK universities. CFT is an integrated model that does not belong to one single school of therapy, but rather draws upon a range of sciences, including evolutionary psychology, attachment theory, developmental and social psychology, neuroscience and neurophysiological research.⁹⁻¹¹

...when coping with new timetable and study pressures, students can struggle either to find opportunities or to allow themselves time for slowing down, rest and contentment

It was initially developed by Paul Gilbert to work with clients with high levels of shame and self-criticism, many of whom had traumatic backgrounds and who struggled to feel reassured by standard therapeutic interventions. Although a relatively young therapy, initial outcome studies suggest this is a helpful approach, and CFT is now used as a transdiagnostic approach in the treatment of a variety of mental health problems.¹² However, given it is a model of the human mind - and therefore human distress - it is not just an approach for working with mental health problems, but more broadly with common difficulties that we can all encounter in life.

Given this, CFT is gaining interest in university therapy departments as a useful way of understanding and

treating students' presenting problems. To our knowledge, only one study has been published outlining this type of work with university students.¹³ A four-session (each two hours' long) CFT group with nine students led to reductions in self-criticism and increases in self-compassion and academic self-efficacy, both immediately after the course had finished and at six-month follow-up. (We also present some promising pilot results of a CFT workshop at the end of this article.)

SHORT-TERM CFT WORK WITH STUDENTS

It is not possible to outline all aspects of the CFT model here, and those who are interested can look to other key texts for further detail about this approach.⁹⁻¹⁴ However, an aspect of CFT that is often helpful in short-term work with university students is in sharing and exploring the Three System Model.⁹ This model, derived from various scientific theories, suggests we have three major emotion regulation systems, which organise our mind and body in particular ways.¹⁵⁻¹⁷ This model is depicted in Figure 1, and provides a useful framework for psychoeducation, formulation, treatment goals and direction of travel in therapy.

THE THREE SYSTEM MODEL

The **threat system** and its emotions of anger, anxiety and disgust, evolved to orientate animals to pay attention and respond to threats. For humans, threats trigger a variety of physiological changes in the brain and body, associated with a variety of brain and body systems, including the sympathetic nervous system and the hypothalamic-pituitary adrenal (HPA) axis. In turn, these prime us to respond to threats in particular ways (fight, flight, shut down and so forth), to pay attention in certain ways (focusing on the threat) and shape our cognitive

FIGURE 1
THE THREE SYSTEM MODEL (FROM GILBERT P, THE COMPASSIONATE MIND (2009), REPRINTED WITH PERMISSION FROM LITTLE, BROWN BOOK GROUP WWW.LITTLEBROWN.CO.UK)

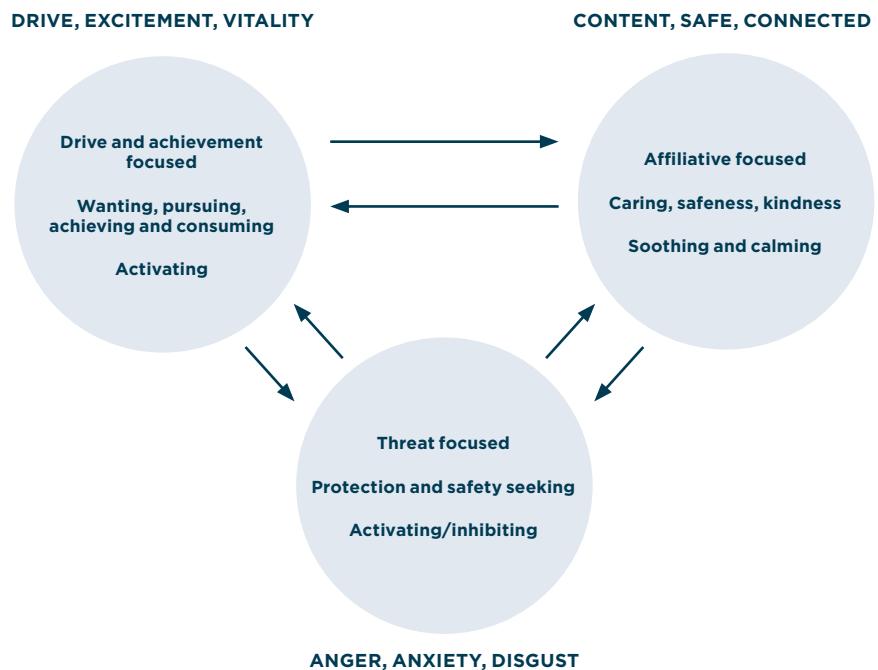
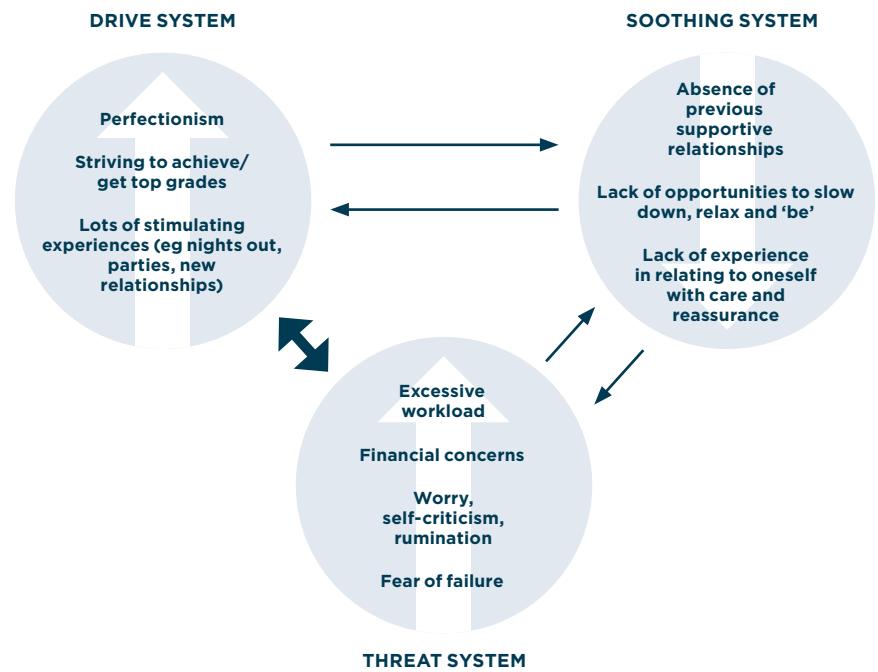


FIGURE 2
THE THREE SYSTEM MODEL AND ITS TRIGGERS IN THE UNIVERSITY SETTING (FROM GILBERT P, THE COMPASSIONATE MIND (2009), REPRINTED WITH PERMISSION FROM LITTLE, BROWN BOOK GROUP)



system (such as 'better safe than sorry'). This system is shaped by learning from experience (through operant and classical conditioning processes), as well as social/relational experiences.

The **drive system** – and its associated emotions, such as excitement, joy and anticipation – evolved to make us pay attention to and pursue resources (such as food, status and sexual opportunities) that are beneficial for us and our family. It is an energising system, linked to the sympathetic nervous system, and if we are successful in achieving these resources, we are likely to experience positive emotions that are pleasurable and reinforcing.

The soothing **affiliative system** is also linked to a type of positive emotion, but quite different to those of the drive system. When not threatened, and not pursuing or trying to achieve something, animals can experience periods of slowing down, resting and recuperating. This experience, sometimes known as 'rest and digest', is associated with activation of the parasympathetic nervous system, and the release of neurotransmitters like endorphins that give rise to feelings such as contentment, calmness and peacefulness. Given its physiology, this system helps to balance those of the other two systems.

Fundamental to CFT – and in helping distressed people – is the insight that through evolutionary time, and, in particular, with the emergence of mammals, attachment and extended caring, the soothing system was adapted to be highly sensitive to signals of care, affection and kindness from others. So this system can be activated externally when other people are caring, kind and reassuring to us (or internally through self-talk and imagery). Part of compassionate mind training (CMT) involves helping clients strengthen their soothing and affiliative system by creating the brain and body (physiological)

states that have evolved to play a powerful role in regulating threat states (physiology, emotions and so forth). We explore this below.

In working with students, CFT utilises the Three System Model as a way of formulating how current experiences (either linked to external or internal triggers) are influencing each system, and this often gives rise to an appreciation that these three systems are out of balance. Commonly, there is an abundance of threat system triggers, such as exam or essay stress, being rejected or not feeling included by house or course mates, money problems, as well as maintaining factors such as worry, rumination and self-criticism. Alongside this, if the drive system becomes overheated (maybe by excessive striving for top grades or sporting success or by excessive social engagement/partying), it can also block capacity to engage in study, planning, and healthy lifestyle choices. Another common pattern in students related to drive activation is perfectionism, and this is often linked to threat system concerns such as fear of failure, making mistakes, and more broadly, shame.

In regard to the soothing system, there are often difficulties or blocks. Sometimes this relates to the loss of certain key relationships, perhaps within the family of origin and/or home friendship groups. And when coping with new timetable and study pressures, students can struggle either to find opportunities or to allow themselves time for slowing down, rest and contentment. Moreover, for some, it is difficult to turn towards new friends and allow themselves to feel cared for, supported and reassured, as many have never learnt how to relate to themselves with compassion.

See Figure 2 for an adaptation of the Three System Model as a graphic representation of how the three systems can be stimulated for university students. It is common

to see students with threat and drive systems that are heightened but also caught in 'mutually stimulating' relationships, and an underactive soothing system.

WHAT IS COMPASSION, AND WHY IS IT HELPFUL FOR STUDENTS?

CFT uses a commonly used definition of compassion rooted in motivation and intention:

*'...a sensitivity to suffering in self and others with a commitment to alleviate and prevent it.'*¹⁰

This definition points to two key principles, known as the 'two psychologies of compassion':

- i.** The ability to pay attention to, turn towards and engage with distress. This involves six key competencies, which can be directed to oneself or others: care for wellbeing, sensitivity to distress, sympathy, distress tolerance, empathy, and non-judgment

Students can sometimes feel that compassion is associated with weakness, indulgence or letting themselves off the hook... [but] this definition of compassion... involves certain qualities: wisdom, strength, commitment

- ii.** A type of action psychology, and links to motivation and wisdom to know how to alleviate distress. This can involve helping clients to develop multi-modal skills that, once practised, can help to alleviate their own and others' distress. These include developing compassionate attention, imagery, reasoning, behaviour, sensory focus, and feelings. We return to some of these later.

Students can sometimes feel that compassion is associated with weakness, indulgence or letting themselves off the hook. However, the CFT definition of compassion, particularly rooted in the motivation to acknowledge and then alleviate distress, involves certain qualities:

- Wisdom
- Strength
- Commitment

Each of these qualities can be worked on and developed in CFT, and in fact, many of the specific 'compassionate mind' training exercises explicitly help clients to focus on developing these qualities through imagery, writing, memory, embodiment and so forth. To help clients enhance these skills, other compassionate mind training skills are introduced and practised, including mindfulness, posture, voice tone, facial expression, breathing rhythm, safe-place imagery and so on.¹⁴ There is now increasing evidence that focusing one's mind (and body) with these types of exercises can reduce distress, self-criticism and shame, as well as increase levels of self-compassion.¹⁸

Once clients have developed access to compassionate mind training skills, CFT therapists encourage clients to 'put the compassionate mind to work' by focusing upon difficulties that they are facing, and the particular issues they have brought to therapy. CFT draws upon a variety of multi-modal interventions, including attention, thinking and reasoning, behaviour, imagery and sensory focus, and utilises these and other common therapy interventions, such as letter writing, chair work, behavioural experiments and so forth, to help clients develop skills, wisdom and commitment to bring change to their struggles.¹⁰

CASE EXAMPLE

(This is a fictional case study, based on observations from working with

TABLE 1
MEAN SCORES FOR DEPRESSION, ANXIETY, AND NEGATIVE AND POSITIVE SUBSCALE COMPOSITES ON THE SELF-COMPASSION SCALE BEFORE AND AFTER THE WORKSHOP

	PHQ-9 Depression	GAD-7 Anxiety	Self compassion scale - 'negative' composite (overidentification, judgment, isolation)	Self compassion scale - 'positive' composite (common humanity kindness, mindfulness)
Pre workshop	12.15	11.77	25.5	14.0
Post workshop	9.15 +	7.76 *	20.9 *	17.7 +

(* denotes a statistically significant change; + denotes a marginally significant change)

CFT with several students.) ‘Beth’ is a female Chemistry PhD student who works long hours in the lab, striving to get everything right. She is underweight and engages in restrictive eating and excessive exercise. She is seeking therapy as she feels burnt out and despondent that her hard work is in vain.

After an initial session in which one of us (KJ) spent time listening to, validating and responding to her difficulties in a warm, empathic way, Beth was introduced to the Three System Model as a way to understand some of her current distress. She described learning about the model helpful, and she quickly saw how her threat and drive systems were getting caught up in unhelpful loops. Beth described common negative threat-based thoughts, both about her PhD experiments ('If my results aren't perfect, there's no point in doing them'), and her body ('If I don't run at least 10km every day, I'll get fat'). We discussed how the threat system was activated by both her fear of failure and her fear of putting on weight, and that her main coping strategy was to recruit the drive system to either work harder or run further. While this brought temporary relief, it was leading to a contingent 'I have to...' mentality that was exhausting and leading to feelings of low mood.

Beth drew out her three systems and noticed that while her threat and drive systems were large, her soothing system was very underdeveloped. It

was helpful to formulate how her three systems had developed in this way, as she had never learnt to soothe herself at home, growing up with critical parents, or at her pressured secondary school. The next step was to consider whether the configuration of her three systems, notably the 'threat-driven drive' was working for her, and she acknowledged that she was becoming burnt out and was finding it hard to concentrate.

Beth was open to practising various CMT exercises, including soothing breathing and compassion-based imagery exercises, in order to balance out her systems and learn how to study from a calmer place. Using the analogy of being a rigorous scientist, she conducted a behavioural experiment to see whether resting for one extra hour in the morning would improve her focus, which it did. Beth worked on fostering the skills of her 'compassionate self' – a version of her that was wise, strong and committed to her own wellbeing – and how this version of her (rather than the 'threat-based drive version') could be used to help her act in a different way, including taking more breaks. It was important to discuss how this change was driven by a compassionate motivation to care for herself, alongside her goal to do well. The CFT approach can work well with perfectionist students like Beth, as it helps them to learn that problems arise when the drive system is powered by threat alone, rather than an intrinsic motivation to do well. After six

sessions, she had developed a regular short soothing-breathing practice and had gradually started to reduce her working hours and compulsive running. This led to lower stress levels, improved concentration, and a growing awareness of the importance of self-compassion.

CFT GROUP – PILOT RESULTS

There is emerging evidence that CFT workshops are an effective way to offer psychological support in the university setting. A pilot was conducted at UCL Student Psychological Service, where up to eight students attended five weekly 90-minute group sessions of CMT. The main elements were psychoeducation about compassion and how the brain works, regular breathing or imagery-experiential practice, developing self-compassion and the blocks to this, and compassionate behavioural experiments.

Data for 13 students were collected using three questionnaires: GAD-7 for anxiety, PHQ-9 for depression and the Self Compassion Scale.¹⁹⁻²¹ The five-session workshop led to significant reductions in anxiety and the negative subscales composite on the Self-Compassion Scale (which comprise overidentification, judgment and isolation). The improvement in scores on the positive subscales composite on the Self-Compassion Scale (which comprise kindness, common humanity and mindfulness) was approaching significance ($p = 0.057$), as were those for depression symptoms ($p = 0.073$). Table 1 presents the changes in questionnaire scores before and after the workshop.

In the qualitative feedback, students reported finding it helpful to share their feelings with other group members and learn that their peers had similar feelings. This is a clear benefit over and above individual counselling. It also relates to the

idea in CFT that it is helpful to work on all three flows of compassion (self to other; other to self; self to self). Being part of the group allowed students to practise both giving and receiving compassion.

Although a small sample size, these results and feedback are promising, and suggest short-term CFT groupwork may be a helpful approach for university students.

CONCLUSION

CFT appears to be a helpful model in university settings, particularly given the multiple sources of stress that many of today's students face. While further research is needed, as a model that is flexible in its application, CFT seems to fit well with both individual and groupwork with students, and the model (the three emotion systems) seems to resonate. We have just written a Study Skills pocket guide called Managing Stress specifically for students to introduce them to CFT.²² It sets out basic aspects of CFT and addresses specific issues such as perfectionism and procrastination. ●



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