



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES

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COMPASSION-FOCUSED THERAPY

Paul GILBERT, Mental Health Research Unit, Kingsway Hosp, DerbyDE22 3LZ, UK; ph +44 1332 623579

Definition: Teaching people how to feel compassionate to themselves and others during therapy and at other times.

Elements: Compassion involves empathy - being able to understand one's own and other people's feelings - and being caring, accepting and kindly tolerant of distress in self and others. Compassion-focused therapy teaches clients that, because of how our brains have evolved, anxiety, anger and depression are natural experiences which are 'not our fault'. Clients are helped to explore how early experiences (e.g. neglect, abuse or other threatening experiences) may relate to ongoing fears (e.g. of rejection, abuse), safety strategies (e.g. social avoidance or submissive behaviour), and unintended consequences such as social rejection or other mental health problems. When people feel threatened and self-critical with strong bodily feelings, they can learn to slow their breathing and refocus attention on imagining a compassionate place, becoming a compassionate person, and/or imagining someone compassionate talking to them. For example, someone who thinks s/he is useless and a failure can be taught to think kinder thoughts (e.g. 'I've actually achieved in my life', 'friends often seek my support', 'these thoughts come only when I'm depressed and so aren't real'). Clients are helped to practise exercises to detect self-criticism and then refocus compassionately by creating and practising feelings and thoughts that are kind, supportive and encouraging, and noticing mindfully how this helps them. Some people take to this within a few sessions, and others within 10 or more sessions to work through resistance to positive feelings.

Related Procedures: Acceptance, anger management, cognitive restructuring, imagery practice, meditation, mindfulness, validation of feelings, well-being therapy

Application: During individual and group therapy for any clients, especially if they feel much shame and self-criticism.

1st Use? Gilbert & Procter (2006), compassionate imagery in Buddhist practice for 2500 years

References:

1. Gilbert P (2009). *The Compassionate Mind*. London: Constable-Robinson. Oaklands CA.: New Harbinger.
2. Gilbert,P (2009). An Introduction to compassion focused therapy. *Advances in Psychiatric Treatment*, 15, 199-208.
3. Gilbert P, Procter S (2006). Compassionate mind training for people with high shame and self-criticism: A pilot study of a group therapy approach. *Clinical Psychology and Psychotherapy*, 13, 353-379.
4. Laithwaite H, Gumley A, O'Hanlon M, Collins P, Doyle P, Abraham L, Porter S (2009). Recovery after psychosis (RAP): A compassion focused programme for individuals residing in high security settings. *Behav & Cogn Psychotherapy*. 37, 511-526.

Case Illustration:

For many years Jane had had occasional depression with suicidal attempts. As a child she had tried to appease her critical mother to win affection. Jane had shame memories about being bullied at school and mother's criticism. Conflicts and setbacks triggered self-criticism - "I've messed up again, people don't like me, I should deal with this better". The therapist explained. "*We have three types of feeling - anxiety and anger when threatened, enjoyment and wanting to do things, and, third, contentment, peaceful well-being and feeling soothed. Soothing feelings help us manage other feelings, and come when we feel people are being kind and helpful. Criticism from others or ourselves makes us anxious, whereas kindness and helpfulness soothes us*". Jane remained reluctant to develop kind compassionate-self practice because she thought compassion is "going soft, letting one's guard down, being self-indulgent; I don't deserve it, I should be tougher, not compassionate".

The therapist said "*Such reluctance is common. Let's go one step at a time. We don't want to take your guard down. You're free to keep that if you want, to ignore compassion if you think you don't deserve it at the end of therapy, but you might find it useful to explore how to feel compassion and how it works for you*". This encouraged Jane to start practising and desensitising to her fear of feeling affiliative by exercises such as: *To develop your compassionate self, sit comfortably and focus on your breathing. Now imagine you're a deeply compassionate person. Think of your personal qualities and create a kind expression*". After doing this repeatedly (like method-acting practice) Jane could go into compassionate-self mode to practise compassion to her anxiety and anger. She would imagine herself as a compassionate person, think of what was making her anxious, and become compassionate to her anxious self, and what she'd like to say or do to her anxious self to be helpful to it. She was taught the links between thinking, feeling and behaviour, and to monitor self-criticism and become mindful of it by slowing her breathing: "*Bring self-critical thoughts to mind and notice what happens to your body and feelings (pause for 30 seconds). Now let those thoughts fade, breathe more slowly, and imagine someone talking to you in a kind, understanding way*". Helping Jane notice how criticism and kindness feel different was important. The therapist also asked Jane to engage in one compassionate behaviour towards herself each day and notice how she feels with this behaviour. She completed compassion-focused therapy within 25 sessions.