

Compassion Focussed Therapy (CFT)

Compassion

Love and compassion are necessities, not luxuries. Without them humanity cannot survive.

-Dalai Lama

Primary Reading

Gilbert (2009) - Introducing compassion-focused therapy

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(<http://apt.rcpsych.org/content/15/3/199.full.pdf+html>)
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History

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Compassion has its beginnings in Buddhist tradition, and is a theory that is often championed by the Dalai Lama. In many of his statements he states that if you want people to be happy we must focus on compassion; the same can be said of our own personal happiness. Although there is a long tradition of compassion being considered a healing factor, (Most clinicians agree that it is vital to any therapist-Client relationship) in recent years there has been a push for notions of compassion to consider as a standalone therapy (Gilbert2009).

Professor of clinical psychology Paul Gilbert is probably the biggest name in compassion focused psychology. His interest in the role of shame in a number of psychopathologies, lead him to develop his theory of compassionate mind training and subsequently Compassion Focused therapy. Over the years Paul gilbert has built a wealth of know ledge on the subject and has been an advocate of its further research and application. For further information about Paul Gilbert and his theory please follow the link provided.

((<http://www.compassionatemind.co.uk/>)
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If you would like to put a face to the name, the below link is a video of Paul Gilbert and two of his colleagues speaking about how they first got interested in the psychology of compassion and where they think the future of it lays.

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What is it?

Compassion Focused Therapy (CFT) tries to utilize the healing properties of: kindness; soothing; safeness and feelings of belonging. It was developed to help those with mental health issues that are maintained by feelings of shame or self-criticism (Gilbert 2009). It is shown to be successful it could have positive implications for those suffering from: mono/bi polar depression; anxiety disorders or post-traumatic stress disorder. It is also starting to be utilized by 3rd sector drug agencies as a means of relapse protection and quality of life Improvement.

Compassion focused therapy pays a particular focus to our early childhood experiences and how they have affected our emotion regulation systems. Drawing on the claims of evolutionary psychology, Gilbert claims that there are three emotional regulation systems. He states that adverse early experiences can unbalance these systems, leaving us sensitised to criticism and feelings of shame. The three emotion regulation systems described are:

- **Threat and Protection system** - Which aims to keep us alive, by identifying threats. The system creates feelings of anxiety, fear or disgust in response to potentially threatening stimuli; the behavioural ramifications of which are: Fight; Flight or submission. The basis of this system is the

genetic and synaptic regulation of serotonin.

- **Drive and Excitement** - This is a motivational system which drives us towards things we want and need such as: food; sex; territory and status. If we achieve what we want the reward is pleasurable. It is most likely that this system is highly influenced by our dopamine system; when people take drugs such as cocaine and amphetamines, it is this system they are utilizing.
- **Contentment, soothing & social safeness** – Is described as a peaceful state of non-seeking. When animals have no immediate threat and sufficient resources they enter a state of contentment. The contentment system was specifically developed with the evolution of attachment in mind. The caring behaviour of parents, especially proximity and direct contact can affect the child's philology in a positive way. Caring and soothing behaviour is most likely regulated through the opiate and oxytocin systems.

It is argued that early adverse childhood experience can sensitise our threat system, making internal and external stimuli more threatening, this can increase feeling of shame and self-criticism. It is also argued that modern society can lead to an over stimulation of our drive and threat systems; this can have the effect, of people focusing on status and physical possession, in order to avoid feelings of rejection, subordination and inferiority. This can lead to an imbalance of the three emotional regulation systems. The goal of CFT is to reinstate this balance by focusing on compassion to build feelings of contentment, soothing and social safeness (Gilbert 2009). Porges (2007) argues for the existence of sympathetic nervous system that has developed in mammals, to encourage us to form close impersonal relationships and to care for one another; caring behaviour has a soothing effect on the threat and drive systems. Evidence suggests that caring behaviour reduces sensitivity to socially threatening behaviour, in the fear circuits of the amygdala (social safeness system)(Kirsch 2005).

The therapist tries to rebalance the clients' emotional regulation system by using a system of compassionate mind training, which attempts to alter the way the participant thinks. They try to instil new skills and attribute of compassion which should help the participant start to think in a warmer more content way. The key to this is to try and teach self-compassion. The participant must learn that internal and external stimuli can have the same philological effects. It is hoped that once the participant understands this; they can let go of feelings of shame and self-criticism and replace them with thoughts of acceptance and understanding. This can be a very hard thing for the client to do however, as there is often a fear of compassion.

Is it anything new ?

CFT does seem to have some empirical basis for its claims, and if it shows that it can be effective, it could help a number of people with different mental health issues. But is it really a new theory? Much of what was previously described should have sounded very familiar; this is because much of the theory is grounded in cognitive and behavioural understandings of emotional and mental health. Its actual treatment process bears a lot of resemblance to traditional CBT; however there are some differences that should be noted. In particular we do not see the active confrontation of distorted thoughts, (although they do exist within this theory), instead they train their minds to generate compassionate thoughts and images. It is thought that such training will work to rebalance the emotional systems leading to a reduction of distorted and negative thoughts. It would be wrong to try and brand this a new therapy as so much of its practice is bedded in the tradition of CBT, instead it might be better to think of it as an addition ; an attempt to improve the original theory by moving the focus away from the negative and towards the positive mental processes.

Got a bit of spare time ?

If you have a bit of spare time and would like to learn some more about this theory, the below link is to a lecture given by Paul Gilbert; in it he speaks about his theory of compassion and its related therapy.

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References

- Gilbert P, (2009). Introducing compassion-focused therapy. *Advances in psychiatric treatment* 15, 199–208.
- Kirsch P, Esslinger C, Chen Q, et al (2005) Oxytocin modulates neural circuitry for social cognition and fear in humans. *Journal of Neuroscience*; 25: 11489–93.
- Porges SW (2007) The polyvagal perspective. *Biological Psychology*; 74: 116–43.