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CLINICAL APPLICATIONS OF MINDFULNESS

Compassion in clinical practice: a conceptual and empirical review

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In the last ten years there has been an increase in research on the nature and functions of compassion. More than ever, compassion is being studied and used as an ingredient in effective evidence-based psychotherapy. A growing body of research shows how cultivating a compassionate mind can help relieve and prevent a variety of transdiagnostic psychological problems, including anxiety and shame. Deliberately activating our compassionsystem can generate the courage and psychological flexibility we need to face life's challenges. Just recently the specific qualities of compassion and its clinical use have begun to receive more and more attention in the literature, and even to become an area of study in their own right. These methods can complement and strengthen our state of the art. The objective of this review is to highlight the current scientific evidence regarding the effectiveness of compassion as a psychotherapy model, as well as to provide recommendations that could inform the development of new research.

Keywords: Compassion, Psychotherapy, Mindfulness, Shame, Self-criticism

La compasión en la práctica clínica: una revisión conceptual y empírica

En los últimos 10 años ha habido un crecimiento importante de la investigación sobre la naturaleza y funciones de la compasión. La compasión está siendo estudiada y utilizada como ingrediente en la psicoterapia efectiva basada en la evidencia más que nunca. Un creciente cuerpo de investigación demuestra cómo cultivar una mente compasiva puede ayudar a aliviar y prevenir una variedad de problemas psicológicos transdiagnósticos, incluyendo ansiedad y vergüenza.. La activación deliberada de nuestro sistema de compasión puede generar el valor y la flexibilidad psicológica que necesitamos para enfrentar los desafíos de la vida. Sólo recientemente las cualidades específicas de la compasión y su uso clínico han comenzado a recibir cada vez más atención en la literatura, e incluso convertirse en un área de estudio de propio derecho. Estos métodos pueden complementar y reforzar nuestro estado del arte. El objetivo de esta revisión es poner de manifiesto la actual evidencia científica de la efi-

cacia de la compasión entendida como un modelo de psicoterapia, así como proporcionar recomendaciones que pueden informar sobre el desarrollo de nuevas investigaciones.

Palabras clave: Compasión, Psicoterapia, Mindfulness, Vergüenza, Autocrítica

Introduction

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

His Holiness the 14th Dalai Lama

What is compassion? Can it have therapeutic properties? If so, can mental health professionals be taught to practise it? Essentially, the term "compassion" means emotional openness to the presence of suffering, both in others as well as ourselves, along with a deep desire to alleviate our own suffering or that of others. As we can see, experiencing compassion is essential for our physical and psychological health and is a vital part of our common humanity that we share with all: the universal experience of suffering. In a very real sense, compassion is essential for the survival of our species.

Gilbert[1] defines compassion as a basic act of kindness, with "a profound awareness of one's own suffering and that of other human beings, along with the desire and effort to alleviate it".

Although compassion is relatively new as an approach to treatment in psychotherapy, in reality, its scholars combine both perennial wisdom and the most recent scientific discoveries. This may seem surprising, given that practising compassion has been the focus of emotional healing in wisdom traditions from around the world since at least 2,600 years ago. Empathy and emotional validation have been recognised as some of the most important components of psychotherapy for decades. It is difficult to think of a therapy that does not include the importance of practising compassion. We are all familiar with Rogers' work on the basic conditions for unconditional positive regard, empathy and congruence. Similarly, it is difficult to imagine a psychotherapist who is not motivated by care, kindness and sympathy for their patient's suffering. However, compassion as a process in and of itself and as the centre of attention of psychotherapeutic work is a recent concept.

The specific qualities, forms and approaches of compassion have been adopted during centuries, especially by Buddhism and Christianity, although in all traditional cultures the values of compassion have been cultivated as moral codes of conduct and as the best way of relating to others and with processes of suffering. However, current models of compassion in psychotherapy such as Compassion Focused Therapy (CFT), which we will discuss later, base their perspective on an evolutionary approach to psychological functioning. The latest advances in psychological research, theory and practice suggest that compassion can be an active process in psychotherapy which is highly effective, especially in transdiagnostic aspects such as shame and self-criticism, and also to help tackle a reduction in threats based on behaviour patterns, especially those of an avoidance nature. Research has begun to explore the attributes of compassion, such as motivation for caring, capacity for understanding and sympathy, the ability to tolerate unpleasant emotions, the capacity for empathetic understanding and not judging or condemning[2].

Compassion from an evolutionary approach: The CFT Model

Compassion Focused Therapy (CFT), which we referred to in the introduction, is one of the most highly developed clinical treatment models and even so, has still only just begun to address these issues. While its pioneers continue to gather data in order to widen its scope and their levels of understanding, it offers a valuable approach with immediate applications in psychotherapy.

Developed through decades of research and innovation, Compassion Focused Therapy is the most noteworthy example of the integration of evolutionary and developmental psychology, behavioural therapy, neurology and perennial wisdom in order to provide a systematic, scientifically solid approach to the problem of human suffering. This entire body of knowledge has taken the shape of a comprehensive experiential behavioural therapy model.

The peculiar and astonishing evolution of our species has provided us with a tendency to experience calm, safety and value through the warm, affectionate and protective presence of our care-givers. Data from research into compassion show: that the relationship of love, care and kindness that we establish with other human beings, from the day we are born until the day we die, will have an enormous impact upon how our brains mature and, therefore, on how our body, emotions and general well-being work.

Gilbert describes compassion as a multi-facet process that has evolved from the care-giver mentality during human parental care and child rearing. As such, compassion includes a series of complex emotional, cognitive and motivational elements involved in the ability to create opportunities for growth and change through warmth and loving attention. Compassion Focused Therapy consists of training and improving this ability, which is developed through compassion.

As a species, we have evolved to feel relief in the presence of care-givers who provide us with loving support.

Gilbert[1] explains that our brains evolved over millions of years and that due to the natural flow of life, we find ourselves with brains built "for us but not by us". He identifies two types of brain, the primitive brain with its basic physical and social desires and motivations, and the new brain, with its ability to use attention, imagination and capacity to fantasise, think and reason. Gilbert highlights the fact that our new abilities may be "hijacked" and directed by our old brain with its passions, desires, threats and fears. He suggests that learning to stop and observe what is happening in our minds (making clear reference to the processes involved in mindfulness practice) may be the first step in having greater control. Learning to be compassionate with our feelings instead of fighting them or avoiding them is the second step, making clear reference to compassion. The richness of recent research has indicated that we can train our minds to direct this kindness and desire to help within, deliberately training ourselves in compassion (what we denominate self-compassion). Therefore, compassion as a therapy is a research-based method that may help cultivate self-care and which provides the patient with a sense of bravery and courage in order to face the challenges in his or her life and overcome fears.

This definition involves the two main aspects of compassion. The first is known as **commitment psychology**, which is defined as the sensitivity to and awareness of the existence of suffering and its causes. The second aspect is known as the **psychology of relief or mitigation** and consists in the motivation to carry out specific actions in order to alleviate the suffering we face in our lives[2].

Researchers have also discovered that treating ourselves with compassion, that is, self-compassion, has an enormous impact upon the quality of our lives and on how we deal with difficulties such as anxiety, fear, depression and relationships.

Attachment and Compassion

Fricchione[3] theorises that the desperate cries for attachment made by seriously ill patients reflect an underlying evolutionary tenet that he denominates the process of the "separation challenge versus attachment solution". The pleadings of patients, he explains, are verbal expressions of the history of evolution itself. By exploring the roots of a patient's attachment needs, we come face to face with a critical component of natural selection and the evolutionary process. According to Fricchione, compassionate care promotes physical and emotional healing precisely because it is consonant with how life, the brain, and humanity have evolved. It is therefore not a luxury of modern medical care but an essential part of it.

Thus, Fricchione advocates an attachment-based medical system, one in which physicians evaluate stress and resiliency and prescribe an integrative treatment plan for the whole person designed to accentuate the propensity to health. He stresses that there is a wisdom or perennial philosophy based on compassionate love that the medical community must take advantage of in designing future health care. In fact, our brain has evolved to do just that. The law continues to be survival of the fittest, but the fittest are the individuals and groups that find inclusive solutions and improve connections in the face of separation challenges.

Along these lines, CFT highlights the importance of developing human beings' capability to both access, as well as tolerate and mindfully direct motivations and emotions in an affiliative manner for oneself and for others. It aims to cultivate internal compassion as a way of organising our complicated human brain in a prosocial and mentally healthy way.

The model upon which CFT is based, the three circles model, asserts that we have at least three types of emotional regulation systems: the threat detection and protection system; the incentive and resource-seeking system and the affiliative system focused on satisfaction, calm and security. Research has shown that the latter has developed significantly with the evolution of attachment behaviour, which is unique to mammals. Intuitively we know that kindness and supporting others helps calm the feeling of being threatened and return to feeling safe. As Gilbert[1] explains, the affiliative system was design as a threat regulator. We seek out our closest and most loved ones when we feel threatened, because we have an intuitive wisdom that tells us that kindness from others is what helps us and calms us down.

Research in neurobiology also suggests that our affiliative emotions operate through specific systems that produce endorphins and oxytocin and that kindness towards oneself and self-care can work in a similar way. Both systems are different from those activated by threats. In other words, feelings of security and calm do not come from the mere absence of a threat. Similarly, if we can reduce threats, this does not mean that the calming and reassuring properties of affiliative systems are automatically activated. These three systems also have significant effects on other abilities, such as our capacity for attention, ability to tolerate anguish and ability to be aware. They are also very powerful physiological organisers.

CFT organises its approach around these three systems and on how to balance them once again; however, it focuses on the importance of the affiliative system. Gilbert explains that "whatever you do in CFT, you have to get the affiliative system going as a key to regulate the others"[1]. CFT holds that this system is not easily accessed in people with high levels

of shame and self-criticism. For these people, the "threat" dominates their internal system and outside world.

Today, we know that the anxious attachment style is not simply due to fear of abandonment, but it may also be due to fear of affiliation[4].

A study by Milkulincer and colleagues[5] shows that in a sample of students, the fear of compassion for oneself and of compassion received from others was significantly linked to the fear of feeling compassion for others. Additionally, in this sample the fear of being compassionate towards others was significantly associated with insecure attachment styles. These results fit with the literature on attachment that suggests that insecure attachment is related to problems with empathetically committing to others and with developing skills to effectively care for others.

Along these same lines, Neff[6], creator along with Germer of the training programme to cultivate compassionate skills called Mindful Self Compassion (MSC), assures that at some time we all feel disconnected from our relationships given that we have different needs, history, DNA and we come from different families, groups, races, religions, etc. At the same time, we need connections or we do not feel good. Human beings need to feel connected to others. Without this connection called "common humanity", loneliness and depression appear as predominant moods in the human psyche.

Germer[7] highlights the fact that the importance of accepting emotional pain is being recognised in the field of mental health. He comments that there has been a clear, popular trend in therapy (that still exists) that the therapist should help the client 'identify' a problem in order to then help them 'fix it'. However, Germer argues that the healing mechanisms that underlie successful therapy are not what we thought they were; it is the process of establishing a new relationship with our thoughts and feelings, instead of continuing to directly defy them that makes the difference. This new relationship involves less avoidance, is less confusing, more accepting, more compassionate and more aware. Germer states that "the common healing element in both mindfulness and self-compassion is a gradual shift toward friendship with emotional pain".

Compassion, Shame and Self-Criticism

Gilbert has worked with and researched processes related to shame in mood disorders for over three decades. In the last 15 years his work has considered compassion to be an antidote to shame and self-criticism and an approach to therapeutic intervention. Since then, CFT has appeared on the therapeutic map and, specifically, is connected to the approaches of Cognitive-Behavioural Therapy (CBT).

Gilbert's interest in compassion arose from a number of observations in his work with people with complex mental health difficulties, who often came from neglectful, abusive or emotionally insecure backgrounds, and who typically had high levels of shame and self-criticism. He found that when working with a CBT model, while some patients could engage well with the cognitive and behavioural tasks involved, the results in general were poor. A typical patient response was 'I understand the logic of the alternative thoughts suggested, but they don't help me feel better'. That is, there was a 'cognitive-emotional mismatch' in psychological terms.

This encouraged Gilbert to explore how we can feel calm and relieved by the "useful" cognitions suggested by CBT, but keeping in mind the emotional sources of comfort and trust, along with the importance of attachment and affiliation. More recently, his work has taken advantage of neuroscience and he recently described CFT as an "integrated and multimodal approach that draws on evolutionary, social, developmental and Buddhist ideas, along with the latest findings of neuroscience"[2]. Being multimodal, it builds on a range of cognitive behavioural and other therapies and interventions. However, Gilbert is passionate about the importance of integrating science. He argues that thanks to science of the mind we know that attachment, the therapeutic relationship and unconscious processes are absolutely crucial. He says: "If psychotherapy began today, we'd be in a far better position with it all"[2].

A multiple regression was used to study the relationships between variables (in students and therapists) and it was found that the self-criticism variable was so powerful that there were no other significant variables that predicted depression. Indeed, in the correlations for both groups (students and therapists), it appeared that self-criticism (inadequate self and hate towards self) were significantly correlated with fear of compassion. These discoveries fit with other studies[8,9] that highlight the fact that self-criticism does not only revolve around negative attitudes towards oneself, but that it also contains an aspect based on fear of affiliation[10].

Compassion and Psychotherapy: Latest Advances in Research

In recent years, baseline research for the psychology of compassion and for CFT specifically has been growing at a remarkable rate, with a rapid increase in the number of studies and clinical publications on compassion. For example, in the last ten years there has been a significant increase in research on the benefits of cultivating compassion, especially through the practice of therapeutic imagery[11].

CFT also shows increasing empirical support through results-oriented research. In a clinical trial with a group of

people with chronic mental health problems who were in an outpatient clinic[12], it was found that CFT significantly reduced self-criticism, shame, feelings of inferiority, depression and anxiety. In another study[13], CFT was shown to be highly effective for treating personality disorders, eating disorders[14], psychosis[15] and in people who visit mental health community teams[16].

Furthermore, neuroscience and research with neuroimaging has demonstrated that practices based on compassionate imagery towards others produce changes in the frontal cortex, the immune system and general well-being[17]. Particularly, one study[18] found that by simply performing a brief meditation on loving kindness, there was an increase in feelings of social connectivity and affiliation towards strangers.

An increase in self-compassion seems to be an action mechanism in several therapeutic approaches[19], and may have significant implications for understanding the therapeutic process. Neff, Kirkpatrick and Rude[20] performed a study that monitored the changes experienced by patients in self-compassion in the period of one month. The therapists used the two-chair Gestalt technique designed to help patients decrease self-criticism and show higher compassion for themselves. The results showed that the increase in levels of self-compassion throughout the month (which were evaluated under the auspices of an independent study) was connected to a decrease in experiences of self-criticism, depression, rumination, suppression of thoughts and anxiety.

Schanche[21] examined individuals with various personality disorders and found that after brief psychodynamic psychotherapy, the highest levels of self-compassion were associated with a decrease in anxiety, shame and blame, and with an increase in the propensity to allow oneself to experience sadness and anger. In the same study, increases in self-compassion preceded a decrease in psychiatric symptoms and interpersonal problems. Neff and Germer[22] performed a randomised controlled study of the MSC programme that compared the results of 51 subject assigned randomly to the programme (24 participants; 78% women; average age: 51.21) or to a wait list control group (27 participants; 82% women; average age: 49.11). The great majority of participants (76%) reported having prior experience in the practice of mindfulness. The subjects in both groups were asked to complete a series of self-evaluation scales two weeks before and after doing the MSC programme, and additionally the participants in the programme were evaluated six months and one year after treatment. The questionnaires evaluated variables such as self-compassion (Self-Compassion Scale[23]), mindfulness (Cognitive and Affective Mindfulness Scale – Revised[24]), compassion towards others (Compassion Scale[25]), life satisfaction (Satisfaction with Life Scale[26]), depression (Beck Depression Inventory[27]), anxiety (STAI, State-Trait Anxiety Inventory[28]), and stress (Perceived Stress Scale[29]).

There were no pre-test differences in any of these measurements. However, in the post-test analysis, participants in the MSC programme showed a significantly larger increase in their levels of self-compassion (up to 43%) compared to the control group subjects, indicating a large effect size. The MSC patients also showed significantly higher levels of mindfulness (19%), compassion towards others (7%) and satisfaction with life (24%), and decreases in depression (24%), anxiety (20%), stress (10%) and emotional avoidance (16%).

These results suggest that the self-compassion skills taught in MSC are learned gradually, and that once learned, they remain relatively stable. The participants were also asked how many times a week they practised formal meditation and how many times per week they practised informal self-compassion techniques in their daily lives. Self-compassion increased as participants practised it more often and the frequency of the practice predicted the degree to which this increase occurred (no significant differences were found between formal and informal practice when predicting benefits of self-compassion). Thus, it can be inferred that self-compassion is an ability that can be taught and that depends on the dosage. The more it is practised, the more is learned.

There is growing evidence that compassion is a powerful antidote for a wide range of mental health problems such as depression and anxiety. Shapiro and colleagues[30] found that in a context of mindfulness training, practices centred on loving kindness and compassion reduced depression.

Several components of compassion-based interventions have been found to improve results in psychotherapy and serve as variables for measuring results. In a study done by Schanche and colleagues[21] it was found that self-compassion was an important mediator in decreases in negative emotions associated with personality disorders. Furthermore, in a study on the effectiveness of mindfulness-based cognitive therapy for depression, or MBCT[31], researchers found that self-compassion was an important mediator between mindfulness and recovery. In fact, in a meta-analysis of recent research in clinical and non-clinical contexts[32], interventions based on compassion were highly effective.

As regards the flow, direction and meaning of compassion, different skills have been shown to have a positive therapeutic effect. We can have compassion for others, receive feelings of compassion from others, and we can have empathy and compassion for ourselves (self-compassion), especially in times of difficulty[1,10,23]. There is growing evidence that helping people to develop compassion for themselves and for others has a strong impact upon negative affects and promotes

positive affects[33]. Compassion is also linked to feelings of kindness, gentleness and warmth[11].

Lutz, Brefczynski-Lewis, Johnstone, and Davidson[17] found that the regular practice of compassion meditation towards others has an impact upon responses to stress and the frontal cortex. The subjects who practised compassion also showed an increase in sensitivity for detecting and responding to anguish in others.

Pace et al.[34] also found that meditations focused on compassion reduced immune system responses and behavioural responses linked to stress.

Fredrickson, Cohn, Coffey, Pek, Finkel[35] taught six weekly 60-minute sessions (with practice at home) with a CD of loving kindness practices (compassion towards oneself, towards others that subjects knew and, finally, towards strangers). This training increased positive emotions, as well as mindfulness, feelings of social support and a vital feeling of existence, and decreased symptoms of disease. Numerous studies show that practices centred on compassion decrease negative affects and responses to stress, and increase positive affects and feelings of affiliation and kindness towards others.

Keys to Being a Compassionate Psychotherapist

In a study performed by Vivino, Thompson, Hill and Ladany[36], a group of therapists nominated as compassionate by their colleagues defined compassion in psychotherapy as "connecting with the client's and therapist's suffering and promoting change through action". The therapists formulated these observations in relation to compassion in psychotherapy: the ability to be compassionate seems to depend on the ability to see the client within their context of suffering, but also to maintain compassion for oneself. If the therapist could understand the reasons behind the client's behaviour, it was easier for them to feel compassion. This was also the case if the therapist had their own prior experience with suffering that resonated with the client's experience.

These authors summarise the transformational power of compassion in a therapeutic alliance, arguing that: "a therapist's compassionate attitude can be useful in helping clients to become non-judgemental observers of their thoughts, feelings and processes". When therapists are capable of experiencing compassion, they seem to accept their clients and themselves. This acceptance may allow clients to fully express and experience their emotions, thoughts and difficulties, as well as observe and accept themselves, creating a space between themselves and their difficult experience.

There are a number of specific attributes and competences for compassion that can (and should) be included by the therapist when using interventions aimed at helping patients develop these same competences for themselves. This means that therapists must work on self-compassion as a foundation for working with the patient. These attributes including caring for one's own well-being, developing sensitivity, solidarity and tolerance for affliction, empathy, and a non-judgemental attitude. The skills related to compassion imply the ability to create feelings of warmth, kindness and support in therapeutic work. The psychotherapist's job is to guide the patient towards the construction of his or her own compassionate identity. Compassionate behaviour often implies courage, for example, in order to leave an abusive relationship or job. As psychotherapists, we often underestimate the importance of facilitating courage in our patients, but it is much more likely that courage will be produced in the context of a compassionate therapeutic relationship.

Compassionate psychotherapists will structure their work around three main areas of practice:

Compassionate attention: metaphorically we express this as using awareness as if we were caressing that which we are paying attention to, whatever it may be, and especially if it is ourselves.

Compassionate thought: This is worked on in many ways, but a very direct manner of working with compassion is imagining the presence of a wise, compassionate friend who cares for us with unconditional acceptance. This friend understands our problems and genuinely desires to be helpful and see us flourish. We imagine what this friend would say when we most need his or her warmth and wisdom.

Self-compassionate action: This involves treating oneself with kindness and goodness in specific actions of self-care. The key is that these actions arise from a genuine desire to alleviate an excess of stress, to connect with a feeling of vitality and to advance towards a life full of meaning, even in our darkest moments.

Conclusions

When human beings find themselves in the presence of affiliative, warm emotions, they feel accepted and are predisposed to act in the healthiest way possible with receptive, flexible and empathetic responses. From the day a human being is born and throughout their life, the presence of kindness, support and emotional strength will have a very powerful impact upon all aspects of their health and behaviour, and are essential ingredients for experiencing well-being.

Research has identified an important area for future investigations and developments in therapy. If while working

with any psychological therapy, patients are not able to experience feelings of comfort, compassion and kindness, then it is possible that the therapy will have a limited effect. This is because over 120 million years, mammals' brains have evolved with very important emotional regulation systems that are linked to affiliative interactions[37].

Until now, our understanding of fear and resistance to affiliative emotions and compassion was related to attachment theory[4] and to clinical observations, especially those made by Gilbert[10]. In order to advance in the research and understanding of the nature of fear of affiliative emotions and compassion, we require measurements of these processes.

It seems that fear of self-compassion and others' compassion toward oneself may reflect a difficulty in experiencing affiliative emotions in general from both internal and external sources. This confirms our clinical impressions, in the sense that self-critical subjects do indeed show fear when being kind and affiliative towards themselves.

These discoveries suggest that not only is the lack of compassion important, but also this fear of compassion, which could mean that subjects might actively resist participating in compassionate experiences or behaviours. From a therapeutic point of view, this active resistance to compassion may be caused by several fears that must be addressed within the therapeutic context. Therapy can go even further by improving ways of accessing and facilitating the development of different types of personal security and compassion and by addressing fears of compassion.

The research reviewed here suggests that teaching human beings to develop self-compassion may reduce shame and self-criticism, as well as produce improvements in other psychiatric symptoms. These include depression and anxiety in patients with chronic mental disorders.

From the review of the literature we also conclude that CFT (Compassion Focused Therapy) is a promising therapeutic approach as an intervention for mood disorders, particularly those that include a tendency towards high levels of self-criticism. However, more quality, long-term studies are needed before it can be considered an evidence-based treatment. It is important to note that CFT is not a therapeutic approach in and of itself, but rather an approach to be used by health professionals with any theoretical focus who want to deal with the transdiagnostic issue of shame and self-criticism.

The conclusions of these studies underline the importance of including self-care strategies in initial training and professional development for health care professionals. Mindfulness and compassion training is being used not only as an effective method for teaching a state of therapeutic presence to professionals, but also as a well-researched and documented model for self-care, encouraging these professionals to become more aware, welcoming and compassionate therapists towards themselves, their patients, and to recognise the common nature of the human experience (concept of common humanity)[38]. In order for this to happen, mindfulness and compassion programmes should be brought to the health care professional's work environment as part of the curriculum for their ongoing professional training and they must be seen as priorities in the national health system, instead of being seen as a simple occurrence. This proactive approach to self-care should be seen as a positive step and not as stigmatised or blame-worthy, as if there was something wrong with caring for oneself. The deliberate and consistent practice of compassion towards ourselves and towards others may help us prevent empathy fatigue (before incorrectly called compassion fatigue) and provide us with greater emotional resilience. The result expected is that professionals would suffer less burn out and therefore have fewer leaves of absence.

The important thing when facing fears and building our life is to invest in our profound desire to love and be loved, and to learn to cultivate compassion and self-compassion as a daily practice and a way of life.

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