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Title: The origins of compassion focused therapy and its relation to existential psychotherapy

Introduction

In the essay I describe the integration of Buddhist mindfulness meditation into our western culture, specifically into psychotherapy. I go on to explore the importance of compassion in mindfulness practice and how it got lost in the western way of practicing mindfulness. This leads me to describe the origins and workings of compassion focused therapy, which embraced compassion as its essential part. Finally I discuss compassion focused therapy in relation to existential psychotherapy and explore the role of compassion in existential thought.

Mindfulness

In the last decade mindfulness has become a widely used construct, integrated into the mainstream of psychology, neuroscience, medicine, healthcare, education, business and the wider society. Someplace in the late 1990s papers on mindfulness-based applications began to rise exponentially, and that exponential rate continues (Williams and Kabat-Zinn, 2011). The very wide use of this ancient meditative practice traditionally associated with specific cultural and philosophical perspectives and purposes, raises questions of how the concept of mindfulness is understood and subsequently applied in various mainstream contemporary areas.

Several authors have emphasized that the meaning of mindfulness is subtle and elusive and that it is difficult to define it in precise terms (Block-Lerner, Salters-Pednault and Tull 2005; Brown and Ryan, 2003). The most well known definition of mindfulness is that of Kabat-Zinn (1994), who describes mindfulness as

'paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.' Shapiro, Carlson, Astin and Freedman (2006) have proposed a model of mindfulness, which consists of three axioms of mindfulness: intention, attention, and attitude. Similarly, Marlatt and Kristeller (1999) define mindfulness as 'bringing one's complete attention to the present experiences on a moment-to- moment basis.' They also suggest that mindfulness involves observing experiences 'with an attitude of acceptance and loving kindness.'

Mindfulness in psychotherapy

In psychotherapy mindfulness is normally used as a technique aimed at simptom reduction and alleviating suffering. Key characteristics of mindfulness: awareness, presence and acceptance, are considered, to also be the basis of successful psychotherapy (Germer, 2005). From a Buddhist perspective the meditator uses his concentration as a tool by which his awareness can see through the wall of illusion and gain insight into present moment reality (Gunaratana, 2011). In a way, mindfulness is at the crossroads between the individual and society. While immersing into mindfulness practice, an individual starts to see his own process of thought construction as well as the construction of social reality. Therefore mindfulness as a technique used in psychotherapy could lead to greater understanding of, what Heidegger (1996) calls, being-in-the-world.

Mindfulness and (lost) compassion

Originally Buddhist mindfulness meditation was closely intertwined with ethics – collective intention of liberation and compassion for all beings, whereas in the western world the goal of mindfulness practice is mostly individually oriented for purpose of healthcare, wellbeing, success etc. (Ditrich, 2013). It seem that the aspect of collective compassionate intention got disconnected from mindfulness in the western world, although it is supposed to be one of the key component of Buddhist mindfulness practice. There are three integral factors in Buddhist meditation - morality, concentration and wisdom. These three factors grow

together with the practice of mindfulness. When you have the right concentration, you gain the wisdom to truly understand human nature, then compassion towards yourself and others is automatic (Gunaratana, 2011).

There is a beginners problem though, if one sits down to meditate while in the grip of some strong obsessive emotion or thought, the meditation will end up being a stress-creating struggle. Buddhist Theravada tradition has developed a useful tool, which allows for removal of these barriers from the mind at least temporarily, so that one can get on with the job of removing their roots permanently (Gunaratana, 2011). You can use one idea to cancel another - balance a negative emotion by instilling a positive one. You start by banishing thoughts of self-hatred and self- condemnation. You allow good feelings and good wishes first to flow to yourself. Then you do the same for those people closest to you. Gradually, you work outward from your own circle of intimates until you can direct a flow of those same emotions to your enemies and to all living beings everywhere (Gunaratana, 2011). Correctly done, this can be a powerful and transformative exercise in itself, and it is the basis of compassion focused therapy.

CBT and Compassion Focused Therapy

Third Wave Cognitive Behavioural Therapy (CBT) has become one of the most widely used therapeutic developments within the last 15 years. There are certain themes that bind different therapeutic approaches together under the heading of “3rd Wave”. Firstly, 3rd Wave CBT tends to give a greater emphasis to function and relationship rather than content. Hence “what” the client thinks or believes is of less importance than the client’s relationship with such thoughts and “how” they think them. Secondly, 3rd Wave CBT brought “emotion” into the forefront along with cognition. Finally, 3rd Wave CBT integrates a range of strategies and ideas that derive from other traditions (Hayes, Villatte, Levin and Hildebrandt, 2011). The Buddhist Mindfulness tradition is the most obvious one that also laid the foundations for Compassion Focused Therapy (CFT). CFT is a research based therapy founded on a combination of principles from CBT, Evolutionary

Psychology and Attachment Theory. It was developed to work specifically with clients who had high levels of shame and self-criticism and who had had early experiences of poor attachment, affiliation and affection. CFT begins to address these problems by developing the capacity to mindfully access, tolerate, and direct affiliative motives and emotions, for oneself and others, and cultivate inner compassion. Key skills with CFT include the use of compassion focused imagery, the development of a compassionate self and the use of a sense of a compassionate self to engage with areas of personal difficulty (Gilbert, 2010).

Buddhist concepts of compassion are being increasingly integrated into western psychotherapy (Germer and Siegel, 2012). Likewise CFT uses a Buddhist informed definition derived from the writings of the Dalai Lama and others (1995; Tsering, 2008): Compassion is: 'a sensitivity to suffering in self and others, with a commitment to try to alleviate and prevent it'. Compassion as social mindfulness has three directions that are a focus in CFT: compassion we can feel for others; compassion we can feel coming from others to ourselves, and compassion we can direct to ourselves (self-compassion).

While working with traditional cognitive behavioural interventions Gilbert (1998a) found clients often did not experience emotion change from cognitive change. They could understand the logic of changing their thought patterns, but this was ineffective at changing deeply felt experiences of self, especially shame and a long-lived inner sense of worthlessness (Gilbert, 1998a). He found that the emotional tone of self-to-self relating is often hostile and shaming – even when planting seeds of alternative thoughts. Many clients found it extremely difficult to try to generate and practise an emotional tone of kindness, warmth and support. Even when clients acknowledged 'intellectually' that others cared about them, they still had difficulty in feeling cared for. Some of them were experiencing a long-lived, deep sense of a shamed self, which seemed to block any openness to affection or sense of connection to others (Gilbert, 1998b, 2007). Some felt a sense of separation between self and others, as if there is a barrier, others felt inner loneliness or difference from others; a sense of disconnection (Cacioppo and Patrick, 2008). Studies have found that fears of compassion are highly

associated with depression and anxiety (Gilbert, McEwan, Matos and Rivis, 2011; Pauley and McPherson, 2010).

Existential therapy and compassion

Cognitive emotion mismatch is a well-known difficulty within CBT (Stott, 2007), which might be the case for existential therapy as well. Clients can cognitively understand their own issues, which doesn't mean it will change how they feel or how they make choices. Often it is the avoidance of feeling and experiencing of emotions (fear, anger, sadness, or even love and happiness) called experiential avoidance what brings people to therapy (Hayes, Follette and Linehan, 2004). CFT highlights the importance to experience affiliative emotions (via compassion), in order to facilitate the regulation of feared emotions and thus provide the courage to engage with feared emotions. Similarly existential therapy emphasizes the importance of engaging with anxiety and using it for our own benefit of living a fully meaningful life, instead of becoming overwhelmed with anxiety so that it becomes counterproductive. As Kierkegaard put it: "Whoever has learnt to be anxious in the right way has learnt the ultimate." (1844, p. 155). Therefore CFT could be a beneficial addition to existential therapy allowing the individual to better regulate emotions and courageously engage with anxiety. In her theory of emotions Van Deurzen-Smith (1997) sees emotions as our most sensitive barometers that give us accurate information about what we value and how we are dealing with the issues in our lives. However only when we have the capacity to allow emotions to be, to fully feel them as they are, no matter how uncomfortable, will they be able to play the role of an accurate compass in our lives.

CFT is contextualized in a basic view of 'common humanity' (Neff, 2011), and understanding our sense of self as a genetic and social construction. Our capacity for feelings like anger, hatred, and even sadism to ourselves and others is not pathologized or individualised but is seen as an essential part of being human. CFT uses psycho-education of these views, which helps with depersonalizing and

de-shaming of client's difficulties and is understood as a dimension of self-compassion. Similarly existential therapy does not pathologize human suffering. Clients are reminded of existential givens and they are further reminded to not hide away from common difficulties of being human and live in bad faith, but instead encouraged to take responsibility for their lives.

Clients can come to an understanding that compassion is not a weakness but a way of building courage (Gilbert, 2014). They can then use the compassionate attitude to engage with difficulties they are facing – such as anxiety, depressive rumination, self-criticism, shame, trauma memory. The CFT approach recognizes that the emotions of the inner critic are all defensive emotions of a threat system. Compassionate self-view of the inner critic helps clients to shift from this threat way of relating to oneself to a more affiliative way (Gilbert and Irons, 2005; Neff, 2011).

The phenomenon of compassion is a good illustration of the existential validity of Heidegger's concept of being-in-the-world. Hatab (1997) argues that in compassion we become "decentered, desubjectivized, our experience dwells in the other, and so it can not be understood as a subjective or objective condition, but rather as a curious, compelling, ecstatic being-with-the-other". Furthermore our own suffering can open us to feeling the suffering of others. Through experiencing their limits and loss clients can explore the relationship between being-toward-death and care in psychotherapy, this can elucidate the urgency of their concerns and vulnerability, and it might be a way of coming to care for others as well.

Nietzsche (1969) writes he does not like the compassionate who are happy in their compassion for they are lacking in shame. He is against the self-righteous compassion out of pity as it increases the suffering of the one who is its object. However he writes: "if we learn better to enjoy ourselves, we best unlearn how to do harm to others and to contrive harm." (p. 112). If he himself must be compassionate then it is preferably from a distance and he does not want to be called compassionate.

Likewise existential psychotherapists might not label themselves compassionate and they might not directly teach compassion to their clients, instead their being-with-the-other in therapy is compassionate in its entirety. Therefore clients get a genuine experience of a compassionate relationship. Existential healing takes place when there is trust of one whole person to another whole person in what Buber (1998) calls I-Thou relation, meaning "the affirmation of the primarily deep otherness of the other" (p. 86) who is accepted and loved by the therapist. This does not mean healing of only a certain part of the client as through insight or analysis, rather this is healing of the client's being-in-the-world.

Conclusion

Compassion seems to be a fundamental human trait and therefore it must be an essential part of psychotherapy if its intent is to develop wholeness of being. Not many existential authors engaged with compassion or at least not directly. Thus I feel it is even more important we start to crate more space for compassion in existential practice and theory.

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