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Developing Self Compassion as a Resource for Coping with Hardship: Exploring the Potential of Compassion Focused Therapy

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Abstract
This article explores the potential of compassion focused therapy for developing self compassion as a resource for young people coping with hardship. Theoretical and research perspectives that point to the therapeutic potential of compassion, in particular self compassion, are presented. Compassion focused therapy (CFT) is introduced as a well delineated and empirically supported approach that may facilitate the development of self compassion. An illustration is offered which demonstrates the contribution of compassion focused-therapy based interventions to the coping of a 15 year old boy experiencing post-divorce paternal disengagement. The complexity related to practitioner readiness to utilize CFT is discussed, as well as that associated with the utilization of compassion promoting interventions with children and adolescents.

Keywords Compassion · Self compassion · Compassion focused therapy · Non residential parental disengagement

Compassion may be an important resource for children and adolescents facing hardship. Self compassion in particular, may contribute to coping and resilience especially in those who are struggling with issues of guilt, shame and self worth related to painful life experiences (Brill & Nahmani, 2017). While the social work literature recognizes the importance of compassion amongst service providers and clients, there is little focus on therapeutic approaches and methods that facilitate the generation of compassion, and in particular self compassion (D'Amico-Guthrie, Smith Ellison, Sami, & Tyson-McCrea, 2014; Glover-Larick & Graff, 2012; Thieleman & Cacciatore, 2014; Ying & Han, 2009).

This paper delineates theoretical and research perspectives on compassion, chiefly self compassion recognized as the substructure necessary for compassion toward others (D'Amico-Guthrie et al., 2014; Germer & Neff, 2013). Compassion focused therapy (CFT) is presented as a coherent and empirically supported therapeutic approach that may facilitate the promotion of self compassion. An illustration of the application of CFT with a 15 year old boy experiencing post-divorce paternal disengagement is presented. Important challenges related to practitioner readiness to utilize compassion focused therapy based interventions are discussed, as well as those related to the use of CFT with children and adolescents.

Compassion

Suffering is a defining experience in human social life and compassion has been deemed a prototypical response to suffering associated with a wide range of conditions including abuse and neglect, poverty, illness and disability (Lee & James, 2013; MacBeth & Gumley, 2012; Stellar, Oveis, Cohen, & Keltner, 2015). Often considered an important human strength, compassion is an age old idea (Neff, Hsieh, & Dejitterat, 2005). The Dalai Lama understood compassion to be sensitivity to the suffering of self and others, with a deep wish and moral commitment to relieve the suffering (Stuntzner, 2017). It constitutes a signal theme in Western and Eastern spiritual traditions and religious systems alike (Gilbert et al., 2014; Jazaieri et al., 2014). From the Buddhist perspective compassion is one of the four motivational qualities of immeasurable importance (Dzwonkowska & Zak Lykus, 2015; Mongrain, Chin, & Shapira, 2011).

From a Western psychological and psychotherapeutic perspective the construct of compassion has only recently received significant attention. A number of theorists have proposed conceptualizations broadly consistent with

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Buddhist notions and Eastern philosophy (Gilbert & Proctor, 2006; Leaviss & Uttley, 2014; Ozawa-de-Silva, Dodson-Lavelle, Raison, & Negi, 2012; Van Vliet & Kalnins, 2011).

Compassion, comprised of a dominant affective component that is affiliative and positive, also has important cognitive and behavioral features (Kennedy, 2014). It is typically understood as having four key elements: (a) attentional sensitivity to and awareness of suffering in oneself and others; (b) sympathetic care and concern related to being emotionally moved by the observation of distress and pain; (c) nonjudgmental desire to see the relief of hurt and injury; and (d) readiness and commitment to alleviate the suffering and the offering of helpful interventions to address it in a patient and emotionally warm manner (Allen & Leary, 2010; Pepping et al., 2017). Conceptualizations of compassion tend to focus on three aspects—having compassion for others, receiving compassion from others, and compassion for oneself or self compassion, which constitutes the substructure for giving and receiving compassion to and from others (Arimitsu & Hofmann, 2015).

There exists substantial scholarship claiming that compassion is positively associated with psychological health and well being, largely through its fundamentally constructive impact on regulation of emotional states (Lietz, 2011; Moore et al., 2015; Stellar et al., 2015). It has been linked to increased life satisfaction, self esteem, confidence, curiosity and optimism as well as decreased depression, anxiety and rumination (Gilbert, 2009b; Neff, 2003b). In addition, compassion appears to give rise to powerful motivation for prosocial behaviors towards others, including care taking, support giving, and generosity, that may also facilitate positive social connectedness and relationship building (Mongrain et al., 2011; Zeller, Yuval, Nitzan-Assayag, & Bernstein, 2015). Oxytocin, a peptide hormone produced in the hypothalamus and associated with compassion, has a significant role in influencing such prosocial behaviors as empathy and trust (Williams, Tsivos, Brown, Whitelock, & Sampson, 2017).

Compassion appears to be rooted in the evolution of basic nurturing and caring behavior within the context of attachment, originally emerging to motivate caregiving towards offspring. It is within this motivation to care for kin that nurturant tendencies towards strangers, and even towards ourselves, have their roots (Gilbert, 2005). Compassion may develop from a young age. Children from secure and loving backgrounds develop enhanced motivation and competencies for compassion towards self and others. Those who have received little affiliative or compassionate care as children may continue to struggle with being open to extending compassion to themselves and others (Gilbert, McEwan, Catarino, Balao, & Palmeira, 2014).

Self Compassion

It is only recently that the concept of self compassion, as a means through which people can pursue greater personal well being, has received substantial clinical and research attention (Batts Allen, Barton, & Stevenson, 2015; Boersma, Hakonson, Salomonsson, & Johansson, 2014). Compassion has been understood mainly in terms of concern for the suffering of others, reflecting mainstream Western culture that downplays the importance of being kind and tender with oneself (Neff & Vonk, 2008). This bias towards other directed compassion runs contrary both to a growing recognition that self compassion is requisite for compassion to others as well as the rise of positive psychology that has demonstrated that having a healthy soothing self to self relationship is highly adaptive (Allen & Leary, 2010).

Self compassion can most simply be understood as compassion turned inwards towards the self—being open to, understanding of and moved by one's own suffering, having a deep desire to alleviate it and taking active steps to do so (Joeng & Turner, 2015; Moreira, Joao Gouveia, Carona, Silva, & Canavarro, 2014; Neff, 2003a, b). Such a stance towards the self is taken with kindness and warmth and is nonjudgmental and supportive (Neff & Vonk, 2008). It is assumed irrespective of a person's inadequacies, failures or mistakes and most pertinent when one is experiencing emotional, physical or spiritual pain (Ferguson, Kowalski, Mack, & Sabiston, 2014; Neely, Schallert, Sarojanni, Roberts, & Chen, 2009; Ying & Han, 2009; Welford & Langmead, 2015).

Self compassion is vital for releasing the human mind from the harmful effects of negative emotions and thus may be thought of as a primary mechanism contributing to emotional regulation. It engenders feelings of connectedness, contentment, and warmth that may buffer against negative emotions that frequently arise when faced with harsh life circumstances and events (Wei, Liao, Ku, & Shaffer, 2011). It has been widely recognized that self compassion may be an especially valuable coping resource for individuals experiencing painful life situations that may be outside of their direct control (Mantzios, 2014; Neff, Kirkpatrick, & Rude, 2007). From a psychological perspective self compassion is considered to be a construct of interest largely because it enhances resilience in the face of adversity and hardship (Muris, Meesters, & De Kock, 2015; Tanaka, Werkele, Schmuck, & Paglia Boak, 2011). When faced with such circumstances, persons higher in self compassion have been found to demonstrate less negative emotions and extreme behavioral reactions, more accepting thoughts, as well as increased ability for creative problem solving (Leary, Tate, Adams, Allen, & Hancock, 2007).

Self compassion as defined in the therapeutic world draws largely upon Buddhism but in many ways also relates to humanistic psychology themes stressing the importance of self kindness and self acceptance (Thompson & Waltz, 2008). The definition most commonly cited (Boersma et al., 2014) is by Neff where self compassion is defined as (Neff, 2011, p. 87) "being touched by and open to ones own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself, with kindness." She understands self compassion to be comprised of three essential components which combine and mutually interact to create a self compassionate frame of mind that can come into play in times of pain and suffering (Neff, 2003b; Neff & McGeehee, 2010; Yarnell & Neff, 2013).

The first dimension is self kindness and is comprised of a fundamentally loving, concerned, patient, understanding, generous and gentle stance towards the self (Barnard & Curry, 2012; Reis et al., 2015). It is unconditional and unrelated to perceived personal inadequacies, mistakes or failures. It involves affirming one's worth and subsequent right to happiness under any circumstance (Stuntzner, 2017). Central to self kindness is the commanding importance of expressing goodness towards oneself, which involves the constant generation of self nurturing, comforting, and soothing behaviors (Batts-Allen, Barton, & Stevenson, 2015; Bluth & Blanton, 2014; Marshall et al., 2015). Self kindness is particularly important when individuals are confronted with difficult, distressing or threatening external life circumstances (Dsilva & Kamble, 2014; Schanche, McCullough, Stiles, Svartberg, & Nielson, 2011). Self kindness also involves extending to one's self forgiveness for being innately human, imperfect and limited (Barry, Loflin, & Doucette, 2014; Stuntzner, 2017).

The second element of self compassion is mindful awareness, the equilibrated holding in one's consciousness thoughts and feelings related to the experience of suffering (Dzwonkowska & Zak-Lykus, 2015). Radically inconsistent with suppression or denial, mindful awareness is the moment to moment turning inward toward one's experience of difficulty and the reflection upon how one's suffering may serve as a catalyst for growth (Hall, Row, Wuench, & Godley, 2013; Zeller et al., 2015). Such acknowledgement of and connection to one's inner world, particularly one's emotions, can be difficult especially when a person's suffering may not be clearly apparent, even to himself. While it might seem that personal suffering is blindingly obvious, often when life goes awry many individuals immediately rush into problem solving mode without pausing to pay close attention to the actual hardships they are facing and the resultant hurt and pain (Neff et al., 2005). While highlighting the crucial importance of facing negative feelings related to hardship, such as sadness and pain, at the same time mindfulness underscores the importance of not exaggerating the encounter with personal suffering. It is inconsistent with over identification, and getting lost in a labyrinth of subjective cognitions and emotions, frequently associated with rumination (Joeng & Turner, 2015; Kennedy, 2014). Such containment is necessary so that other aspects of the person, those capable of stepping back from the situation and viewing the suffering with a sense of relative clarity, and allowing alternative emotional responses or mental interpretations, can be accessed (Ferguson et al., 2014).

The final element of self compassion is a sense of common humanity. It involves the recognition that suffering, hardship, fragility and error, are normal parts of human life, experienced by all, and that the entirety of humanity is connected in this experience (Neff et al., 2005). The attitude that people are not alone in their suffering, that it is not only the individual who is having such a hard time, tends to help place personal experiences into greater perspective (Germer & Neff, 2013). It serves as protection against withdrawing into one's own pain and becoming isolated. Instead it encourages connection and community, and promotes sharing of our suffering with others without shame (Brill & Nahmani, 2017). It also serves as a shield against feeling different, inferior or even fundamentally defective, thus promoting acceptance of imperfection (Pepping, Davis, O'Donovan, & Pal, 2015; Stuntzner, 2017). Lastly, remembering that others are also suffering, even those who are perpetrators of harm, allows us to feel compassion for all (Schanche et al., 2011).

There exists substantial empirical support for the positive relationship between self compassion and a wide range of outcomes related to psychological well being (Arimitsu & Hofmann, 2015; Batts Allen et al., 2015; Stuntzner, 2017). These include life satisfaction (Barnard & Curry, 2011; Neff, 2003a, b; Neely et al., 2009), optimism (Neff, Kirkpatrick, & Rude, 2007), emotional regulation (Stuntzner, 2017), happiness (Bluth & Blunton, 2014; Neff et al., 2005), agreeableableness (Hall et al., 2013); self determination and motivation (Heffernan, Quinn Griffin, McNulty, & Fitzpatrick, 2010), and life meaning (Stuntzner, 2017). Self compassion is also positively related to interpersonal functioning, including empathic concern (Arimitsu & Hofmann, 2015), altruism (Batts Allen et al., 2015) compromising in conflict situations (Breines & Chen, 2013) and forgiveness of others (Neff & Pommier, 2013), as well as maternal support and family functioning (Neff & McGeehee, 2010). Self compassion helps people feel connected to others (Neff, 2003a, b), comply with suggested medical regimes (Bluth & Blanton, 2014), and facilitates resilience (Leary et al., 2007; Neff et al., 2005).

One of the most consistent findings in the research literature is that self compassion is inversely related to psychopathology, psychiatric symptoms and interpersonal problems (Muris et al., 2015). In a meta analysis which identified 20

non-clinical samples from 14 studies, MacBeth and Gumley (2012) found a robust and significant negative relationship between self compassion and depression, stress and anxiety. Higher levels of self compassion have also been found to be associated with reductions in self criticism (Germer & Neff, 2013), fear of failure (Jazaieri et al., 2014), thought suppression (Jazaieri et al., 2014), emotional turmoil (Leaviss & Uttley, 2014), rumination, (Moreira et al., 2014), negative cognitive distortions (Jazaieri et al., 2014), loneliness (Leaviss & Uttley, 2014), and submissive behavior.

Notwithstanding the empirical support for the contribution of self compassion to well being, it may not always be readily experienced and may in fact be suppressed and inhibited (Gilbert & Proctor, 2006; Gilbert et al., 2014; Jazaieri et al., 2014). For those who did not receive significant compassion from others, especially during childhood, the experience of extending warmth and kindness to themselves may ignite considerable sadness (Marshall et al., 2015). There may be a fear of triggering and reliving specific painful early experiences wherein they did not feel the compassion they so desperately needed (Gilbert, 2010). Difficulty with extending compassion to the self has also been attributed to a sense that one is not worthy or deserving of it, as well as to alexithymia, an inability to fully experience feelings, including positive emotions (Gilbert, 2015; Jazaieri et al., 2014). Lastly, resistance to self compassion has been related to the perception that it reduces personal responsibility, and thus motivation to engage in change promoting behaviors (Gilbert et al., 2011). This is despite scholarship which asserts that the emotional safety provided by self compassion actually promotes the acknowledgement of undesirable aspects of the self as well as one's role in negative events (Leary et al., 2007). Self compassion allows for more accurate self appraisals that may actually contribute to motivation to rectify moral transgressions and maladaptive behaviors as well as improve personal weaknesses (Arimitsu & Hofmann, 2015; Pepping et al., 2015).

There exists individual variation in the development and level of self compassion (Neff & Vonk, 2008). Some of this has been explained by innate temperamental differences. However a substantial scholarship points to environmental, and especially family related factors, playing a key role in the satisfactory maturation of the self soothing system. Most important here seem to be early childhood experiences of sensitive and responsive care from primary caregivers. These lead to the subsequent development of positive internal models of the self, where one is seen as worthy of compassion. It is proposed that if a young child is in need of compassion, and receives it from significant others, this social mentality is strengthened and continues to develop. A compassionate way of self to self relating evolves, the core of which is the regulation of negative feelings with soothing, affectionate and warm affect (Kennedy, 2014). If instead of compassion, a child s ignored, criticized, rejected or humiliated, the development of self compassion and related skills and behaviors, such as the ability to recognize one's own suffering, is thwarted (Neff & McGeehee, 2010; Neff & Beretvas, 2012; Wei et al., 2011).

Study of those who have experienced childhood maltreatment support the relationship between quality of parenting and development of self compassion. Tanaka et al. (2011) in their pioneering study of adolescents in the child protection system found that greater childhood physical and emotional abuse and neglect were significantly associated with lower levels of self compassion. Given the considerable potential for clinical application, they cite the need for further study on self compassion among abused and neglected children, especially whether improved self compassion translates into heightened self care and help seeking behavior. The authors posit that self compassion may be an achievable resource that can support resilience in youth experiencing interpersonal injury and may provide a useful complementary approach to current conceptual models informing practice with this vulnerable population. The notion that self compassion may mediate the relationship between childhood maltreatment and subsequent inability to regulate emotion has also been raised in the literature (Germer & Neff, 2013). More generally, it has been asserted that self compassion may be highly relevant to the experience of young people because of its significant capacity to effect well being (Neff & McGeehee, 2010). Feelings of self acceptance and kindness entailed in self compassion may act as a buffer to self criticism and questioning of self worth often associated with this developmental stage (Bluth & Blanton, 2014).

Compassion Focused Therapy

Recently there has been increased acknowledgement that compassion may be an important part of psychotherapy, and that the facilitation of compassion may constitute a central therapeutic goal and intervention (Jazeari, Goldin, Werner, Ziv, & Gross, 2012; Jazeari et al., 2014). This has been related to a growing clinical recognition of the importance of cultivating positive affect in therapy, in addition to alleviating negative emotional states (MacBeth & Gumley, 2012). Within this context there has been substantial interest not only on how to cultivate and practice compassion towards others but in particular, how one can bring the same qualities of kindness, patience, and forgiveness to oneself in daily life, especially when coping with adversity and hardship (Rockliff et al., 2011). Compassion promoting interventions hold such promise and as such a number have been developed (Stuntzner, 2017). Several innovative psychotherapeutic models such as Mindfulness Based Stress Reduction, Mindfulness Based Cognitive Therapy and

Acceptance and Commitment Therapy have been shown to increase self compassion (Boersma et al., 2014). However, Compassion Focused Therapy, empirically supported and relatively widely lauded, stands out for its explicit and exclusive focus on the enhancement of self focused compassion (Gale, Gilbert, Read, & Gross, 2014; Lucre & Corten, 2013; Pepping et al., 2017; Guthrie, Ellison, Sami, Tyson McRea, 2014; Thimm, 2017). Although CFT is often referred to as Compassionate Mind Training (CMT), more precisely CMT is the practice focused collection of self compassion promoting techniques and activities emergent from and associated with the underpinning CFT theoretical model (Allen & Leary, 2014). CMT has been referred to as the core of compassion focused therapy (Leaviss & Uttley, 2014).

Compassion focused therapy was initially developed by Gilbert (2007, 2009a, 2010) to help people suffering from chronic and complex mental health problems linked to high levels of shame and self criticism. It aimed to help them by accessing, stimulating and cultivating affiliative and care focused emotions and motives towards themselves as well as competencies that define the experience of being a compassionate self (Gilbert, 2014). Once self compassion generating skills have been learned they can be applied to recurring or future negative environmental events that inflict emotional injury (Stuntzner, 2017). It is recognized that for many individuals their relationship to themselves may be harsh and even attacking, characterized by the lack of capacity to creative affiliative emotions and resultant soothing within and for themselves (Neff, 2011; Yarnell et al., 2015). For CFT the emotional tone of self to self relating is of prime importance and one of its key features is that it links people in a systematic way with emotion regulatory capacities (Sommers-Spikerman, Sevhruers, Trompetter Bohlmeiher, 2018). It focuses on facilitating the development of a supportive inner voice which speaks constantly to the individual with understanding, acceptance, warmth, encouragement, and lovingkindness, and is especially prominent in difficult life predicaments.

Compassion focused therapy highlights an evolutionary neurobiological model delineating three major emotional systems—the threat system associated with fear, shame, disgust, and anger, and the the drive and affiliative/soothing system (Gilbert, 2009a, 2014). Each may be activated by signals located outside of the self or through internal stimuli and all have the potential to inhibit or enhance the other (Leaviss & Uttley, 2014). CFT is focused on helping individuals bring these three systems into an adaptive equilibrium. This usually means helping people build self compassion, which allows access to, and stimulates and enhances their affiliative/soothing system. Increased self compassion means buttressed neurobiological soothing capacities related to the stimulation of oxytocin and opiates that enhance the physiological substrate of the soothing system. This results in increased feelings of peacefulness, connectedness, contentment, and warmth. These positive emotions enhanced through the self soothing centers of the brain can thus effectively engage the negative emotions of the threat system, thus regulating them more effectively, leading to an affective shift (Van Vliet & Kalnins, 2011). The positive emotions associated with the drive system, such as enthusiasm and pride, appear not to be as effective in regulating the negative emotions of the threat system (Gilbert & Irons, 2005; Williams et al., 2017).

There is substantial scholarship suggesting the efficacy of compassion focused interventions and in particular compassion focused therapy (Leaviss & Uttley, 2014; Sommers et al., 2018). Although it has been recognized that investigation of the effectiveness of CFT needs to be increased and extended to additional settings and populations (Boersma et al., 2014; Lincoln, Hohenhaus, & Hartmman, 2013) the existing research points to the utility of CFT in facilitating the generation of self compassion, associated with reduced distress and improved emotional and general well being (Ashworth, Clarke, Jones, Jennings, & Longworth, 2015; Braehler et al., 2013; Judge, Cleghorn, McEwan, & Gilbert, 2012).

In a most recent study Dutch investigators conducted a large scale trial to examine the effectiveness of compassion focused therapy as internet delivered guided self help in the context of public mental health (Sommers-Spijkerman et al., 2018). Their research targeted non-flourishers, adults with suboptimal levels of functioning. The study was comprised of a two arm randomized controlled trial (RCT) with one intervention group and one waitlist group. Assessment took place before the start of the intervention and afterwards—at 3 months, 6 months and 1 year. Significantly more flourishers were observed in the experimental group compared to the control group at post intervention as well as at 3 month follow up. There was significant improvement in the intervention group from 3 to 9 month follow-up with regard to the reduction of psychological distress and increase in positive emotions. The researchers concluded that "compassion focused therapy offers an opportunity both as a well being enhancing and as a distress oriented approach suited to non-clinical populations with suboptimal levels of well being." (p. 112).

There have been several meta-reviews on the utility of compassion focused therapy during the past 10 years. Kirby, Tellegen, and Steindl (2017) identified five randomized controlled trials of compassion focused therapy, where CFT was offered either as a group based intervention administered by a therapist or as unguided self help. These trials were conducted with both clinical samples (Braehler et al., 2013: schizophrenia-spectrum disorder; Kelly & Carter, 2015: binge eating disorder) and non clinical samples (Arimitsu & Hofman, 2015: low self compassionate people; Kelly, Zuroff,

Foa, & Gilbert, 2010: smokers seeking to quit; Shapira & Mongrain, 2010: nonspecific adult sample). The authors concluded that there exists promising initial evidence for the effectiveness of compassion focused therapy. Leaviss and Uttley (2014) conducted a meta-review of 14 research studies on the psychotherapeutic benefits of compassion focused therapy utilizing case study, case series, observational and randomized controlled trial designs. Studies of CFT delivered to both clinical and non clinical samples by a clinician as well as those centered on self help exercises were included. Three of the studies used a RCT design (Kelly et al., 2010: smokers; Shapira & Mongrain, 2010: non clinical sample; Braehler et al., 2013: schizphrenia). The authors concluded that compassion focused therapy shows promise as an intervention approach.

Compassion focused therapy, and its ancillary practice focused CMT, integrate influences from cognitive behavioral theories, affective neuropsychology, Buddhism, and attachment theory (Beaumont & Martin, 2015; Lincoln et al., 2013). It combines psycho-education on self compassion with compassionate body work/mindful breathing, out of session practice of self compassionate behaviors (ranging from daily nurturing activities to sweeping and courageous actions that address the cause of our suffering), and self focused journal and letter writing.

At the center of compassion focused therapy/compassionate mind training are self compassion promoting imagery exercises. CFT rests on the premise that affect systems are more readily accessed by imagery than by rational understanding (Zeller et al., 2015). Buddhist schools have from ancient times used visualizations to help followers develop compassion and the ability to be caring and kind toward self and others (Beaumont & Martin, 2015). These exercises are routinely incorporated into treatment sessions in order to facilitate the client experiencing what it is or could be like being compassionate to oneself (Beaumont & Martin, 2015; Williams et al., 2017). The compassionate images developed activate the affiliative/soothing system, with its physiological profiles linked to endorphins, oxytocin and the parasympathetic nervous system and facilitate the emergence of new compassionate patterns in the brain. These images, intrinsically supportive, understanding, kind and encouraging, once cultivated may be brought to mind when needed, particularly in the face of vulnerability and hardship (Werner et al., 2012).

Central to CFT is the exercise designed to help the client visualize and develop an image of their perfect nurturer, who is perfectly able and willing can provide them with nonjudgmental and unquestioning warmth and acceptance (Gilbert & Irons, 2005). The image can be of an actual person—perhaps based on a memory when one has received compassion, an archetypical being (such as a character from popular literature) or a perceptual representation (for instance a color). In the face of adversity and hardship the perfect nurturer may be called upon for support and assistance. Although the image starts as something external to the person a goal of compassion focused therapy is for the client to internalize this image this image (Gilbert & Proctor, 2006).

Case Illustration

Key processes and techniques of compassion focused therapy/compassionate mind training are shown in the case illustration presented (Lee & James, 2011). In order to ensure ethicality with respect to client anonymity and confidentiality it is culled from the author's utilization of compassion promoting interventions with three adolescents experiencing nonresidential parental disengagement. Discussion of important challenges faced by the practitioner and the client during the application of compassion focused therapy follows.

Using CFT with Daniel, age 15, demonstrates the use of this therapeutic approach with an adolescent with a strong tendency towards self blame for the hardship he was experiencing—total disengagement from his father. He reported having had a very close relationship with his father prior to his parents' conflictual divorce 3 years earlier. After visiting his family physician because of distress that manifested itself in sleep difficulties as well as stomach pains and eating disturbance, Daniel was referred to the author for short term psychotherapy.

Almost from the outset of the first meeting Daniel spoke about how painful it was for him not to have any contact with his father for two and a half years. He longed to once again have a close relationship with him. Daniel's self blame for the disengagement was prominent. He emphasized how it was his own "failure" to effectively reach out to father that was the primary reason for the cut off. "I didn't have the strength back then to make the effort to stay in touch with him. He moved so far away from us. I was suffering from the divorce myself. I left it too long and this is what happened..." The author suggested that the practice of mindful breathing, part of the CFT treatment protocol, might provide some relief for his painful feelings (Lee & James, 2011). Daniel was reluctant. He was afraid that should his peers find out about him engaging in such an activity his popularity could be effected. However, he agreed to attempt compassionate body work after the author played him a movie clip on youtube showing teenagers who are obviously "cool" engaging in focused meditation.

Daniel was requested to simply sit quietly for a minute or two on the floor and allow his attention to settle on his breathing. He was instructed to concentrate on following his breath in and out as the air comes into the mouth and nose and down to the diaphragm, then as it moves back out. The exercise seemed to calm Daniel and he appeared ready to

listen to the author's introduction to the topic of compassion, that would be the focus of the sessions together.

The author began by sharing a definition of compassion, with an emphasis on self compassion and its four requisite elements. Daniel had particular difficulty understanding and relating to the importance of a person being emotionally moved to sympathetic care and concern by the observation of his own distress. He was able to recognize that he was suffering because of the parental disengagement but appeared to be blocking any significant emotional reaction on his part to this pain. In order to help Daniel experience his emotions around the hardship he was facing, the author requested that he complete the art therapy exercise—color your feelings. Following the author's instructions Daniel drew a heart in the center of a large sheet of paper, and proceeded to fill in the heart with those emotions he feels towards the father-son disengagement. Daniel was visibly moved when he stared down at the large black blotch he drew in the middle of the heart. When asked what the blotch represented Daniel immediately began to sob, "It's my sadness!. I can't bear the sadness of father not being in my life. It's like this blackness is filling up every good part of me. I can't get away from it, day or night!" To conclude the exercise the author invited Daniel to begin to actually care for this heart. He agreed enthusiastically. It should be noted here that the author had some difficulty in containing Daniel's expression of intense sadness and at one point he requested to leave the treatment room momentarily in order to regulate his own emotions.

At the end of the first session, which lasted 2 h as planned, Daniel was given a homework task consistent with CFT treatment protocol (Lee & James, 2011). He was asked to practice other or self compassionate behaviors two times during the coming week and record these experiences in a compassion journal. It was difficult for Daniel to grasp an understanding of compassionate behavior. To assist him the author gave examples from his own life and Daniel seemed to relate most to the practices of listening to upbeat inspiring music and taking long hot bathes.

The second session began, as with each subsequent meeting, with mindful breathing followed by joint review of the homework task. What appeared significant was that both of Daniel's compassionate acts were other directed, and not even towards humans but rather to animals. On two separate days he went to the supermarket, bought cat food with his own money and placed it in an alley where he often saw stray kittens. He declared animals to be worthy of compassion. Much of the rest of this session was devoted to uncovering and processing Daniel's resistance to showing compassion to people, including himself.

To begin Daniel was asked to write down his difficulties with the idea of compassion. His list included seeing compassion as a weakness as well as understanding compassion and pity to be similar. Most prominent however was his belief, which he described as longstanding and rigid, that people were responsible for their own suffering and therefore did not justly deserve compassion either from themselves or others. "People are and must be held responsible for their mistakes...they make their own bed and then they need to sleep in it..."

The author highlighted for Daniel this highly influential internal blame centered monologue then proceeded together with him, to explore its origin. Daniel was surprised to discover a connection between his stubborn belief in individual responsibility for hardship and suffering and his early childhood. Through guided imagery he was able to identify that this discourse had been passed on to him by his father following the painful bankruptcy of the family's small business that led to dramatic financial and relational upheaval. What is most pertinent here is that from this point in the family's development onward, father constantly emphasized his own sole responsibility for the bankruptcy stemming from mismanagement. Pointing much blame towards himself, father clung fast to the belief that the fate of the family business and the hardship that ensued, was justly deserved.

The author turned to helping Daniel weaken this childhood generated resistance to compassion. He began by pointing out the need for Daniel to practice becoming aware of how and when his blame centered internal monologue about responsibility for hardship was triggered. However, most of the work here centered on decreasing the strength and vitality of this monologue that was highly incompatible with self compassion. Most helpful here was the joint generation of evidence that weakened the integrity of Daniel's internal monologue about responsibility for personal suffering. The author offered Daniel multiple examples to consider of those who had no direct responsibility for their hardship, such as children who are born handicapped and those who are abused by their parents. The author spoke at length about a woman who, at age 13, while simply walking on the sidewalk on her way to buy milk, was run over by a drunk driver and left paralyzed for life. Daniel could not blame her for being in the wrong place at the wrong time. Also helpful here was assisting Daniel to build a strategy he could put into action when his internal blame based monologue regarding responsibility for suffering was triggered. He decided that whenever he became aware of blaming himself or others for their hardship and suffering, he would repeatedly read to himself Virginia Satir's inspirational poem "I am me".

The following six sessions were devoted to the completion of a series of compassionate imagery exercises, declared to be the prominent distinctive feature of CFT (Lee & James, 2013; Lincoln et al., 2013) To begin Daniel was helped to develop a place in his mind that could provide him with a feeling of safety. Following mindful breathing he was invited to think about what his safe place would look like, how it

would feel to the touch, how it would smell and what he would hear there. Daniel quickly responded to the author's questions and described the following. "I am sitting on the beach, right at the water line, at daybreak. No one else is in sight. The water is gently touching my toes and it feels soft and warm and it reaches me. The breeze is cooling me and smells slightly salty. I push my hands and feet into the wet sand and keep them underneath...they feel protected." Once Daniel had established his own safe place six other imagery exercises were completed. The most significant three are described here.

After completing his mindful breathing Daniel was requested to begin the compassionate imagery exercise aimed at creating his perfect nurturer. He was directed to create someone or something that would capture everything he would want from a figure totally focused on his wellbeing. He was told his perfect nurturer should have an unending commitment to relieve his suffering, be strong enough not to be overwhelmed by pain and distress, have wisdom and understanding of life's struggles, as well as a nonjudgmental gentleness, warmth, and kindness. Initially Daniel had difficulty imagining his perfect nurturer. This was related to his insistence on searching for a perfect nurturer who was part of his life at present, and his failure to see even his mother as his perfect nurturer. In order to help him explore additional possibilities, the author shared that others had chosen images of an inanimate object such as a tree or sky, an animal, a fantasy character like a fairy, or a fictional character from a book or film. This seemed to open up Daniel to other possibilities and after some reflection he was able to develop the image of his perfect nurturer. He chose his maternal grandmother who died when he was only 1 year old, but about whom he had heard many stories regarding her devotion to him. He had grown up hearing about how he was the most important person in the world for her. Visibly moved, he told one specific story in justification of his choice.

When he was a newborn she would frequently babysit him and on one of these occasions a fire suddenly broke out in the house when a lightbulb exploded and set a nearby curtain on fire. Grandmother woke up in the middle of the night after smelling the smoke and ran through the flames to rescue Daniel from his crib and carry him out of the house to safety. Daniel added that the entire apartment was destroyed and if they would not have fled when they did they both would have perished. Daniel underscored his grandmother's total commitment to him, so deep that she was willing to put his life before her own. The author recognized that he had significant difficulty with Daniel's choice of the perfect nurturer. Speaking so positively about his grandmother triggered feelings of jealousy and sadness in the author. He did not know either of his grandmothers. The author turned to outside supervision to help to further explore and contain his countertransference reaction.

The following week, upon completing the mindful breathing, Daniel was led through the compassionate imagery exercise which is focused on the client receiving help from the perfect nurturer he has created. To begin, the author asked Daniel to imagine spending time with his perfect nurturer who was looking directly at him with great warmth, with the following hopes and wishes for him. "She wants that you Daniel be well. She wants that you Daniel will be happy. She wants that you Daniel will be free of suffering." He was asked to take deep breathes and open himself up to these expressions of compassion, with the knowledge that his perfect nurturer would always be able to be counted on to offer him her commitment, strength, wisdom and acceptance. Once Daniel acknowledged his readiness to proceed with the exercise the author directed him to tell his perfect nurturer about his hardships and struggles in life.

Daniel immediately began to speak about the torturously painful disengagement from father following his parents' conflictual divorce. "I am torn apart inside by this every day. It's like a dagger is being pushed inside of me. The pain is unbearable and erases all possibility of happiness, of feeling good. I don't exist for him, it's like I am invisible. He knows how to contact me, and it's as easy and as quick as a movement of a finger. But it never comes. I wait every moment of every day for him to reach out to me and every day I am crushed again and again."

After Daniel finished, the author asked him to complete a compassionate imagery exercise where he would imagine what the perfect nurturer would say to help him be better able to cope with his hardship. When Daniel could not imagine this, the author responded in the role of the perfect nurturer. "Daniel, I care about you a lot....I lovingly accept everything you think and feel about your relationship with your father. You are an amazing young man. And I understand your pain and suffering that has arisen from your father's separation from you. It moves me. I will listen to you and support you when you need me and I will be here until you feel much better, until you start to feel happiness again. I will do all I can to help you so that your suffering will be less. Though everyone's suffering feels like it is his own, and one's pain can't be compared to others' pain we can try to do some things that have helped others in the past and maybe these can help you too."

To end the exercise Daniel was asked to summarize in his own words what the perfect nurturer told him. He readily said the following. "She told me that she loves me, that I'm worth it and she will do everything possible to help me feel better until I actually do feel better. She said that she knows a lot about how hard it is for people who suffer and how to get them relief."

The final session dedicated to developing compassionate imagery involved Daniel completing an exercise that focused on him directing compassion to himself. In this exercise the

client is helped to imagine compassion flowing inwards towards his inner self, and directed towards a specific hardship he is experiencing in his life.

After completing mindful breathing the author asked Daniel to write a paragraph about the hardship he wanted to work with. Not surprisingly he wrote about his father being disengaged from him and the resultant suffering. The author then directed him to imagine himself literally expanding as if he was becoming calmer, wiser, stronger and more able to help himself cope with this. Daniel did not seem to understand so the author handed him a balloon and asked him to blow it up with self compassion.With each self compassionate behavior he could identify, he was permitted to blow another breath. When the balloon was fully expanded and Daniel was ready to bring his mind to his compassionate self, the exercise continued. "I am so high like a hot air balloon I can't be touched by bad thoughts and feelings."

Daniel was asked next to pin point and focus his attention on a distinct element of self compassion. After choosing love, he was asked to imagine actively expanding the volume of love in his body and feel it flowing like a wave over and around him, liberating him from his suffering and setting him free to flourish. Daniel enthusiastically related to this as he was extremely fond of the waves in the sea, especially when they are warm in the summertime and wash over him. "The wave is strong and has lots of force but I feel it as gently petting me...kind of like when people put body lotion on..soothing...soft..my heart likes waves...it is like someone is hugging me..." The exercise continued with Daniel being asked to imagine the loving things he might want to say or do for himself in order help with the hardship of paternal disengagement he was facing. Showing more intense emotion than during all previous sessions Daniel, sobbing, proclaimed that he would have to for once, put himself first.

"Dear dad, if I truly love myself I will need to take radical action to lessen my suffering. I will need to take a drastic step I never tried before. Although it may hurt you, I need to do something of giant proportions in order to save myself. I think I will need to make you totally unimportant to me, at least for a good while. I will need to stop thinking about you altogether, even about what you did to me in the last years, about why you did it and also that maybe you will one day change your ways and return to me, and perhaps even apologize. In order to reduce my suffering, because I genuinely love myself and need to save myself, I need to extract you, in all ways from my life, at least until I feel better."

To conclude this exercise Daniel was asked to describe how it felt to focus all those qualities of his compassionate self on himself and his hardship. "It was like I was cleaning out all the shit that was inside of me for so long....like the hose of a vacuum was put inside of me, right into my heart and cleaned it out...but instead of hurting it made me smile and have hope and feel free like a balloon." The author and Daniel drew this image and Daniel took it with him when the session ended.

The final CFT session began with mindful breathing and a discussion of the pending termination of CFT. Prominent here was the joint review of Daniel's compassionate behavior journal and the culling from the journal a list of self compassionate behaviors he wanted to continue to engage in. These included applying hand cream every night, listening to Leonard Cohen's hallelujah song which calmed him, eating a chocolate chip cookie every morning, and reciting out loud every second day Virginia Satir's poem "I am me." Daniel also underscored the importance of continuing to regularly do his mindful breathing. In recognition of how important mindful breathing had become for him, the author gave Daniel a present of a yoga mat, coining it a self compassionate object.

Discussion

A number of complexities related to practitioner readiness to use compassion focused therapy, and which appear related to the meeting between the personal and the professional, emerge from the case illustration. Supervision that was distinctly compassionate enabled the author to better navigate his own personal resistances to compassion that were triggered by the powerfully emotional CFT guided imagery exercises. Supervision that was warm, gentle and accepting helped the author to become more fully compassionate to Daniel.

One aspect of potential practitioner complexity in applying CFT that arose had to do with the challenge of containing the intense negative emotions that the client expressed stemming from his experience of hardship. The author had difficulty containing Daniel's intense expressions of sadness, at one point becoming overwhelmed in his own feeling of helpless over the boy's sharp pain. This was manifested in the author's unexpressed desire, that arose during one particular treatment session, that Daniel would either stop expressing his intense negative affect or that the meeting would end, whichever would come first. The author experienced Daniel's raw emotionality as both exhausting and demanding and his need for emotional containment a bottomless pit. He came out of the session physically and emotionally spent and had some anger towards Daniel for causing him to work so hard. Furthermore, the author felt guilt over his inability to contain Daniel's sadness, recognizing that such emotional flooding stood in the way of him being fully compassionate.

The supervisor gently held the author's sense of exhaustion in the face of emotional flooding, as well as his internal struggle with feelings of helplessness and guilt related to his difficulty to fully be present to help Daniel with his

suffering. What is more, she expressed her admiration for his honesty and genuineness and for his ability to recognize and share his sense of failure. An in-depth discussion of the dynamics of the author's relationship with the client focused on the parallel processes occurring in the treatment room, and the transference and countertransference between the author and Daniel. Daniel had felt as if he had lost control of his life and similarly the author felt that he had lost control of the therapeutic process. The author's wish that the sessions would end before the allotted time was a particularly sharp expression of the latter's sense that he no longer sat upright in the therapist's chair.

Daniel felt rejected by his father and intensely expressed his deeply entrenched suffering that had been neither recognized nor contained over a long period of time. Initially he seemed to perceive the author as a father figure to whom he could express his negative feelings openly, believing they would be fully accepted and held. However. this was not the case. Instead the author was overwhelmed and saw Daniel's sadness as unreasonable and even demanding. Quickly the author recognized his own suffering with respect to the containment of intense negative feelings and that his suffering was preventing him from fully being compassionate to Daniel. Nevertheless, in contrast to Daniel's lack of a sense of support from those around him, in the supervision room the author's suffering was acknowledged and fully accepted, and his feelings understood. The author could become connected to his distress, which took on meaning. He reached an understanding of the dynamic processes occurring in the CFT and his activation of defense mechanisms which was expressed in the interaction with the client. As a result he was able to correct these before the conclusion of the compassion focused therapy sessions.

Another aspect of potential practitioner complexity in applying compassion focused therapy that arose had to do with the challenge of containing the client's process of generating an image of the perfect nurturer. For the author this exercise triggered substantial sadness and disappointment stemming from his failure to imagine his own perfect nurturer, and the ensuing realization that he never had one in his life.

The supervisor warmly and with much care embraced the author's suffering around the painful recognition o the absence of a perfect nurturer in his own life, which became evident for him through his work with Daniel. The supervisor openly expressed her empathy for thecomplicatedness around the author having to help his client do something which he himself could not readily do. However, the supervisor's compassionate stance was most evident in responding to the author's sadness and disappointment about not ever having had his own actual perfect nurturer. Much of the supervision focused on returning to the self of the author and to the living places within himself and his own life, and assisting him in being in various difficult places related to his historical lack of nurturing. Throughout their meetings around the issue of the perfect nurturer, the supervisor warmly affirmed the author's own humanity, and the inevitability of suffering as part of the human experience. She stressed that in order to genuinely and fully connect to the suffering of one's clients, the practitioner must acquire the ability to recognize and be in close touch his own suffering. She emphasized that in order for practitioners to help clients to be self compassionate they must first work on developing their own self compassion.

The case illustration also highlights several complexities surrounding the readiness of young persons' to engage in compassion focused therapy. An important aspect of such complexity that arose had to do with the client's difficulty in connecting with the concept of self compassion. After being requested by the author to list all elements of his resistance to self compassion, it became evident that the most prominent was Daniel's belief that every person, including himself, is responsible for his own suffering and therefore not entitled to self compassion. Such a position regarding the etiology of suffering may stand as an important obstacle to the generation of self compassion. Indeed, almost from the outset son's self blame for father's disengagement became apparent, with Daniel emphasizing his own failure to reach out to father in the period immediately following parental divorce.

The author turned towards helping the client deconstruct his entrenched internal blame based monologue. He began by assisting Daniel in becoming aware of the early childhood origins of this internal monologue, and in particular how the tendency towards self blame for one's hardships was passed on to him from his father. Once the origin of the self blame for his difficult life situation was identified Daniel was assisted by the author in becoming aware of how and when this internal blame based monologue was triggered. The next step was helping the client weaken the vitality of his monologue through generating evidence that weakened the integrity of his belief in personal responsibility for suffering, which he perceived as incompatible with self compassion.

An additional aspect of the complexity around the application of CFT with young persons was witnessed in the client's difficulty once he recognized his own suffering, to become emotionally moved towards sympathetic self care. Initially Daniel did not experience any significant emotional reaction to the discovery of the hardship inherent in his father's disengagement. The author proceeded to facilitate the client's exploration of his feelings surrounding the paternal disengagement by asking that he complete the art therapy exercise—color your feelings. Daniel was requested to draw a large heart and fill it with his emotions related to the father-son cutoff. The intense sadness that Daniel

was able to identify, own and express was important in him embracing the notion of taking actual steps to care for his wounded heart.

A final challenge that arose with respect to the application of CFT with young people had to do with the client's difficulty in embracing self compassion when it appeared to be incompatible with having compassion for a beloved family member. The author encouraged Daniel, in light of the severity of the paternal disengagement, to consider suspending his compassion for father when it became an obstacle to Daniel embracing self compassion and generating compassionate behaviors towards himself. Daniel was hesitant to actively expel father from his emotional life, even temporarily. He worried such a drastic step would harm him father, whom he loved and cared for. However, the author was able to help Daniel realize that such a step, at least on a temporary basis, would be an act both affirming and operationalizing self compassion.

Conclusion

Compassion has been considered a prototypical response to suffering and an important human strength. As such it is a longstanding and signal theme in Western and Eastern spiritual and religious traditions alike. Self compassion stand out both for its role as substructure for other directed compassion as well as its significant contribution to coping and resilience. Research has demonstrated the positive correlation of self compassion with many aspects of personal and social well being. Compassion, and especially self compassion, may be highly relevant for children and adolescents who often face adversity and hardship associated with such conditions abuse and neglect, poverty and material deprivation, as well as illness and disability.

Compassion focused therapy and its associated techniques and exercises, represents a coherent, widely utilized and empirically supported approach focused on the development of capacity and skills requisite for self directed compassion. Although compassion and compassion promoting interventions have received little attention in the social work literature, practitioners may want to explore the utilization of CFT in their work with young people struggling with adverse life situations. Compassion focused therapy based interventions may be especially relevant where children and adolescents blame themselves for their hardship and suffering.

The purpose of this article was to highlight compassion, especially self compassion, as a resource for young people struggling to cope with hardship and to demonstrate the application of compassion focused therapy based intervention with this population.

There may be special challenges applying compassion focused therapy with the population of children and adolescents. Young people may often have difficulty to see others, and not themselves, as responsible for the hardships they are experiencing. Such attributions of causality are not unfamiliar to clinicians who practice with this population (Wachtel, 2004). In addition, children and adolescents may frequently have difficulty in putting their well being above that of their parents. The tendency towards compassion for the suffering of beloved family members may present another obstacle to compassion directed towards the self (Wachtel, 2004). Lastly, young people may often find it hard to recognize, own and express their negative feelings associated with their hardship and suffering. The phenomenon of lack of capacity and skills necessary to navigate one's emotional life is familiar to social workers and the difficulty of young people in this area is well recognized (Pascual-Leone & Greenberg, 2007).

The challenges related to the utilization of compassion focused therapy are considerable. However, the substantial potential for CFT contributing to the coping of children and adolescents experiencing hardship merits further theoretical and empirical study by social work academics and researchers. A rise in interest in self compassion within the social work professional literature would be in keeping with the recent upsurge of interest in what is perhaps the human relationship of commanding importance—the person's relationship with him or herself (Seligman & Csikszentmihalyi, 2000).

You're already stuck with yourself for a lifetime. Why not improve this relationship?

Veronika Tugaleva, The Art of Talking to yourself.

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