Compassion and Psychological Therapy

‘Compassion is the place where kindness meets suffering and we are encouraged to flourish’ (Frameworks 4 Change, 2014)
‘Only in an open, non-judgmental space can we acknowledge what we are feeling. Only in an open space where we’re not all caught up in our own version of reality can we see and hear and feel who others really are, which allows us to be with them and communicate with them properly’
(Pema Chodron, 2000).

Introduction
There have been several recent high media profile reports on institutional care failures where health organisations have supported cultures of care which have been damaging and fatal to vulnerable people and the Francis report (www.midstaffspublincquiry.com) has highlighted the failures in Compassionate Care which accompany such cultures.

Responses
Whilst the study and practice of Compassion has a lengthy history and its healing properties have been articulated in Buddhist philosophy and practice (Dalai Lama, 2001) there have been more recent attempts in Western cultures to investigate Compassion from evolutionary, psychological, social and neuroscience perspectives.

Therapeutically, Paul Gilbert and others have introduced and developed Compassion-Focused Therapy (CFT) as a response to helping people where high levels of shame and self-critical thinking impede the helpfulness of other psychotherapies across diagnostic groups.

Key concerns
CFT is described as an integrated and multimodal approach that draws from different Eastern and Western traditions and aims to use Compassionate Mind Training to assist the development of experiences of safeness through Compassion towards both other people and the self. So Compassion is viewed as a skill that can be trained and thus help people with regulating feelings.

It has been noted that shame and self-criticalism can have origins in early traumatic experience of bullying, neglect abuse and high levels of expressed emotion in families and CFT can help people to improve feelings of warmth and contentment in their relationships with self and others.

For instance, clients may be helped to develop Compassionate Attention by focusing on strengths and attributes such as courage or kindness and revisiting positive memories.

Interventions may include Soothing Breathing exercises, Body Scanning and Relaxation, Creating a Safe Place in imagination, Compassionate Letter Writing, Changing Self-Criticism to Compassionate Self-Correction, Creating a Compassionate Ideal.

One of the unique aspects of Compassion Focused Therapy is the way it brings together various behavioural, psychotherapeutic, psychological, evolutionary biology, Buddhist and neuro-biological ideas in a coherent approach to the compassionate relief of suffering.

Compassionate Organisational Responses
In healthcare organisations people can re-connect and discover Compassion through other means separate to therapy yet which are psychological in nature and contribute to well-being, quality of work and good outcomes.

Compassion Circles
For staff groups of 6 to 12 people, a facilitator offers an opportunity for people to reflect and connect with their core values, time to consider taking care of themselves (self-compassion) and identifying areas to embed compassion in the community.

A recent report, ‘What impact could Compassion Circles have on the NHS?’ (at www.compassioncircles.net) identified 5 uniting values and behaviours as humility, open-mindedness, smiling with eye-contact, kindness and warmth as exemplars of compassionate care.

‘I see value in encouraging aspiring leaders to attend Compassion Circles. People who lead clinical teams need headroom to deal with the challenges of modern healthcare. If we install the principles of Compassion Circles as a means of development and support in them and promote the values of mindfulness in our junior managers and leaders we could potentially grow a very different workforce’.

Schwartz Rounds
The presentation of experiences with clients and patients by a multi-disciplinary panel who describe the personal impact that working with this client has had on them. Facilitators may then ask the audience members to connect with the panels experiences and reflect on their own stories and themes, such as Compassionate Responses in Difficult Situations.

Psychologically, this can reduce isolation of professional workers, enable witnessing and gaining a sense of community, increase Compassion through understanding the high emotional cost of healthcare work, help contain anxiety safely and give permission for the expression of the personal as well as the professional.

The space created provides a shared experience in the organisation ‘that difficulty and complexity can be named and withstood, even if circumstances cannot be changed.’ (Wren, 2014).

Further information

www.frameworks4change.co.uk has lots of information on compassion and Compassion Circles and links to other sites.