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Does positive psychology have relevance as a discipline today or is it simply a movement remarketing traditional topics?

“Psychology is not just the study of pathology, weakness, and damage; it is also the study of strength and virtue.”

Seligman & Csikszentmihalyi 2000



The positive psychology movement was driven by a concern for the systematic study of human happiness in all its forms. Although this vision was appealing to many, with positive interventions commonly being used today in education and in clinical settings, it also caused quite a stir within the psychological community - attracting a considerable amount of criticism and claims that the movement is simply remarketing earlier psychological trends.

We hope to examine to what extent positive psychology is remarketing traditional topics by looking at key terms such as mindfulness, compassion and FLOW, the theoretical foundations laid by humanistic psychologists, and the contributions of positive psychology in educational and clinical settings. Please follow the links below to read more about the different topics.

CONTENTS

Mindfulness

A psychological concept based in the Buddhist tradition. It involves focussing your attention on the present moment; it is thought that this method of thinking can have psychological and health benefits.

FLOW

A concept describing a mental state of mind, flow has shown successful application in several areas of positive psychology and research.

Humanistic Psychology & Positive Psychology

Humanistic psychologists view their perspective as being an important forerunner to the positive psychology movement, with similar themes echoed throughout.

Education & Positive Psychology

Positive Education focuses on how positive psychology is implemented in an educational setting.

Compassion Focussed Therapy (CFT)

An intervention which is being applied to a number of different disorders which utilizes the possible therapeutic benefits of love, compassion and altruism.

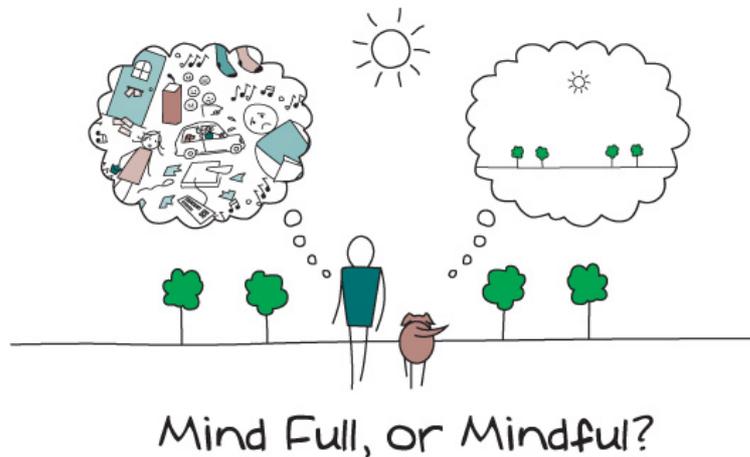
General conclusions

Positive psychology is an exciting field which draws on a number of previously untapped chain of thoughts in order to try and develop new psychological interventions. Often these “new” interventions however may utilize techniques that are anything but new in psychology. For many this is an indictment of the field; perhaps we are we looking at it in the wrong way however. Often these interventions are looking to build on previous work not to replace it. Instead of viewing positive psychology as a new theory trying to carve its own specialist area; we could think of it as a movement which is trying to change the basic philosophy of psychology. It is an attempt to move away from a medical dominated system of thought, which attempts to make a disorder out of every day worries and tribulations. It instead argues psychology could be used to help improve the human condition.

MINDFULNESS

Do not dwell in the past; do not dream of the future, concentrate the mind on the present moment.

-Buddha



Primary reading

- Baer 2003 - Mindfulness Training as a Clinical Intervention: A Conceptual and Empirical Review

(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg015/pdf>)
(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg015/pdf>)

- Roemer 2003 - Mindfulness: A Promising Intervention Strategy in Need of Further Study

(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg020/pdf>)
(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg020/pdf>)

What is it?

Mindfulness is the anchoring of your attention to the present. It means focusing solely on what you are doing at any one time, for instance if you are walking somewhere your only thoughts should be of walking. This does not mean that intrusive thoughts are to be suppressed; they should be acknowledged non-judgmentally and not dwelled upon. It is therefore the practice non-judgmentally observing stimuli (both external & internal) as they arise.

Mindfulness interventions are becoming increasing popular ideas, and are being considered in the treatment of a number of disorders. These interventions can be implemented on their own or as part integrated treatment plan. It has been considered for the treatment of:

- Chronic Pain
- Anxiety Disorders
- Post-Traumatic stress disorder
- Substance addiction (Relapse Prevention)
- Depression
- A number of pervasive illnesses such as Cancer (Quality of Life)
- Eating Disorders

A number of published papers indicate that mindfulness training could be beneficial for a number of conditions. Casellas-Grau (2014) conducted a review paper of positive psychological methods utilized in those with breast cancer; across the papers it was shown that their were significantly higher quality of life in those who underwent mindfulness training. There is evidence to suggest those with: chronic pain; General anxiety disorder and binge eating saw a positive effect on symptoms and quality of life, after receiving Mindfulness training (Baer 2003).

However it should be noted that the methodology of many these studies have been called under scrutiny due to methodological issues; the most common problem was the lack of a control group; it is unclear if the positive effects could be the result of a placebo effect or even the passage of time. It is there important to conduct randomized control studies to analyse the true effectiveness of Mindfulness training (Roemer 2003).

The history

Mindfulness can find its beginnings in the traditions of Theravada Buddhism, which is mostly practiced in southern Asia; having particularly strong followings in Thailand, Sir Lanka and Burma. This particular sect holds very true, to the original teachings of the Buddha. Very different from the Abrahamic religions of the west, Theravada Buddhism preaches no omnipresent god or divine revelation; instead it focuses on personal enlightenment and transcendence. This is achieved

through the practice of meditation, the two most important being the Samatha & the Vipassana. Samatha meditation focuses on relaxing the mind and elevating it to new levels of consciousness; it is from this form of meditation we get what understand as mindfulness. If you would like to know more about Theravada Buddhism please follow the link below.

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(http://www.bbc.co.uk/religion/religions/buddhism/subdivisions/theravada_1.shtml)http://www.bbc.co.uk/religion/religions/buddhism/subdivisions/theravada_1.shtml
(http://www.bbc.co.uk/religion/religions/buddhism/subdivisions/theravada_1.shtml))

Mindfulness in the context of medical practice does not hold any of the original religious or cultural traditions. The introduction of the philosophy to the west can mostly be attributed to single women; the psychologist Ellen Langer. She has published a wealth of papers on the topic as well as a number of books and can be seen as one of the major driving forces behind discipline. She developed the Langer's cognitive model of Mindfulness. For more information about Ellen Langer and her work please follow the link below.

(<http://www.ellenlanger.com/about/>)<http://www.ellenlanger.com/about/> (<http://www.ellenlanger.com/about/>)

However the most prominent and cited name in the field of positive psychology is Dr. Jon Kabat-Zinn. He is accredited for the development of the Mindfulness Based Stress Reduction therapy (MBRS), which is aimed at those with chronic pain and stress related disorders. The basic principles of the therapy are: Guided meditations; a focus on the present and to think of thoughts and sensations as transient. Many of the later developed mindfulness interventions find their foundations in MBRS. Kabat-Zinn is man often praised for truly popularising mindfulness; for more information of Kabat-Zinn and (MBRS) please follow the link below.

(<http://www.umassmed.edu/cfm/stress/index.aspx>)<http://www.umassmed.edu/cfm/stress/index.aspx> (<http://www.umassmed.edu/cfm/stress/index.aspx>)

The Applications

The increasing interest in Mindfulness clinical applications has seen a number of stand-alone and combination interventions be developed. They are be applied to a variety of different disorders and are being utilized by both clinical and health psychologists. Here is a short list of some of the interventions utilizing Mindfulness:

- Mindfulness Based Stress Reduction
- Mindfulness Based Cognitive therapy
- Dialectical Behavioural Therapy
- Acceptance & Commitment Theory
- Relapse Prevention

This list is of some of the best known, and most researched interventions which utilize mindfulness. If further research can show the benefits of Mindfulness it could provide a side effect free and cheap treatment for a number of disorders. For more information on the above listed intervention please refer to Bear 2003 paper.

(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg015/pdf>)<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg015/pdf>
(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg015/pdf>)

Is it really anything new?

A number of areas in positive psychology are often accused of simply remarketing old, well established psychological techniques as new; so where does mindfulness stand on this issue.

With its preoccupation on thoughts the first comparison we should make, is between CBT and Mindfulness. Although the two interventions have certain similarities, we should note there are some distinct differences between the two. Firstly Mindfulness does not include evaluation of thoughts; in mindfulness thoughts and feelings are simply observed, they are not labelled as rational or distorted and the aim of mindfulness is not thought suppression. CBT is usually conducted with a certain goal to achieve, in mindfulness tasks are set but there is no aim. In essence CBT is preoccupied with changing the content of thoughts, while mindfulness try's to change our relationship with thoughts. It is therefore unfair to try and paint mindfulness as simply revamped CBT (Baer 2003).

It could be argued that mindfulness bears a lot of rebalance to theories of focused attention, which are common in therapies which utilize techniques such as focused breathing, however although there is overlap in area. It's really the Non-judgmental observation of thoughts and feelings which is at the heart of the theory, and thus can be considered different form Attention. However one area that bears remarkable resemblance to mindfulness, is the Metacognitive awareness aspect of Cognitive therapy. Both theories talk about building a decentred relationship with one's own thoughts; for instance you would say "I am having the thought that I am worthless" rather than stating "I am worthless". Both theories try to show that thoughts are transient and separate from the self (Roemer 2003).

Mindfulness seems to overlap with a number of different interventions; so is it truly an intervention in its own right? Or is it merely traditional techniques with a new wave feel? Perhaps this is the wrong question to be asking. It has been shown that it is the therapy process rather than the actual content which often accounts for most of the success in any intervention, and if individuals find it easier to engage in this format, does it matter if it is re-boxed techniques?

Practical exercise

Now that you know all about Mindfulness why not try a guided mindfulness meditation for yourself. This should give you the chance to evaluate the techniques often used first hand, and may help beat some of that Maxi and exam stress.

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- Bear R, A,. Mindfulness Training as a Clinical Intervention: A Conceptual and Empirical Review (2003). *Clinical Psychologist: Science and Practice*. 10. 2. 125-143
- Casellas-Grau. A., Font. A., Vives. J., Positive psychology interventions in breast cancer. A systematic review, (2014). *Psycho-Oncology* 23: 9–19.
- Roemer, L., Orsillo, S, M,. Mindfulness: A Promising Intervention Strategy in Need of Further Study (2003). *Clinical Psychologist: Science and Practice*. 10. 2. 172-178

FLOW



“You know that what you need to do is possible to do, even though difficult, and sense of time disappears. You forget yourself. You feel part of something larger.” – Mihaly Csikszentmihalyi on experiencing 'flow'.

Primary Reading

Csikszentmihalyi, I. and Csikszentmihalyi M. (1988). Optimal experience: Psychological Studies of Flow in Consciousness. New York: Cambridge University Press.

Csikszentmihalyi, M. (2000). The Contribution of Flow to Positive Psychology. The Science of Optimism and Hope: Research Essays in Honor of Martin E.P Seligman. Radnor, PA: Templeton Foundation Press.

What is Flow?

The term flow was first introduced by Mihaly Csikszentmihalyi to describe the mental state that humans experience when they are fully immersed in an activity. It is a manner of self-expression, through the conscious state and pure focus on the action at hand. There are two methods to reaching flow: the activity itself can create it or the person can create it themselves regardless of external conditions.

There are six stages to flow:

1. There must be a goal accompanied by immediate feedback
2. A feeling of control
3. Feeling of time distortion
4. Complete attention given to the activity
5. Doing task for intrinsic motivation only
6. Gaining a new sense of self

History

Csikszentmihalyi's interest and research began in studying people who were happy with the life they had chosen and the things they were doing (Csikszentmihalyi, 2000). He interviewed musicians, rock climbers and even chess players who did the things they did out of sheer enjoyment and not for monetary gain. Later on it became a technical term for intrinsic motivation (Csikszentmihalyi, 1988). What he found interesting was that there was no clear profitability to what these people were doing; yet they did them anyway. He learned that these people all did it for the same reason, the experience from performing the activity itself. Although people describe the experience as effortless, it is also very much a feeling of control. People lose themselves in their activities but at the same time are very aware of their actions.

Research

The concept of flow was sparked by curiosity. For Csikszentmihalyi it was a step towards solving another puzzle in the world of human behavior (Csikszentmihalyi, 1988). The concept is a very abstract one and veers away from the typical solid evidence commonly found in psychology. Nonetheless, flow has been applied successfully to several areas of research.

Individual differences were found to be of importance in terms of how long flow is experienced. In a study by Patton (1998), the amount of time teenagers spent in a state of flow at the age of 12 determined the amount of hope they expressed at the age of 17. Anxiety, on the other hand, led to less hope and even physical pain. Flow proved positive and to some extent even healthy in this experiment. It demonstrated that with enough participation and production of flow, people were happier and expressed a more positive outlook on life.

In a study involving undergraduate students, researchers sought the effects of different levels of flow (Rogatko, 2009). Students were placed in either a high or low flow condition. They were then given an activity to do for an hour that would induce the amount of flow desired per group. Results showed that those placed in the high flow condition had increased positive effects. As with the previous study, this experiment also proved to be beneficial.

Below is a video of Csikszentmihalyi further explaining how flow can bring about happiness through the things we love.

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The experience of flow has also been linked to religion by many researchers in the area of positive psychology (Czikzentmihalyi, 2000). The elements that make up flow including meditation, clarity, and concentration are all aspects shared by spiritual practices (Crook, 1980). There are several religions like Buddhism and Hinduism that focus on getting people on having this experience through control of consciousness. They do this through practices like flow that provide smooth transitions of thoughts and actions.

Conclusion

Critics have argued against flow's placement in the social sciences. They have criticized Csikszentmihalyi for describing an experience rather than providing a guide to its inception. However, flow is a solid concept in psychology, and not simply a recycled idea. Further study can provide a greater window of observation to discover how much flow can really achieve. Research has proven its significance and the benefits that can be obtained from flow when properly executed.

To return to the home page, click the back button or press backspace on your keyboard.

References

Crook, J. H. (1980). *The Evolution of Human Consciousness*. Oxford University Press.

Kristjansson, Kristjan. (2012). Positive Psychology and Positive Education: Old Wine in New Bottles? *Educational Psychologist*.

Patton, J. D. (1998) Exploring the Relative Outcomes of Interpersonal and Intrapersonal Forces of Order and Entropy in Adolescence: A Longitudinal Study. Unpublished Doctoral Dissertation, University of Chicago.

Rogatko, T. P. (2009). The Influence of Flow on Positive Affect in College Students. *Journal of Happiness Studies*.

HUMANISTIC PSYCHOLOGY & POSITIVE PSYCHOLOGY



As we already know, positive psychology, as a field of study, arose as a concerted and coordinated effort to promote theoretical and research attention toward flourishing (psychological functioning at its best) thus creating a better balance with the work being done on mental illness. In their address to the American Psychological Association (APA), Seligman & Csikszentmihalyi (2000) proposed their vision for a new and promising science of “positive psychology”, expanding the horizon for psychological research. However, humanistic psychologists dispute this claim of originality, arguing that positive psychology has its roots in humanistic psychology, echoing themes which have been developing for decades. In this section we will review the humanistic psychology movement, identifying key themes and looking at whether or not positive psychology is simply remarketing them.

Three Key Papers

Resnick, S., Warmoth, A., & Serlin, I.A. (2001). The Humanistic Psychology and Positive Psychology Connection: Implications for Psychotherapy. *Journal of Humanistic Psychology*, **41**, 73-101.

> a brief review of the humanistic psychology movement and how its developments constitute a positive psychology, and the implications this has on therapy

Taylor, E. (2001). Positive Psychology and Humanistic Psychology: A Reply to Seligman. *Journal of Humanistic Psychology*, **41**, 13-29.

.> this paper provides a harsh critique of positive psychology, arguing that it is directly echoing themes congruent with humanistic psychology

Waterman, A.S. (2013) The Humanistic Psychology-Positive Psychology Divide: Contrasts in Philosophical Foundations. *American Psychologist*, **68**, 124-133.

> a more up-to-date comparison of Humanistic and Positive psychology, and the contrasts in their foundations

“Seligman is claiming for himself credit that is actually due to more distinguished predecessors... Their efforts established the liberal climate that permits Seligman and his colleagues to function today.”

E. Taylor, 2001

As pointed out by Resnick et al (2001), the term “positive psychology” was in fact first used by Maslow (one of the leading founders of humanistic psychology) in his book *Motivation and Personality*(1954). Interestingly, the last chapter of Maslow’s book was titled “Toward a Positive Psychology” and in this chapter Maslow lays out a research proposal which is not dissimilar to Seligman’s proposal. The early stages of humanistic psychology (around 1960 to 1980) were largely influenced by Maslow’s agenda for a positive psychology, as it articulated that human beings were irreducible to parts, instead needing communication, creativity and meaning. Humanistic psychology has continued as an organized movement that focuses research and educational efforts on the study of human experience (Greening, 1985). Is positive psychology based upon the same basic principles introduced by Maslow in 1954? Could it be that humanistic and positive psychologists are conveying the same message, just in differing theoretical languages?

Seligman & Csikszentmihalyi (2000) would most likely deny this, as they claim that humanistic psychologists have failed to develop a research tradition and have created a cult of narcissism which lacks an empirical base and spawned therapeutic self-help movements. Interestingly, positive psychology has been heavily criticized for some of the same reasons. Arguably, the harshest critique is by Lazarus (2003), who discusses the methodological and conceptual issues surrounding the positive psychology movement, his four main problems being;

1. The use of cross-sectional research (which tends to dominate in positive psychology) does not have the ability to demonstrate a causal relationship between emotions, health and well-being as it cannot distinguish what variables are stable or changing.
2. The tendency to use an over-simplified approach in dealing with emotion in which any emotion of interest is assigned automatically to one of two valences, positive or negative.
3. Failure to give adequate attention to individual differences when overstating the importance of differences within the sample/cohort.
4. The use of overly causal procedures when measuring emotion (checklists, questionnaires etc.) as these are inadequate for the purpose of providing accurate descriptions of the flow of emotions experienced by human beings.

It would appear that a critical issue in developing a positive psychology is whether the dominant objectifying approach of 20th-century quantitative psychology is sufficient to measure the uniqueness of

human experience. Should positive psychologists really criticize humanistic psychology for its lack of empirical research whilst their theory is based on the construct of “happiness”, which is by nature immeasurable in an empirically research-based manner?

It seems a bit reductionist for positive psychologists to state that humanistic psychological research primarily focuses on the bad, creating a culture of narcissism. The history of psychology contains a variety of efforts to better understand healthy psychological functioning and well-being including work carried out by humanistic psychologists Jahoda (1958) on positive mental health; Rogers (1963) on the fully functioning person and Maslow (1968) on the nature of motivation and self-actualization.

Concluding Remarks

Humanistic psychologists see their perspective as an important forerunner to positive psychology, addressing many of the same concerns which positive psychology still focuses on today, whilst positive psychologists see humanistic psychology as one among several foundations leading to the creation of positive psychology and not the most important of its predecessors. But who is right? Waterman (2013) provides a more recent review of the humanistic and positive psychology divide and he concludes that there are extensive differences in the philosophical groundings of the two perspectives, both holding different understandings about the nature of being human and differing widely in the aspects of psychological functioning they find most interesting.

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Additional References

Greening, T. (1985). The origins of the *Journal of Humanistic Psychology* and the Association for Humanistic Psychology. *Journal of Humanistic Psychology*, 25, 7-11.

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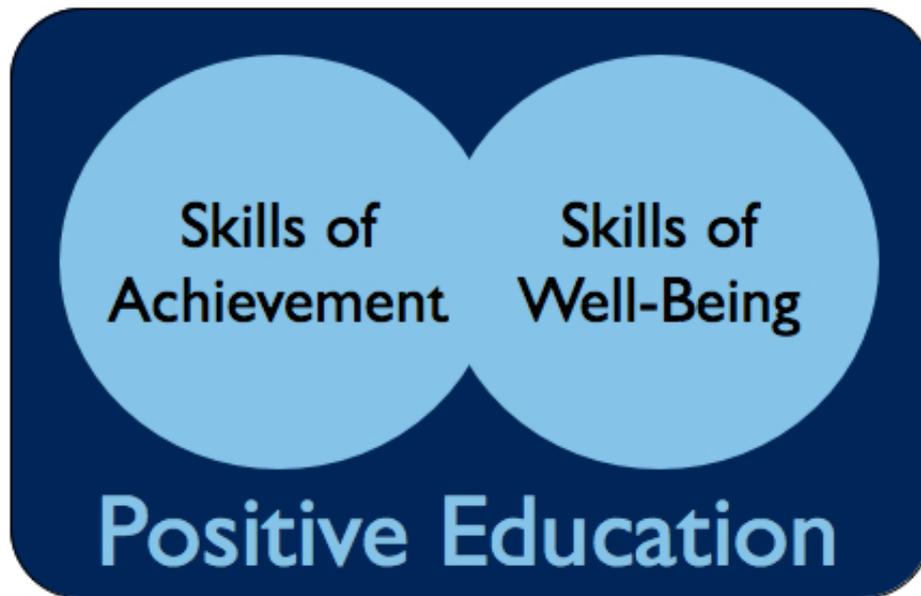
Lazarus, R.S. (2003). Does the positive psychology movement have legs? *Psychological Inquiry*, 14, 93-109.

Maslow, A. H. (1968). *Toward a psychology of being* (2nd ed.). Princeton, NJ: Van Nostrand. **as cited in** Waterman, A.S. (2013) The Humanistic Psychology-Positive Psychology Divide: Contrasts in Philosophical Foundations. *American Psychologist*, 68, 124-133.

Rogers, C. R. (1963). The concept of the fully functioning person. *Psychotherapy: Theory, Research, & Practice*, 1, 17-26.

Seligman, M.E.P., & Csikszentmihalyi. (2000). Positive Psychology: An Introduction. *American Psychologist*, 55, 5-14.

EDUCATION & POSITIVE PSYCHOLOGY



Positive Psychology has so far been very enthusiastic about implementing their techniques into education. Seligman stated that schools are a great place to teach children about positive psychology since they spend much of their time there and they're easy to reach. However, Positive psychology is far from revolutionizing the school system, as many of the "new" techniques offer little improvement on anything that came before. Noddings (2003) stated that there is nothing new about claiming happiness is a fundamental aim of education. Other researchers claim that happiness cannot be taught at all. However a few of the implementations of positive psychology in education are debatably original.

Seligman's Techniques

Within education Seligman has so far implemented two techniques into education, in order to teach happiness and well-being. These were developed through a study of several different positive methods developed by Seligman and colleagues (2005), and were the only two found to have empirically significant positive results in decreasing depressive symptoms.

- Three good things: The students were instructed to each day write down and elaborate upon three good things which had happened during that day.
- Using signature strengths in a new way: The students were encouraged to identify and develop their key strengths by using them in novel ways.

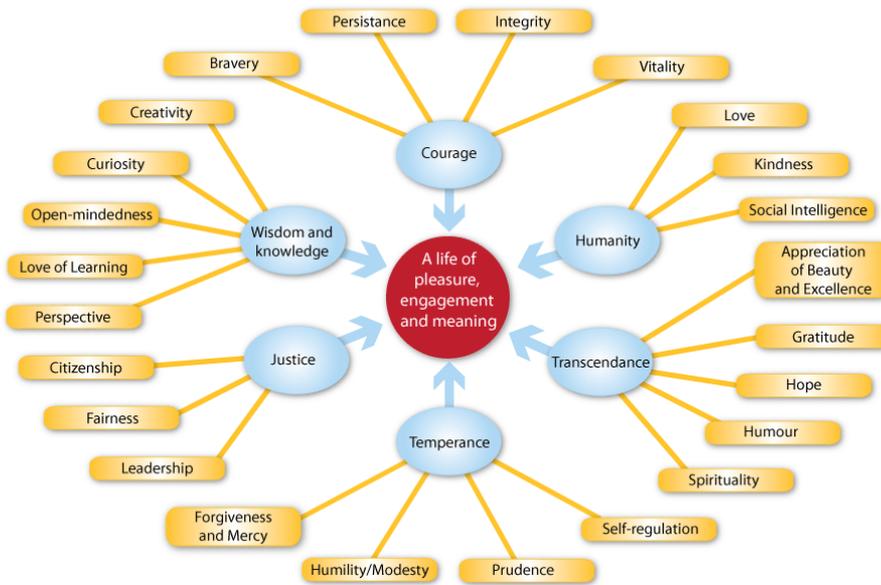
In their 2009 report Seligman et al. showed that these techniques did reduce depressive symptoms and produced lasting happiness. However they failed to justify how this was relevant to education and there was a lack of rigorous data analysis. Whilst these are original techniques developed from within the positive psychology movement, their real effectiveness is still debated as most findings have been found by those who developed them and further falsification is needed. These techniques also tie into gratitude Positive Psychology's theory on gratitude, which in itself has roots far beyond the origin of the field.

Virtues in Action (VIA)

The VIA is an implementation which aims to teach "moral intelligence", and to help people use and develop their own key virtues. Peterson and Seligman (2004), claim that there are six broad virtue

classics (the “High Six”), which are ubiquitous and universal. Yet the way they found these “High Six” was to sift through religion, philosophy, as well as fiction, and older psychological theories (developed by for instance, Erikson, Kohlberg, and Gardiner). So whilst the theory behind VIA already draws on concepts and resources which have been there for in some cases hundreds of years, it also draws on older techniques such as Social Emotional Learning (SEL) (Goleman 1995), and Character Education (Lickona 1991). These these techniques, whilst being derived from very similar theories were long at odds with each other. However the founder of SEL has said that the two techniques are working towards cooperation (Cohen, 2006). Between these two, there is nothing new positive psychology can offer (Kristjanson, 2012).

VIA Character Strengths & Virtues (Peterson and Seligman, 2004)



Resiliency

Resiliency has so far been widely implemented into schools in the United States (Kristjanson, 2012), mainly using the Penn Resiliency Program (PRP), developed by Seligman and his team. Whilst it is said to be effective, the most positive results have originated from the team that developed it. The PRP also draws on theories which have been around for a long time. Such theories include CBT, Ellis’s (1962) belief about events, and mindfulness techniques (Kristjanson, 2012). So again, positive psychology adds nothing new. Furthermore, many positive education programs such as the SEAL initiative in the UK, have been criticized to undermine resiliency (Craig, 2011). By ignoring negative emotions young people cannot learn how to deal with them.

Flow

Even flow (concept developed by Csikszentmihalyi), which has been one of the key terms within positive psychology was around before 2000. Research on how to induce flow into classrooms existed before positive psychology existed as a movement (Tomlinson 1999). Positive education has contributed to an increase in this research and has discovered many different uses and effects of flow within a classroom setting, which improves engagement, general mood and learning experience (Kristjansen, 2012). However, ultimately flow is older than Positive Psychology and is also criticized from being derived from older methods; it is, for instance, very similar to Maslow’s “Self-Actualization”.

Broad-and-build

Broad-and-Build, developed by Barbara Fredrickson (2001), is not an implementation but rather a theory which states that a positive mood is beneficial to the learning experience. When people experience positive emotion, they can broaden peoples' thoughts and actions in a way which is conducive to learning (Fredrickson 2001). Whilst this is not a technique on its own, supporting empirical evidence shows that despite being a new theory which can be improved, it still empirically holds up as a theory. Therefore it can really emphasize the importance of fostering a positive school environment, and some critics even claim that this is the only original contribution from within positive psychology to the implementation of positive education (Kristjanson, 2012).

Conclusively, positive psychology, with the exception of broad-and build theory, does not seem to be offering many new useful techniques for the education system. This is not surprising, since positive education has been researched since long before positive psychology was a movement. Froh et al (2011), conducted a meta-study that found that within the literature for school psychology, which found that the number of articles which focused on positive education had been fairly consistent for 50 years, showing that positive psychology is not breaching new territory in education.

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Useful Web-Links:

Authentic Happiness on Positive Education:

<http://www.authentichappiness.sas.upenn.edu/newsletter.aspx?id=1551>
(<http://www.authentichappiness.sas.upenn.edu/newsletter.aspx?id=1551>)

Carol Craig and criticisms of SEAL (Positive Education in UK Schools):

<http://www.centreforconfidence.co.uk/projects.php?pid=56>
(<http://www.centreforconfidence.co.uk/projects.php?pid=56>)

References:

If you could only read one paper:

This is a really good review of some common issues concerning Positive Education

Kristjansson, K. 2012. Positive Psychology and Positive Education: Old Wine in New Bottles?
Educational Psychologist, 47(2), 86-105

Link: <http://www.tandfonline.com/doi/pdf/10.1080/00461520.2011.610678>
(<http://www.tandfonline.com/doi/pdf/10.1080/00461520.2011.610678>)



Other Useful Papers and Books:

Cohen, J. (2006). Social, emotional, Ethical, and Academic Education: Creating a Climate for Learning, Participation in Democracy, and Well-Being. *Harvard educational Review*, 76, 201-242.

Ellis, A. (1962). *Reason and Emotion in Psychotherapy*. New York, NY: Lyle Stuart.

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- Tomlinson, C. A. (1999). *The Differentiated Classroom: Responding to the Needs of All Learners*. Alexandria, VA: Association for Supervision and Curriculum Development.

Compassion Focussed Therapy (CFT)

Compassion

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

-Dalai Lama

Primary Reading

Gilbert (2009) - Introducing compassion-focused therapy

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

History

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

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

((<http://www.compassionatemind.co.uk/>)
(<http://www.compassionatemind.co.uk/>)

If you would like to put a face to the name, the below link is a video of Paul Gilbert and two of his colleagues speaking about how they first got interested in the psychology of compassion and where they think the future of it lays.

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What is it?

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

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

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

genetic and synaptic regulation of serotonin.

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

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

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

Is it anything new ?

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

Got a bit of spare time ?

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

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References

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- Porges SW (2007) The polyvagal perspective. *Biological Psychology*; 74: 116–43.