



REVIEW

Attachment-based compassion therapy



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Abstract Compassion therapy is a third-generation psychotherapy that has been used in association with mindfulness in recent years. Similar to mindfulness protocols, a number of compassion protocols have been developed in the United States and Britain. As these countries have cultural characteristics and health systems that differ greatly from those of Spain, it was necessary to develop compassion protocols which were more suited to the Spanish situation and which could be administered to both general population and to medical and psychiatric patients. This model is based on attachment styles, a psychoanalytical concept which describes the relationship children develop with their parents, and which will influence the interpersonal relationships and self-image they will eventually develop. This paper describes the scientific basis for this model, the structure of the protocol, the scientific evidence and the training programme for this model, which is the first such programme specifically developed for Spanish-speaking countries.

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PALABRAS CLAVE

Compasión;
Estilos de apego;
Protocolo;
Conciencia plena

Terapia de compasión

Resumen La terapia de compasión es una psicoterapia de tercera generación que se está utilizando en los últimos años de forma asociada al mindfulness. Existen varios protocolos de entrenamiento en compasión que, al igual que los protocolos de mindfulness, han surgido en países anglosajones con entornos culturales y sistemas sanitarios muy diferentes al nuestro. En este contexto consideramos que era necesario desarrollar un modelo de terapia de compasión más cercano a nuestra cultura, más adaptado a nuestro entorno sanitario y que pudiese ser aplicable no solo a la población general, sino también a pacientes con enfermedades psicológicas y somáticas. Este modelo está centrado en los estilos de apego, un concepto psicoanalítico que describe el tipo de relación que el niño desarrolla con sus padres y que influirá de forma decisiva

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en el tipo de relación interpersonal que mantendrá de adulto con otras personas, así como en la imagen que desarrollará sobre sí mismo. En el artículo se describen las bases científicas del modelo, la estructura del programa, los datos de evidencia y el proceso de formación en este protocolo, el primero autóctono desarrollado en países de habla hispana.

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A compilation of the first articles published in Spain on the subject of mindfulness appeared in the *Revista de Psicoterapia* (Journal of Psychotherapy) in 2006 (see Cebolla & Miró, 2006; García, 2006; Miró, 2006; Pérez & Botella, 2006; Santamaría, Cebolla, Rodríguez, & Miró, 2006; Simón, 2006). Mindfulness began to be used in the Spanish health system in 2008 (García Campayo, 2008). It was found at the time that many of the protocols we were using, both for mindfulness and compassion, were not well suited to the Spanish population (García Campayo et al., 2014). The reason for this was partly due to transcultural differences, which included aspects such as expressing emotions, the relationship with the body and the relationship between healthcare professionals and patients (García Campayo, Díez, & Sanmartín, 2005) and partly because the Spanish system is very different from that found in the US, which is where most of the protocols were created. Healthcare in Spain is mostly public and free of charge, with a well-developed primary care system, while both aspects are of marginal importance in the US. Lastly, with the exception of the Gilbert model, existing compassion protocols are not considered as therapies for the treatment of psychiatric illnesses and were not designed for use with patients.

These reasons, and our experience as psychotherapists, convinced us of the need to develop structured protocols suited to our cultural environment and our health system that could be used as psychotherapy. Moreover, we decided to emphasize an aspect that we and many mental health professionals have considered to be key to the therapeutic efficacy and which is clearly related to compassion: the individual attachment style. This is the reason for naming our model *attachment-based compassion therapy*. Although a number of aspects of attachment theory (particularly secure attachment as a base for compassion) already appear in the theoretical foundations for other compassion models (Gilbert, 2015; Neff, 2012), this is the first time that a programme based on compassion makes profound use of it at the core of the therapeutic process and as the base of the programme. The theoretical foundations on which this model is structured are the following.

1. *Attachment theory*: Emotions are the main mental phenomena associated with chronic stress. Emotions such as guilt, shame and hatred are considered particularly destructive and are demonstrated to facilitate the onset of different medical and psychiatric illnesses, as explained by the Neuroinflammatory Theory (Akiyama et al., 2000). By definition, emotions tend to arise in interpersonal contexts. Attachment theory is one of the

theoretical constructs that best explains our way of relating with other people and, therefore, how emotions (positive and negative) arise in our relationships throughout our lives. Knowing our attachment style and modifying the aspects that cause distress will be associated with reducing psychological distress. Our protocol aims to modify those styles by structuring a secure attachment style, one that is associated with reducing criticism and anger towards ourselves and others, and which increases compassion.

2. *Contributions from other models of compassion and other therapies*: No knowledge comes from nothing. Our model includes ideas from other compassion protocols (the structure of Paul Gilbert's three brain circuits and a number of practices that most protocols previously took from tradition). It also includes techniques from other cognitive and third-generation therapies (aspects of mindfulness taken from mindfulness-based interventions (García Campayo & Demarzo, 2015a), values that comprise an essential technique of Acceptance and Commitment Therapy and radical acceptance from Dialectical Behaviour Therapy).
3. *Contributions from tradition*: As with other compassion protocols, we have incorporated a number of practices and theoretical foundations from tradition, such as Tibetan Buddhism, but also from other religions, such as Native American beliefs in which compassion plays a part, given that it is the common denominator in all of them. Logically, as is habitual in mindfulness and compassion therapy, any religious or cultural connotation has been removed from these techniques and their efficacy has been evaluated from a scientific perspective.

Attachment theory

From an evolutionary perspective, it is accepted that compassion (Goetz, Keltner, & Simon-Thomas, 2010) is key to the care of offspring in species such as ours (and in mammals in general) in which young are very vulnerable at birth and require the intensive care of adults for a long time in order to survive. The concept of attachment, the capacity for affection and trust we feel for ourselves and other people, arises in those first years of life.

The term attachment is a classic psychoanalytical concept developed by Bowlby (1969). This author asserted that when a child feels threatened, their attachment system is activated and they instinctively seek out the protection of their parents. When the child habitually finds this protection, they are said to develop a "secure attachment".

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