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SEXUAL DISORDERS (LE MARSHALL AND H MOULDEN, SECTION EDITORS)

Self-compassion in Treatment and with Ourselves

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Abstract
Purposeof Review This article explores the emerging role of compassion in the treatment of individuals who have caused sexual harm. It also brings focus to the importance of self-care and self-compassion for the practitioners who do this work.
Recent Findings Early studies into interventions designed to prevent offending behavior focused more on risk reduction than client resilience and well-being. The good lives model shifted focus to rehabilitation centered on clients' strengths. Recent critiques highlight the importance of compassion in treatment and self-compassion for practitioners working in this field.
Summary Compassion plays a fundamental role in therapy with clients who have caused sexual harm.

Keywords Compassion-focused therapy · Sexual abuse · Self-care · Offender rehabilitation · Forensic treatment

Introduction[1]

Let us start with an experiential thought exercise. It is most effective if, while reading the scenarios below, you take note of your physical sensations as well as your thoughts.

> Scenario 1: You are walking along a darkened street in a familiar neighborhood. Out of the distance, someone approaches you. You can see that they have been terribly hurt, quite possibly as a result of their own actions. They are sad and broken, obviously need help. As you imagine this, what are you feeling? What are you thinking? On a scale of zero to ten, how important is it to you to help them? On the same scale of zero to ten, how confident are you that you can help them? And finally, on a scale of zero to ten, how much energy might you devote to helping them?

It is best if you now pause for a moment and return to your baseline of thoughts and feelings. Then, you can proceed to the second scenario:

> Scenario 2: You are walking along a darkened street in a familiar neighborhood. Out of the distance, someone approaches you. You can see that they have been terribly hurt, quite possibly as a result of their own actions. They are sad and broken, obviously need help. As this person comes closer to you, you realize that it is you; you are looking at yourself. As you imagine this, what are you feeling? What are you thinking? On a scale of zero to ten, how important is it to you to help yourself? On the same scale of zero to ten, how confident are you that you can help yourself? And finally, on a scale of zero to ten, how much energy might you devote to helping yourself?

Critical to this exercise is noting how your responses to the scenarios are different. Many people report that the first scenario involves focusing on understanding the other individual's lived experience in the context in which it occurs and being motivated to help. The help they would offer is most likely to involve the long-term best interests of the client. For example, in the first scenario, they would prioritize immediate health and safety and be much less likely to provide money if the person says what they really need is to find illicit drugs.

In this first scenario, we see a compassionate response involving a combination of empathy (being in touch with the suffering of another and having a reasonably accurate idea of their lived experience at the moment) combined with the motivation to ease that suffering.

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[1] This exercise is based almost entirely on activities led by Kerensa Hocken and Jon Taylor in their trainings on compassion-focused therapy. The author is also grateful to Stephen Andrew for his contributions to this variation.

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The second scenario is almost always more challenging for various reasons. In the author's experience, some people experience shock at the thought of themselves being sad and broken, while others realize that the image of themselves in need and helpless may be more accurate than they care to admit. Whether one is a client in treatment or the therapist who treats them, we humans often do not respond as compassionately to ourselves as we do to others. As with other areas of human experience, the reasons are complicated.

The Emerging Role of Compassion in the Treatment of Sex Crimes

In the past three decades, much of the empirical basis for treating individuals convicted of sex crimes has centered on the principles of effective correctional intervention first laid out in the 1980s [1] and subsequently found by Hanson et al. [2] to apply specifically to those who have committed sex crimes. Also known as the principles of risk, need, and responsivity (RNR), their primary focus is on which individuals should get more and less treatment, what elements of an individual's functioning should be addressed, and the manner in which treatment takes place.

Of note, the primary aim of these principles has been to reduce re-offense risk and to help protect communities. Maintaining an explicit focus on self-compassion would, in this framework, be considered to have some ancillary benefit but not be an essential part of programming. It was only with the emergence of the good lives model [3, 4] that the aim of treatment was extended to include a twin focus on client well-being as well as risk reduction.

This twin focus is important to consider, given that treatments that reduce crime are not necessarily the same as those that improve well-being. For example, Prendergast et al. [5] found that RNR-based treatment was effective at reducing risk for drug-related crimes but less successful at helping people overcome their actual drug use. This inevitably leads to the question of what else is necessary to help individuals convicted of crimes to develop a more fulfilling lifestyle in which offending is unnecessary and undesirable. Furthermore, these findings can lead us to re-consider our goals of treatment. While community safety and reduced risk are obviously of fundamental importance, attaining a fulfilling life and adopting a compassionate stance towards oneself are also of obvious importance to sustaining positive changes in the long-term.

More recently, research has emphasized the role that trauma and adversity have played in the lives of individuals who have caused harm to others [6–8]. Increasingly, these studies have found that many forms of adversity exist in the backgrounds of those convicted of sex crimes and that each can contribute to the etiology of sexual offending. For example, the person who witnesses violence (including sexual violence) in their home when very young may grow up not only to hold adversarial attitudes towards women and believe they are entitled to have sex with others whether they want it or not, but they may also view the world as an inherently dangerous place where might makes right and violence is inevitable, even acceptable. Given the field's historical focus on reducing risk, the renewed attention to the role of trauma in the lives of clients has, in the author's experience, come as a surprise to many practitioners who were not accustomed to thinking of their clientele as also being survivors of violence.

Proponents of trauma-informed care often rely on the U.S. Substance Abuse and Mental Health Services Administration's definition [9]: "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization" (p. 8). As helpful as this definition is, while accounting for the widespread impact of trauma, it does not fully account for the widespread willingness of people to hurt others and does not offer insight into the role of past trauma in offending [8••]. While Levenson et al. [6] have argued for helping clients to develop an understanding that the role their adverse experiences have played in offending, current approaches often lack explicit guidance for helping clients come to terms with the grief and distress that this work can entail and that their memories can bring. This is precisely why a focus on compassion, including for oneself, is welcome.

To summarize up to this point, early empirical study into interventions to prevent offending tended to focus on risk reduction without an explicit focus on client resilience and well-being. The good lives model introduced a twin focus on enhancing client well-being and a practice framework for rehabilitation. In order to best implement strengths-based approaches such as the good lives model, some practitioners have emphasized the importance of adhering to the principles of trauma-informed care. Recent critiques by Taylor and Hocken [8••] have highlighted the importance of compassion in treatment, for both the client and for one's self. As noted above, compassion is best thought of as an appreciation for and understanding of another person's suffering, prioritizing their best interests, and taking steps to ease their suffering.

Compassion-focused Therapy

The field of psychotherapy has seen a resurgence of interest in compassion across the past decade or more. Offerings from Buddhist psychology authors such as Jack Kornfield

[10] were followed by more specific examinations of compassion in approaches such as motivational interviewing (MI), where it is considered one of the four components of the spirit of MI practice [11, 12]. In the case of motivational interviewing, it has been interesting to note that its focus on compassion has been in the direction of practitioner to client and not necessarily on self-compassion by either. More recently, compassion-focused therapy (CFT) has emerged and has provided a more explicit focus on self-compassion [13••, 14].

In a central article on CFT by its developer, Gilbert [13••] observes that the benefits of compassion have been recognized and promulgated by contemplative traditions for thousands of years. He notes that 30 years of research has established its role in both physical and mental health difficulties as well as its role in promoting prosocial behavior. He then explores the origins of caring motives and the functions of caring-attachment behavior. His central point is that, "As psychotherapy addresses mental suffering, cultivating the motives and competencies of compassion to self and others can be a central focus" (p. 1). In this way, his work reminds us that, while more traditional treatments appear to view rehabilitation as a series of problems to be solved and risk to be managed, it can also involve the cultivation of a deeper appreciation for how simply being human involves suffering, setbacks, and losses that require care and compassion. Alongside other forms of therapy, CFT helps people to make sense of their lives and to find happiness and ways to flourish.

In describing how CFT can be applied to forensic practice, Taylor and Hocken [8••] explore the roles of "self-conscious emotions"—shame, embarrassment, guilt, humiliation, and pride. They further explore how these emotions impact the way people organize their lives (for example, guilt can motivate us to behave in a more prosocial way, while humiliating others can be a short-term means to experience pride). The authors describe how CFT places evolution and brain architecture at the center of an understanding of human nature and of how individuals come to cause harm to others. In this way, Taylor and Hocken [8••] argue, CFT is best seen as an "integrative form of psychotherapy that assimilates ideas from a range of theoretical approaches" (p. 303). They also view compassion itself as a motivation and not an emotion. Hocken and Taylor [8••] and Gilbert [13••] discuss the importance of understanding people's fears, blocks, and resistances to engaging compassionately with others. These hurdles can involve fearing the anticipated effects of compassion, experiencing unfamiliarity and confusion as barriers to compassion, or resistance to compassion caused by concerns that it may bring too many consequences to handle.

Of note, CFT has also recently been shown to be helpful with clients in secure settings who have developmental disabilities [7]. In this study, CFT was found to reduce shame and increase a healthy sense of guilt for one's actions. The study's author noted that client insight into the nature of risk also improved and that the intervention was perceived by the clients as more engaging.

One advantage of CFT is that it offers a framework for understanding compassion and building one's capacities for demonstrating it. A possible disadvantage is that integrating compassion and CFT in practice can require considerable study and reflection. Nonetheless, the extant research on childhood adversity clearly shows that often clients in treatment have experienced little compassion in their lives. A focus on compassion, including self-compassion, can therefore improve client response to treatment (responsivity principle) and assist in forming healthier relationships with others (need principle) as well as oneself. Given the tendency of practitioners in forensic as well as general practice to overestimate their abilities, including the warmth and empathy that they display, having an explicit approach to compassion available can help to improve practice [15, 16].

Self-compassion

While compassion and self-compassion can have a profound impact on treatment, it is also important to remember the importance of self-compassion for the professional.

Much has been made of self-care in recent years. In the field of treating individuals who have sexually abused others the author recently attended professional conferences that offered keynote addresses related to this topic along with activities such as early-morning yoga and introductory classes in meditation. While these can be welcome additions to some more traditional forms of conference behavior (e.g., gatherings at the hotel bar), it is natural to wonder whether it is enough in some instances and misplaced in others. For example, recognizing the stress of one's job and practicing mindfulness during one's commute may be helpful but not adequate to sustain long-term professional longevity. Likewise, many professionals who work in high-stress environments or in toxic workplace situations may come to believe that much of their suffering is somehow their own fault and that, maybe, if they had practiced more yoga and meditation, they would not feel so undervalued and depleted at work. In these situations, it is not the practices that are successful or unsuccessful, but rather how they are implemented. The author proposes that implementing a thought-out plan for deliberately practicing self-compassion can lead to more effective self-care overall.

A recent paper by Devenish-Meares [17••] explores self-care and self-compassion. He argues that a focus on non-judgmental self-observation can contribute to more deliberate practices in self-care. This point is well taken since

it can be hard to find ways to alleviate our own suffering if we cannot first observe it. Practices like meditation, which emphasize observing one's breath and thoughts as they arise, can help develop an ability to observe suffering as it begins to occur in one's daily life. In other words, while yoga and meditation can produce immediate benefits of relaxation and a sense of inner peace, a deeper and more deliberate practice can produce the added benefits of noticing experiences of suffering (as well as states of happiness, joy, and gratitude) earlier in the process, thereby offering the opportunity to take effective action to find solutions for the short- and long-term.

Devenish-Meares [17••] goes on to discuss the power of "tender humility," which he describes as a "non-judgmental and tender self-awareness choice" (p. 5) that enables one to maintain distance from a stressor and retain kindness towards oneself. Finally, he discusses meaningful detachment from sources of suffering ("meaningful" is used here to distinguish this from simply taking lots of time off and leaving others to pick up the slack). Of course, one needs to take care in detaching from the workplace. Devenish-Meares notes that even away from the workplace, for example, one may still ruminate on events that take place there. Likewise, it may be that detaching from work also means becoming interpersonally disconnected from others who might be in a position to help.

In addition to traditional self-care activities such as a good diet, exercise, and reflective practices, these principles of self-compassion, tender humility, and meaningful detachment offer a broader framework for how professionals, and quite possibly their clients, can stay at their best in the often-challenging experience of working in an environment in which focusing on trauma, abuse, and suffering is a daily experience.

Conclusion

Returning to the initial scenarios in this article, it is perhaps not as surprising to see that our responses to our own suffering can be more challenging than responding to the experiences of clients. After all, the professional boundaries of providing treatment in structured settings tend to be perfectly clear, often codified in policies and position descriptions. Those in the helping professions usually have long histories of attempting to do for others, often at the cost of helping themselves and each other. The articles and principles reviewed above remind us that if we are to help clients relieve their own distress, we will be more competent when we have explicit practices in place to relieve our own suffering.

There is an axiom in psychotherapy practice that good therapy leaves everyone changed for the better, including the therapist. The principles above offer ideas for putting this axiom into practice. Placed into a more historical context, the Rabbi Hillel gave interested readers much to think about when he said, "If I am not for myself, who will be for me? If I am only for myself, what am I? And if not now, when?".

Data Availability This review paper did not rely on data other than in the published papers cited.

Declarations

Conflict of Interest The author declares no competing interests.

Human and Animal Rights and Informed Consent This article does not contain any studies with human or animal subjects performed by any of the authors.

References

Papers of particular interest, published recently, have been highlighted as:
- • Of importance
- •• Of major importance

1. Andrews DA, Zinger I, Hoge RD, Bonta J, Gendreau P, Cullen FT. Does correctional treatment work? A clinically-relevant and psychologically-informed meta-analysis Criminology. 1990;28(3):369–404.
2. Hanson RK, Bourgon G, Helmus L, Hodgson S. The principles of effective correntional treatment also apply to sexual offenders: a meta-analysis. Crim Justice Behav. 2009;36(9):865–91. https://doi.org/10.1177/0093854809338545.
3. Prescott DS, Willis GM. Using the good lives model (GLM) in clinical practice: lessons learned from international implementations. Aggress Violent Beh. 2021. https://doi.org/10.1016/j.avb.2021.101717.
4. Yates PM, Prescott DS, Ward T. Applying the good lives and self-regulation models to sex offender treatment: a practical guide for clinicians. Brandon, VT: Safer Society Press; 2010.
5. Prendergast ML, Pearson FS, Podus D, Hamilton ZK, Greenwell L. The Andrews' principles of risk, needs, and responsivity as applied in drug treatment programs: meta-analysis of crime and drug use outcomes. J Exp Criminol. 2013;9:275–300. https://doi.org/10.1007/s11292-013-9178-z.
6. Levenson JS, Willis GM, Prescott DS. Trauma-informed care: transforming treatment for people who have sexually abused. Brandon, VT: Safer Society Press; 2017.
7. Taylor J. Compassion in custody: developing a trauma sensitive intervention for men with developmental disabilities who have convictions for sexual offending. Adv Ment Health Intellect Disabil. 2021. https://doi.org/10.1108/AMHID-01-2021-0004.
8. •• Taylor K, Hocken J. Hurt people hurt people: reconceptualising criminogenic need to promote trauma sensitive and compassion focused practice. J Forensic Pract. 2021. **Taylor and Hocken have done more than anyone to promulgate compassion-focused therapy in forensic practice. This article not only summarizes the key points of their approach but also outlines the results of scientific inquiries into compassion-focused therapy.**

9. Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* Retrieved March 27, 2022, from https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf.
10. Kornfield J. The wise heart: A guide to the universal teachings of Buddhist psychology. New York: Bantam; 2009.
11. Miller WR, Rollnick S. Motivational interviewing: helping people change (3rd ed.). Guilford Press. 2013.
12. Prescott DS. Motivational interviewing: as easy as it looks? Curr Psychiatry Rep. 2020;22:35. https://doi.org/10.1007/s11920-020-01158-z.
13. •• Gilbert P. Compassion: from its evolution to a psychotherapy. Front Psychol. 2020;11:3123. **Gilbert is the original developer of compassion-focused therapy. His recent work, much of which is summarized in this article, illustrates why a focus on compassion can help individuals to develop more prosocial lives as well as enhancing well-being.**
14. Steindl S. The gifts of compassion: how to understand and overcome suffering. Samford Valley, Australia: Australian Academic Press; 2020.
15. Beech A, Fordham AS. Therapeutic climate of sexual offender treatment programs. Sex Abus. 1997;9:219–37.
16. Walfish S, McAlister B, O'Donnell P, Lambert MJ. An investigation of self-assessment bias in mental health providers. Psychol Rep. 2012;110:639–44.
17. •• Devenish-Meares P. Self-care for the stressed at work: humility, detachment and self-compassion as key enablers of healing and hope. Academia Letters. 2021. https://doi.org/10.20935/AL4515. **This article examines the literature with respect to self-care in the workplace and arrives at the three overarching principles mentioned in this article. While much has been written about the importance of self-care, this article is among the first to examine the various components that make it up.**