

Compassion Focused Therapy in the Indian Context: A Perspective

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ABSTRACT

Compassion has been a topic of interest among mental health professionals. Compassion-based approaches are found to be promising in uplifting mental health. This paper aims to discuss the utility of investigating Compassion Focused Therapy (CFT) in the Indian context as the Eastern teachings of Karuna inform it. The author mainly focused on the elements of CFT and its variations across cultures. Furthermore, emphasis is given to being cautious in following Western psychotherapies in the Indian context. Along similar lines, how CFT imbibes the Indian ethos and values is discussed to understand its suitability in the local context. This paper explores a critical perspective on using CFT in the Indian context by shedding light on its epistemological underpinnings. The article advocates for honouring the uniqueness of the local context in implementing Western psychotherapies.

Keywords: *Compassion Focused Therapy, India, Psychotherapy, Karuna*

Research on compassion has witnessed a surge in the last decade, and it has been indicated as a positive epidemic for humankind (Addiss et al., 2022). Mental health professionals have tried encapsulating the nature of compassion and its link with psychological issues. It has not been long since there has been an attempt to accelerate research on compassion informed by neuroscience (Dalai et al., 2008a; Gilbert, 2022). Compassion Focused Therapy (CFT) has gained recognition in the West. Embodying the Eastern essence of compassion, CFT also requires investigation in the Eastern context. A few studies have already documented the efficacy of CFT in the East (Kariyawasam et al., 2023). It further ignites the need for extensive research. In the beginning, it needs to be stated that the definition of compassion conceived in CFT encompasses an amalgamation of empathy, warmth, positive regard and intention to help. Henceforth, it is broader in its scope and implementation in mental health practice. The need for this perspective article arises mainly for two reasons. The first reason is fundamental. It revolves around the relevance of the practice of following manualised Western psychotherapies in the Indian context. The second reason is linked to the previous one, where the authors intended to discuss the implementation of Western-developed therapy, i.e. CFT in India. CFT shares its roots with Eastern concepts

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of karuna; hence, it can be hoped to be effective in the Indian context. To put across the argument, the authors have divided the text into the following sub-sections.

Compassion, as captured by Neff, Gilbert and others

Neff was one of the pioneers in the field of compassion research. She built her self-compassion theory based on the Buddhist teachings (Brach, 2003). There are three domains of self-compassion, i.e. response to suffering either in a kind or judgmental manner; cognitive explanation of suffering employing isolation or acceptance of it as a universal human experience; and mindfully directing attention to suffering or painfully getting entangled to it. In her recent article (Neff, 2023), she mentioned a bipolar continuum-based conceptualisation of self-compassion, i.e. ranging from uncompassionate self-understanding (UCS) to compassionate self-understanding (CS) during a crisis. This range can also be stated in terms of operating from a cold mental frame or heading towards warmth, kindness, and mindfulness (Germer & Neff, 2013). She developed a widely used scale called the Self-compassion Scale (SCS). The scale assesses both self-compassion and self-criticism. Gilbert contradicts this approach by delineating that self-compassion and self-criticism are two different constructs (Gilbert et al., 2011). His theory of compassion is a confluence of Buddhist teachings, attachment-based approaches, old-new brain duality, etc. He propounded a 'social mentality' theory, stating that internal mindset and cognition lay the foundation of varied social roles. Another backbone of compassion is the theory of regulation of the three affect systems. The drive system entails purposeful engagement. The threat system activates in a crisis, whereas the soothing system indicates calmness. According to Gilbert's model, compassion is a mental state with three distinct flows, i.e., self-compassion, compassion for others, and openness towards compassion from others. Compassion also facilitates improving well-being (Chio et al., 2021). According to Strauss et al. (2016), compassion has five elements, i.e. acknowledging the presence of suffering, realising the commonality of human affliction, empathising with the individual experiencing distress, enduring uncomfortable emotions, and being driven to take action or taking steps to mitigate suffering. Newer research has indicated that individuals and their context contribute to their self-compassion competencies (Ferrari et al., 2022). Recently, a re-invigorated interest has explored processes underpinning self-compassion development (Ciarrochi et al., 2022). The wealth of research dedicated to understanding the nature of compassion indicates that it is an essential construct in mental health.

Compassion and culture

Compassion has its manifestations in varied cultural contexts. In Asian cultures, self-compassion is observed to take a back seat (Arimitsu, 2016), while holding self-criticism and offering compassion to others are encouraged, compared to Western cultures. The underlying reason can be the societal structure of a collectivist society that appreciates oneness with others and values social identity (Kitayama & Uchida, 2003; Neff et al., 2008). Facilitating a warm, compassionate environment in the social realm is highly treasured in collectivistic countries such as Japan, India, etc. (Hitokoto & Uchida, 2015). Hence, a more pronounced expression of compassion for others is an expected phenomenon.

On the contrary, in individualistic cultures, the prominence of self-compassion is more likely, as autonomy is encouraged and expected to be the striving force for betterment. A cross-cultural study encompassing 23 countries showed a significant difference in extending help to those in need. Individuals from collectivistic cultures were more willing to help than those from individualistic cultures (Levine et al., 2001). However, this kind of argument can be rudimentary as the research in the area of compassion and culture is in its nascent stage. In

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one of their studies, Neff et al. (2008) commented that self-compassion functions more in accordance with local cultural context than general distinctions between individualistic and collectivistic cultures.

Additionally, the notion of culture is multifaceted and convoluted. A linear approach of describing diverse cultures strictly as individualistic or collectivistic can also posit the threat of over-simplification. Nevertheless, the authors intended to highlight a basic overview of the dynamic connection between compassion and collectivistic culture.

Furthermore, a recent meta-analysis comprising six studies to evaluate the efficacy of compassion-based approaches from the Eastern context showed a promising finding. Compassion-based approaches had a small effect size ($d=0.19$) compared to active control groups. The promising findings further inform the need to explore the nature of compassion in the Eastern context (Kariyawasam et al., 2023).

Compassion in the ancient Indian culture

A glimpse of compassion in the Indian culture can be seen through the lens of Karuna. The mention of karuna is highly revered in Indian scriptures like the Bhagavad Gita and Upanishad. It entails righteous and peaceful co-existence for all, similar to the concept of common humanity given by Neff (2003). It has been argued that the Western concept of compassion is self-based, whereas the Eastern idea of karuna has an all-centric approach (Augustine & Wayne, 2019). The embodiment of compassion adapted from the Buddhist teachings also depicts its roots in Indian ethos and values (Anālayo & Dhammānā, 2021). It has been further commented that age-old stories of dharma, i.e. righteous living, can be revisited and anchored to evoke the ideas of ahimsa, i.e. non-violence and karuna, i.e. compassion (Aeon, 2022). Undoubtedly, there is a wealth of literature on the aspects of wisdom, nobility, truth and morality in the Indian context, and it is beyond the purview of the present article to capture all of it. Nevertheless, there is an indication that compassion focused approaches can be introduced to the Indian context.

Compassion Focused Therapy: Basics

CFT is a third-wave Cognitive Behaviour Therapy (CBT) that focuses on shame reduction across mental health disorders. It is flexible in nature, and it can be tailored based on individuals' needs and concerns. Buddhist teachings, attachment theories, and neuroscience inform CFT. The underlying theory regulates three affect systems: drive, soothing, and threat. Gilbert (2005) opined that in various mental health disorders, the threat system gets hyperactivated. CFT aids in balancing these three systems. The evolution of the new brain, i.e. higher order thinking and the connection between the old brain (primarily responsible for emotions and motivation) and new brain has been termed the 'tricky brain'. Furthermore, another pertinent concept of CFT is the caregiving and care-seeking mentality that drives the formation of compassion competencies (Gilbert, 2017).

CFT encourages a non-judgmental stance with a perspective of kindness and warmth. One of the skills of CFT is mindfulness, which denotes purposeful, non-judgemental presence. The other skills involve soothing exercises and imagery exercises. CFT stresses building an open and authentic therapeutic relationship wherein the therapist acts as a compassionate model to their clients to address attachment wounds and foster compassionate actions.

A question can arise at this juncture about how CFT is unique compared to other compassion-based approaches. The essential difference is that CFT is a dedicated psychotherapy aimed at

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alleviating psychological distress. Secondly, among the other approaches, such as Compassion Cultivation Training, Loving-Kindness Meditations, Mindful Self-Compassion training, etc., CFT has more empirical evidence in clinical and community populations (Craig et al., 2020; Gilbert, 2005). Hence, CFT fits the bill, being multidisciplinary and having preliminary evidence of its utility transdiagnostically.

CFT and its benefits

CFT hypothesises that shame and self-criticism are the most critical transdiagnostic factors for mental health problems (Gilbert & Procter, 2006). These factors are associated with many psychiatric disorders, such as Depression and anxiety (Judge et al., 2012). CFT is effective in treating psychosis, as evidenced by research conducted by Braehler et al. (2013). Studies have shown that self-compassion is associated with lower rumination and better acceptance of failure (Neff et al., 2005). A meta-analysis has also shown an inverse relationship between self-compassion and Depression (Macbeth & Gumley, 2012), suggesting that individuals with higher levels of self-compassion can effectively regulate negative emotions without suppressing them. In addition, research on college students suggests a positive correlation between mindfulness, self-compassion, and subjective well-being (Ge et al., 2019), pointing out that being open to confronting stress with kindness may lead to improved mental health while reducing the risk of psychopathology (Birnie et al., 2010). A recent meta-analysis evaluating the efficacy of CFT in clinical populations showed promising results in alleviating clinical symptoms, i.e., a small effect size of 0.24-0.25 was found in reducing depressive symptoms (Millard et al., 2023). These findings provide a solid incentive to investigate the long-term benefits of CFT in clinical populations. Therefore, methodologically rigorous randomized controlled trials (RCTs) are the order of the day to prove the efficacy of CFT in the scientific forum.

CFT in India

To the best of the authors' knowledge, CFT studies in India are in their infancy, with a handful of published articles on electronic databases. One of the earliest studies on CFT was conducted by D'Silva and Kamble (2014). The study aimed at exploring body dysphoria among college students in Goa and further assessed the efficacy of CFT in mitigating the psychological concerns associated with body dysphoria. The results showed that CFT was efficacious in altering body dysphoria scores ($t=57.31$, $p<0.01$).

Tiwari et al. (2018) assessed the use of CFT in persons with depression. Group CFT was offered to 12 individuals availing mental health help. Fifteen daily sessions of CFT resulted in improved depressive symptoms ($t=6.34$, $p<0.05$) compared to the control group. Furthermore, there was an increase in the scores of self-compassion in the CFT group ($t=6.48$, $p<0.05$), indicating the benefits of group CFT.

Group CFT is helpful in persons with Obsessive Compulsive Disorder (OCD). In their study, Patel et al. (2022) delivered 16 group therapy sessions to a group of five individuals. The results highlighted a significant reduction in symptoms of OCD ($F=6.08$, $d=0.60$, $p<0.05$) along with a decrease in depressive ($F=10.57$, $d=0.72$, $p<0.01$) and anxiety symptoms ($F=11.43$, $d=0.74$, $p<0.05$).

The Way Ahead: A critique

Embracing Western psychotherapies without considering local values, knowledge, and context can be risky. While Western approaches may seem superior to Eastern psychological healing methods (Christopher et al., 2014), it is essential to acknowledge the value of diverse

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perspectives and incorporate them into therapeutic practices. According to Manickam (2010), Western psychotherapies need to be thoroughly investigated in the Indian context to analyze their suitability and points of modifications or alterations. The fundamental difference lies in conceptualising mental health issues from the lens of the West and the East. The West has an autonomy and individual-centric view of mental health crisis, whereas the East espouses a holistic and community-centric viewpoint. Indian psychological healing can be traced to Vedanta, Buddhism, Hinduism, etc., which explains the Indian understanding of one's identity (Kumar, 2010) in relation to others. A recent study documented the need to modify CBT in the Indian context (Satapathy et al., 2022). Studies as such necessitate discussions about needful modifications of Western psychotherapies.

Epistemologically, CFT draws heavily from Buddhist teaching and holds the idea of the universality of suffering at its core. It also talks about three flows of compassion, i.e. self-compassion, compassion to others and compassion from others. A balance of these three flows contributes to the well-being of individuals. Hence, CFT transcends the self-centric approach and accommodates a sense of solidarity and tolerance of others' suffering. This aspect of CFT is closer to the Eastern concepts of healing.

Furthermore, CFT emphasises the importance of the client-therapist relationship to develop compassion competencies (Bell et al., 2023). The relational self, in turn, helps clients nurture their compassionate selves. The engaged role of the therapist may act in favour of Indian clients who seek interdependence and look up to the therapist as a source of knowledge and wisdom. It has been noted that the client-therapist relationship is often seen through the lens of the Guru-Chela relationship (Di Nicola, 2022). In CFT, the therapist acts as a safe anchor for the client to navigate life's suffering. Here, the therapist shares the humane experience of suffering and figuring out oneself. How the aspect of alliance and relational transaction between the therapist and client unfold in the Indian context can provide helpful information about the applicability of CFT.

Additionally, CFT taps into the sense of shame and self-criticality. There is a distinct difference between the Western and Eastern concepts of shame. In Eastern culture, shame facilitates self-improvement and helps maintain social identity (Liyanage et al., 2023). On the contrary, shame is seen as a negative emotion in Western society (Hejmadi et al., 2000). Henceforth, shame and its relationship to CFT requires exploration in the Indian context.

Cross-cultural adaptation of psychotherapies is an essential aspect in the field of mental health. A few studies have attempted to explore the utility of cultural adaptation of Western psychotherapies (Griner & Smith, 2006; Owen et al., 2011; Pan et al., 2011). It has been argued that amalgamating Western Psychotherapies with traditional healing practices can be an efficient approach to helping individuals in need (Koç & Kafa, 2019). India has a long history of traditional methods for psychological healing (Biswal et al., 2017). Therefore, it seems reasonable to consider this traditional knowledge and adopt the principles of CFT. There are six attributes of CFT, i.e. sensitivity, sympathy, empathy, caring for well-being, distress tolerance and non-judgement. Indian traditional values broadly resonate with these attributes (Rigopoulos, 2019). So, cultivating compassion in the Indian context through the framework of CFT is likely to align well with traditional cultural values. Moreover, research on the cultural fine-tuning of Western psychotherapies in India is in its early stages. Therefore, discussions about the effective implementation of Western psychotherapies in India cannot be undermined.

CONCLUSION

It is beyond this perspective article's ambit to discuss in detail the multi-layered concerns of implementing Western psychotherapies in other contexts. The contextualisation of Western psychotherapies is one of the essential steps in catering to local needs. As discussed above, contextualisation can be referred to as an understanding of the theoretical underpinnings of Western psychotherapy and how similar or dissimilar they are compared to the worldview of a specific cultural context. CFT shares its roots in the Eastern concept of Karuna and inherits similar Indian values. Hence, CFT might add value to the psychotherapy of individuals in need. Studies conducted in India on CFT have demonstrated encouraging findings. Future studies are suggested to explore the need and suitability of CFT in India across a range of psychiatric disorders. Controlled studies are the call of the hour to generate discussions around compassion. It can provide critical insights into the relatively unexplored domains of compassion and culture and its psychotherapeutic benefits in the East.

REFERENCES

- Addiss, D. G., Richards, A., Adiab, S., Horwath, E., Leruth, S., Graham, A. L., & Buesseler, H. (2022). Epidemiology of compassion: A literature review. *Frontiers in Psychology*, *13*, 992705. <https://doi.org/10.3389/fpsyg.2022.992705>
- Aeon. (2022, March 21). *The Way of Dharma: How do ancient stories of talking elephants and singing birds encourage a life of truth, nonviolence and compassion?* <https://aeon.co/essays/how-ancient-dharma-stories-encourage-a-life-of-compassion>
- Anālayo, B., & Dhammadinnā, B. (2021). From compassion to self-compassion: A text-historical perspective. *Mindfulness*, *12*(6), 1350–1360. <https://doi.org/10.1007/s12671-020-01575-4>
- Arimitsu, K. (2016). The effects of a program to enhance self-compassion in Japanese individuals: A randomized controlled pilot study. *The Journal of Positive Psychology*, *11*(6), 559–571. <https://psycnet.apa.org/doi/10.1080/17439760.2016.1152593>
- Augustine, P., & Wayne, M. (2019). Understanding the phenomenon: A comparative study of compassion of the West and Karuna of the East. *Asian Philosophy*, *29*(1), 1–19. <https://doi.org/10.1080/09552367.2019.1584970>
- Bell, T., Montague, J., Elander, J., Pugh, M., & Gilbert, P. (2023). Bringing the inside out and the outside in: The therapeutic relationship in compassion focused therapy chair work. *OBM Integrative and Complementary Medicine*, *8*(3), 1-21. <https://doi.org/10.21926/obm.icm.2303037>
- Birnie, K., Speca, M., & Carlson, L. E. (2010). Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR). *Stress and Health*, *26*(5), 359–371. <https://doi.org/10.1002/smi.1305>
- Biswal, R., Subudhi, C., & Acharya, S. K. (2017). Healers and healing practices of mental illness in India: The role of proposed eclectic healing model. *Journal of Health Research and Reviews (In Developing Countries)*, *4*(3), 89-95. doi : 10.4103/jhrr.jhrr_64_17
- Brach T. (2003). *Radical Acceptance: Embracing Your Life with the Heart of a Buddha*. New York: Bantam Books
- Braehler, C., Gumley, A., Harper, J., Wallace, S., Norrie, J., & Gilbert, P. (2013). Exploring change processes in compassion focused therapy in psychosis: results of a feasibility randomized controlled trial. *The British Journal of Clinical Psychology*, *52*(2), 199–214. <https://doi.org/10.1111/bjc.12009>
- Chio, F. H. N., Mak, W. W. S., & Yu, B. C. L. (2021). Meta-analytic review on the differential effects of self-compassion components on well-being and psychological distress: The

- moderating role of dialecticism on self-compassion. *Clinical Psychology Review*, p. 85, 101986. <https://doi.org/10.1016/j.cpr.2021.101986>
- Christopher, J. C., Wendt, D. C., Marecek, J., & Goodman, D. M. (2014). Critical cultural awareness: Contributions to a globalizing psychology. *American Psychologist*, 69(7), 645–655. doi:10.1037/a0036851
- Ciarrochi, J., Sahdra, B., Hofmann, S. G., & Hayes, S. C. (2022). Developing an item pool to assess processes of change in psychological interventions: The Process-Based Assessment Tool (PBAT). *Journal of Contextual Behavioral Science*, 23, 200-213. <https://psycnet.apa.org/doi/10.1016/j.jcbs.2022.02.001>
- Craig, C., Hiskey, S., & Spector, A. (2020). Compassion focused therapy: a systematic review of its effectiveness and acceptability in clinical populations. *Expert Review of Neurotherapeutics*, 20(4), 385–400. <https://doi.org/10.1080/14737175.2020.1746184>
- Dalai Lama, T. G., & Ekman, P. (2008a). *Emotional awareness: Overcoming the obstacles to psychological balance and compassion: A conversation between the Dalai and Paul Ekman*. Times Books/Henry Holt and Co.
- Di Nicola, V. (2022). The Gurū-Chelā relationship revisited: the contemporary relevance of the work of Indian psychiatrist Jaswant Singh Neki. *World Social Psychiatry*, 4(3), 182-186. doi: 10.4103/wsp.wsp_35_22
- D'Silva, C. H., & Kamble, S. V. (2014). Compassion-focused therapy-based intervention for treating body dysphoria amongst college students in Goa. *Indian Journal of Health and Wellbeing*, 5(1), 79. <https://www.i-scholar.in/index.php/ijhw/article/view/52993>
- Ferrari, M., Ciarrochi, J., Yap, K., Sahdra, B., & Hayes, S. C. (2022). Embracing the complexity of our inner worlds: Understanding the dynamics of self-compassion and self-criticism. *Mindfulness*, 13 (7), 1652–1661. <https://doi.org/10.1007/s12671-022-01897-5>
- Ge, J., Wu, J., Li, K., & Zheng, Y. (2019). Self-compassion and subjective well-being mediate the impact of mindfulness on balanced time perspective in Chinese college students. *Frontiers in Psychology*, 10, 367. doi: 10.3389/fpsyg.2019.00367
- Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology*, 69(8), 856-867. <https://doi.org/10.1002/jclp.22021>
- Gilbert, P. (2017). Compassion as a social mentality: An evolutionary approach. In P. Gilbert (Ed.), *Compassion: Concepts, Research and Applications* (pp. 31–68). Routledge/Taylor & Francis Group. <https://doi.org/10.4324/9781315564296-3>
- Gilbert, P. (Ed.). (2005). *Compassion: Conceptualisations, Research and Use in Psychotherapy*. Routledge. <https://doi.org/10.4324/9780203003459>
- Gilbert, P. and Procter, S. (2006). Compassionate Mind Training for People with High Shame and Self-Criticism: Overview and Pilot Study of a Group Therapy Approach. *Clinical Psychology & Psychotherapy*, 13, 353–379. <https://doi.org/10.1002/cpp.507>
- Gilbert, P., McEwan, K., Matos, M., & Rivis, A. (2011). Fears of compassion: development of three self-report measures. *Psychology and Psychotherapy*, 84(3), 239–255. <https://doi.org/10.1348/147608310X526511>
- Gilbert, P. (2022). *Compassion focused therapy as an evolution informed, biopsychosocial science of the mind: History and challenge*. In, P. Gilbert & G. Simos. (eds). *Compassion Focused Therapy: Clinical practice and applications*. (chap 2. 24–89).
- Griner, D., & Smith, T. B. (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training*, pp. 43, 531–548. doi:10.1037/0033-3204.43.4.531
- Hejmadi, A., R.J. Davidson and P. Rozin. (2000), Exploring Hindu Indian Emotion Expressions: Evidence for Accurate Recognition by Americans and Indians. *Psychological Science*, 11(3): 183–7.

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- Hitokoto, H., & Uchida, Y. (2015). Interdependent happiness: theoretical importance and measurement validity. *Journal of Happiness Studies*, 16, 211–239. <https://doi.org/10.1007/s10902-014-9505-8>.
- Judge, L., Cleghorn, A., McEwan, K., & Gilbert, P. (2012). An exploration of group-based compassion focused therapy for a heterogeneous range of clients presenting to a community mental health team. *International Journal of Cognitive Therapy*, 5(4), 420–429. <https://psycnet.apa.org/doi/10.1521/ijct.2012.5.4.420>
- Kariyawasam, L., Ononaiye, M., Irons, C., & Kirby, S. E. (2023). Compassion-based interventions in Asian communities: A meta-analysis of randomized controlled trials. *Psychology and Psychotherapy: Theory, Research and Practice*, 96(1), 148-171. <https://doi.org/10.1111/papt.12431>
- Kitayama, S., & Uchida, Y. (2003). Explicit self-criticism and implicit self-regard: Evaluating self and friend in two cultures. *Journal of Experimental Social Psychology*, 39(5), 476–482. [https://doi.org/10.1016/S0022-1031\(03\)00026-X](https://doi.org/10.1016/S0022-1031(03)00026-X)
- Koç, V., & Kafa, G. (2019). Cross-cultural research on psychotherapy: The need for a change. *Journal of Cross-Cultural Psychology*, 50(1), 100-115. <https://doi.org/10.1177/0022022118806577>
- Kumar, S.K. (2010). Indian Indigenous Concepts and Perspectives: Developments and Future Possibilities. *ICSSR. 5th Survey*, (4), pp. 93–173.
- Levine, R. V., Norenzayan, A., & Philbrick, K. (2001). Cross-cultural differences in helping strangers. *Journal of Cross-cultural psychology*, 32(5), 543-560. <https://psycnet.apa.org/doi/10.1177/0022022101032005002>
- Liyanage, N., & Usoof-Thowfeek, R. (2023). You Should Be Ashamed of Yourself: Culture and Shame Driven Personal Growth. *Journal of Cross-Cultural Psychology*, 54(5), 574–590. <https://doi.org/10.1177/00220221231183151>
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: a meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32(6), 545–552. <https://doi.org/10.1016/j.cpr.2012.06.003>
- Manickam, L. S. S. (2010). Psychotherapy in India. *Journal of Psychiatry*, 52(Suppl1), S366-S370.
- Millard, L. A., Wan, M. W., Smith, D. M., & Wittkowski, A. (2023). The effectiveness of compassion focused therapy with clinical populations: A systematic review and meta-analysis. *Journal of Affective Disorders*, 326, 168–192. <https://doi.org/10.1016/j.jad.2023.01.010>
- Neff K. D. (2023). Self-Compassion: Theory, Method, Research, and Intervention. *Annual Review of Psychology*, 74, 193–218. <https://doi.org/10.1146/annurev-psych-032420-031047>
- Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250. <https://doi.org/10.1080/15298860309027>
- Neff, K. D., Hsieh, Y. P., & Dejjitrat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, 4(3), 263–287. doi: 10.1080/13576500444000317
- Neff, K. D., Pisitsungkagarn, K., & Hsieh, Y. P. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-cultural psychology*, 39(3), 267-285. <http://dx.doi.org/10.1177/0022022108314544>
- Owen, J. J., Tao, K., Leach, M. M., & Rodolfa, E. (2011). Clients' perceptions of their psychotherapists' multicultural orientation. *Psychotherapy*, 48, 274-282. doi:10.1037/a0022065
- Pan, D., Huey, S. J., & Hernandez, D. (2011). Culturally adapted versus standard exposure treatment for phobic Asian Americans: Treatment efficacy, moderators, and

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- predictors. *Cultural Diversity & Ethnic Minority Psychology*, 17, 11-22. doi:10.1037/a0022534
- Patel, S., Sayeed, N., & Das, B. (2022). Efficacy of Group based Compassion Focused Therapy in Male Obsessive Compulsive Disorder: A Pilot Study. *International Journal of Behavioral Sciences*, 15(4), 275–281. doi:10.30491/IJBS.2022.286927.1567
- Rigopoulos, A. (2019). Tolerance in Swami Vivekānanda's Neo-Hinduism. *Philosophy & Social Criticism*, 45(4), 438–460. <https://doi.org/10.1177/0191453719828425>
- Satapathy, S., Sanjivini, H., Kumar, N., Manjula, M., Paulomi, S. & Haldar, S. (2022). Perceptions of Practitioners on Methods, Current Practice, and Barriers: A Descriptive Analysis of Cultural Adaptation of CBT in India. *International Journal of Indian Psychology*, 10(4), 1529-1540. doi:10.25215/1004.145
- Strauss, C., Lever Taylor, B., Gu, J., Kuyken, W., Baer, R., Jones, F., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clinical Psychology Review*, 47, 15–27. <https://doi.org/10.1016/j.cpr.2016.05.004>
- Tiwari, V., Antony, B., & Acharya, M. K. (2018). Effect of Compassion Focused Therapy (CFT) on level of Depression and Self-compassion. *Indian Journal of Mental Health*, 5(4), 443-452.

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