



Motivación Compasiva

Exploring Compassion Focused Therapy

23 May. 2025



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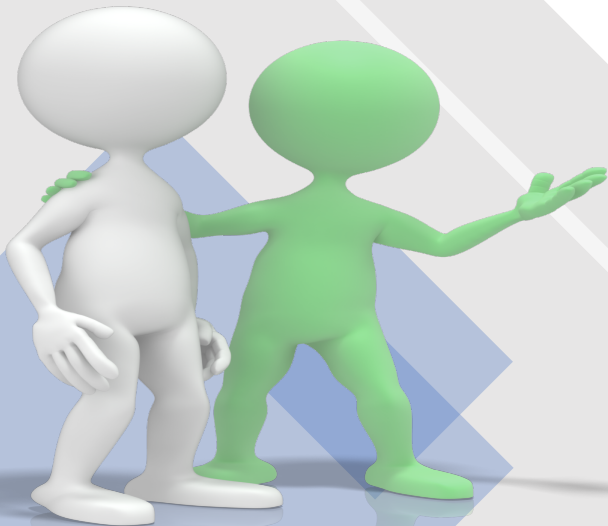


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Please Note



These slides are for your information and not all of them may be covered in this workshop or in the order presented



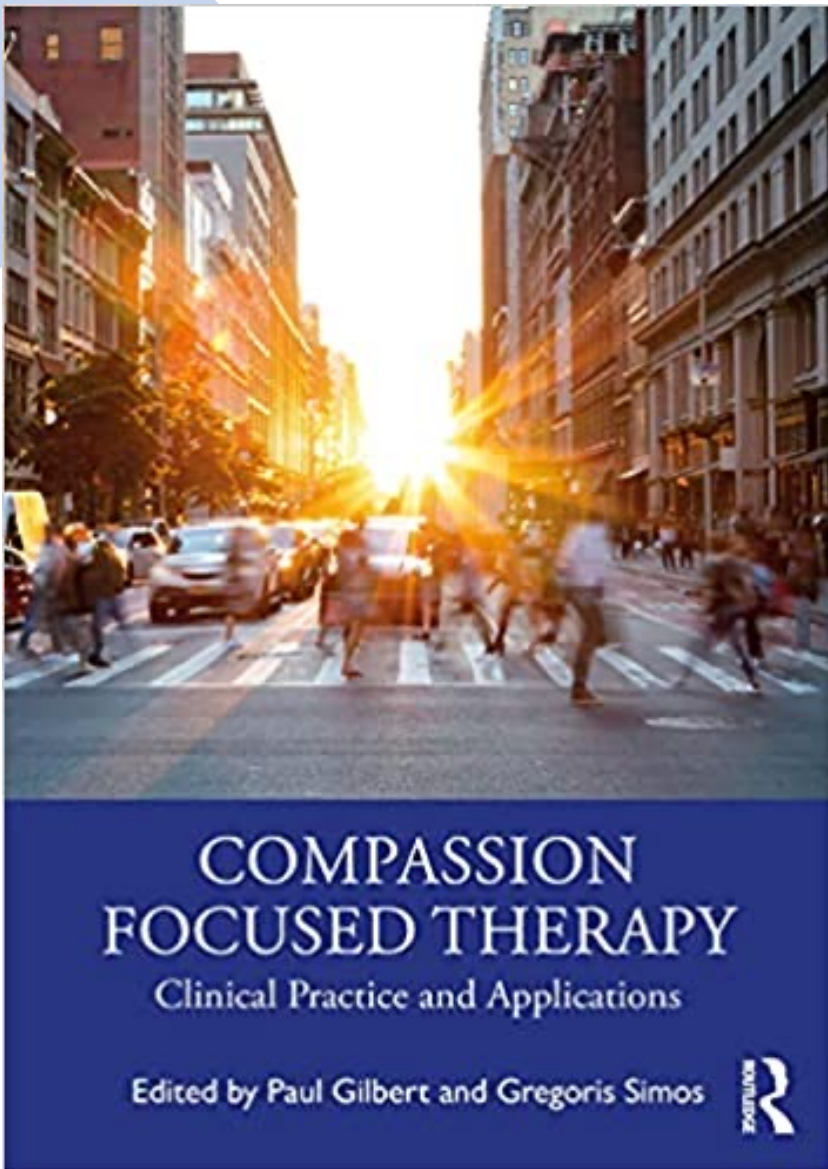
The personal practices you are invited to participate in, and practice, are designed to offer personal and clinical insight

You are responsible for your own well-being



All material is confidential and copyright

You are responsible for your own clinical applications of what you learn



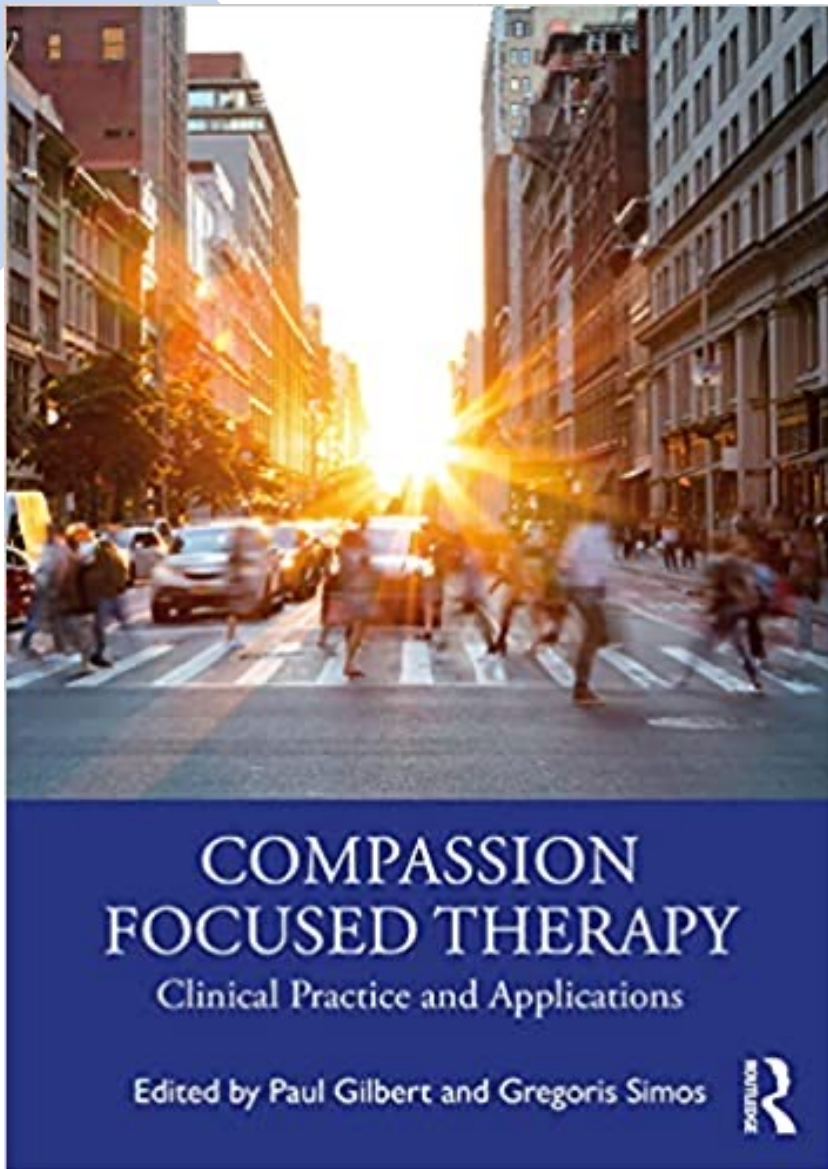
2022

All information for this workshop can be found here

All science is about understanding phenomenon in the world work and then how to interact with them

Psychotherapy is often started the other way around of trying to work out what helps people but without a detailed understanding of the nature of mind (or why). Leads to multiple approaches

This is changing. CFT argues we need a science of *nature of the evolved brain and its functions* as the foundation for understanding suffering and psychotherapy



2022

All information for this workshop can be found here

Rather than 'third wave therapies' it is crucial to root our understanding of mental health and anti-social problems, and their psycho and social therapies, *in the basic sciences* rather than narrower psychotherapeutic models

All the processes utilised within CFT such as motives, emotions, cognitive competencies, and behaviours can be found in standard psychology textbooks

Key is the study of their complex interactions of the functions and their individual variation

The importance of specific, focused and guided interventions



The Impact of Compassion-Focused Therapy on Positive and Negative Mental Health Outcomes: Results of a Series of Meta-Analyses

Nicola Petrocchi^{1, 2}, Cristina Ottaviani³, Simone Cheli^{4, 5}, Marcela Matos⁶,
Beatrice Baldi^{2, 3}, Jaskaran K. Basran^{7, 8}, and Paul Gilbert^{7, 8}

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²Compassionate Mind Italia, Rome, Italy

³Department of Psychology, Sapienza University of Rome

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⁵Center for Psychology and Health, TAGES Onlus, Florence, Italy

⁶Faculty of Psychology and Educational Sciences, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CINEICC), University of Coimbra

⁷Centre for Compassion Research and Training, College of Health, Psychology and Social Care, University of Derby

⁸The Compassionate Mind Foundation, Derby, United Kingdom

All non-English articles and studies focusing on other compassion-based approaches were excluded. Forty-seven controlled trials from the last 14 years were included, with data from 7,875 participants from 17 countries.

Results: Even after the exclusion of extreme outliers, CFT was effective in reducing overall negative mental health outcomes ($k = 32$, $g = 0.72$, $p < .0001$), depression ($k = 23$, $g = 0.49$, $p < .0001$), self-criticism ($k = 17$, $g = 0.40$, $p < .0001$) and in improving compassion for self and others ($k = 24$, $g = 0.51$, $p < .0001$).

Heterogeneity was high and only partially reduced by moderation analysis, which highlighted larger effects in specific subgroups

Third Wave Therapies?

- Acceptance and Commitment Therapy (ACT)
- Dialectical Behavior Therapy (DBT)
- Mindfulness-based Cognitive Therapy
- Metacognitive Therapy
- Functional Analytic Psychotherapy (FAP)
- Compassion Focused Therapy (CFT)

It is suggested that third wave therapies differ from earlier generations of CBT in that they:

- Focus on the function of thoughts, rather than the content
- Consider the context of an individual's experience
- Emphasize acceptance and mindfulness



CFT recognises and may use *any of* these important innovations for helping people.

However, CFT has a much wider focus that is rooted in the *biopsychosocial* sciences in general and interventions

Also it utilises insights and interventions from so called first and second wave approaches (e.g., Beck, Ellis, Rachman, Marks)

It utilises insights from other therapies such as: dynamic, attachment, archetype and eastern approaches and practices

Contextual Therapies?

- Contextual sciences note the fact that *all organisms* are evolved to interact with their environments. Manifest behaviour is a product of both what the organism brings to the situation and the situation itself
- Contextual psychotherapies are about that interaction between the internal (under the skin) and the external context - it is the study of interactions
- It leads naturally to studies such as the impact of early attachment experiences on subsequent development; therapists can explore the impact of previous contexts as well as current ones



Contextual Therapies?

- Contextual psychotherapies help people focus on their interactions and seek to provide contexts (external inputs) that facilitate change -hence the therapeutic relationship is a context for learning
- In CFT contextual psychotherapies is better conceptualised as a evolution informed biopsychosocial approaches - which CFT is
- In the biopsychosocial model *the context of the body* itself, genes and evolved physiological systems, create the inner contexts (opportunities and constraints) for the emergence of experience and behaviour



CBT TODAY

Cognitive therapy and CBT are now a loose and very broad platform utilising many ways of helping people change

They have been integrated with attachment theory, emotion regulation models, embodiment mindfulness, and much else

The emergent core is a form of engaging with people to enable them to explore the nature and functioning of their multi-minds and develop new insights, skills and ways of living

There should be a moral and pro social dimension to therapy



Biopsychosocial Approaches and Evolutionary Theory as Aids to Integration in Clinical Psychology and Psychotherapy

Paul Gilbert¹

Kingsway Hospital, Derby, UK

This paper explores the problem of fragmentation in clinical psychology. It is suggested that this is due to the nature of clinical psychology with its multitude of different concerns, ranging from the cultural to the physiological. To help us become more integrative we could more formally adopt the biopsychosocial approach which explicitly asks the clinician and theorist to focus on the interactions *between* various levels. This paper also argues that the biopsychosocial approach could be informed by evolutionary theory because this theory provides possible explanations of why certain developmental and social contexts can so powerfully impact on physiology. An evolutionary psychology relevant to clinical psychology can focus on the archetypal nature of human experience, be helpful in exploring therapeutic issues, and avoid some of the reductionist aspects of sociobiology.

Biopsychosocial Approaches and Evolutionary Theory as Aids to Integration in Clinical Psychology and Psychotherapy

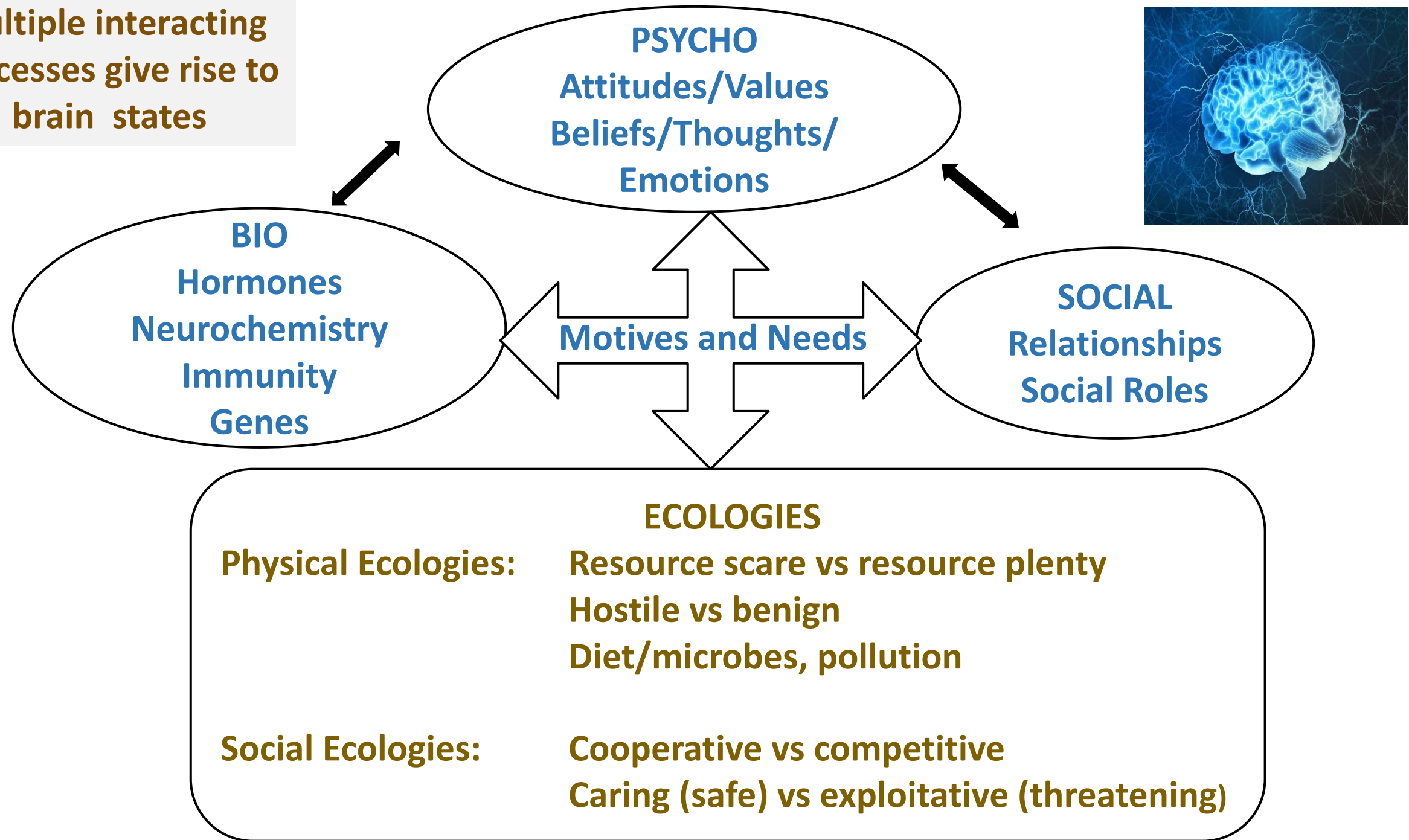
Paul Gilbert¹

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Biopsychosocial model can be informed by evolutionary theory because it provides possible explanations of why certain developmental and social contexts can so powerfully impact on physiology

This paper explores the problem of fragmentation in clinical psychology. It is suggested that this is due to the nature of clinical psychology with its multitude of different concerns, ranging from the cultural to the physiological. To help us become more integrative we could more formally adopt the biopsychosocial approach which explicitly asks the clinician and theorist to focus on the interactions *between* various levels. This paper also argues that the biopsychosocial approach could be informed by evolutionary theory because this theory provides possible explanations of why certain developmental and social contexts can so powerfully impact on physiology. An evolutionary psychology relevant to clinical psychology can focus on the archetypal nature of human experience, be helpful in exploring therapeutic issues, and avoid some of the reductionist aspects of sociobiology.

multiple interacting
processes give rise to
brain states



multiple interacting
processes give rise to
brain states

The biopsychosocial
model is inherently
contextual science

PSYCHO
Attitudes/Values
Beliefs/Thoughts/
Emotions

BIO
Hormones
Neurochemistry
Immunity
Genes

SOCIAL
Relationships
Social Roles

Motives and Needs

ECOLOGIES

Physical Ecologies:

Resource scare vs resource plenty
Hostile vs benign

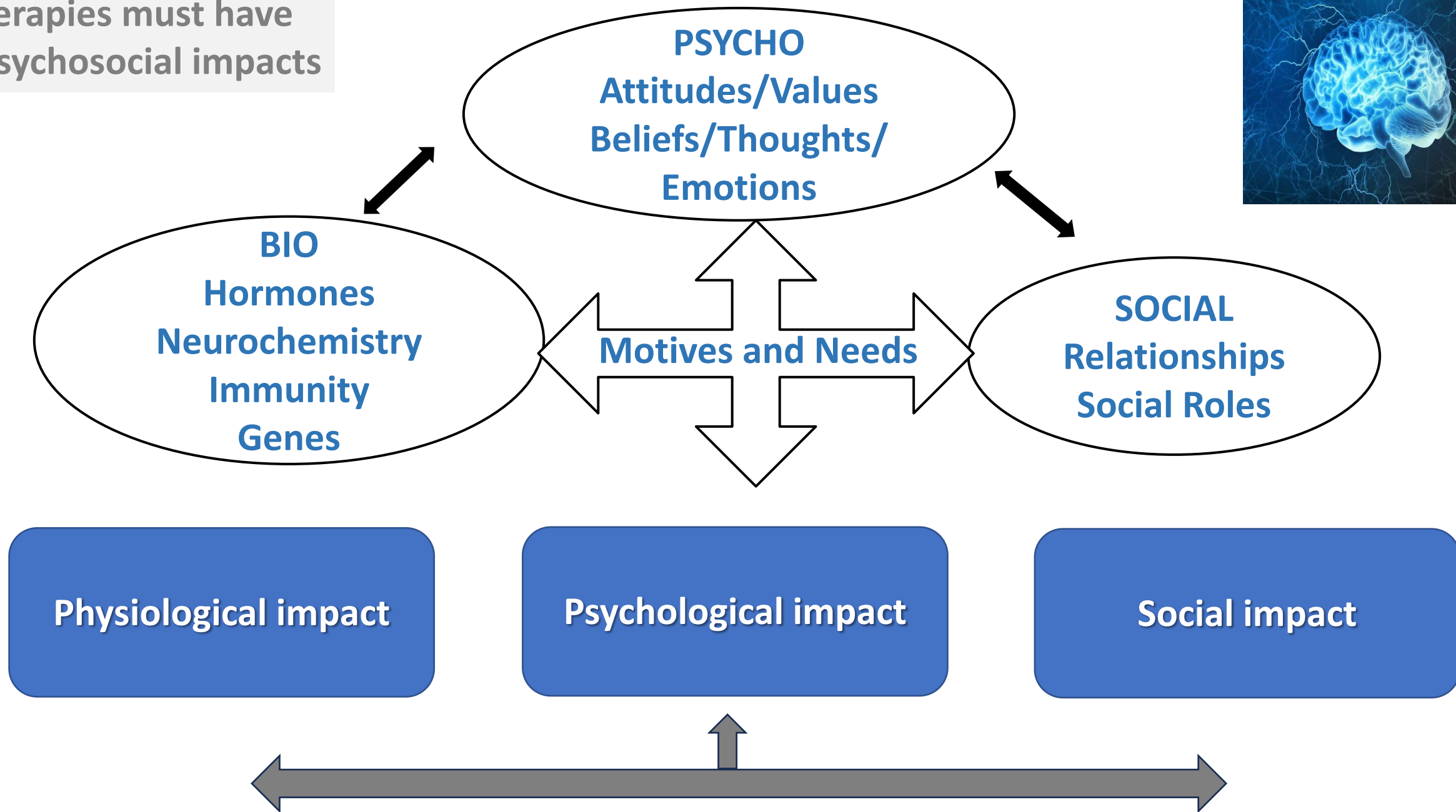
Social Ecologies:

Diet/microbes, pollution
Cooperative vs competitive
Caring (safe) vs exploitative
(threatening)

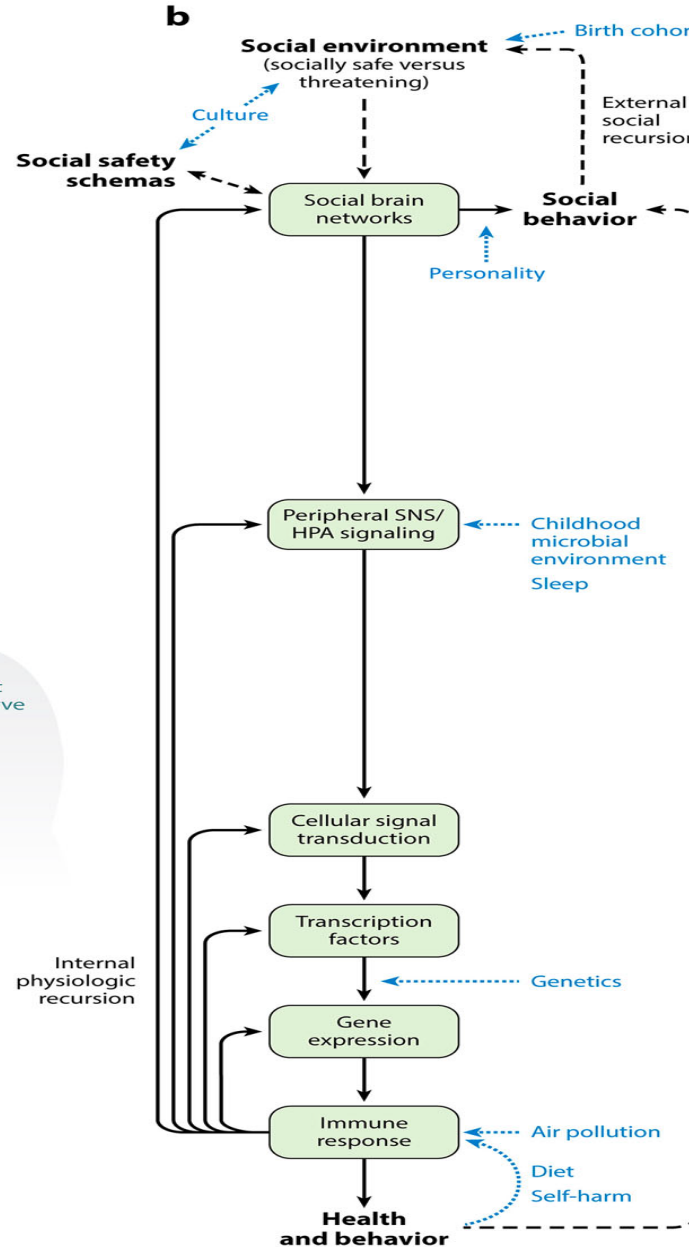
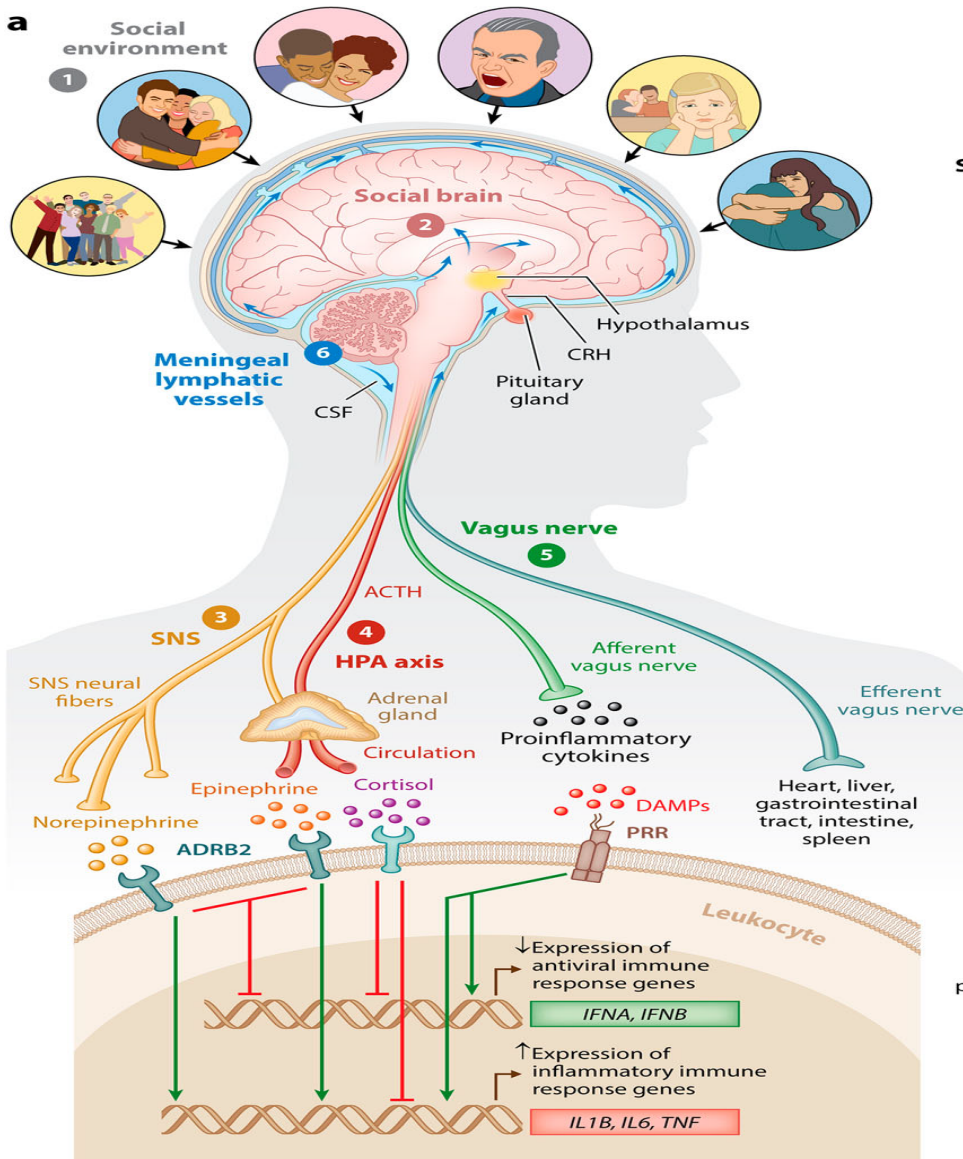
Family
Friends
School
Work

Culture
Religion
Genderism
Racism
Sexism

Therapies must have
biopsychosocial impacts



Recent example of biopsychosocial approaches to physical and mental health



HEALTH PSYCHOLOGY REVIEW
2023, VOL. 17, NO. 1, 5-59
<https://doi.org/10.1080/17437199.2023.2171900>

Routledge
Taylor & Francis Group

OPEN ACCESS

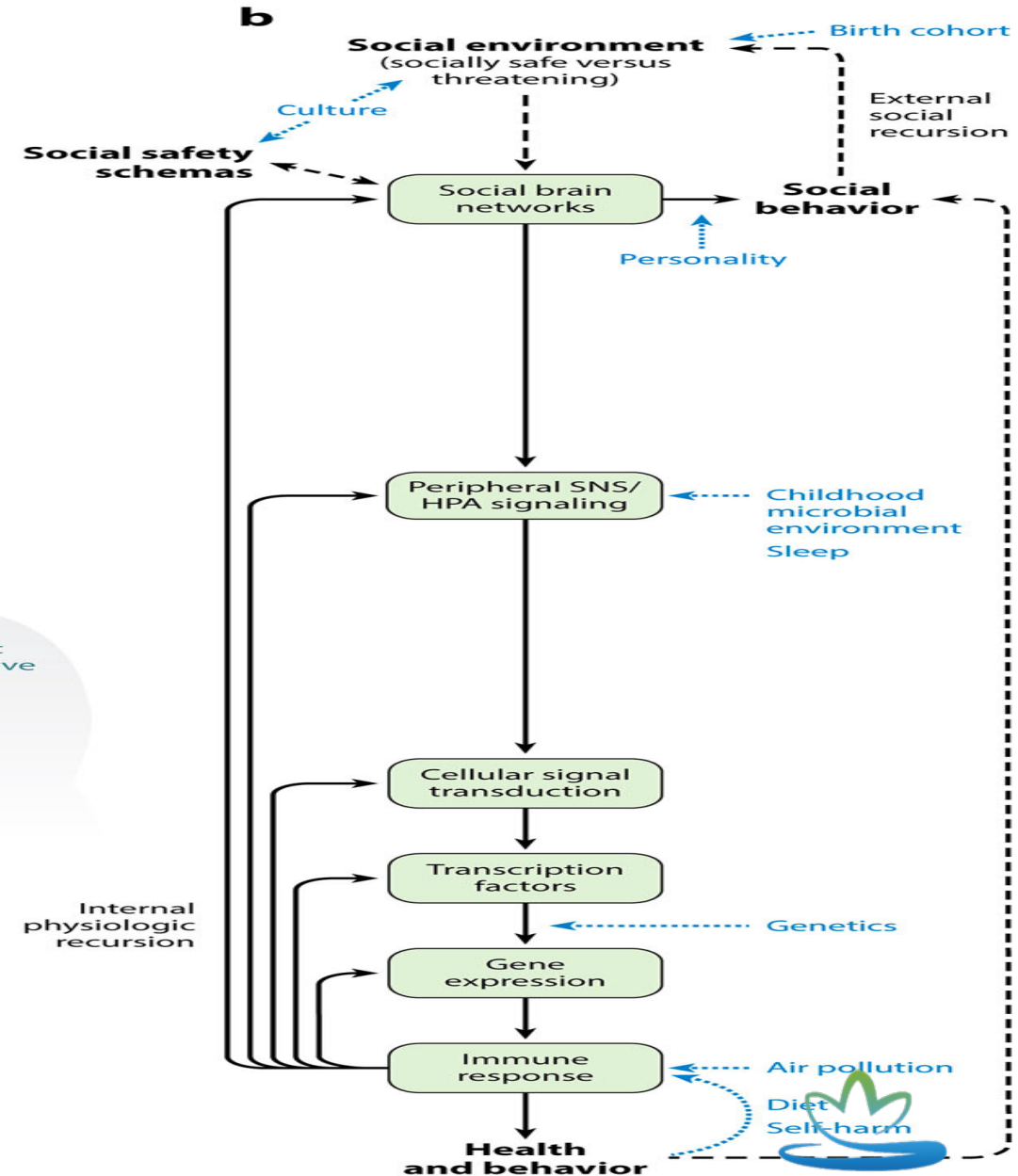
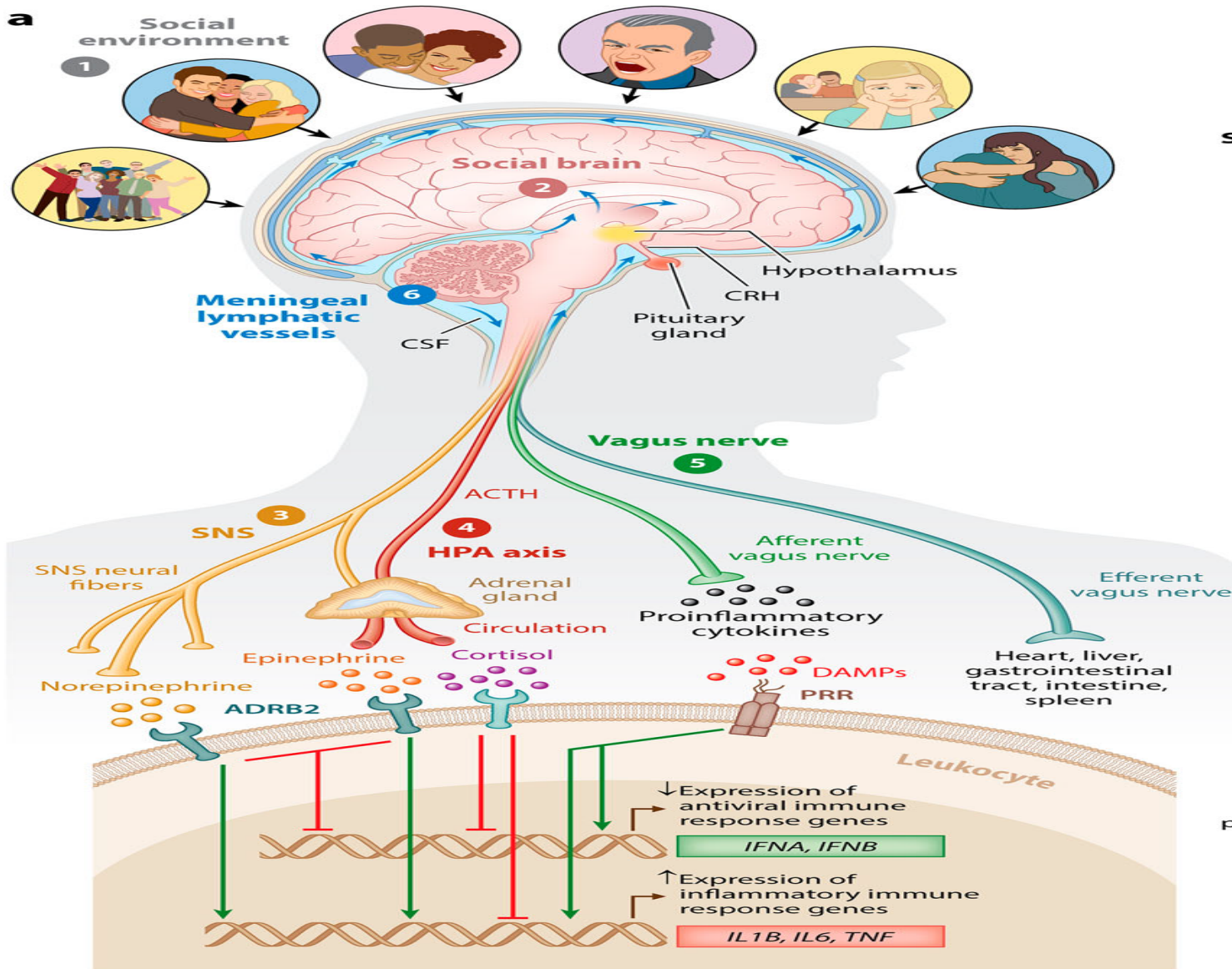
Social Safety Theory: Conceptual foundation, underlying mechanisms, and future directions

George M. Slavich ^a, Lydia G. Roos ^a, Summer Mengelkoch ^a, Christian A. Webb ^{b,c},
Eric C. Shattuck ^d, Daniel P. Moriarty ^a and Jenna C. Alley ^a

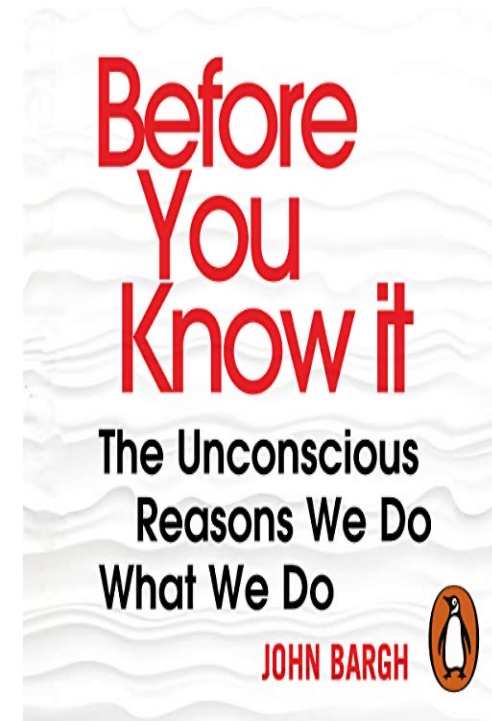
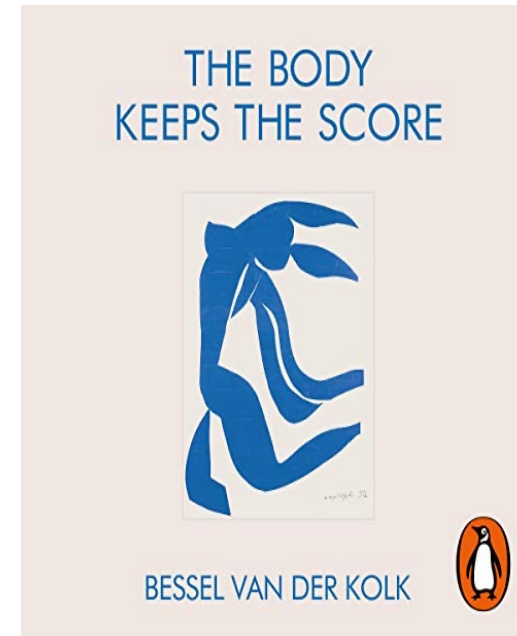
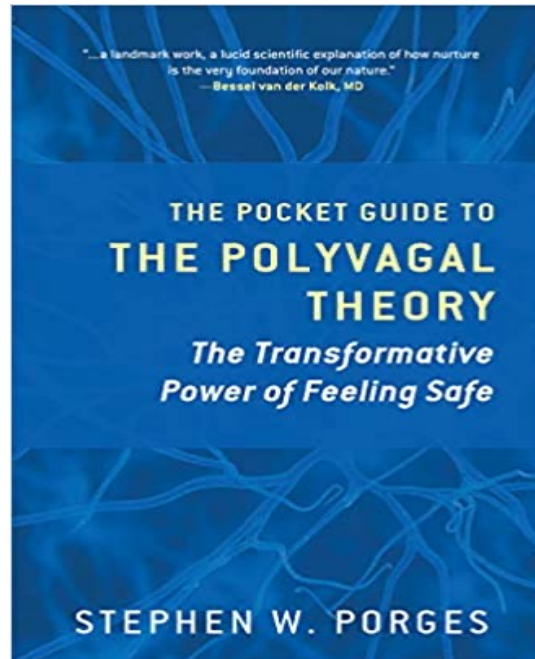
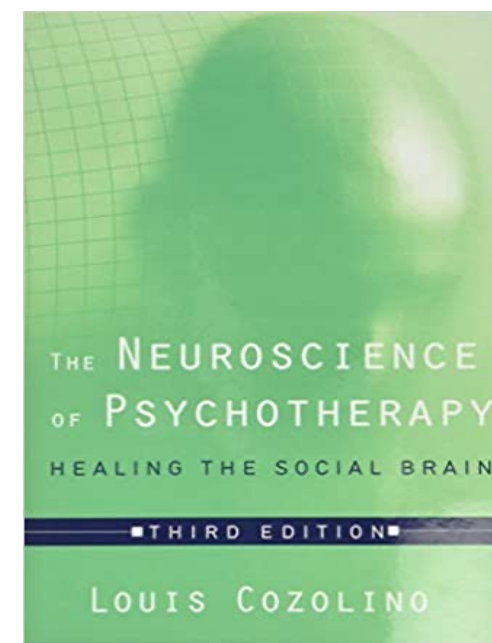
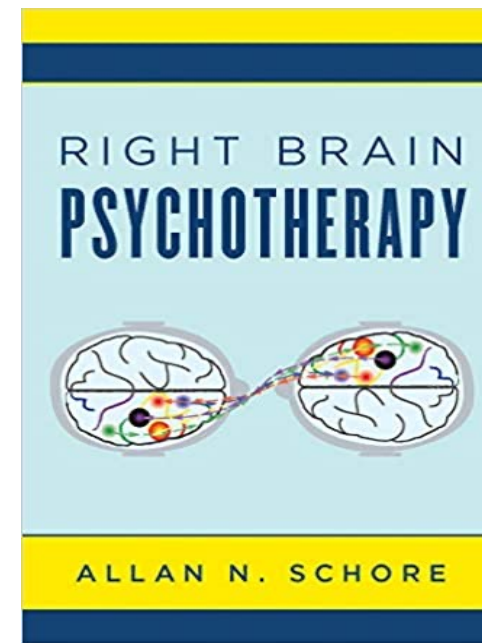
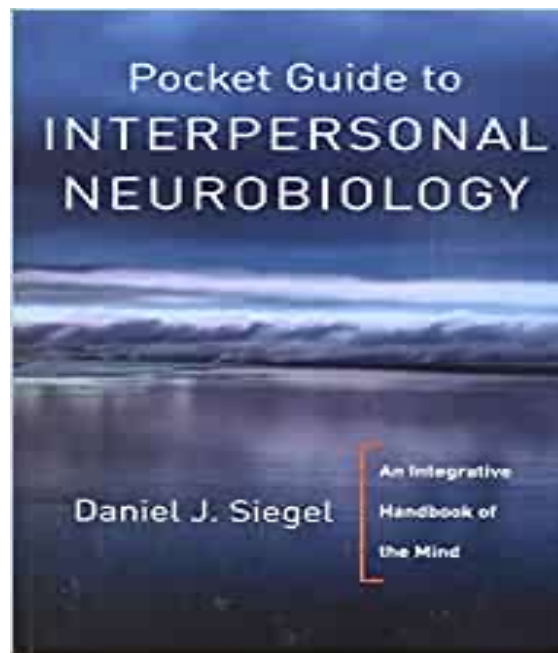
^aDepartment of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles, CA, USA; ^bMcLean Hospital, Belmont, MA, USA; ^cHarvard Medical School, Boston, MA, USA; ^dInstitute for Health Disparities Research and Department of Public Health, University of Texas at San Antonio, San Antonio, TX, USA



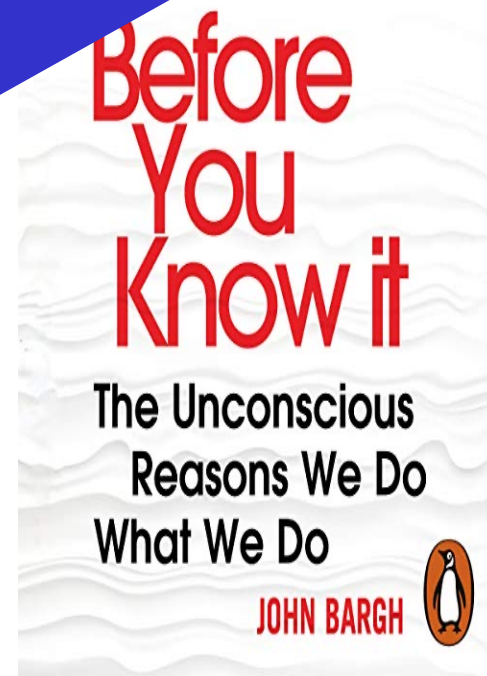
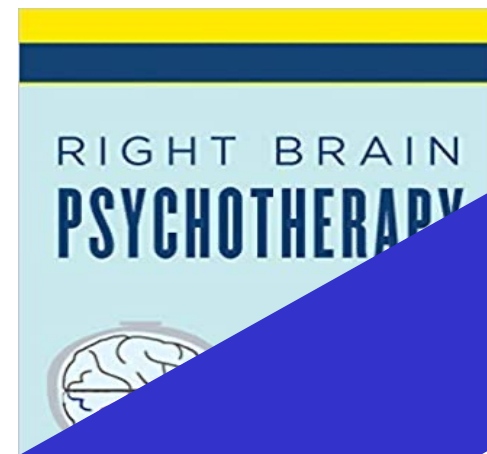
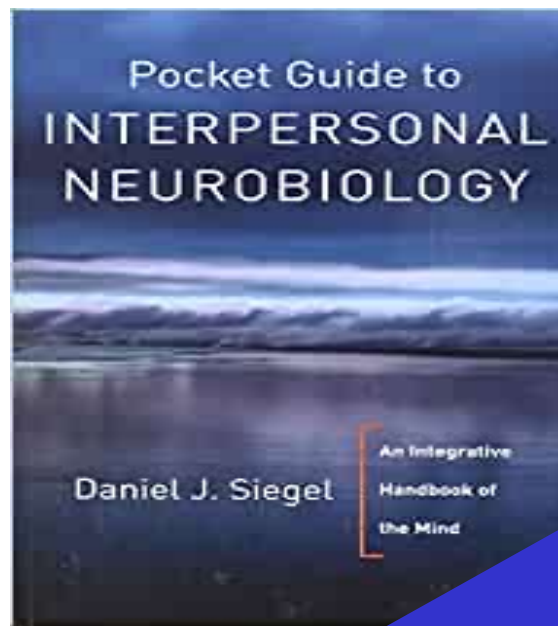
Recent example of biopsychosocial approaches to physical and mental health (Slavich et al., 2023)



Increasing number of biopsychosocial integrative approaches to therapy



Increasing
number of bio
psychosocial
integrative
approaches to
therapy



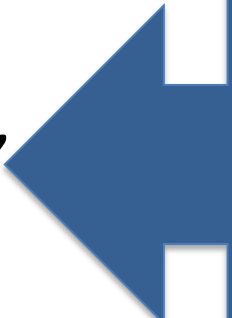
EMBODIMENT

CFT and cross-approach processes and examples of interventions used in CFT; Hence a compassion *focused* approach

Basic micro skills. Open vs closed questions, paraphrasing, summarising, reflecting, nonverbal communication, pacing, the therapeutic relationship, alliance building, motivational interviewing, use of silence.

Therapy Process. Collaboration, Socratic dialogues and guided discovery, personal meaning, shared formulation and model, shared therapy aims inference chains – (bottom line/catastrophe/major fear/threat), functional analysis, chaining analysis, looping, mind mapping, reframing, developing emotional tolerance, maturation, empathic connections, diagraming, exposure, boundaries enacting (becoming).

Change through guided practice. Behavioral experiments, mindfulness, guided imagery, expressive writing, generating alternative thoughts *and* independent out-of-session practice - to name a few!



But what
are the
motives?

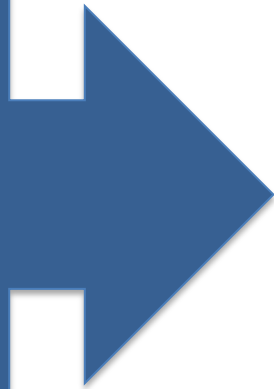


CFT - cross-approach processes and seven functions of therapy

What?

Why?

How?



Awareness

Differentiation

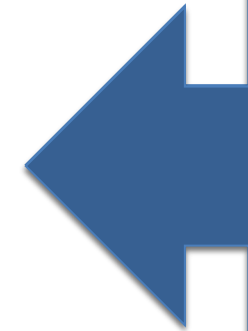
Tolerance

Integration

Cultivation

Transformation

Adaptation



**But what
are the
motives?**

CFT

Assessment
Formulation
Engagement
Therapeutic
relationship
Contracting
Task and Goals

Build affiliative
compassionate
relationships with self and
others

Manage threats,
setbacks, losses,
trauma, shame, self-
criticism

CMT

Body work
Visualisation
Competencies
Behaviours
Build capacities and
intentions
Courage and
wisdom to engage
with the tasks



CFT

Assessment
Formulation
Engagement
Therapeutic
relationship
Contracting
Task and Goals

Awareness
Differentiation
Tolerance
Integration
Cultivation
Transformation
Adaptation

CMT

Body work
Visualisation
Competencies
Behaviours
Build capacities and
intentions
Courage and
wisdom to engage
with the tasks



CFT

Assessment
Formulation
Engagement
Therapeutic relationship
Contracting
Task and Goals

Build affiliative
compassionate
relationships with self and

Blending these processes can be tricky.

CMT must be integrated into the
therapeutic process -not offered in an
arbitrary way

trauma, shame, self-
criticism

CMT

Ready work
Organisation
Competencies
Behaviours
Build capacities and
intentions
Courage and
wisdom to engage
with the tasks





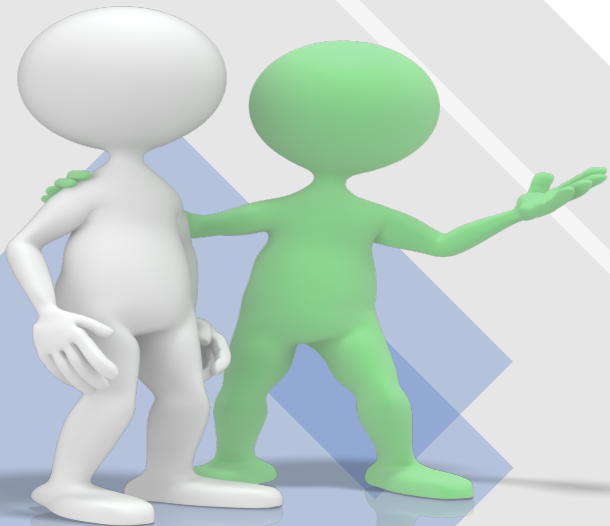
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History and Science



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Science Background

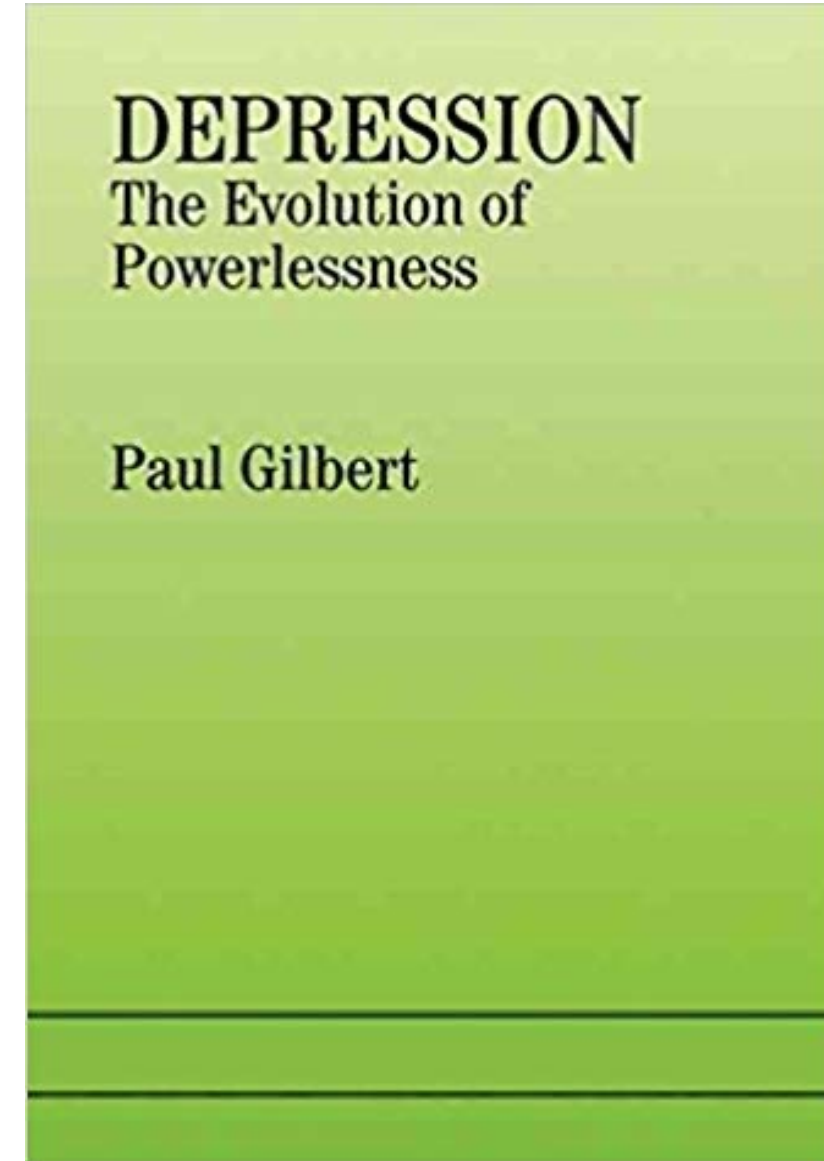
**Depression:
From Psychology to
Brain state**

Paul Gilbert

1984



1989



1992

Depression: From Psychology to Brain State

Paul Gilbert

**The ways social and psychological
processes change physiologies and how
psycho-social therapies need to address
those changes**

Brain State Theory

The need to be needed/valued/wanted

1984

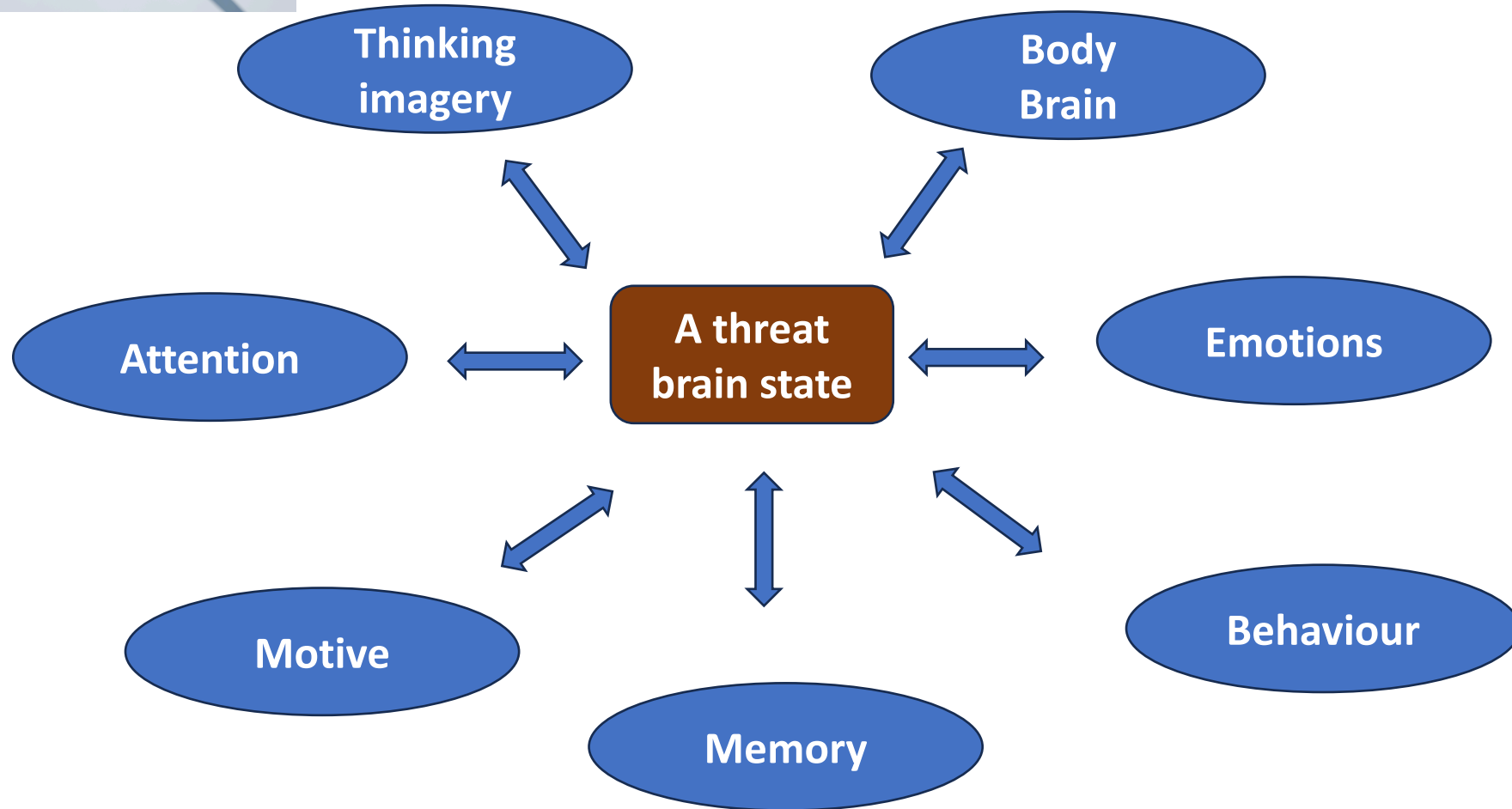


**Depression: From Psychology
to Brain State**

Paul Gilbert

Depression:
From psychology to
brain state (1984)

CFT is a Brain State Approach

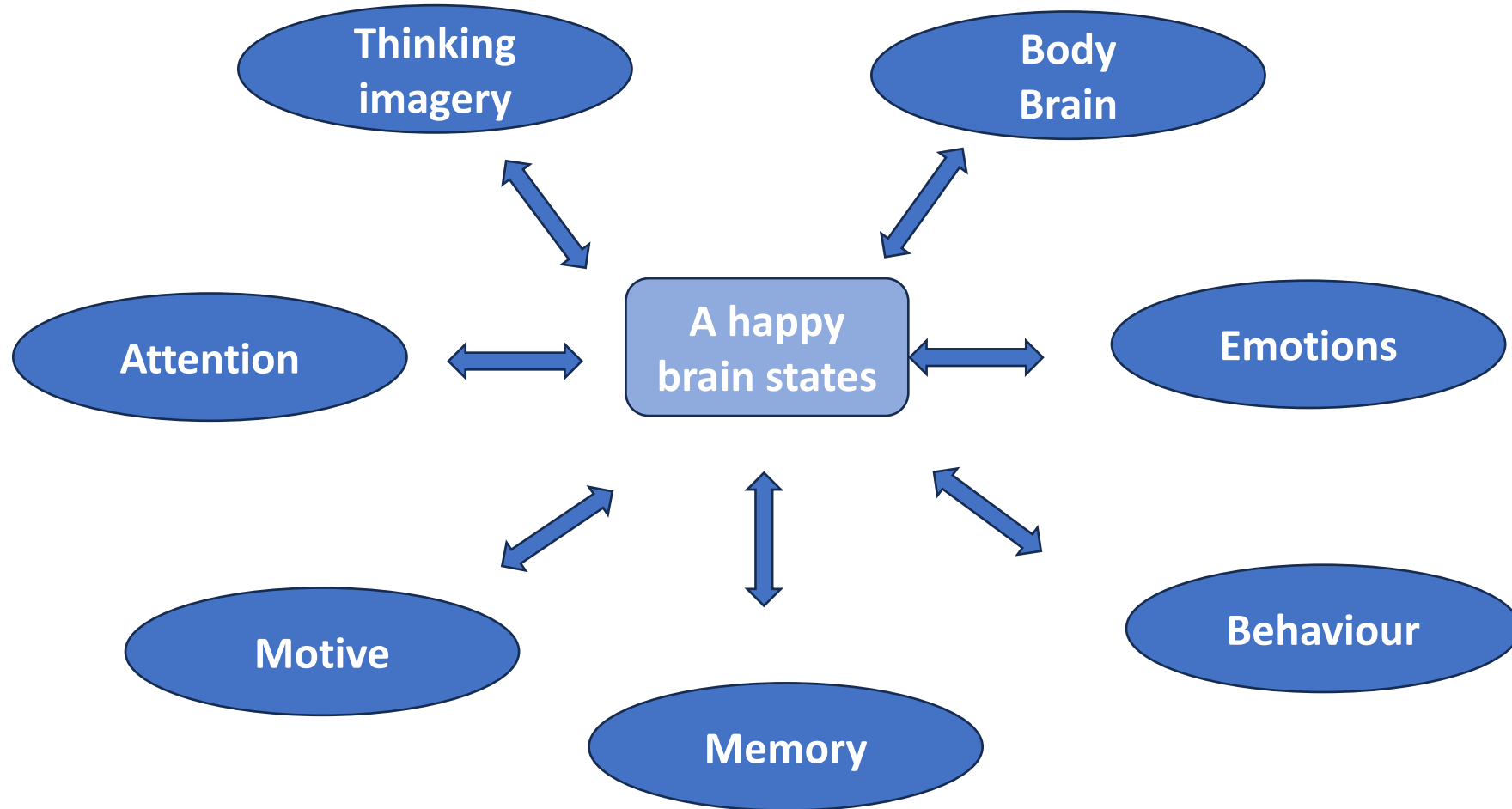


Notice how a brain state such as a threat brain state is associated with what we are paying **attention to**, how we are **thinking**, what is happening to our **emotions**, what we want to do (**motives**), things we might be remembering etc

That brain state therefore represents an organisation and pattern of these processes



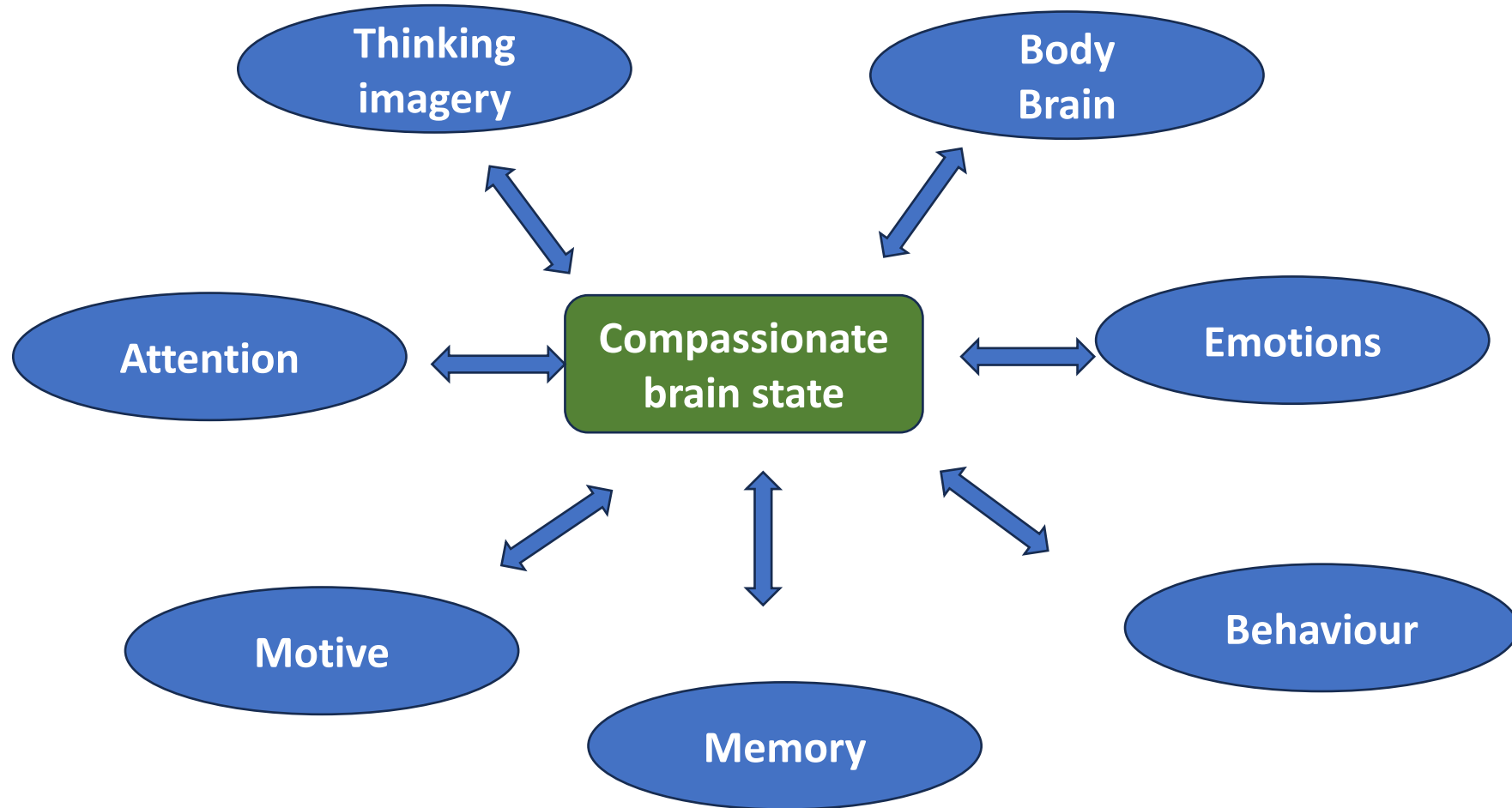
CFT is a Brain State Approach



Notice how a happy brain state compares to a threat brain state.

It has a different focus for:
our **attention**
our **thinking**,
our **emotions**,
our **motives** and
our **behaviours**

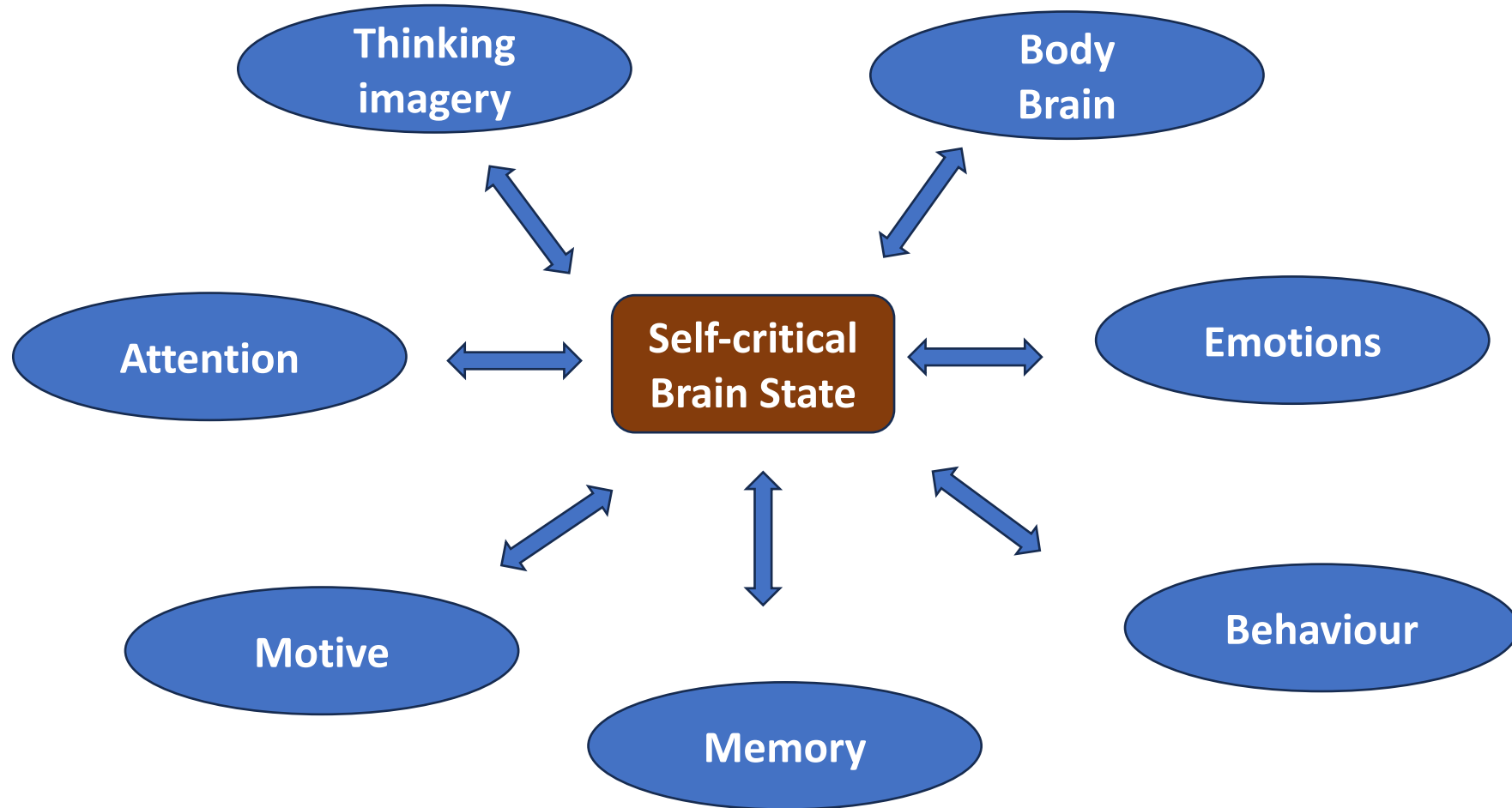
CFT is a Brain State Approach



If we are in, or moving towards a compassionate brain state then we can see this will affect

our **attention**
our **thinking**,
our **emotions**,
our **motives** and
our **behaviours**

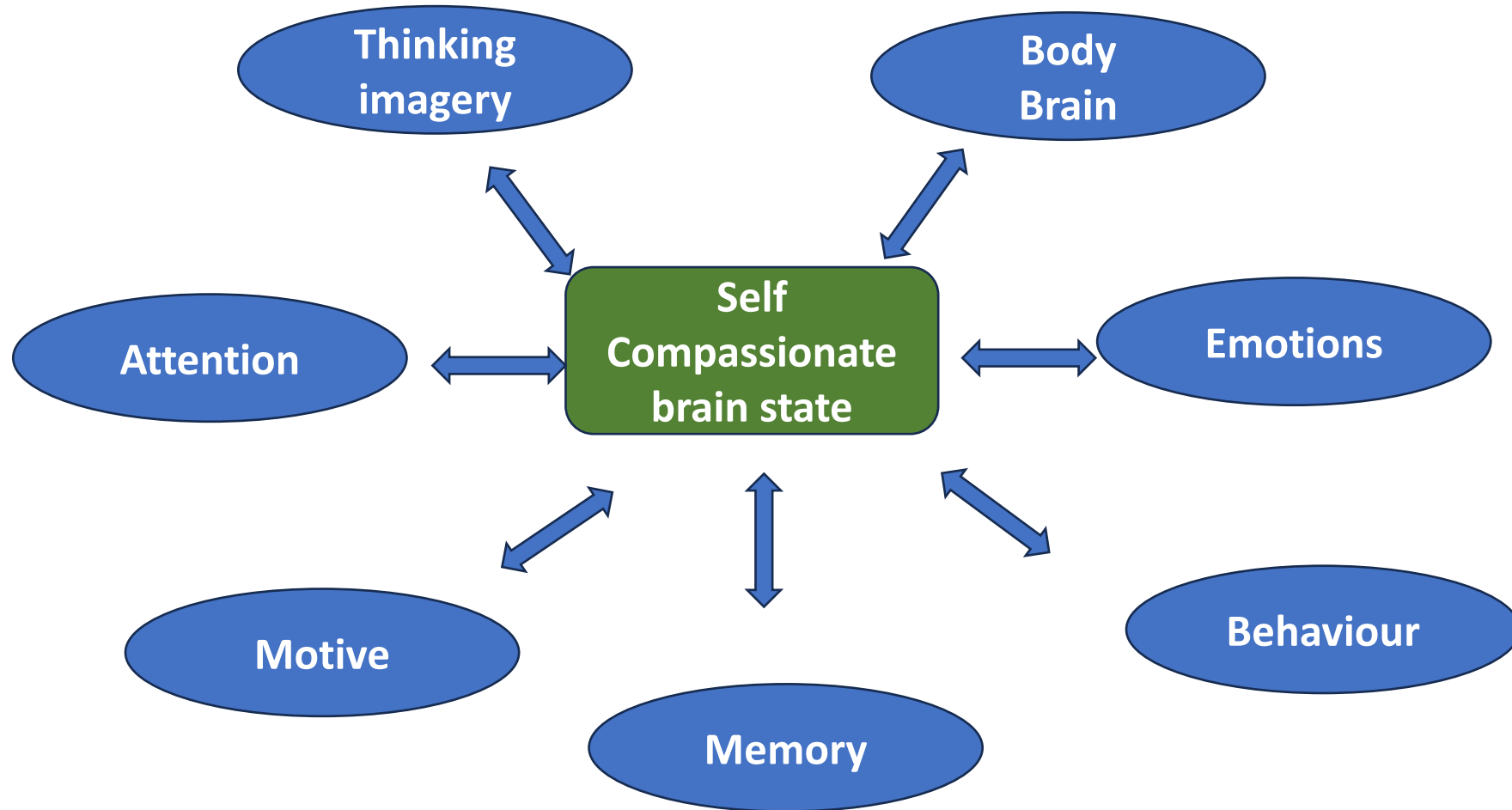
CFT is a Brain State Approach



If in contrast if we are
in a harsh and hostile
self-critical brain state
then

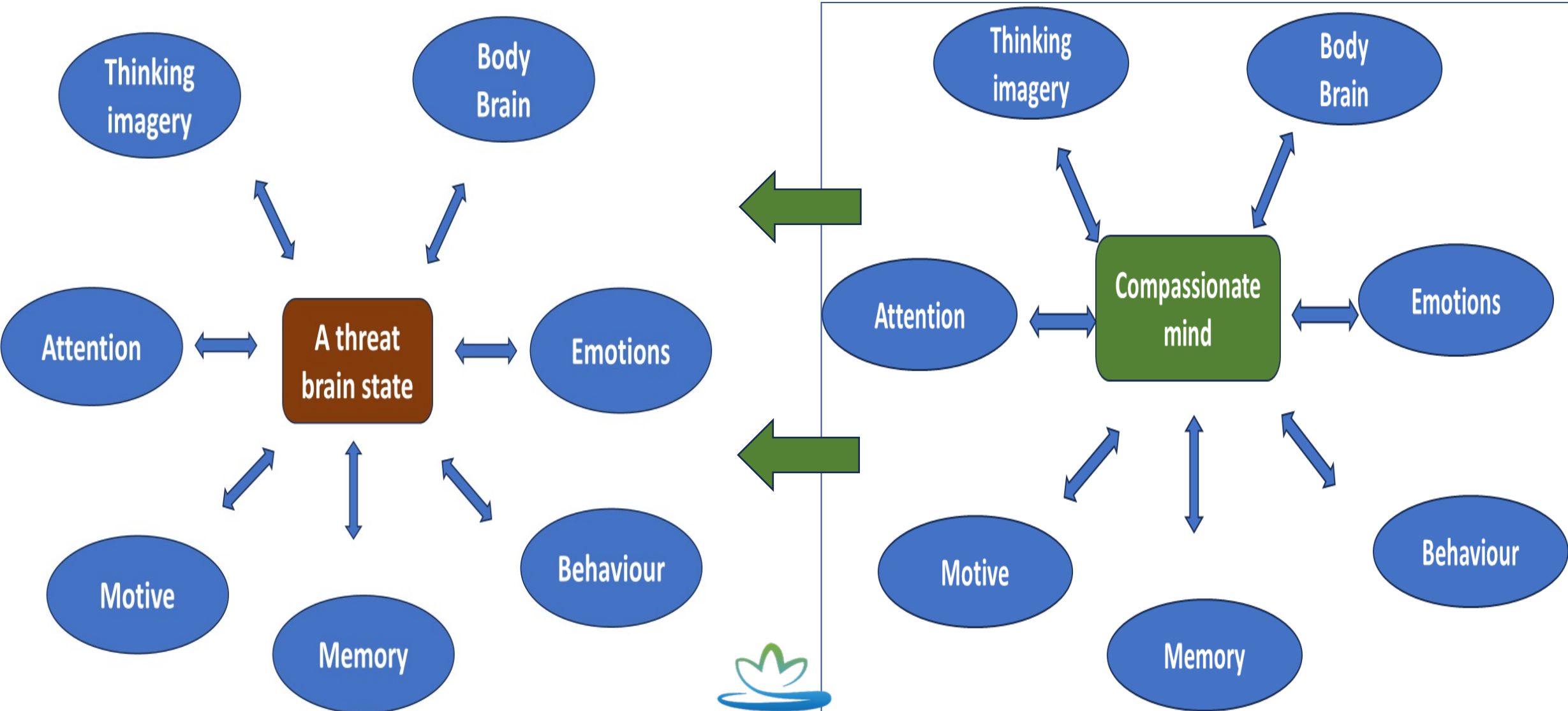
our **attention** ,
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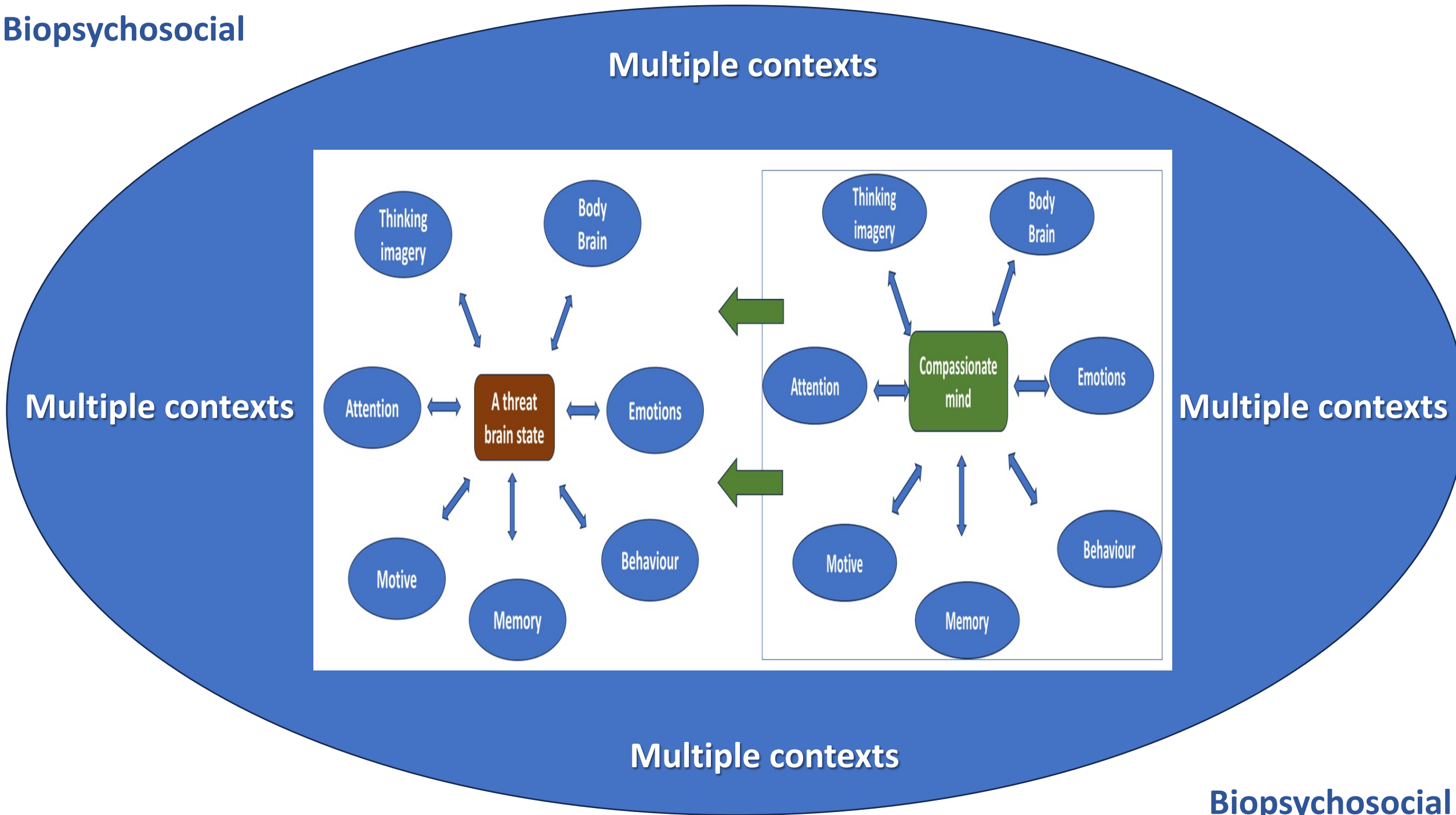
CFT is a Brain State Approach



When we find ourselves into a harsh self-critical state maybe because we have failed at something we might decide that switching to a more courageous and wise compassionate brain state would be more helpful to us and to do that we were changed our attention the way we think and our behaviour towards ourselves

By learning to stimulate and activate our compassionate brain state we can use it to work with other brain states







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Familiarising clients with brain state and brain state switching



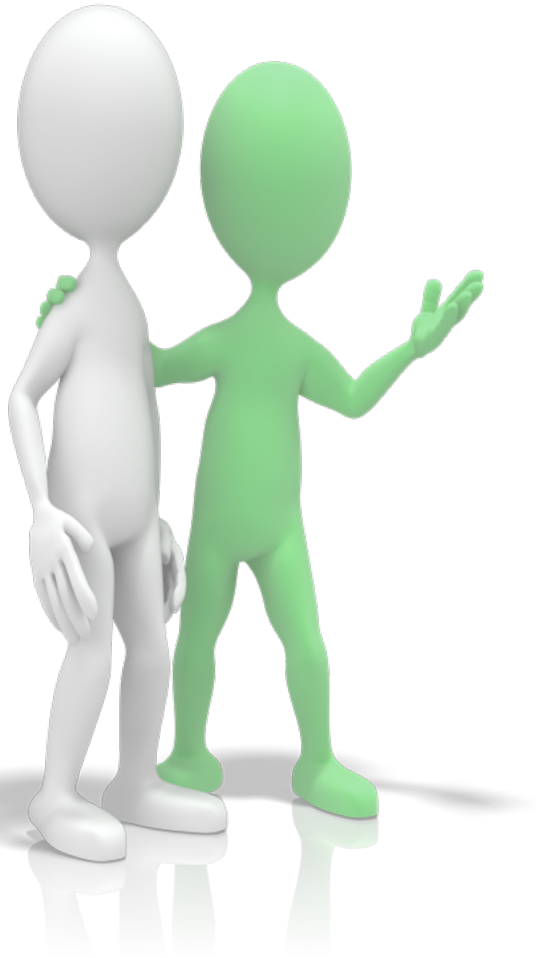
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How can compassion help our body and brain and why and how to cultivate it



So now that we have seen that basically our brains create all kinds of patterns and we become conscious of those patterns and have emotions and feelings

Getting to understand how these patterns are generated and how we can change them is part of what we do in compassionate mind training

We are now going to do some personal explorations on how our minds create different patterns and brain states within us. We are going to ask you to imagine certain scenarios and see what happens in your body when you do





How our motives and mental states affect our brain and bodies

Scenario 1

You have a *small* worry. nothing too major but for moment just bring that worry to mind and focus on it



Brain and Body

Now pull out of the imagery and observe your attention and your thoughts

What are you feeling?

What is happening in your body?

Scenario 2

Someone has annoyed you. Bring that annoyance to mind and how you want to get your own back



Brain and Body

Now pull out of the imagery and observe your attention and thoughts?

What are you feeling?

What is happening in your body?

Scenario 3

Tomorrow you are going on holiday that you have been planning for a while and really looking forward to it



Brain and Body

Now pull out of the imagery and observe attention and your thoughts?

What are you feeling?

What is happening in your body?

Scenario 4

Maybe something you saw on television has stimulated some erotic fantasies



Brain and Body

Now pull out of the imagery and observe your attention and your thoughts?

What are you feeling?

What is happening in your body?

What we focus on affects our brain and bodies

Scenario 1

You have a *small* worry. nothing too major but for moment just bring that worry to mind and focus on it



Scenario 2

Someone has annoyed you and you are going over the annoyance and how you want to get your own back



Scenario 3

Tomorrow you are going on holiday that you have been planning for a while and really looking forward to it



Scenario 4

Maybe something you saw on television has stimulated some erotic fantasies



Did you notice your ability to switch brain states by your focus?

CFT is about helping people to switch brain states, because when we switch brain states we can change a lot of processes at once, including our physiology

What we focus on affects our brain and bodies

Scenario 1

You have a *small* worry. nothing too major but for moment just bring that worry to mind and focus on it



Scenario 2

Someone has annoyed you and you are going over the annoyance and how you want to get your own back



Scenario 3

Tomorrow you are going on holiday that you have been planning for a while and really looking forward to it



Scenario 4

Maybe something you saw on television has stimulated some erotic fantasies



Did you notice...

...your focus?

Why is...

Because you are tapping specific social mentalities with psychophysiological systems underpinning them

...way it does to these images?

CFT is about helping people change brain states, because when we switch brain states we change a lot of processes at once, including our physiology



How can compassion help our body and brain and why should we try to cultivate it?

Compassion 1

You were worried or upset about something and you talked to a friend and they were really helpful so you are just reflecting on how helpful your friend was



Brain and Body

Now pull out of the imagery and observe

Where is your attention and your thoughts?

What are you feeling?

What is happening in your body?

Compassion 2

A friend of yours was worried or upset and you were able to help them and you are reflecting feelings of pleasure because you could help them



Brain and Body

Now pull out of the imagery and observe

Where is your attention and your thoughts?

What are you feeling?

What is happening in your body?





How can compassion help our body and brain and why should we try to cultivate it?

Compassion 1

You were worried or upset about something and you talked to a friend and they were really helpful so you are just reflecting on how helpful your friend was



Compassion 2

A friend of yours was worried or upset and you were able to help them and you are reflecting feelings of pleasure because you could help them



So, we can notice that when we have a compassionate motivation focus, it can change our brain and body state -

It will have an impact on other potential brain states (like threat)

However, sometimes for various reasons we can struggle to activate these 'compassion' brain states, which is why compassionate mind training can be difficult





How can compassion help our body and brain and why should we try to cultivate it?

Compassion 1

You were worried or upset about something and you talked to a friend and they were really helpful so you are just reflecting on how helpful your friend was

Compassion 2

A friend of yours was worried or upset and you were able to help them and you are reflecting feelings of pleasure because you could help them



So, we can notice that when we have a **compassion focus**, it can change our brain and body state - **helping us to move away from threat and towards safety**

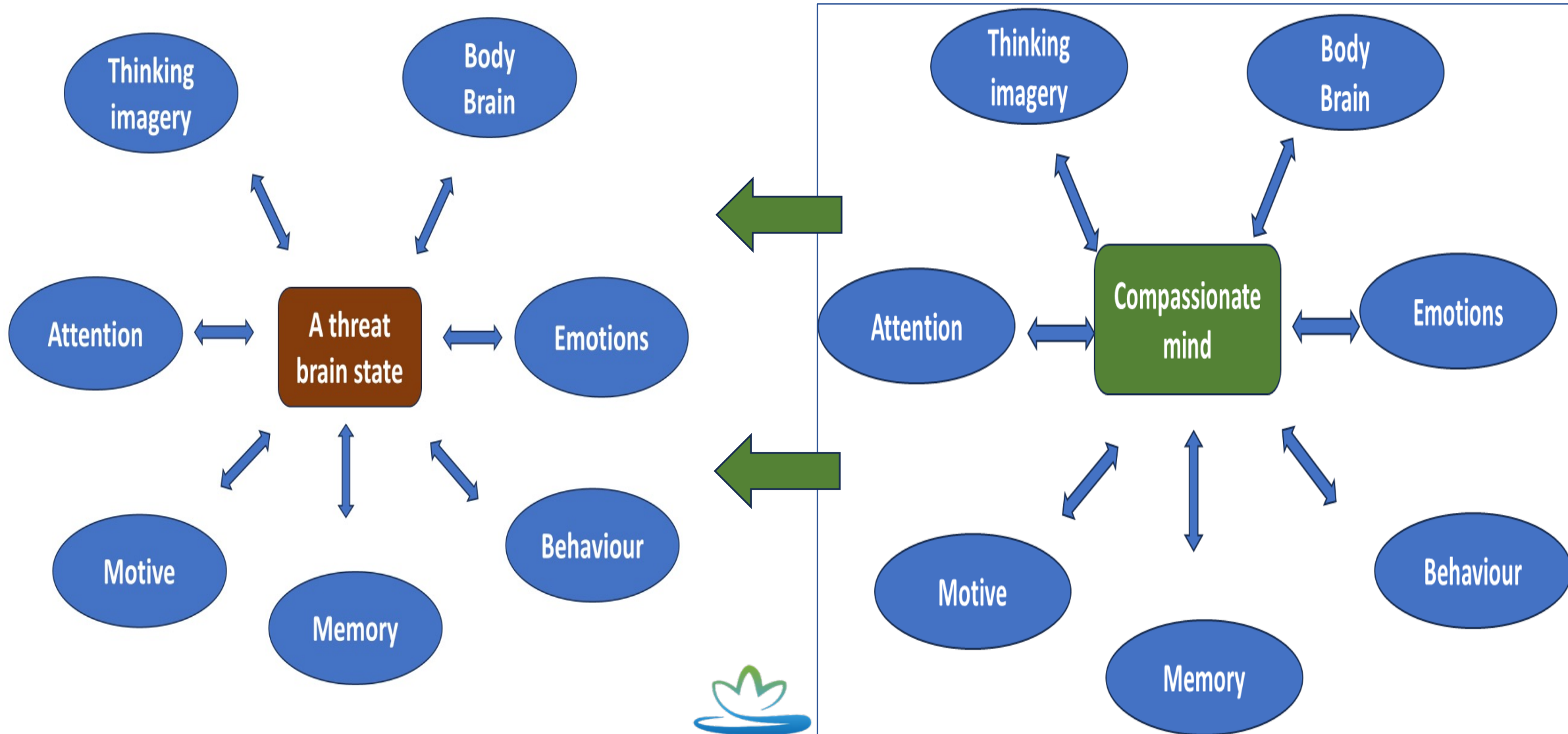
Because you are tapping specific social mentalities with psychophysiological systems underpinning them

...over potential brain states (like threat)

However, sometimes for various reasons we can struggle to activate these 'compassion' brain states, which is why compassionate mind training can be difficult



By learning to stimulate and activate our compassionate brain and mind state we can use it to work with other states of mind





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Evolution Builds Brains and Bodies



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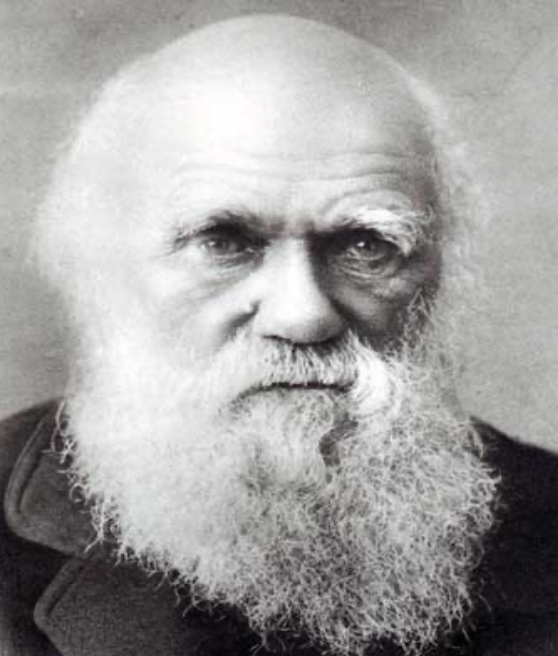
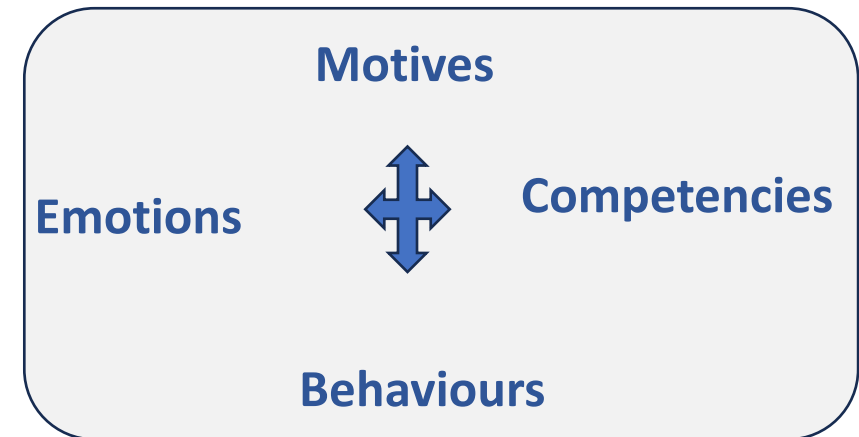


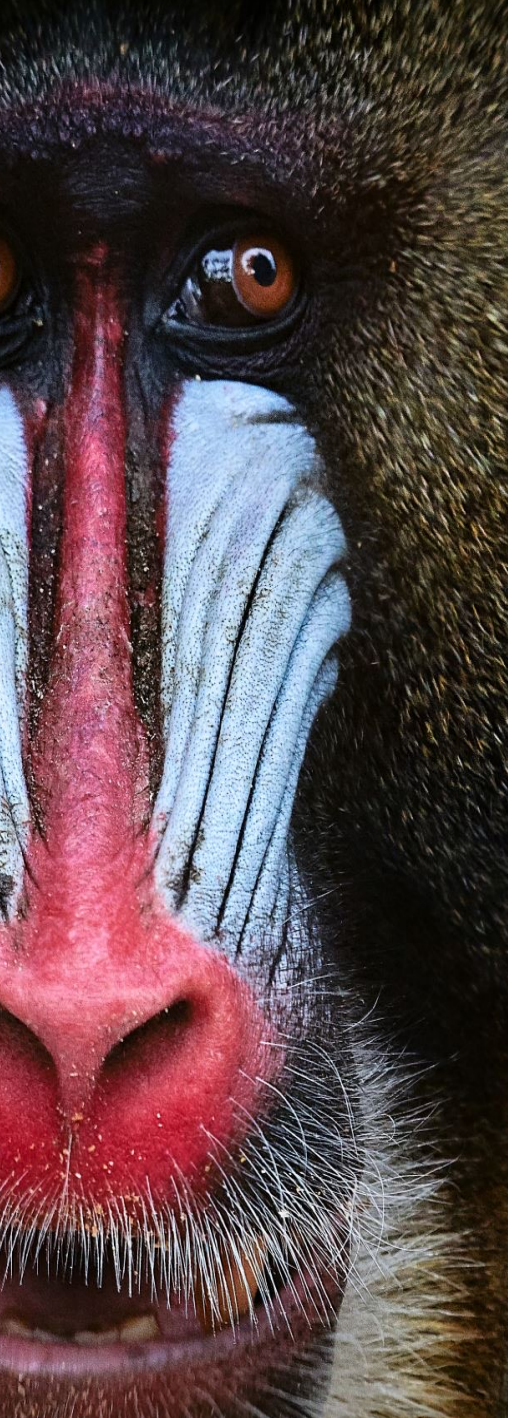
Mind: Where from and how built?

Charles Robert Darwin,
12 February 1809 – 19 April 1882

The process of change via natural selection from the
challenges of survival and reproduction -

The three challenges of life and the four functions of mind





The reality of biological beings

All living things are created by DNA --with forms that facilitate survival and reproduction -- no ultimate meaning -

Buddha -- endless cycle of birth and decay and death from which we seek to escape the cycle of rebirth

We did not choose to come into existence -- our brains and bodies are built for us not by us

To address suffering requires us to address the causes of suffering that arises from being a DNA created life forms -- **develop ethical responsibility**

Like other animals we can only live as gene-built, socially shaped, unchosen versions *until* we develop **mindful awareness plus scientific awareness**

Live to be helpful not harmful to self and others

Core reciprocal
interacting domains of
functioning

Life Tasks

Basic Motives and Needs

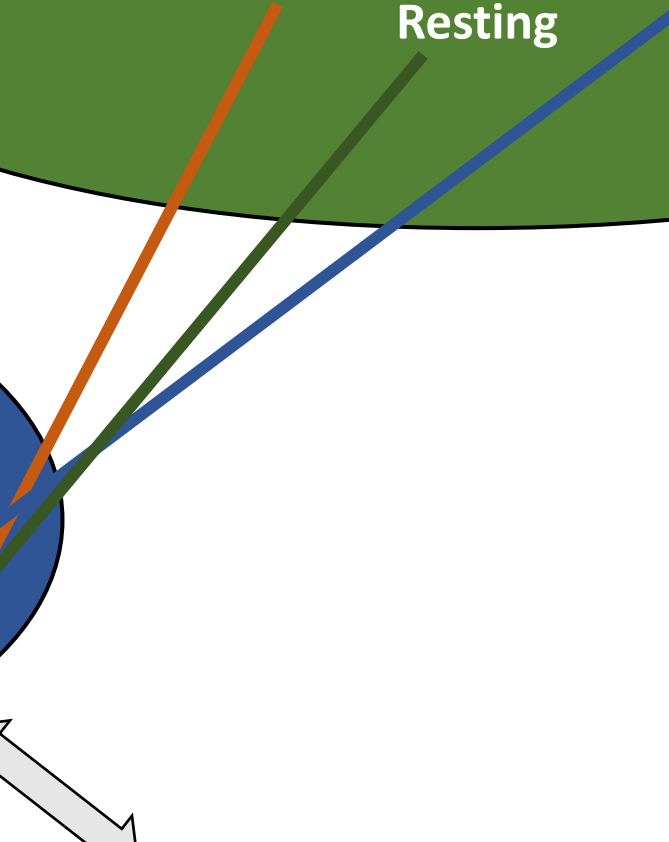
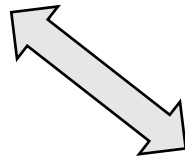
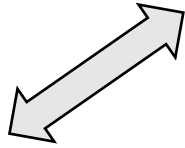
1. Harm avoidance, 2. Acquiring, 3. Resting

Emotions

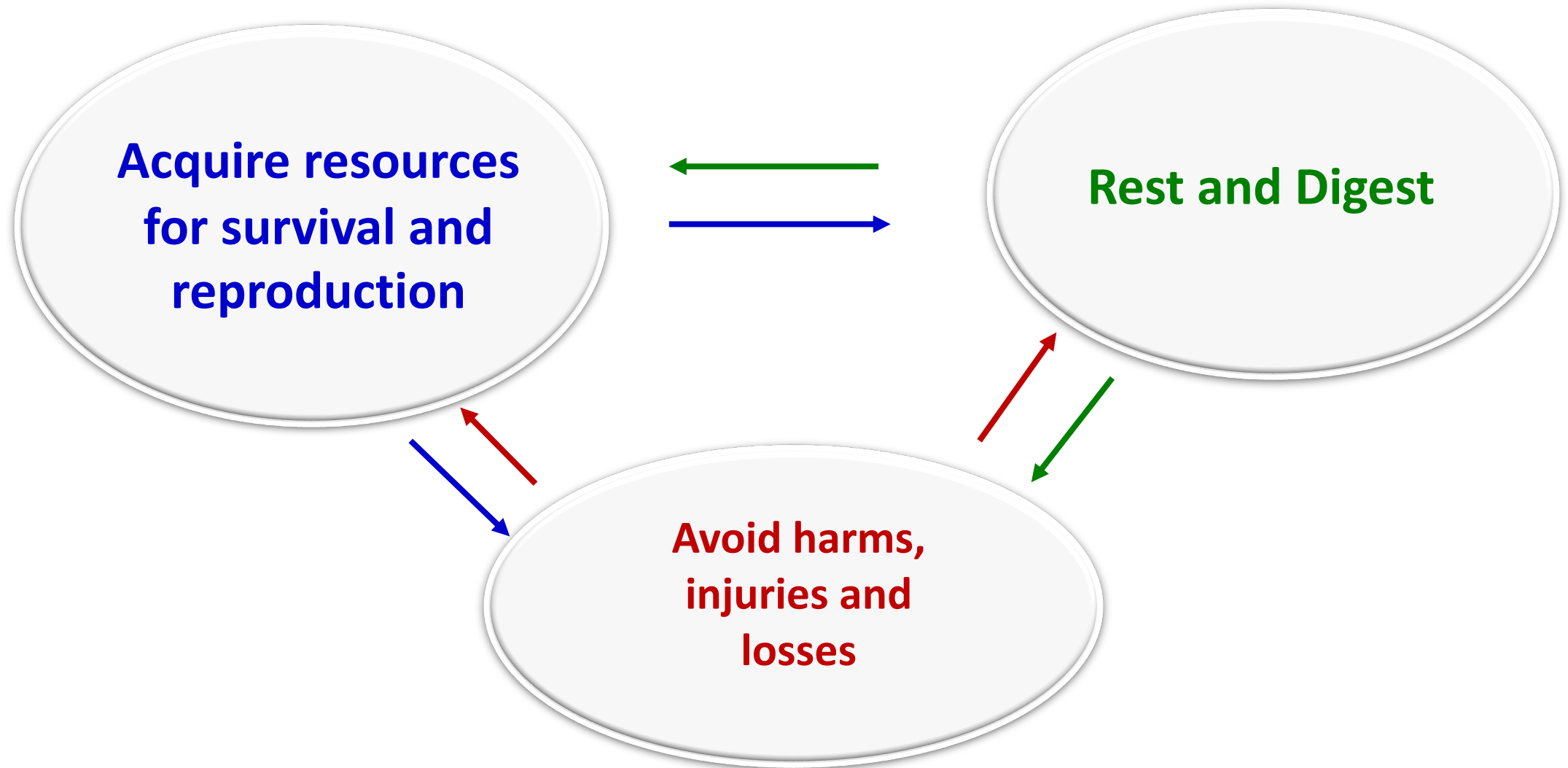
Serve and guide motives.
Create body states for
attention and actions.
Send and responding to
(social) signals

Drive Rest

Threat



The three life tasks and motives





1989/2016

Basic Social Motives: Social Mentalities

Care giving - Care seeking
Cooperating - Competing
Sexuality

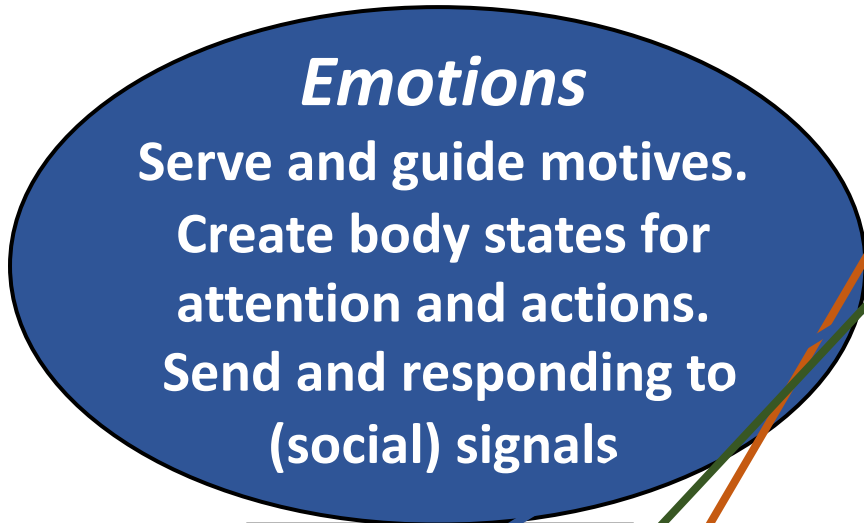
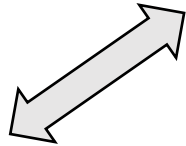
Safe
Helpful
Competent

Unsafe -threat
Unhelpful
Incompetent

Guilt evolve from
care motive

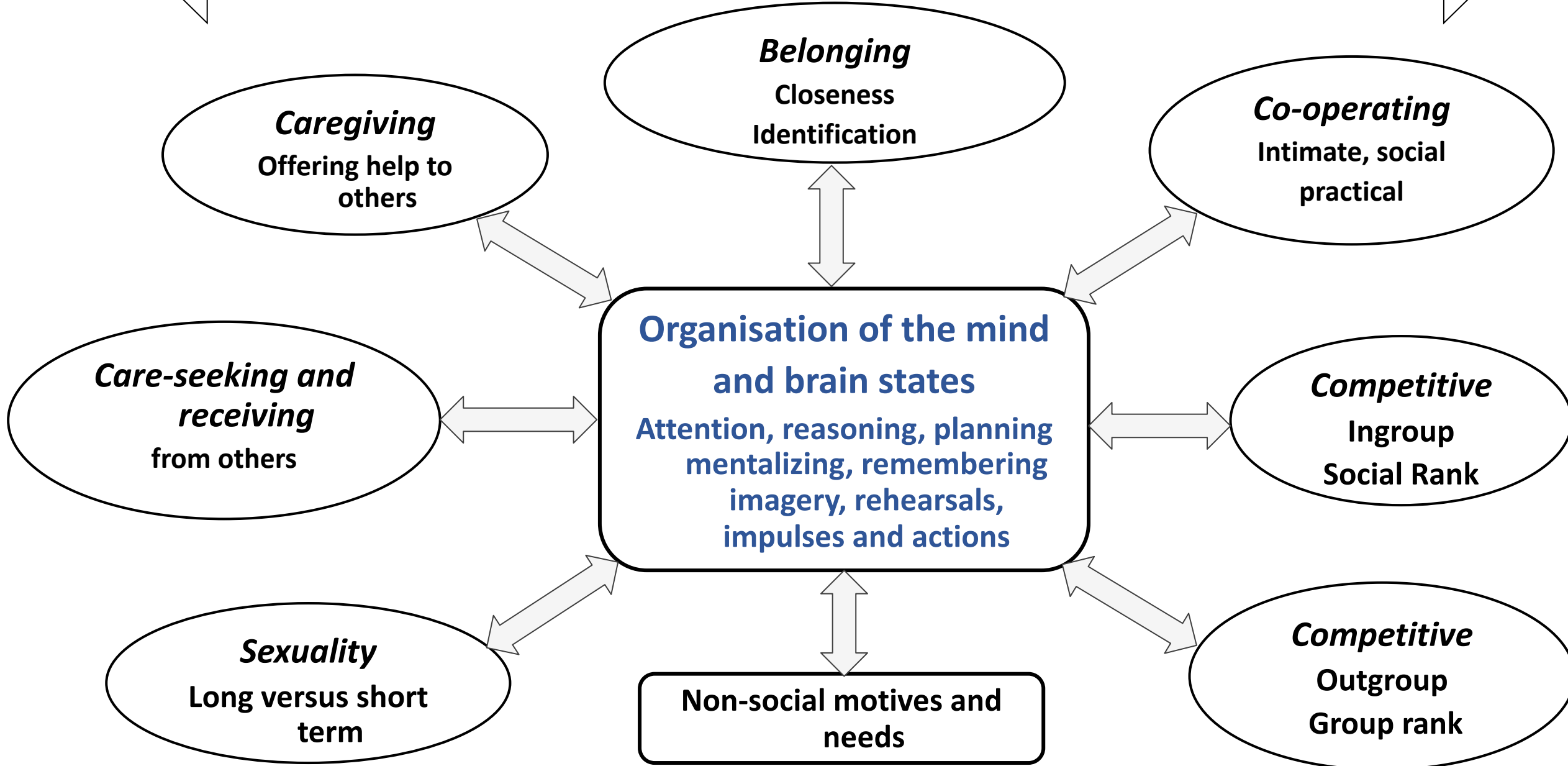
Shame evolved from
rank and competitive
motive

Core reciprocal
interacting domains of
functioning

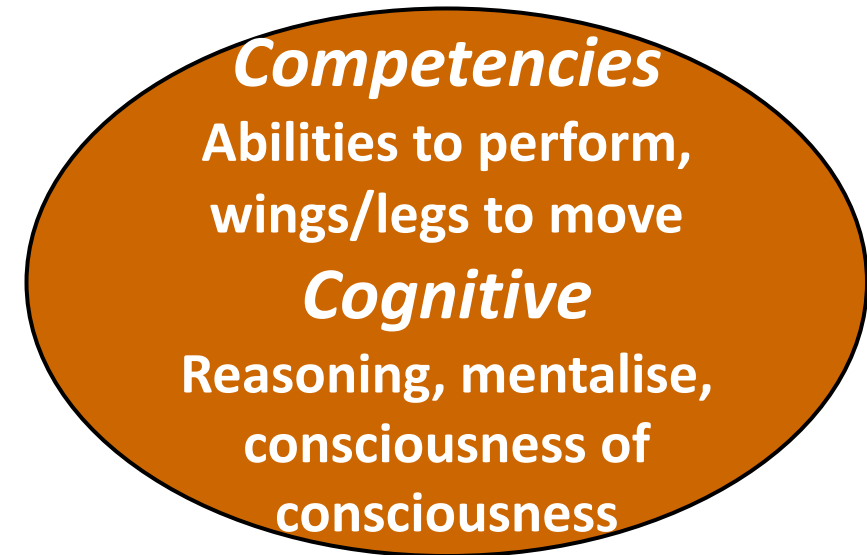
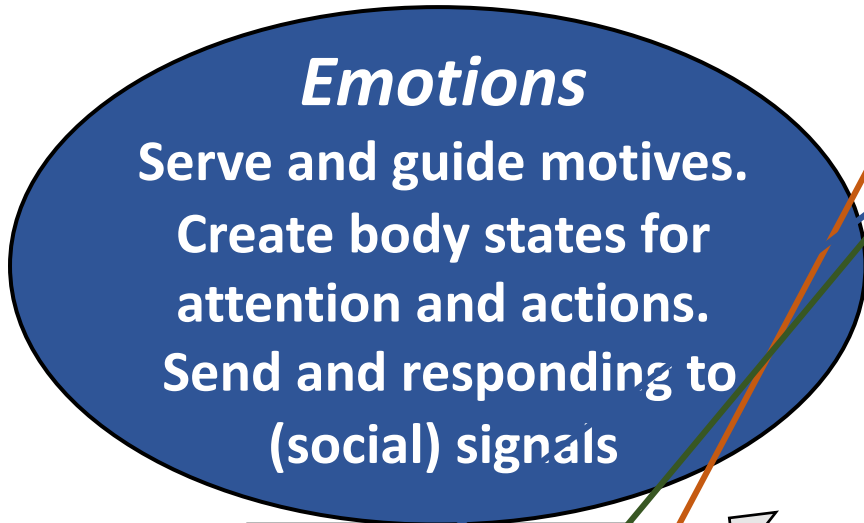
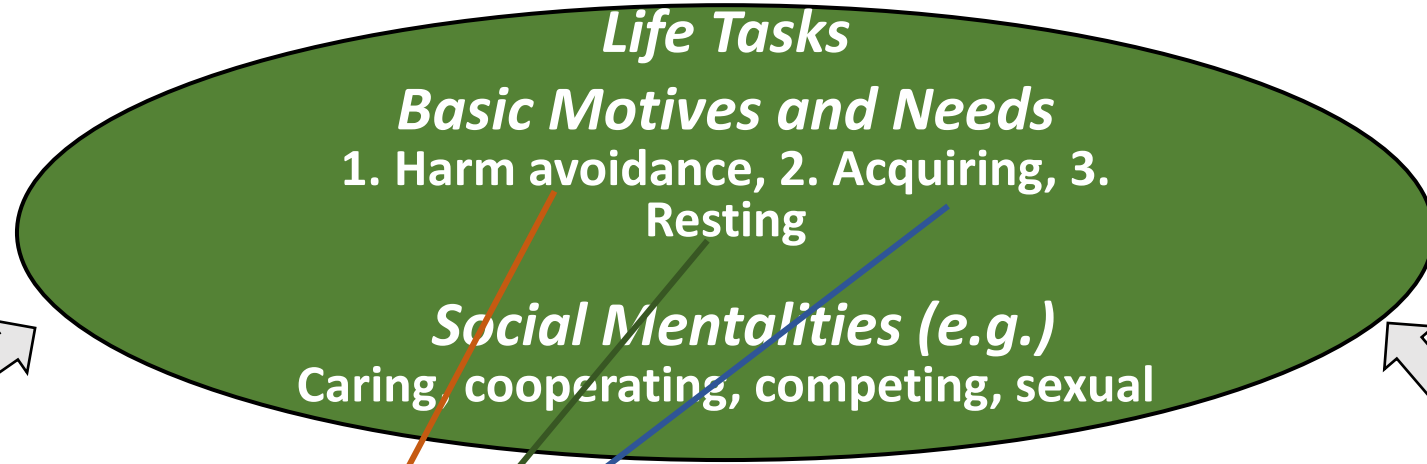


Our different social motivations and relation forming abilities (social mentalities) can be once which are harmful joyful and soothing -- hence they are major regulators of our emotion systems and brain states

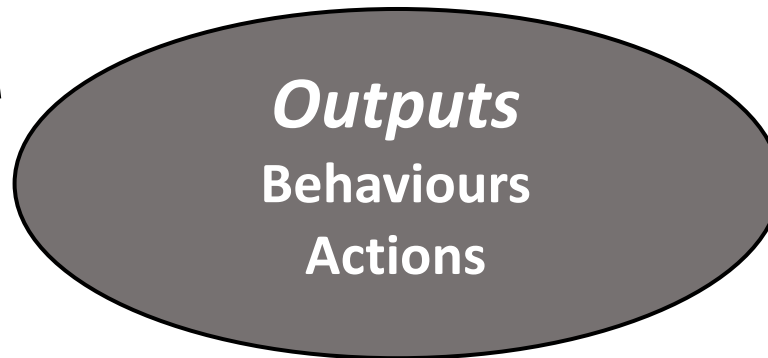
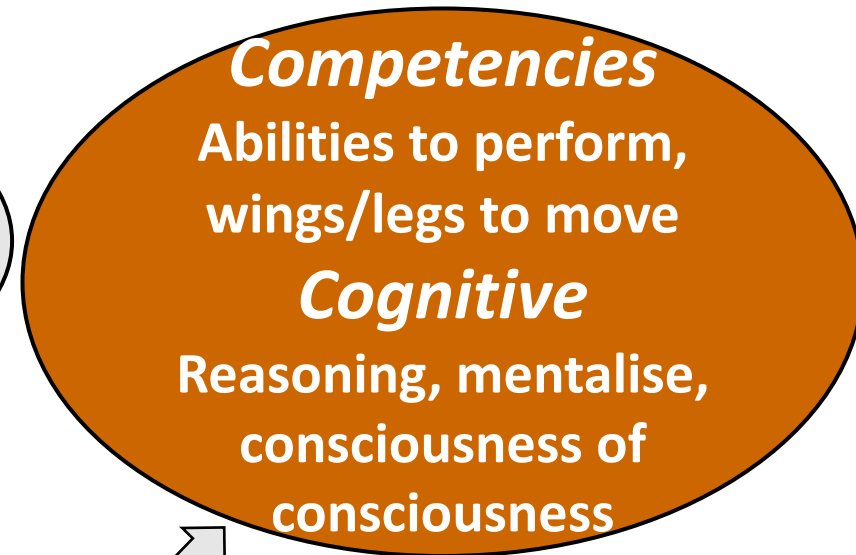
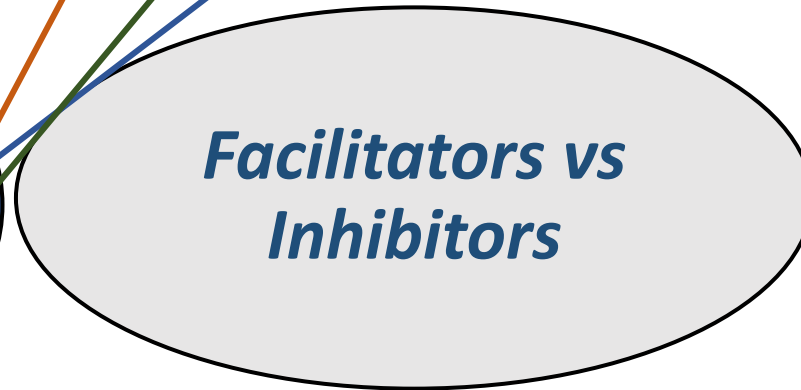
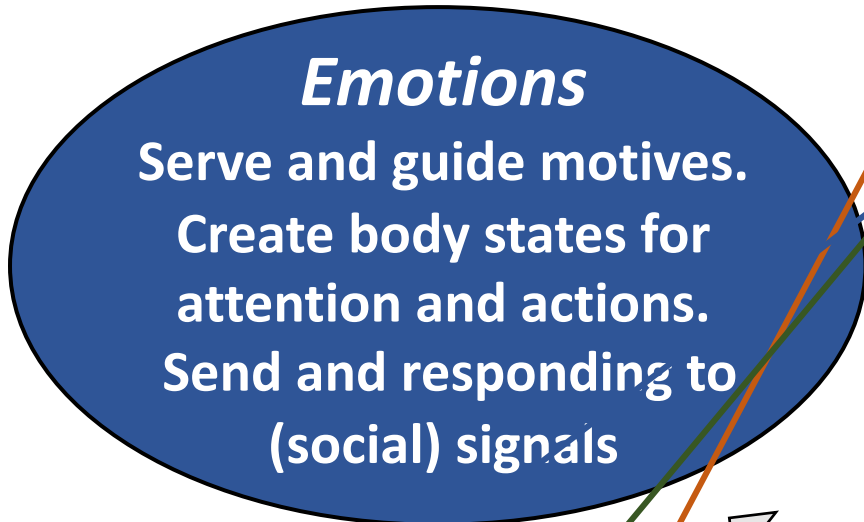
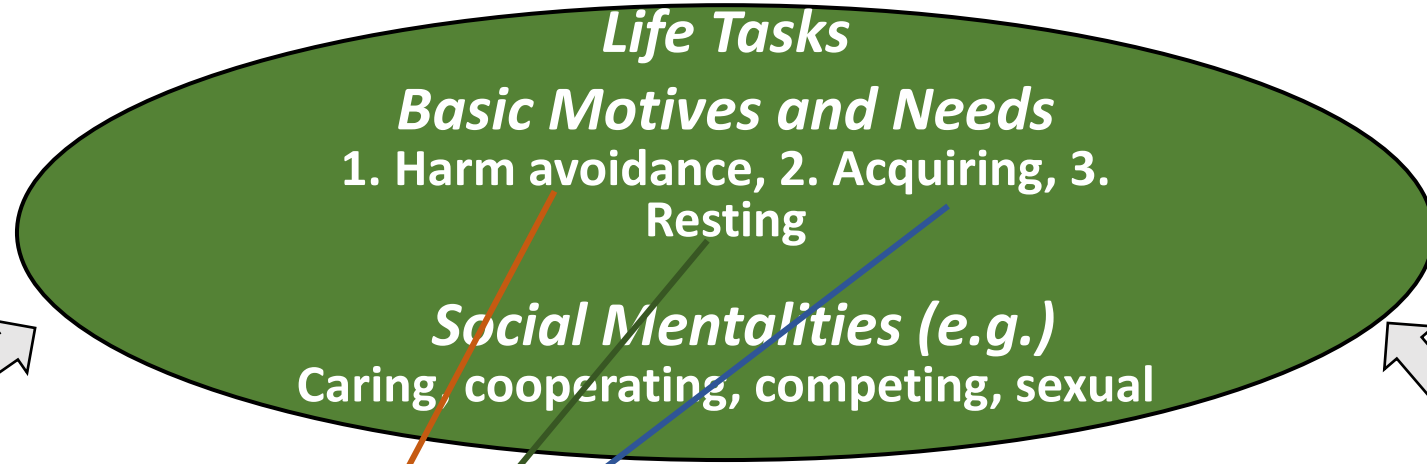
Domains of closeness - control: intimate, personal, social, public



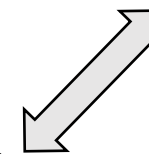
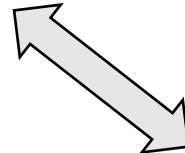
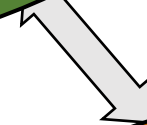
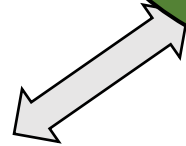
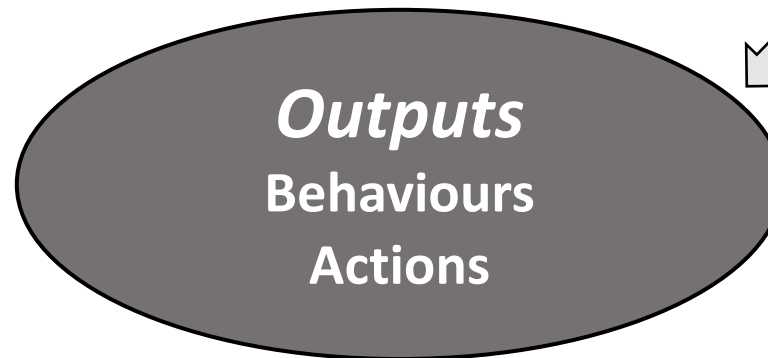
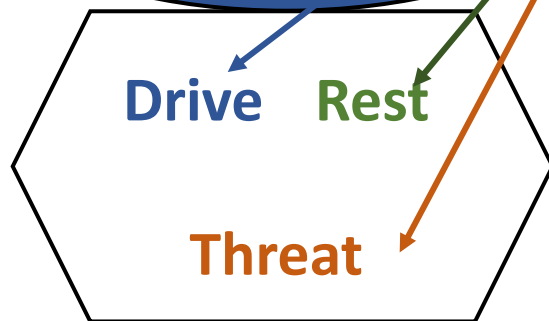
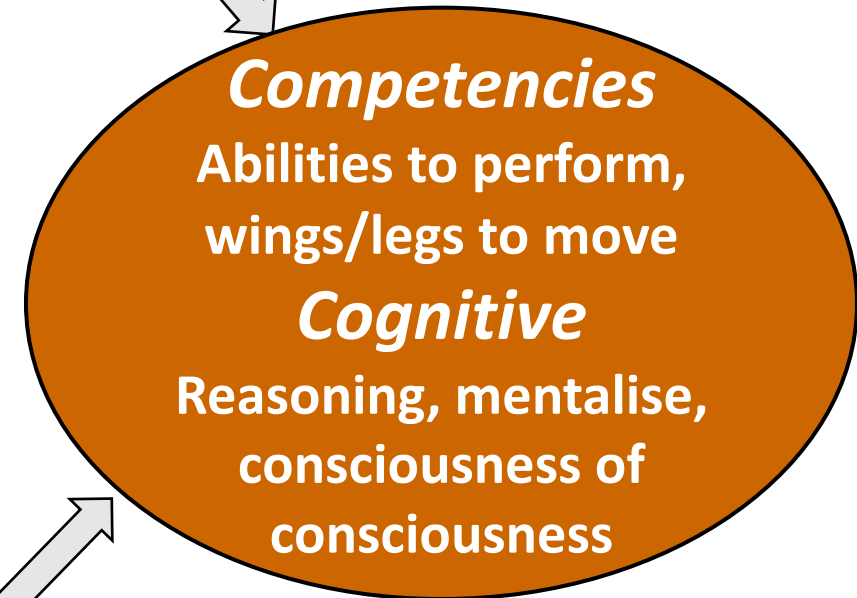
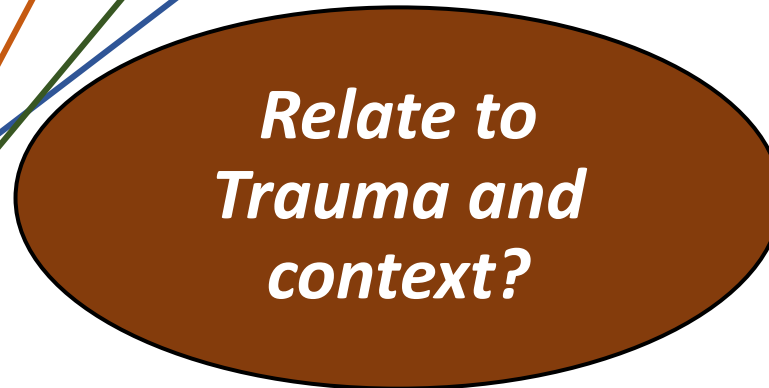
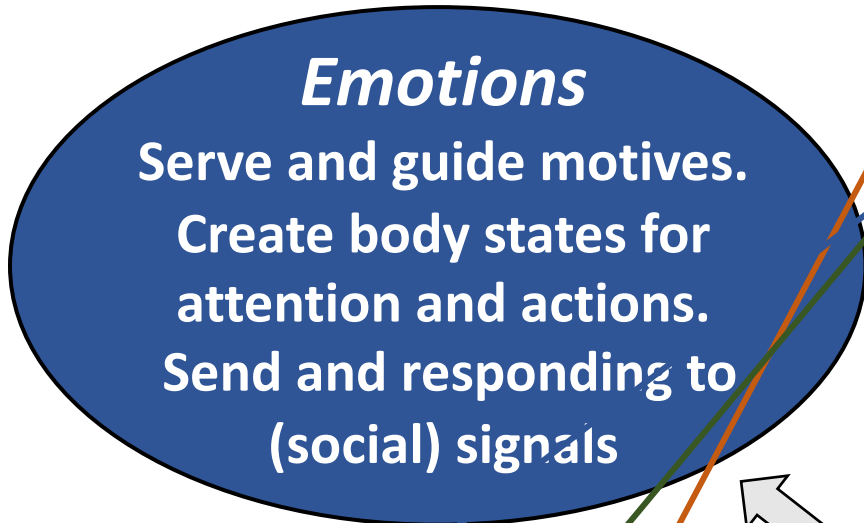
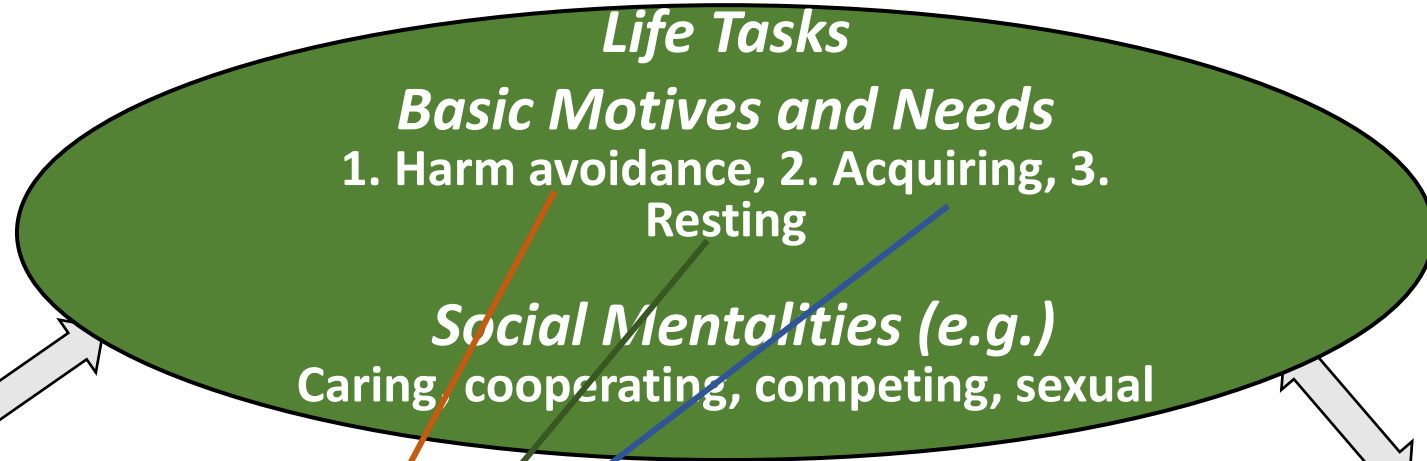
Core reciprocal
interacting domains of
functioning



Core reciprocal
interacting domains of
functioning



Core reciprocal
interacting domains of
functioning



Drive

Rest

Threat

Outputs

Behaviours

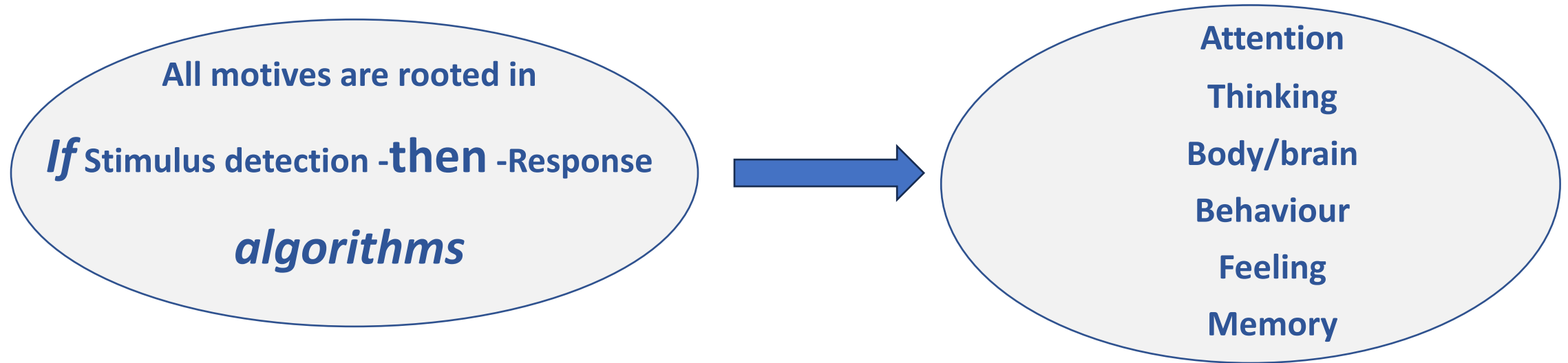
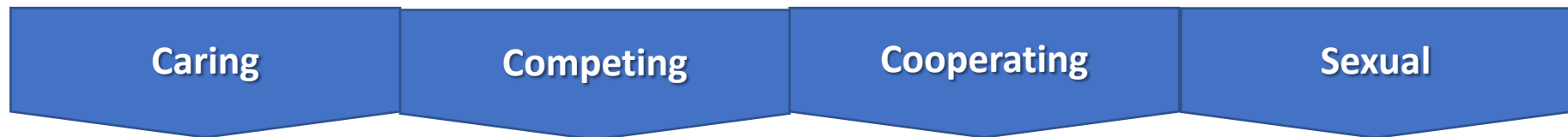
Actions

Core reciprocal
interacting domains of
functioning



Motives are evolved guidance systems that organise the mind to pursue biosocial goals
(Gilbert 1989)

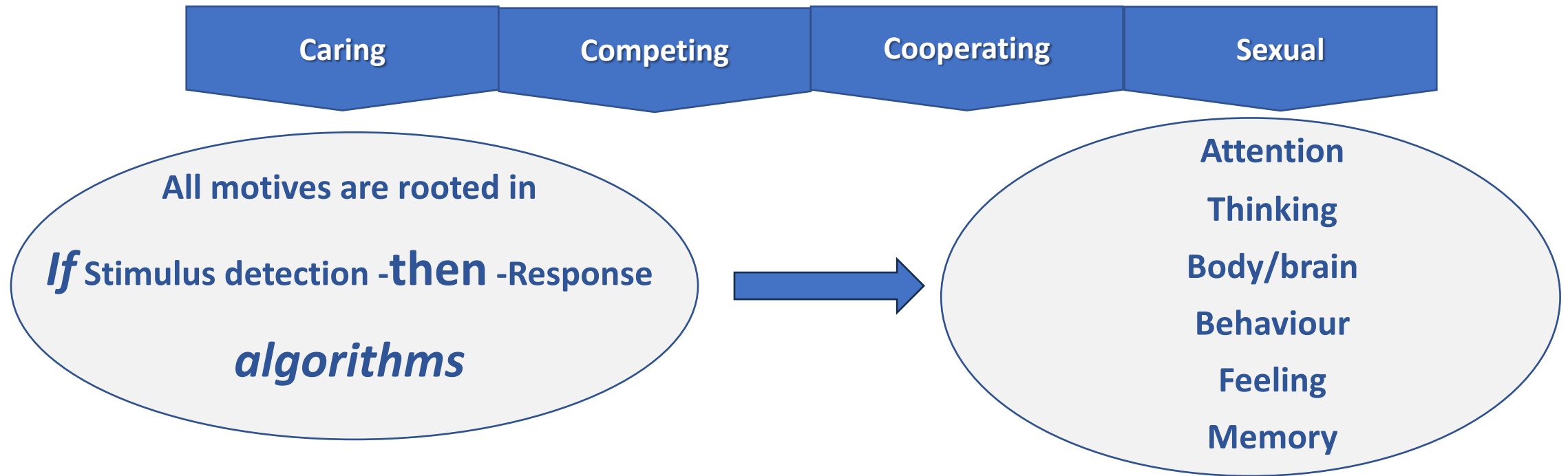
Not just passive and reacting but also seeking - wanting and needing



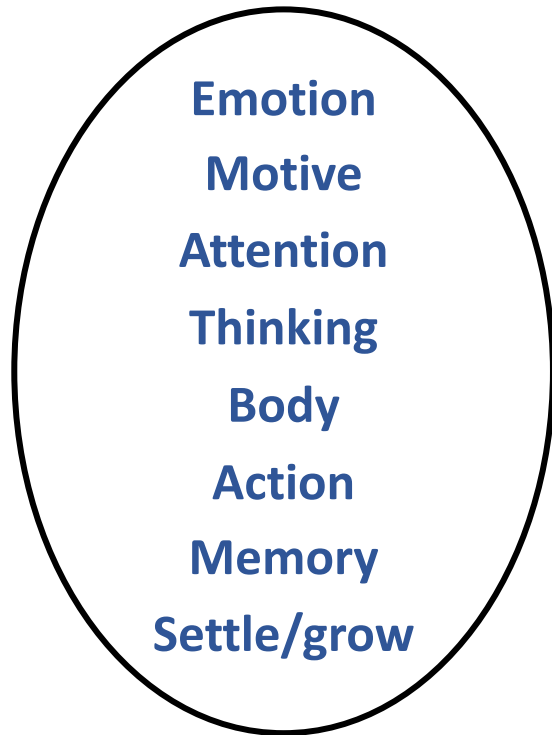
Core reciprocal
interacting domains of
functioning



What are the interpersonal motives (social mentalities) your client coming to therapy
Motives are often multiple and can be in conflict with each other
May not always be consciously available -- mind mapping - and basic skill noted before



Multiplicity of Mind



All mental phenomena can be understood in terms of their multiple components

Multiple components are what make up brain states

How will this help you as a therapist?

You're working with the content of minds

Discovering our internal relationships to social mentalities and multi-mind

We are multi minded

Have both conscious and nonconscious processes

Underpins dilemmas and conflicts

Brain states as patterns that require differentiation - 'part of me' is actually different mini-brain systems

Crucial to understand tricky brain



Discovering our internal relationships about social mentalities and multi-mind

We are multi minded

Have both conscious and nonconscious processes and potentials

Underpins dilemmas and conflicts

Brain states as patterns that require differentiation - 'part of me' is actually different mini-brain systems

Crucial to understand tricky brain

Monkey mind as restless at times chaotic



CFT and cross-approach processes and examples of interventions used in CFT; Hence a compassion *focused* approach

Basic micro skills. Open vs closed questions, paraphrasing, summarising, reflecting, nonverbal communication, pacing, the therapeutic relationship, alliance building, motivational interviewing, use of silence.

Therapy Process. Collaboration, Socratic dialogues and guided discovery, personal meaning, shared formulation and model, shared therapy aims inference chains – (bottom line/catastrophe/major fear/threat), functional analysis, chaining analysis, looping, mind mapping, reframing, developing emotional tolerance, maturation, empathic connections, diagraming, exposure, boundaries enacting (becoming).

Change through guided practice. Behavioral experiments, mindfulness, guided imagery, expressive writing, generating alternative thoughts *and* independent out-of-session practice - to name a few!

But what
are the
motives?

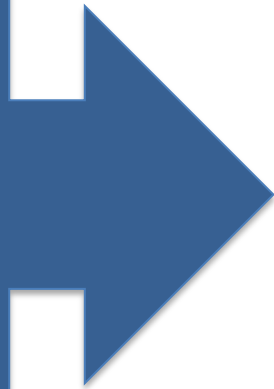


CFT - cross-approach processes and seven functions of therapy

What?

Why?

How?



Awareness

Differentiation

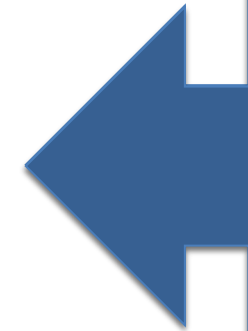
Tolerance

Integration

Cultivation

Transformation

Adaptation



**But what
are the
motives?**

Our brains are built to have these different processes going on in us
We can learn to notice them and work with them

Attention

Emotions

Thoughts

Behaviour
Actions

Motives



My body is helping to
create and respond to
these things too

Awareness

Differentiation

Tolerance

Integration

Cultivation

Transformation

Adaptation



Compassion can be defined in many ways but in CFT the focus
is as a basic social motive with an *S-R* algorithm

A sensitivity to the suffering/distress of self and others with a commitment
to try to alleviate and prevent it

- *If Stimulus detection then engagement*
 - To approach, understand and (how to) engage with suffering/distress - looking into its causes
- *Then plan and take action*
 - To work to alleviate and prevent suffering/distress – work to acquire wisdom and skills

Each require courage and wisdom

Courage without wisdom could be reckless

Wisdom without courage can be ineffective

Without commitment nothing may happen





Compassion can be defined in many ways but in CFT the focus is as a basic motive with an S-R algorithm

A sensitivity to the suffering/distress of self and others with a commitment to try to alleviate and prevent it

- *If Stimulus detection then engagement*
 - To approach, understand and (how to) engage with suffering/distress - looking into its causes - **Wise Courage**
- *Then plan and take action*
 - To work to alleviate and prevent suffering/distress – work to acquire wisdom and skills - **Wise Courage**

Each require courage and wisdom
Courage without wisdom could be reckless
Wisdom without courage can be ineffective



Guided **discovery**
of the nature
and causes of
suffering

Cultivating appropriate
responses and actions
with courage and
wisdom



Helping clients recognise their intuitive compassion wisdom: Perspective shifting

Invite client to give their views of compassion and what they like don't like or think would be difficult for them .

Suggest they have an intuitive wisdom that might be slightly different to to their thought and invite them for a guided discovery

Invite them to bring to mind a friend that they really like. This is called priming

Ask them to imagine their friend phoning because they are very anxious about needing to go to hospital for a relatively minor operation - they are hospital phobic.

Then use a series of guided Socratic questions

1. What would go through your mind?
2. How would you be with your friend?
3. What would you want to do -- and why



**Very upset
this has
happened**

**We attend, listen and
try to understand.
We are sensitive to
their suffering**

**Help client recognise they have
this wisdom in them already**

**you may note that they were
very empathic or accepting and
non critical**

**You may ask them “if you had
this kind of problem would you
be that way with yourself “**

**We then when we
know what the issue
is try to work out
ways to be helpful
Can be many ways**

**explain that this is how the
therapy will unfold in terms of
being sensitive and trying to
understand the nature of their
distress and then working out
what with them will be helpful**





Oh I see, when we are being compassionate we are *sensitive* to distress and upset (not turning away) and try to understand it (empathy) ---

then we try to work out how to be helpful.

Sometimes these are difficult
and we need courage and wisdom to engage
with suffering and act

**Compassion is: being sensitive to suffering in self
and others and trying to alleviate and prevent it**



**Do not confuse compassion with certain
ways of being compassionate such as love,
kindness etc**

**Compassion as courageous wisdom to engage,
discover and act**



Motivación Compasiva

Evolving motivation to care



Prof Paul Gilbert, FBPSS, OBE

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We have evolved human needs for brain and self development which if unmet causes serious mental health problems

Different motivational differences

BEHAVIORAL AND BRAIN SCIENCES (2005) **28**, 313–395

Printed in the United States of America

A neurobehavioral model of affiliative bonding: Implications for conceptualizing a human trait of affiliation

**Richard A. Depue and
Jeannine V. Morrone-Strupinsky**

*Laboratory of Neurobiology of Temperament and Personality, Department of
Human Development, Cornell University, Ithaca, NY 14853.*

rad5@cornell.edu jvm1@cornell.edu

Affiliation is a dimension related to positive affect associated with communion, **social closeness, warm** and affectionate bonding

Agency reflects the more **competitive**, achievement orientated outcomes with concerns with assertiveness and social rank

Evolved motives have stimulus-response algorithms (*if A then do B*)

if predator *then* activate arousal and run/hide



if food *then* approach salivate and eat-digest



if reproduction *then* approach and court



if threaten by other *then* go down and submit



if (infant) distressed/needing *then* act to alleviate

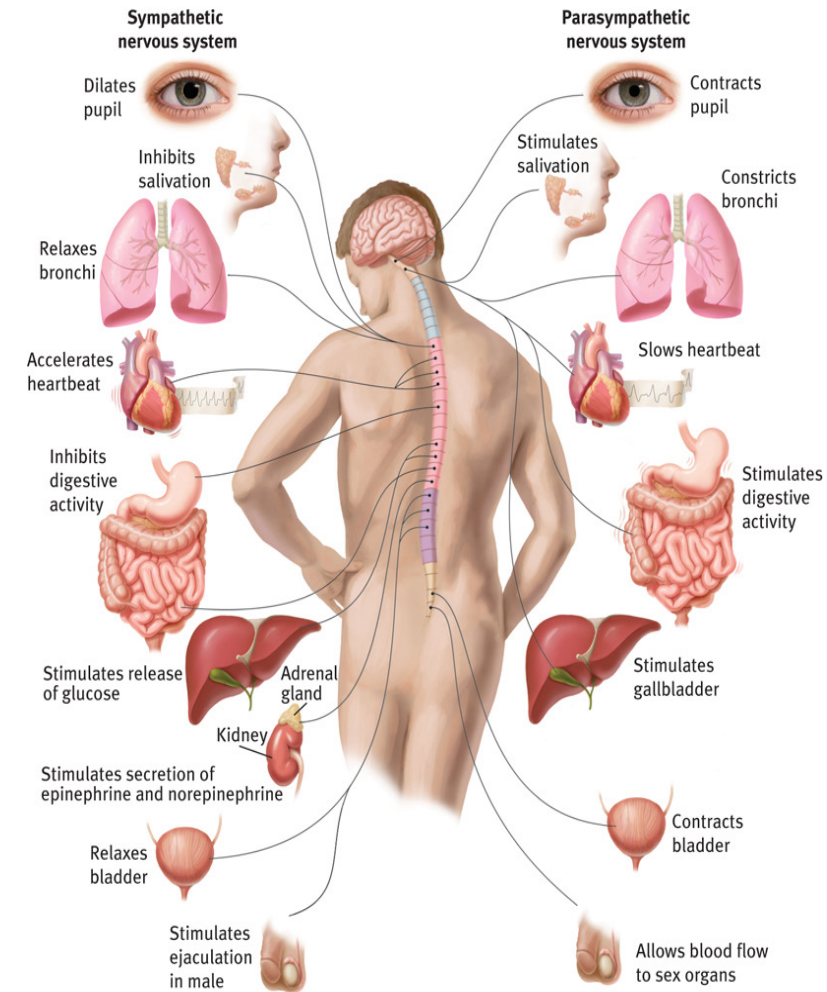


Sexuality



The evolution of **sexual** behaviour created a range of feature detectors with (neuro)physiological systems (e.g., **androgens** **ANS**) that when activated organise the mind, to pay attention, process and engage behaviours to **seek out and engage** in opportunities for reproduction

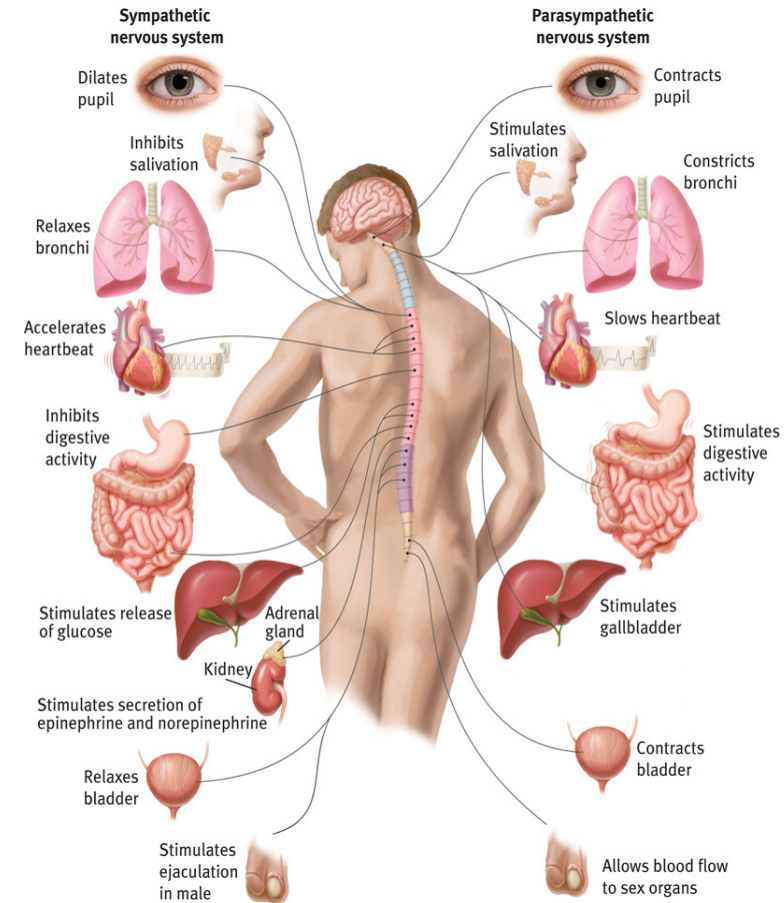
Compassion training helps people engage helpfully not harmfully



Social Competition

The evolution of **competitive/ranking** behaviour created a range of feature detectors with (neuro)physiological systems (e.g., **androgens, amygdala ANS**) that when activated organise the mind to pay attention, process and engage behaviours to **gain control** and to **hold resources** and **access to resources** -- or **respond to threat** for more powerful others

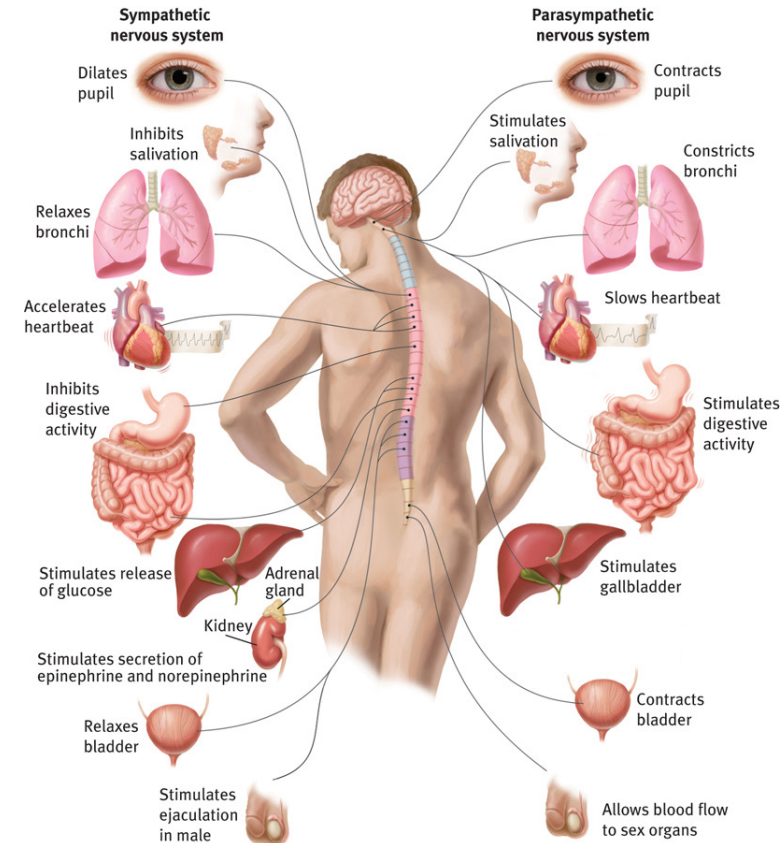
Compassion training helps people engage helpfully not harmfully



Attachment and Affiliation

The evolution of attachment and affiliative behaviour created a range of feature detectors with (neuro)physiological systems (e.g., oxytocin, vagus nerve, frontal cortex) that when activated organise the mind, to pay attention, process and engage behaviours to address suffering, regulate threat processing and promote prosociality and well-being to self and others

Compassion training stimulates and 'strengthens' these faculties and qualities of mind



a

Social environment

1

Social brain

2

Hypothalamus

CRH

Pituitary gland

6

Meningeal lymphatic vessels

CSF

3

SNS

SNS neural fibers

Norepinephrine

ADRB2

Epinephrine

4

ACTH

HPA axis

Adrenal gland

Cortisol

Circulation

5

Vagus nerve

Afferent vagus nerve

Proinflammatory cytokines

DAMPs

PRR

Heart, liver, gastrointestinal tract, intestine, spleen

Efferent vagus nerve

Leukocyte

Expression of antiviral immune response genes

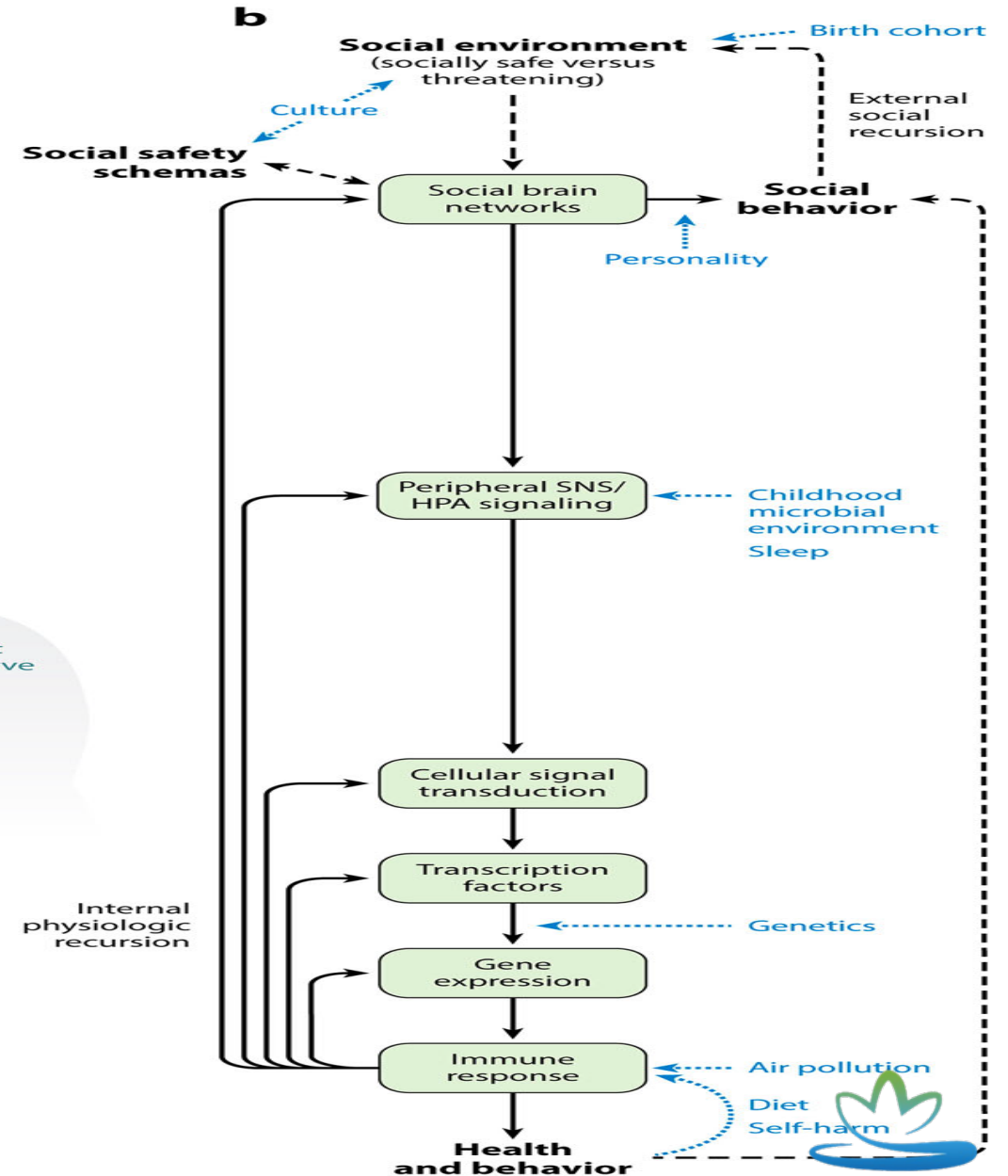
IFNA, IFNB

Expression of inflammatory immune response genes

IL1B, IL6, TNF

- Heightened threat and pain sensitivity
- Avoidance of physical danger
- Enhanced wound healing
- Improved physical recovery
- Greater likelihood of survival

- Anxiety, chronic pain, depression
- Greater inflammatory disease risk
- Increased susceptibility to infection
- Accelerated biological aging
- Early mortality



Social mentalities have to Co evolve

Co-evolve psychophysiological mechanisms to
detect, analysis (threat vs opportunity) and respond
to a social signal

And

Can want, seek out and send social signals to
stimulate the mind of the other in a role relation

Dynamic, reciprocal relating

Basis of self-to-self relating



Social mentalities have to co evolve - that creates social contexts

- Contextual analysis therefore can be rooted in the process of co-evolution
- It is co-evolution that creates contexts for social relating -- and the brain states created in the process
- In addition, relationships co-create interacting brain states moment by moment -- a mind(s) is the context for another mind(s) - Over time they can co-shape each other



CFT highlights the importance of co creating brain states via But relationships -- that can include internal self to self forms of relating



**Social mentalities have to co-evolve relationships to co-regulate
minds and bodies**

Mistakes happen



If A then do B –
**Evolution builds them with physiological systems
and pathways**

- Consider the feature detectors and physiological systems for threat
- Consider the feature detectors and physiological systems for sexuality
- Consider the feature detectors and physiological systems for competitiveness
- **Consider the feature detectors and physiological systems for caring**

e.g., Neurocircuitry, vagus nerve, oxytocin, vasopressin and endorphins

Social mentalities have to co-evolve relationships to co-regulate minds and bodies



For caregiving to evolve there needs to be an evolution of a motive-desire *to care* and behave with care

In the recipient there needs to be evolved motives to seek care and a brain-body that *responds to signal of caring*



Evolution of sending and receiving evolve together

Algorithm *If A then Do B*

Social mentalities have to co-evolve relationships to co-regulate minds and bodies



With the evolution of attachment carers are sensitive to the stress and needs of their infants

and trigger appropriate behaviour: feeding thermal regulation soothing protecting

infant responds to the appropriate signal



**Evolution of sending and responding to receiving
evolve together**

Algorithm *If A then Do B*

Evolved pathways to a mind that is cable of compassion

Context

Responding to
injury

Coming to the
rescue

Caring till
recovery



Context

Attachment (gene-
focused – close)

Multiple dimensions
(distress and needs)

Attachment
(Bowlby)



Context

Birthing supports

High relative
involvement

Community caring

Hrdy



Context

Egalitarian living

Altruism as an
attractive trait
Friendships

Hunter gatherer
Social Brain

Dunbar



Countering the dark side?
Using our new brain competencies

The psychological functions of evolved caring



1907-1990

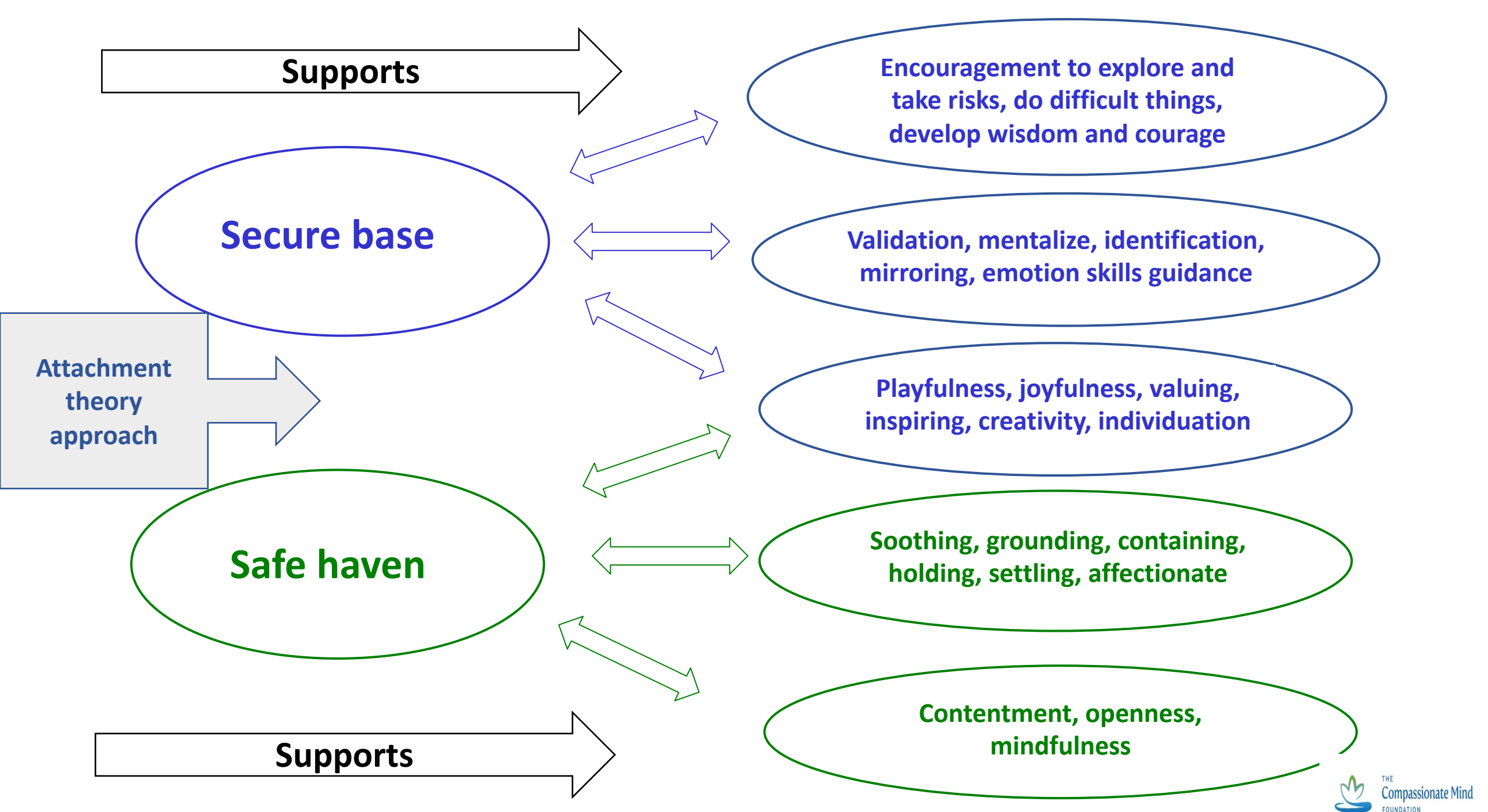
One of the most influential psychiatrists of the modern age



1913-1999

Developed the first classification of attachment style

- *Proximity seeking* – desire closeness, to be with
- *Secure base* – source of security and guidance to go out, explore and develop confidence
- *Safe haven* – source of comfort and emotion regulation
- Social signals are the drivers (social mentality)
- Lack of these in early life can seriously disrupt motivation, emotion and self regulation systems



Share positive emotions stimulate babies' brains for social relating – drive emotions – joyful play – secure base





Secure base and
safe haven in play







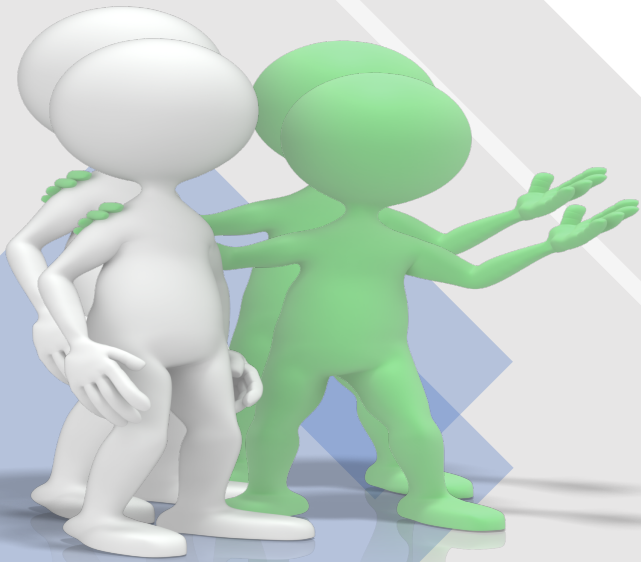
Motivación Compasiva

Threat safety and safeness



Prof Paul Gilbert, FBPSS, OBE

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Defence and safety: Their function in social behaviour and psychopathology

Paul Gilbert*

Department of Clinical Psychology, Pastures Hospital, Masson House, Mickleover, Derby DE3 5DQ, UK

**This paper summarizes the author's thinking on and understanding of the concepts defence*

Accessibility to helpful others also promotes a sense of safeness (Bailey, 1988; Bailey *et al.*, 1992). Bowlby (1969, 1973, 1980) stressed the role of the accessibility of the parent and the calming effects of parental behaviour in enabling the infant to feel secure and be explorative and confident. Thus, one of the functions of attachment is to provide a 'safe-secure base'. Signals of safeness can also act in an automatic way, are often non-verbal, e.g. proximity to others, facial expression, smiles, signals of respect and so forth. Safe-explorative, infant-parent interaction is facilitated by affectionate, playful, reciprocating interactions where infant and parent are attuned to each other.

Basically it appears that positive affect facilitates a more open explorative orientation and more positive and prosocial behaviour such as caring and sharing. Thus, children growing up in environments that are high in the exchange of signals promoting reassurance, safeness, security, play and positive affect are likely to develop different adaptive strategies and cognitive organizations from those who do not (Bowlby, 1980; Isen, 1990; Rohner, 1986), and probably a different organization of internal defences. Furthermore, positive sociability (relationships marked by high investments and low threat) is associated with happiness and health (Argyle, 1987) and may affect biological processes (e.g. stress hormones and immune system functioning; Henry & Stephens, 1977; Ornstein & Swencionis, 1990).

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DOI: 10.1111/bjc.12466



REVIEW ARTICLE

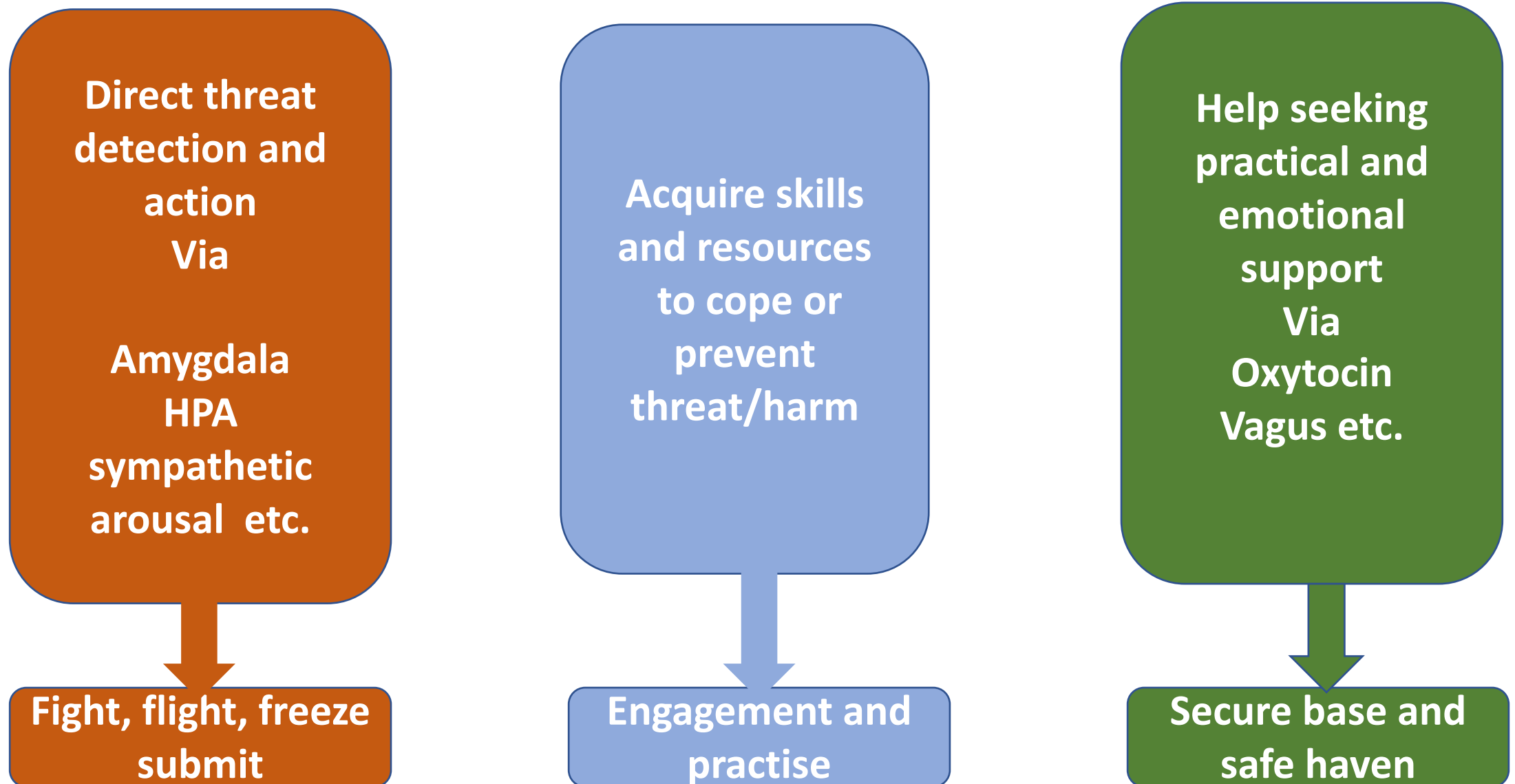
Threat, safety, safeness and social safeness 30 years
on: Fundamental dimensions and distinctions for
mental health and well-being

Paul Gilbert 

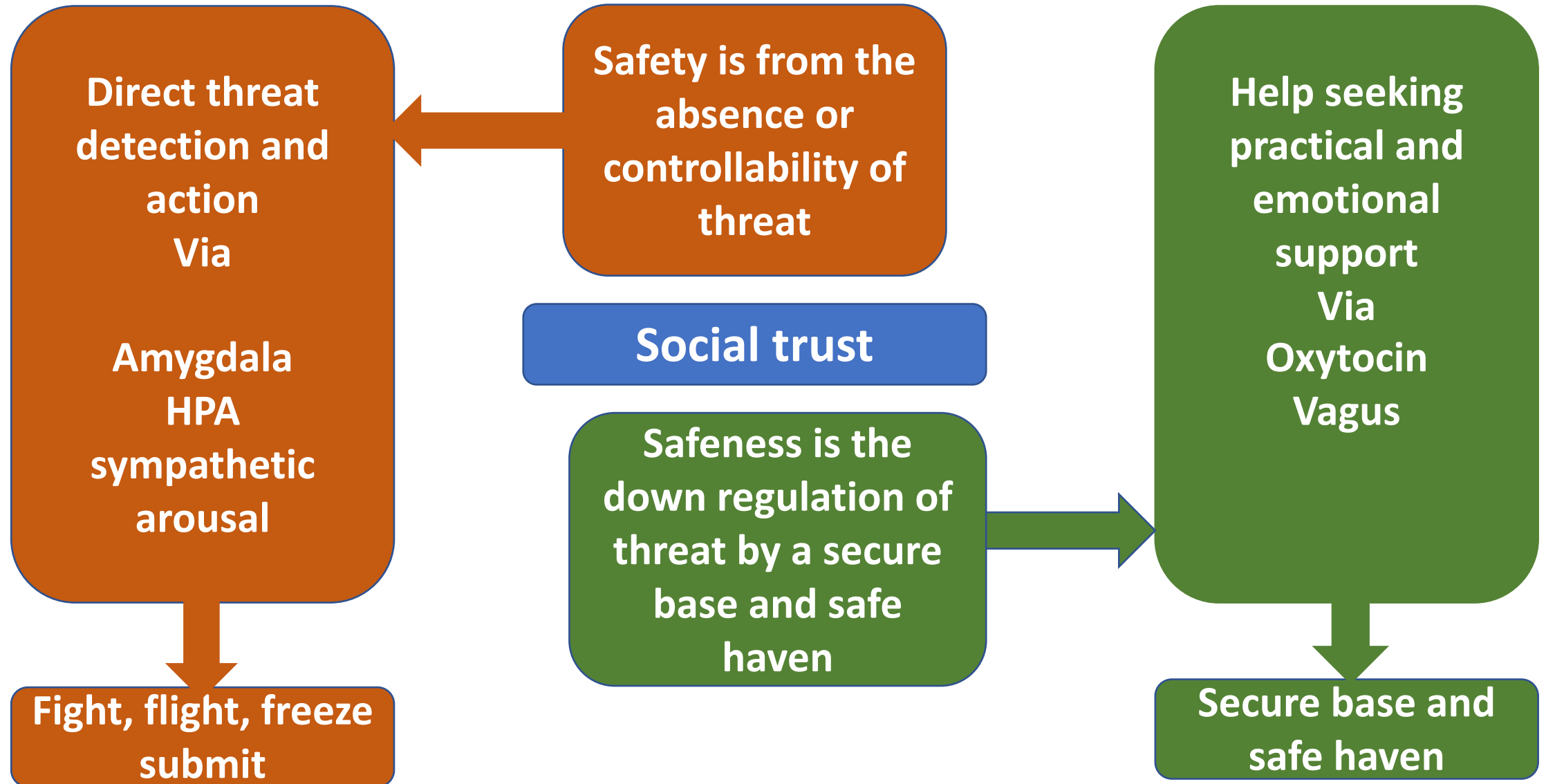
The paper seeks to clarify distinctions between:

- (i) threat detection and response**
- (ii) safety and safety seeking**
- (iii) safeness and**
- (iv) their social and non-social functions and forms
via the evolution of the caring social mentality**

Different threat regulating systems



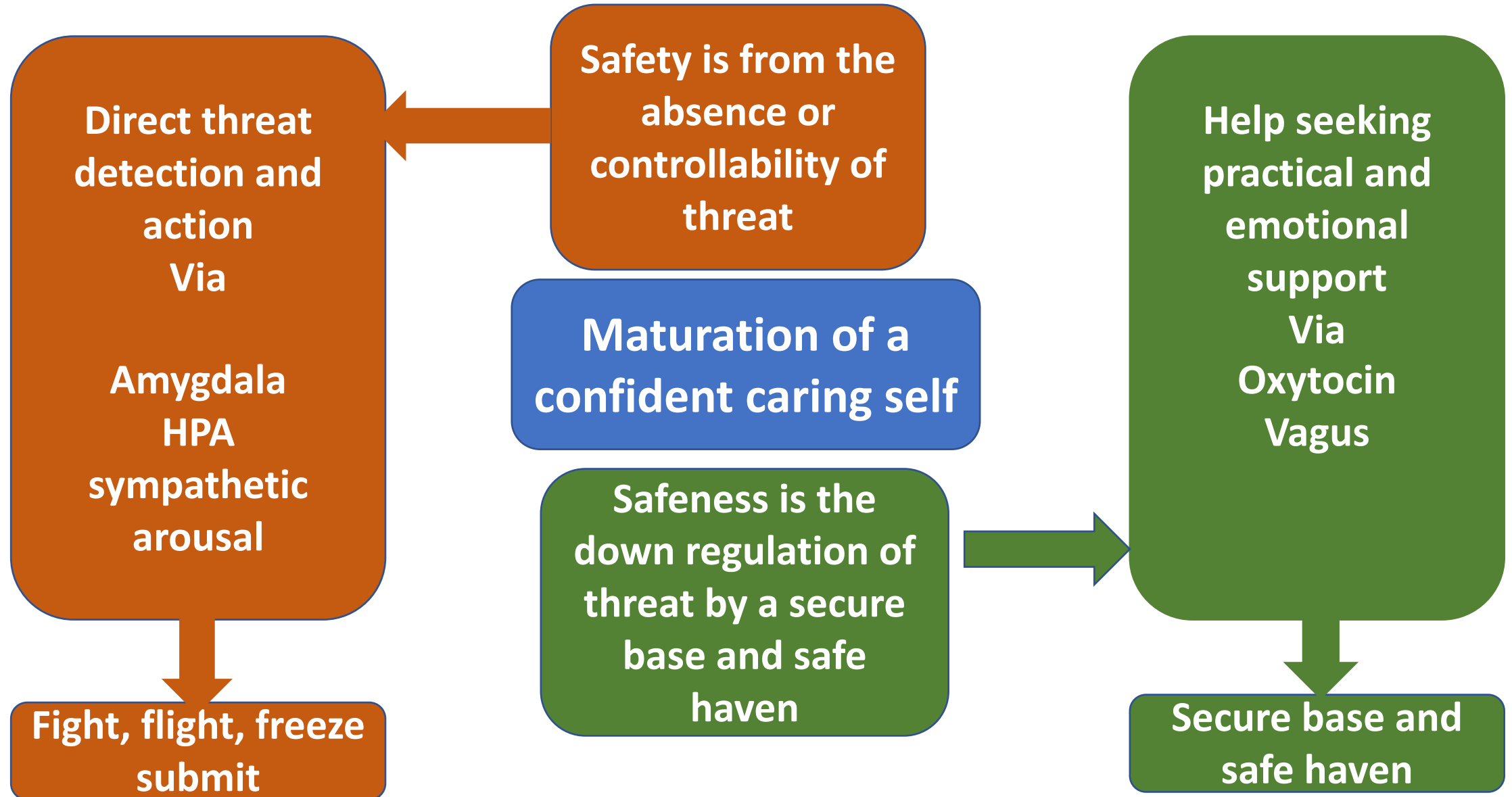
Different threat regulating systems



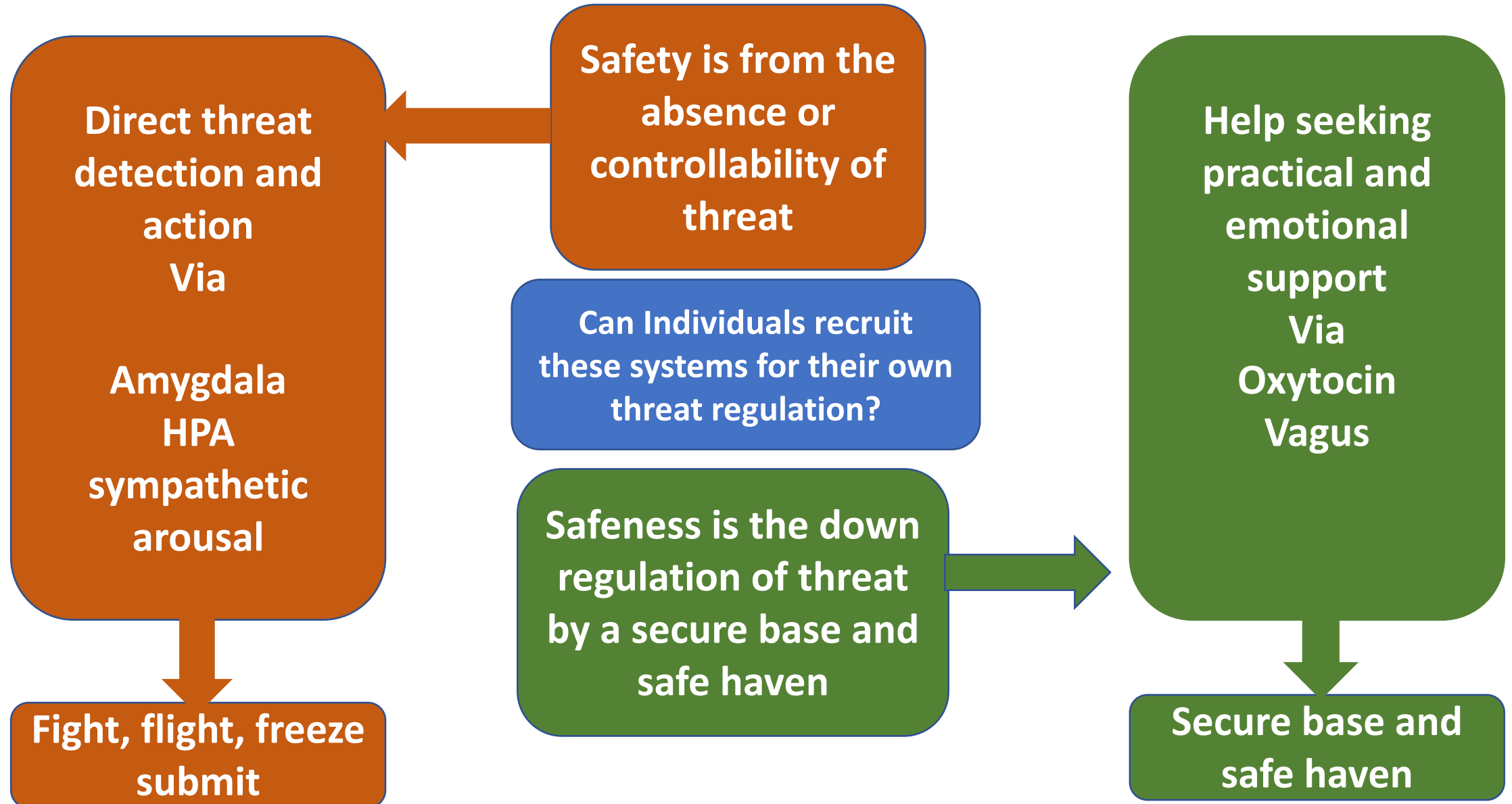


Social trust increases our preparedness for risk taking and calms us when threatened

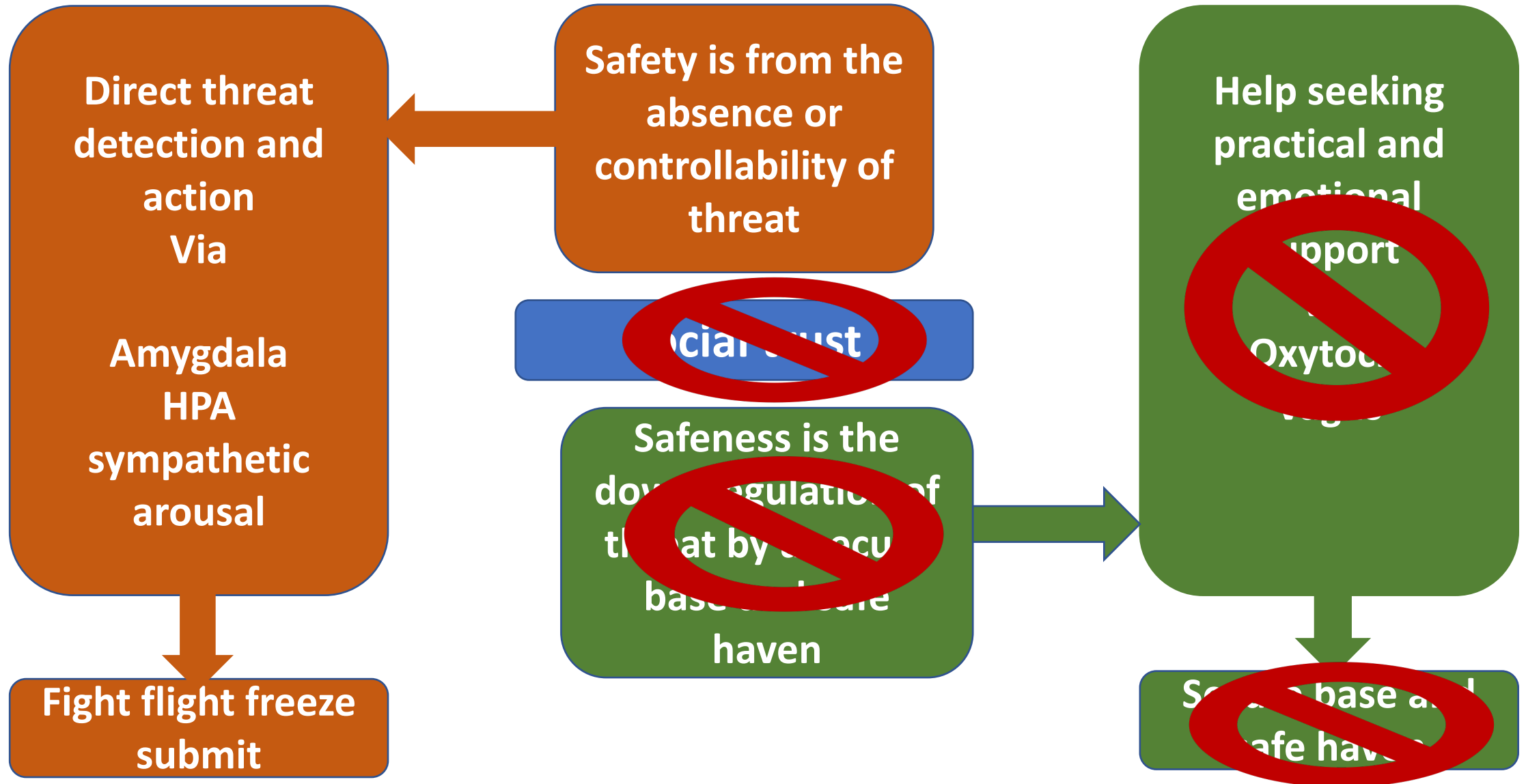
Different threat regulating systems



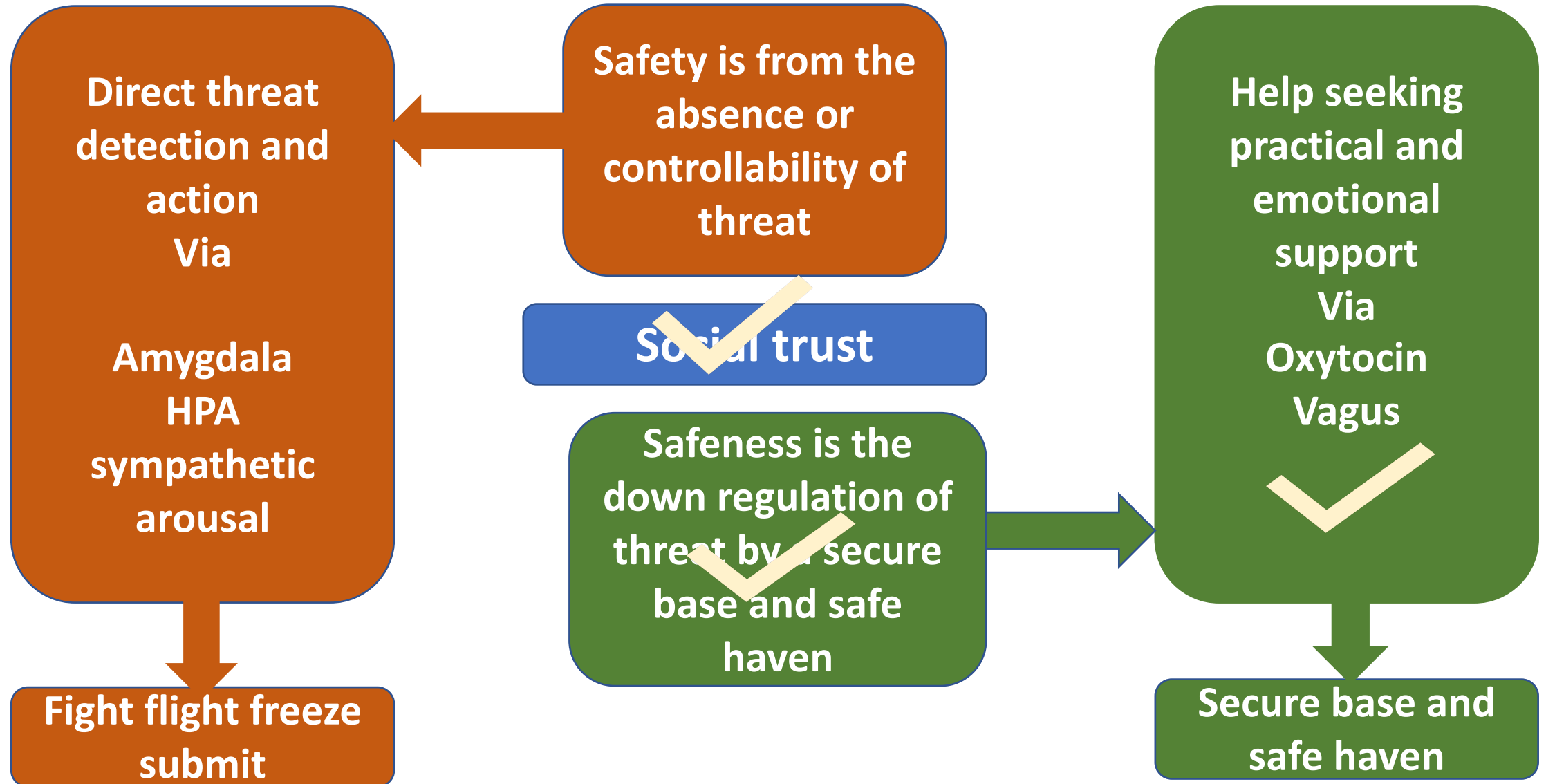
Different threat regulating systems



Difficult attachments mean that these systems may not have developed and therefore not be available



CFT seeks to repair and cultivate crucial threat regulation systems





Motivación Compasiva



THE
Compassionate Mind
FOUNDATION



THE
Compassionate Mind
FOUNDATION

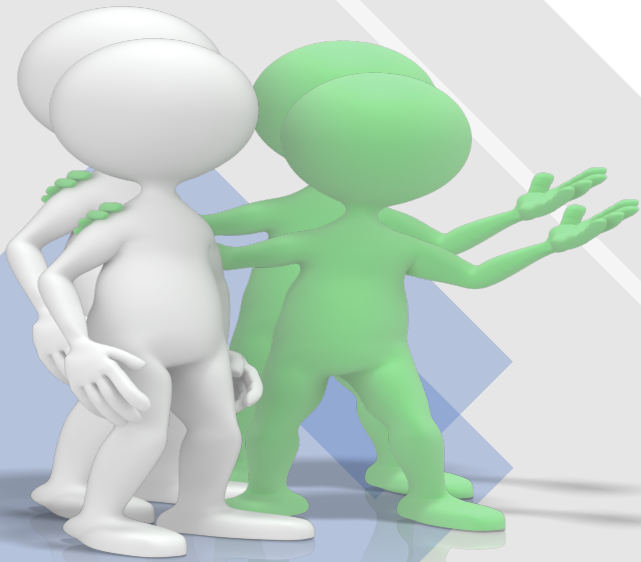
From Care to Compassion Motivation

31 May 2025

Prof Paul Gilbert, FBPSS, OBE

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Compassion can be defined in many ways but in CFT the focus
is as a basic social motive with an *S-R* algorithm

A sensitivity to the suffering/distress of self and others with a commitment
to try to alleviate and prevent it

- *If Stimulus detection then engagement*
 - To approach, understand and (how to) engage with suffering/distress - looking into its causes
- *Then plan and take action*
 - To work to alleviate and prevent suffering/distress – work to acquire wisdom and skills

Each require courage and wisdom

Courage without wisdom could be reckless

Wisdom without courage can be ineffective

Without commitment nothing may happen





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- *If Stimulus detection then engagement*
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- *Then plan and take action*
 - To work to alleviate and prevent suffering/distress – work to acquire wisdom and skills - **Wise Courage**

Each require courage and wisdom
Courage without wisdom could be reckless
Wisdom without courage can be ineffective

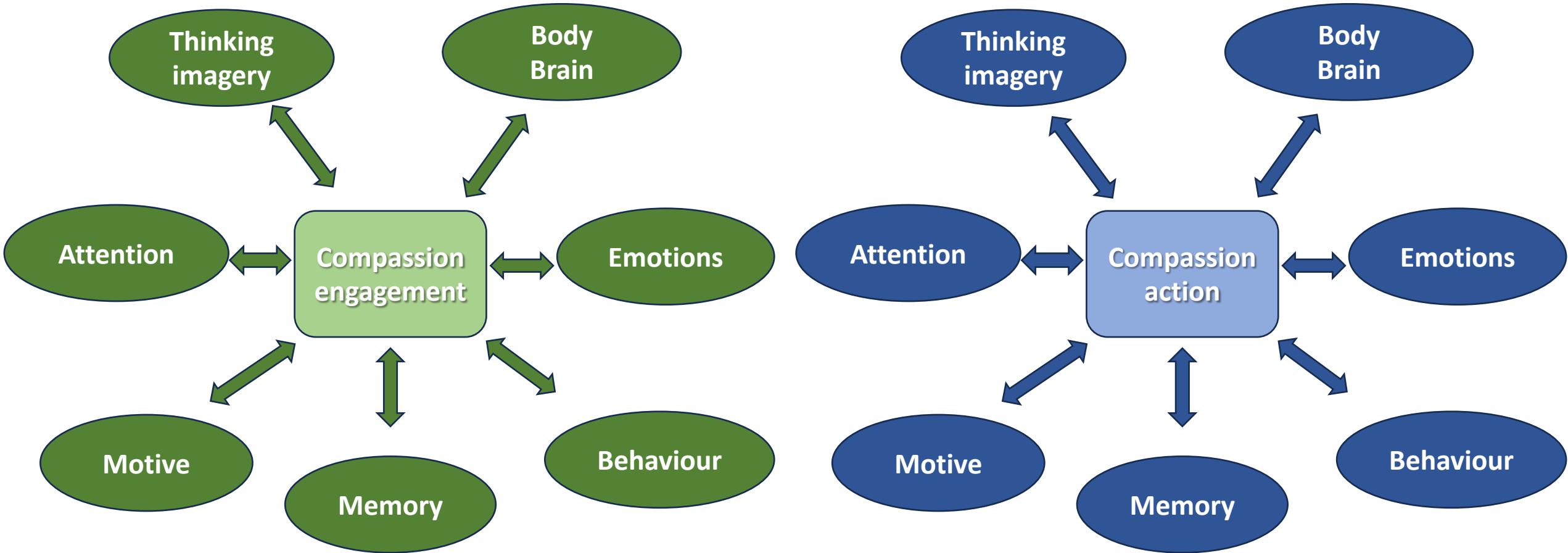


Guided **discovery**
of the nature
and causes of
suffering

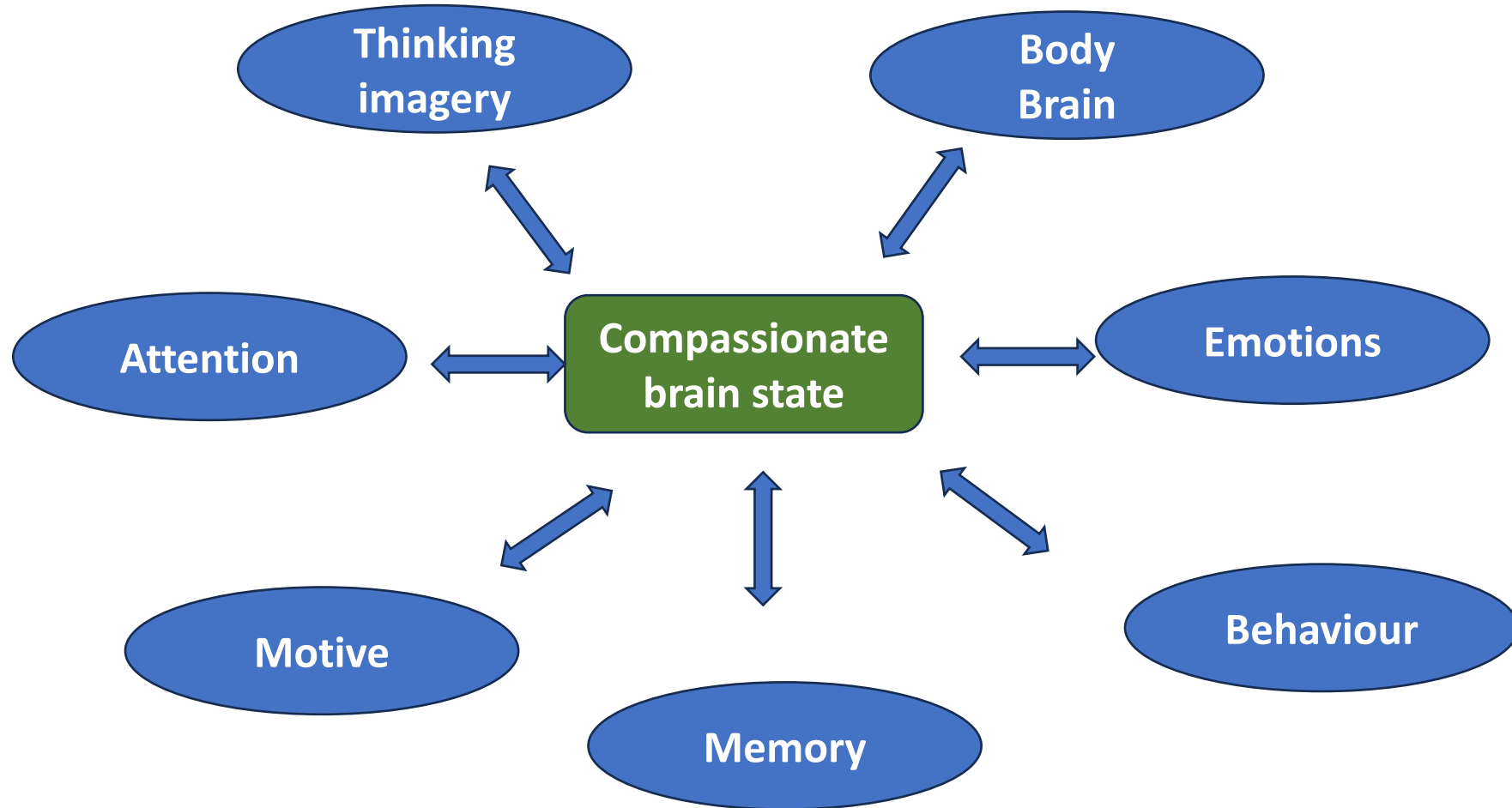
Cultivating appropriate
responses and actions
with courage and
wisdom



The algorithm approach enables us to consider different patterns of functions -- creating different brain states



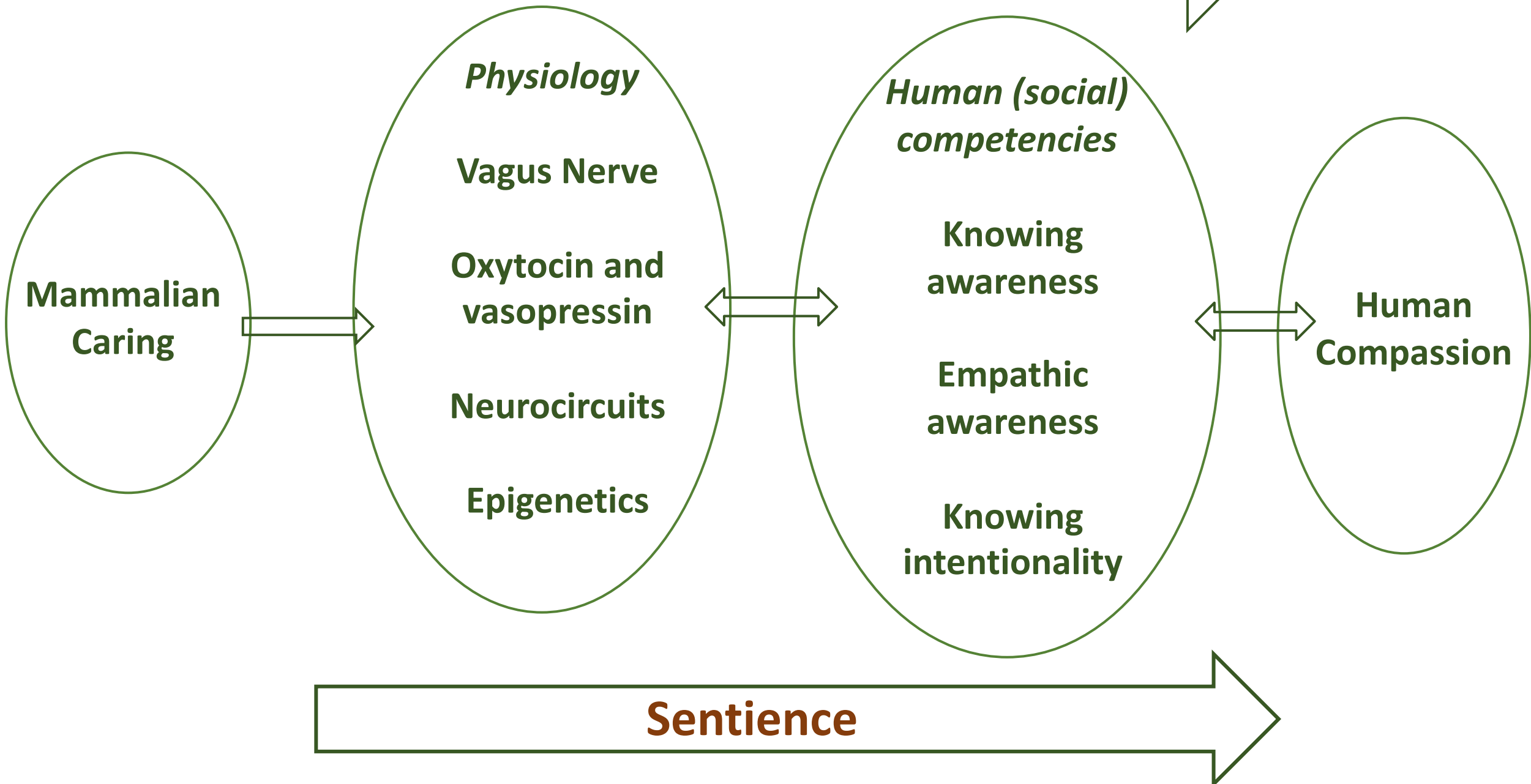
CFT is a Brain State Approach

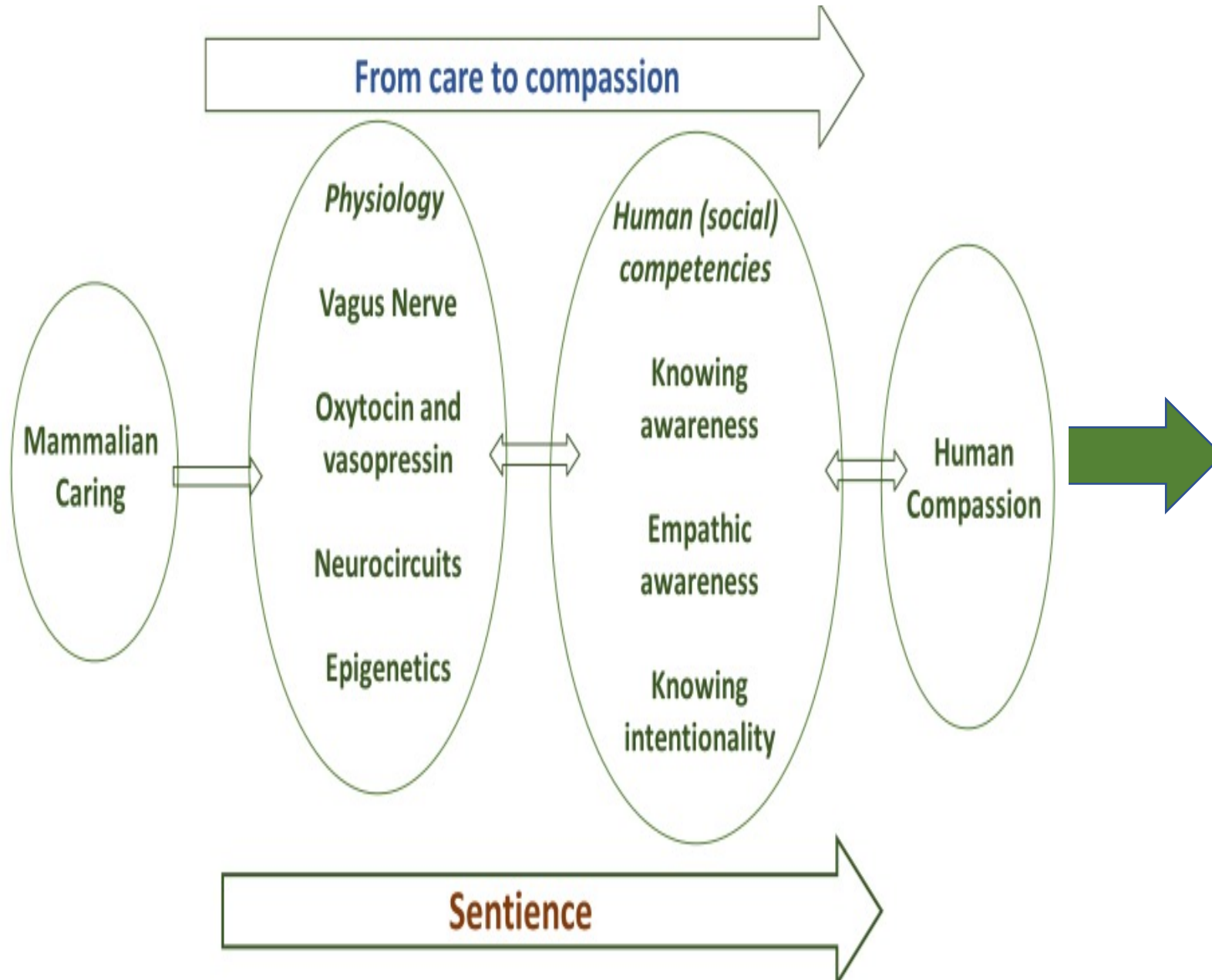


If we are in, or moving towards a compassionate brain state then we can see this will affect

our **attention**
our **thinking**,
our **emotions**,
our **motives** and
our **behaviours**

From care to compassion





Caring can be automatic, linked to various behavioural programmes and observable in many species

Compassion is when we use our new human brain (social) competencies to purposely, empathically and wisely identify suffering and its causes, courageously engage with it, and dedicate ourselves to wisely and courageously work out how to be helpful

compassion emerges from care motives with purposeful knowing intentionality

The Flows of Compassion

Cultural contexts

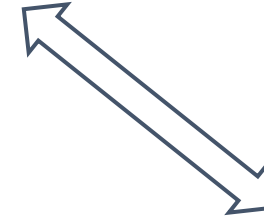
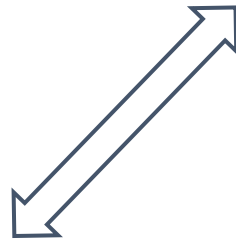
Politics, religion, family, peer, economic

Self-Focused

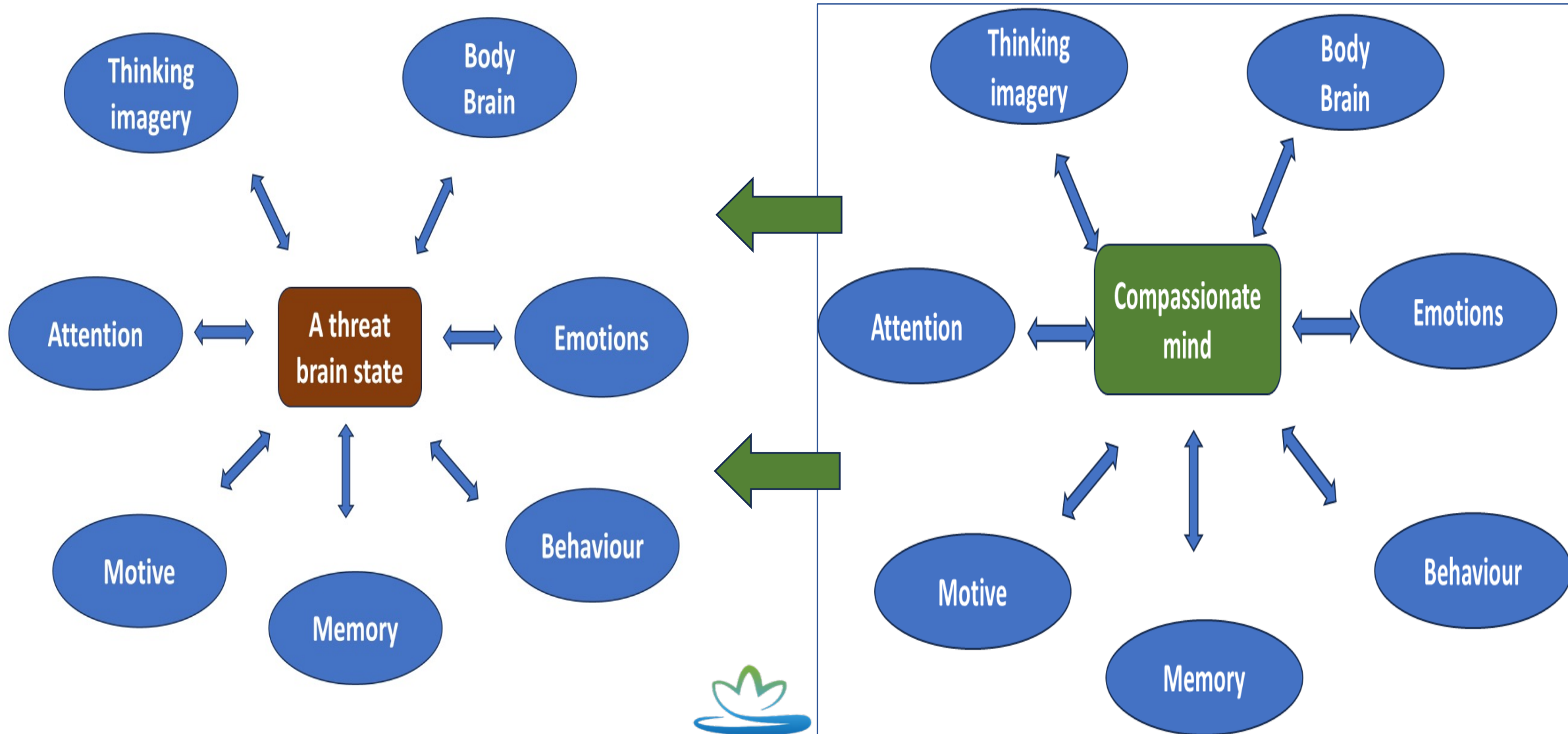
**Compassionate
Mind/Self**

From others

To others



By learning to stimulate and activate our compassionate brain and mind state we can use it to work with other states of mind



Compassion can be defined in many ways but in CFT the focus
is as a basic social motive with an *S-R* algorithm

A sensitivity to the suffering/distress of self and others with a commitment
to try to alleviate and prevent it

- *If Stimulus detection then engagement*

-

- *Then*

-

The bodhicitta is the wish that all
sentient beings be free of suffering
and the causes of suffering

Courage without wisdom could be reckless
Wisdom without courage can be ineffective
Without commitment nothing may happen





Compassion can be defined in many ways but in CFT the focus is as a basic motive with an S-R algorithm

A sensitivity to the suffering/distress of self and others
commitment to try to alleviate

- If Stimulus detection then
 - To approach and engage with suffering causes - **Wise Courage**
- Then
 - To act and prevent suffering/distress – work to acquire wisdom and skills - **Wise Courage**

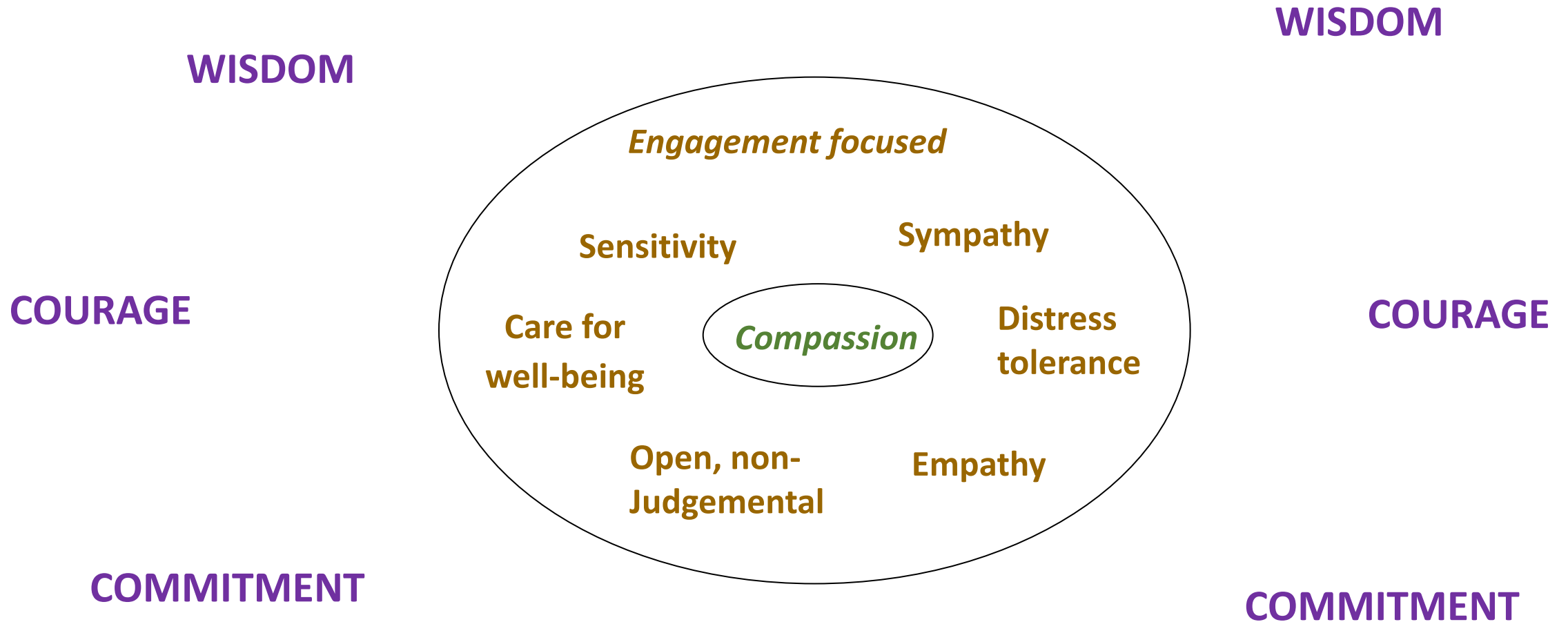
Always keep in mind the processes that will act as Facilitators but also those that will act as Inhibitors

Each require courage and wisdom
Courage without wisdom could be reckless
Wisdom without courage can be ineffective

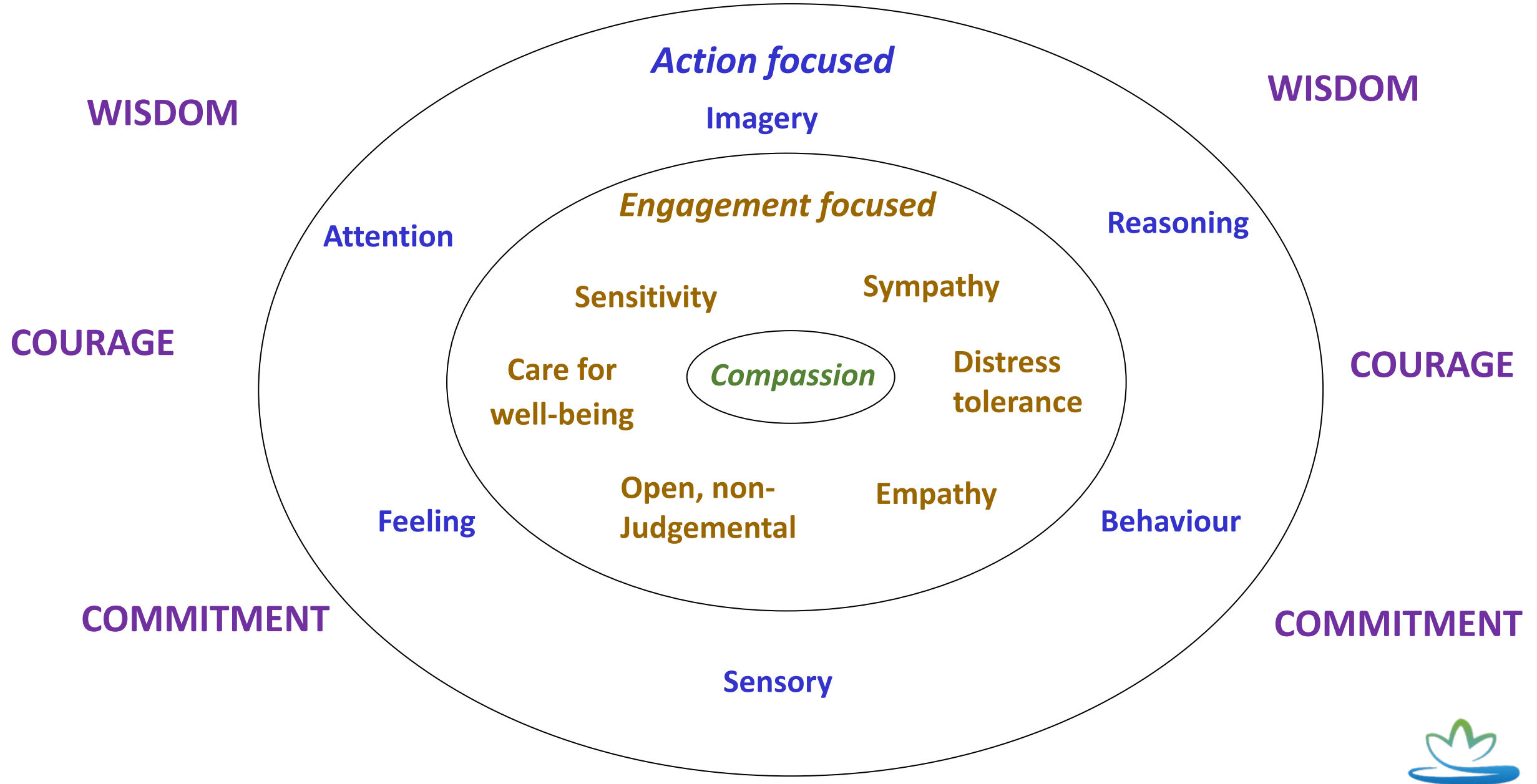
Guided discovery and cultivation causes of suffering and liberating actions with courage and wisdom



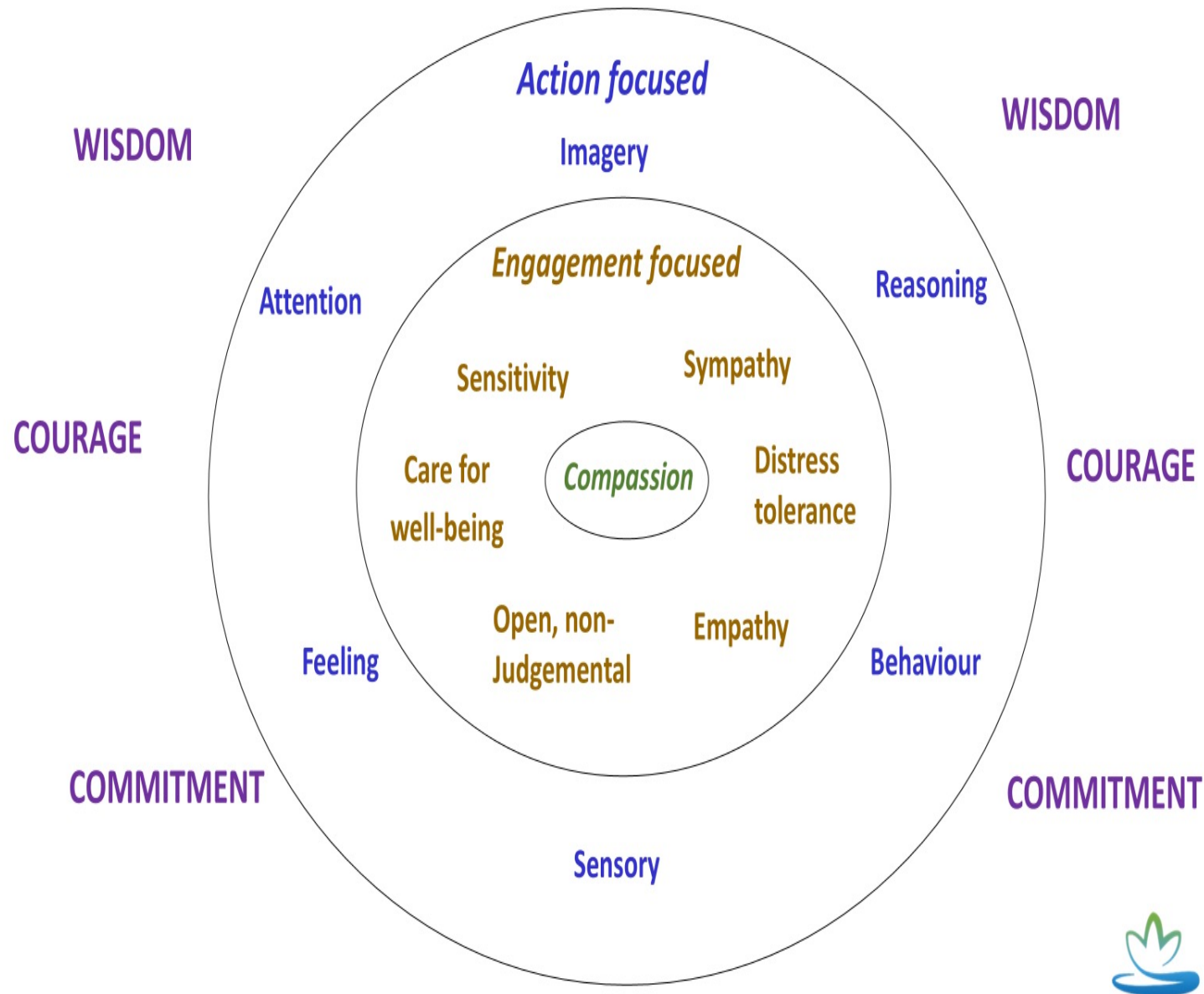
The skills and competencies supporting compassion



The skills and competencies supporting compassion



The skills and competencies supporting compassion



Cultivating compassion

This is achieved by cultivating the competencies of both sensitive and empathic awareness and empathic wisdom for taking action





There are many types and ways of being compassionate and addressing suffering and the causes of suffering

 **frontiers**
in Neuroscience

BRIEF RESEARCH REPORT
published: 12 March 2021
doi: 10.3389/fnins.2021.617



Compassion Is Not a Benzo: Distinctive Associations of Heart Rate Variability With Its Empathic and Action Components

Maria Di Bello^{1}, Cristina Ottaviani^{1,2} and Nicola Petrocchi³*

¹ Department of Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome, Rome, Italy, ² Functional Neuroimaging Laboratory, IRCCS Santa Lucia Foundation, Rome, Italy, ³ Department of Economics and Social Sciences, John Cabot University, Rome, Italy



Recent studies have linked compassion with higher vagally mediated heart rate variability (vmHRV), a measure of parasympathetic activity, and meta-analytic evidence confirm significant and positive associations. Compassion, however, is not to be confused





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Studied the subjective and physiological responses to 2 videos. 1 individuals in distress and exploring the emotion sensitivity 2 people engaging in helpful actions.

Very different physiologists and recovery

Central to see compassion as an algorithm as two very distinct components under different regulatory processes

To conclude, compassion should not be seen as an antidote for negative affect, as it requires a dosage of personal suffering and pain before reaching its emotional and health benefits.

**There are many types and ways of being
compassionate and addressing suffering and the causes of
suffering**

**Different situations and problems need different
forms of courage and wisdom**

**Consider the different types of courage and
wisdom these individuals in the picture will need.**

A fire fighter

An activist for human rights

A consoling doctor

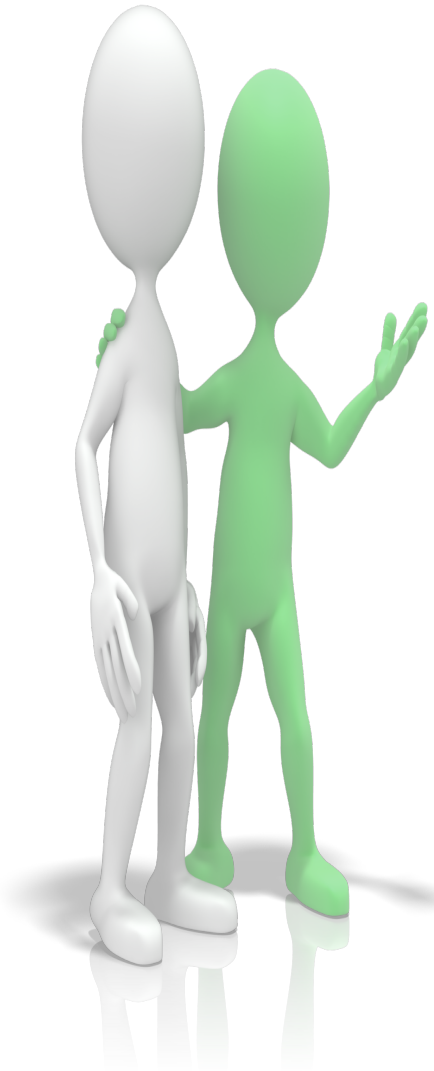
A caring parent



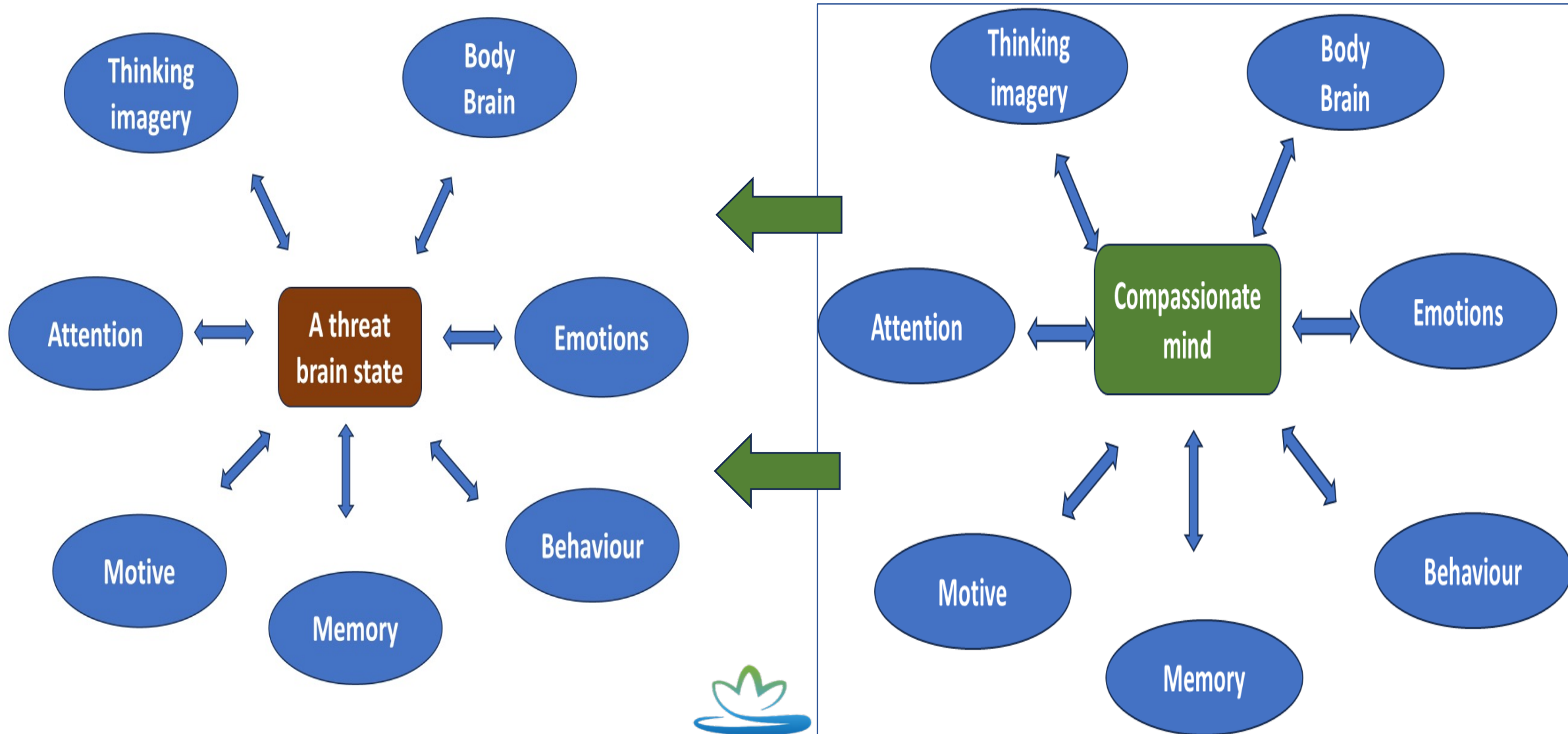


Meditation and mind training

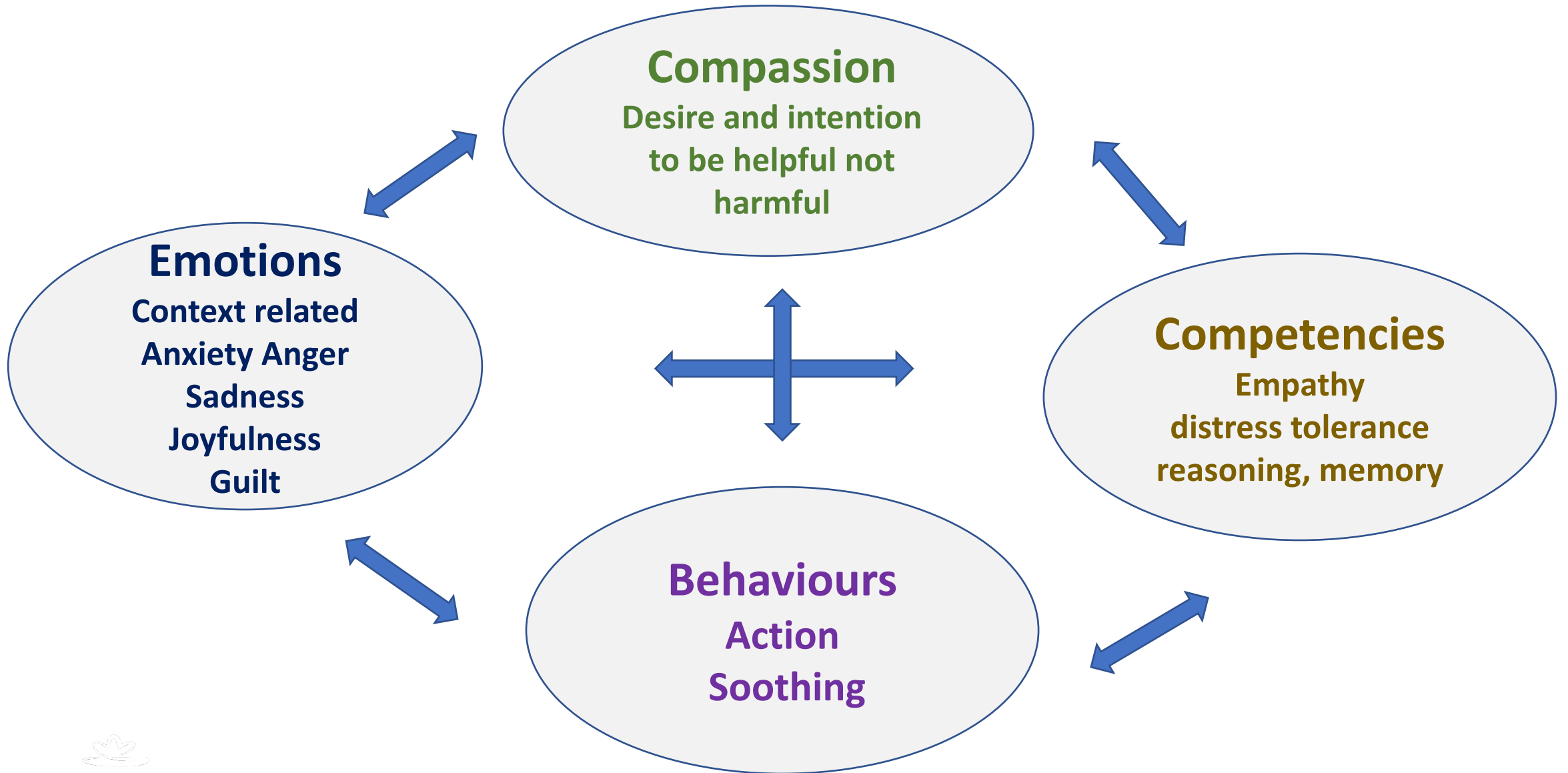
- **Compassion definition:** The algorithm of compassion is. Sensitivity to suffering. In self and others with a commitment to try to alleviate and prevent it. --- Must include awareness of needs because unmet needs lead to suffering.
- **Compassionate identity/self** The self one wishes to become and will commit to train for. Bodhicitta seeks enlightenment
- **Compassionate mind.** Training this psychophysiological precious that support compassionate mind and identity.
- **Facilitators and inhibitors.** Recognition of what helps and what gets in the way of the pursuit of one's identity and compassionate mind (in Buddhism known as the near and far enemies)



Help clients understand the nature of brain states. So for example, how does the compassionate mind pay attention? How does it think? How does it create body states for compassion? What is its key behaviours?



Ecological and social contexts impact on compassion



From caring to compassion

Compassion is when we knowingly and intentionally orientate our thinking
and behaviour towards caring

Mentalising is essential for skilful compassion

BUT

Kins vs non kin

Friend vs not friend

Ingroups vs outgroup



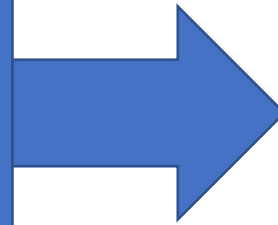
Core Self-Identity and brain state

**May I be helpful not hurtful or
harmful**

**Bring to mind that motivation,
meditate on that inner experience**

A daily affirmation

**Can be applied to groups and
organisations too**



**The psychobiological
organisation of a mind
for the
enactment of
compassion -
appropriate to its
context**

Our brains are built to have these different processes going on in us
We can learn to notice them and work with them

Attention

Emotions

Thoughts

Behaviour
Actions

Motives



My body is helping to
create and respond to
these things too

Awareness

Differentiation

Tolerance

Integration

Cultivation

Transformation

Adaptation



Motives organise the mind and therefore compassionate mind training is cultivating our care focused brain states

Cultivating compassionate

- Motives
- Emotions
- Reasoning
- Behaviour

Ways of living,
being and
wanting to be

Using the body to support the mind

Posture, breathing, movement, yoga, acupuncture, diet, mindfulness.

Cultivating compassionate qualities

Choosing key compassionate qualities for self, developing wisdom,
concept of tricky brain.

Using imagery

Imagining one's compassionate self, imagining compassionate other.
imagining community (each with in action with key qualities).

Cultivating, playfulness and joyfulness.

Playfulness is linked to friendliness and joyfulness. Practise openness.

Behaviors

Practising courageous behaviours, helpful behaviours and ways of
thinking. Mindfully noticing unhelpful and switching to helpful.



Motives organise the mind and therefore compassionate mind training is cultivating our care focused brain states

Small doable
steps

Address FBRs
and set-backs

Using the body to support the mind

Posture, breathing, movement, yoga, acupuncture, diet, mindfulness.

Cultivating compassionate qualities

Choosing key compassionate qualities for self, developing wisdom,
concept of tricky brain.

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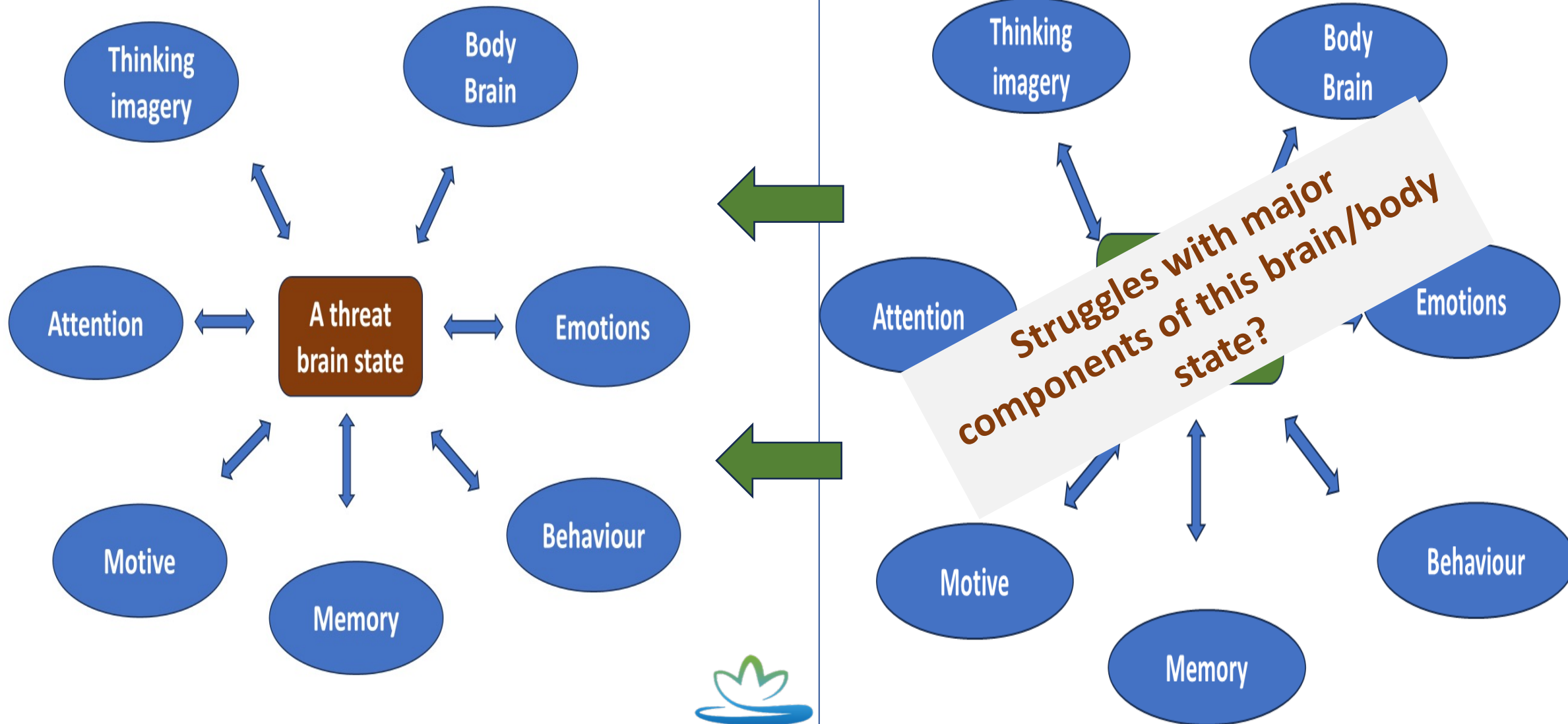




COMPASSION FOR VOICES

A TALE OF COURAGE AND HOPE

This exercise demonstrates how to use compassion focusing to support CBT intervention





Western Societies are grief averse

- We are born with ‘archetypal’ needs for *caring connections* – and yearn for them
- Grieving for what was and is ‘archetypally’ needed (vs aloneness)
- Without grief and the acknowledgement of ‘our yearning’ we struggle ‘to feel’ socially connected
- At the root of many mental health difficulties and anti social behaviour are problems in the processing of caring connectedness with self and others



Competitive Mentality

Process

Down rank

Social comparison-
inferior
External shame
Submissive
Striving
Angry Self- critical

Up rank

Social comparisons
–superior- entitled
Humiliation
Aggressive
Striving
Other
blaming/critical

Examples of Measures

Social comparison
External shame
Self-criticism
Striving to avoid inferiority
Winning-losing/defeat

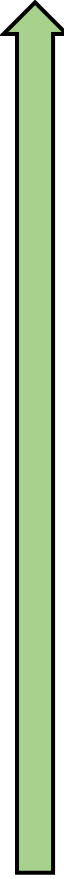
Caring Mentality

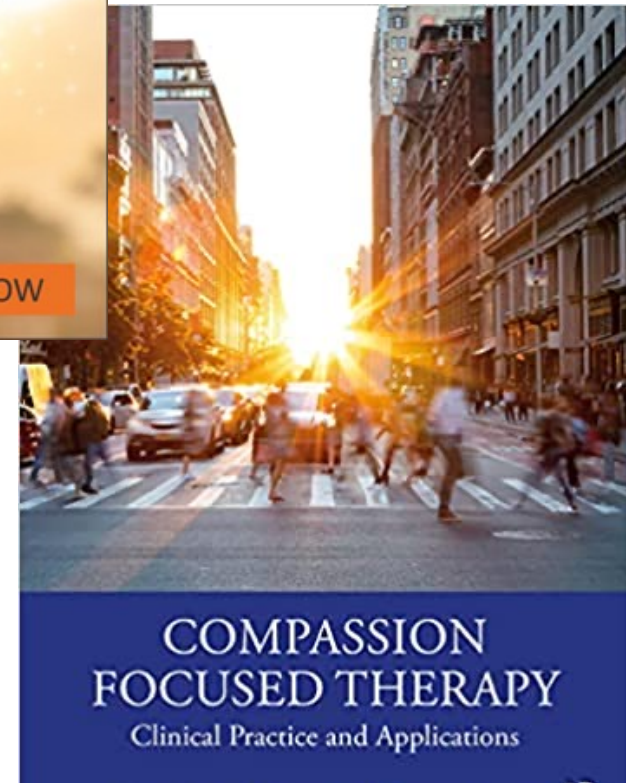
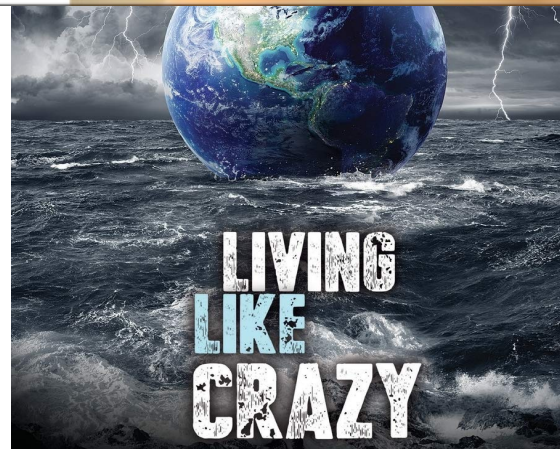
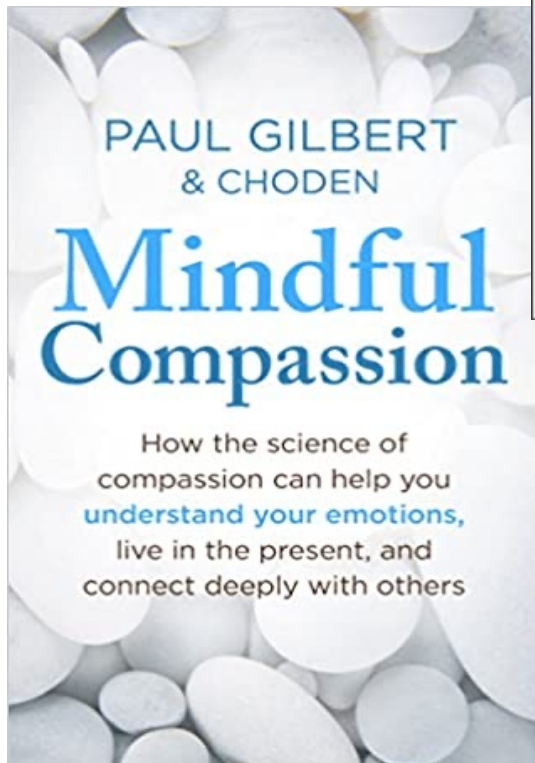
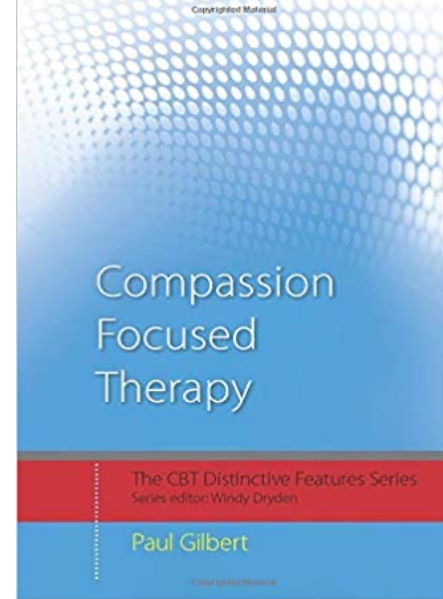
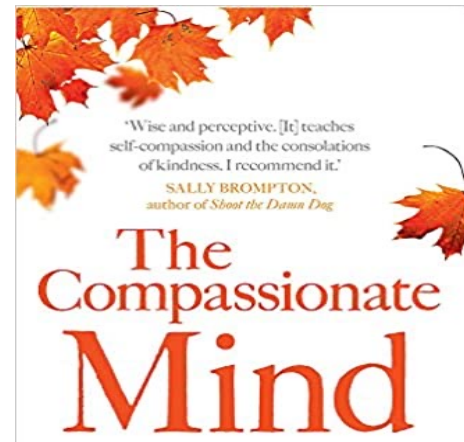
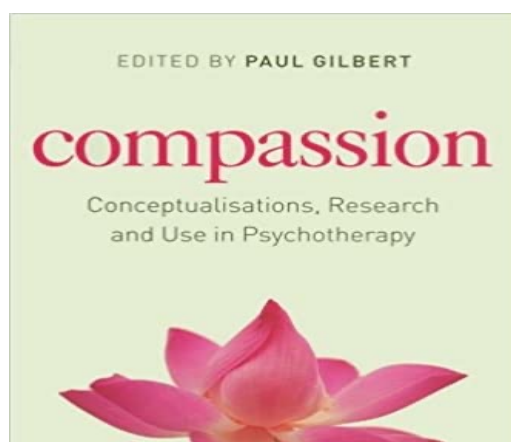
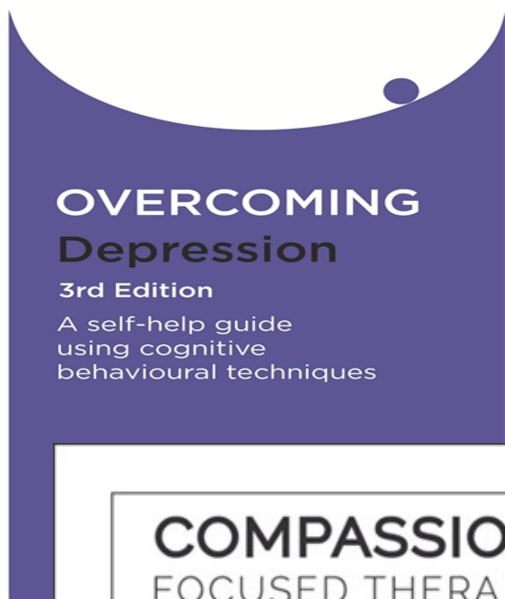
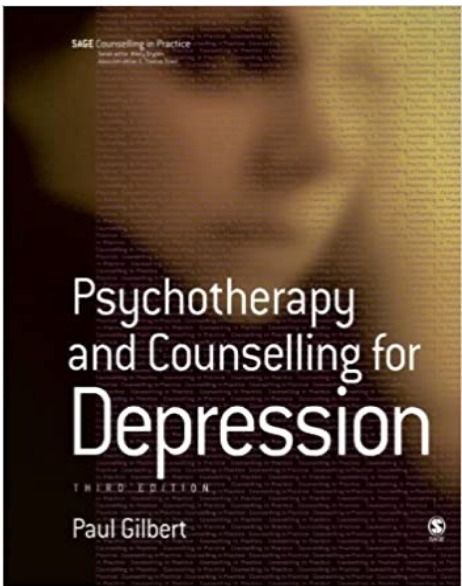
Process

Distress sensitivity
Desires/able to help
Distress tolerant
Soothing-active
Joy-guilt
Empathic
(Self)-reassuring

Examples of Measures

(flows of) caring-compassion
Fears of compassion
Empathy
Prosocial Behaviour to self and others
Social Safeness





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Millennium Point, Birmingham & Online



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Did you know? Results of a meta-analysis suggest CFT is effective in reducing symptoms of depression, anxiety and self-criticism. [Access the paper for free](#)

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