



**Australian Childhood Foundation**

**The nature and process of compassion focused therapy for the traumatised mind**

THE COMPASSIONATE MIND FOUNDATION

Key Note Melbourne 18 August 2025

**Prof Paul Gilbert, FBPsS, OBE**

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**Two very different pathways to compassion**

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Key Note Melbourne 18 August 2025

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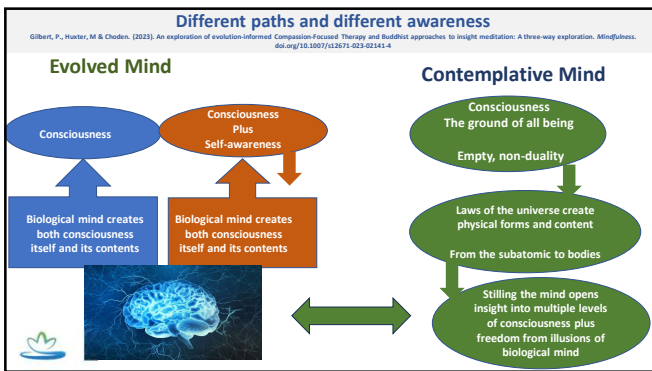
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*Journal of Mind & Behavior*      © 2017 American Psychological Association  
1080-3548/17/\$12.00    http://dx.doi.org/10.1037/mib0000152

### The Varieties of Self-Transcendent Experience

David Bryce Yaden  
University of Pennsylvania

Jonathan Haidt  
New York University

Ralph W. Hood Jr.  
University of Tennessee at Chattanooga

David R. Yogo  
Harvard Medical School

Andrew B. Newberg  
Thomas Jefferson University

Various forms of self-loss have been described in aspects of several phenomena (e.g., Approximations describe the single self-loss due to either its neural health) for the negative sense and personal operational framework, we focus on self-transcendent experiences (STEs)—transient mental states marked by decreased self-reference and increased feelings of connectedness. We first identify common psychological constructs that comprise a self-transcendent space, including nonduality, flow, peak experiences, mystical-type experiences, and certain positive emotions (e.g., love, awe). We then propose psychological and neurological mechanisms that may underlie the effects of STEs based on a review of the extant literature from social psychology, clinical psychology, and affective neuroscience. We

I felt myself one with the grass, the trees, birds, insects, everything in Nature. I exalted in the mere fact of existence, of being part of it all ... I knew so well the satisfaction of losing self in a perception of supreme power and love ...  
—(as quoted in James, 1985/1902, pp. 364–365)

I lost the boundary to my physical body. I had my skin, of course, but I felt I was standing in the center of the cosmos.  
—(as quoted in Watts, 1957, p. 121).

... I could no longer clearly discern the physical boundaries of where I began and where I ended. I sensed the composition of my being as that of a fluid rather than that of a solid. I no longer perceived myself as a whole object separate from everything.  
—(Taylor, 2008, p. 42)

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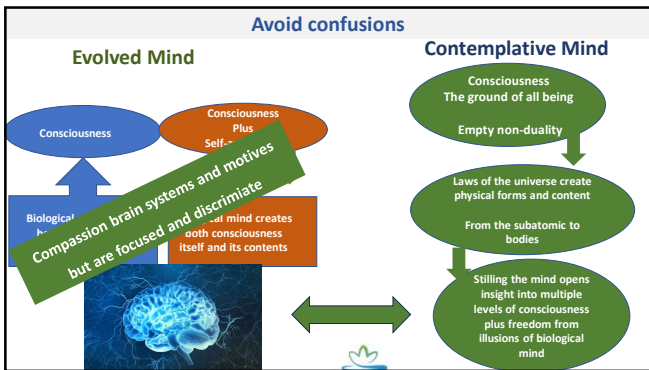
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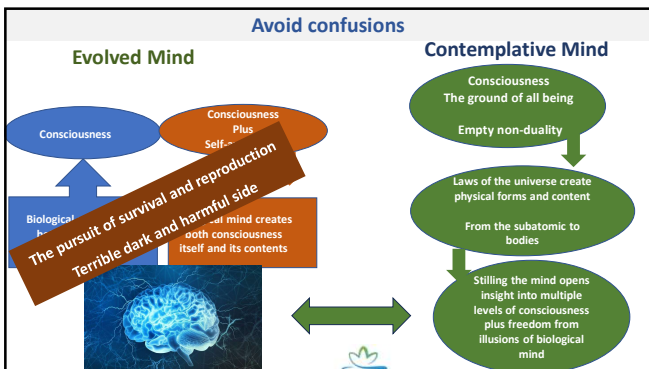
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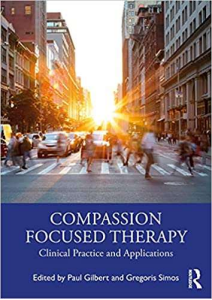
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It is crucial to root our understanding of mental health and anti-social problems, and their psycho and social therapies, *in the basic sciences* rather than narrower psychotherapeutic models

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

2022  
All information for this workshop can be found here

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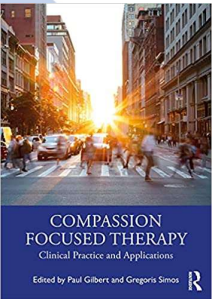
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Compassion FOCUSED therapy has always been a process therapy

Shame  
Guilt  
Caring-competing  
Hostile self-criticism  
Defeat  
Entrapment

Until we understand the biopsychosocial processes that create painful states in mind we are going to struggle to develop therapies

2022  
All information for this workshop can be found here

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### 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 incorporates* these important innovations for helping people.

However, CFT is not a new their wave therapy but has a much wider focus that is rooted in the *biopsychosocial sciences* in general and interventions.

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Clinical Psychology: Science and Practice  
 April 2023, 22(1), 1-10  
 DOI: 10.1037/cps0000100

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

Nicola Petrocchi<sup>1,2</sup>, Cristina Ottaviani<sup>3</sup>, Simone Chelli<sup>4,5</sup>, Marcela Matos<sup>6</sup>, Beatrice Baldo<sup>2,3</sup>, Jankaran K. Basran<sup>7,8</sup>, and Paul Gilbert<sup>7,8</sup>

<sup>1</sup>Department of Psychological and Social Sciences, John Cabot University  
<sup>2</sup>Compassionate Mind Italia, Rome, Italy  
<sup>3</sup>Department of Psychology, Sapienza University of Rome  
<sup>4</sup>Department of Psychology, St. John's University  
<sup>5</sup>Center for Psychology and Health, Tapes Onlus, Florence, Italy  
<sup>6</sup>Faculty of Psychology and Educational Sciences, Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CNR/IECC), University of Coimbra  
<sup>7</sup>Centre for Compassion Research and Training, College of Health, Psychology and Social Care, University of Derby  
<sup>8</sup>The 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

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**Upsetting thoughts: I am struggling with my patients – others will think I am incompetent and useless – and so do I**

**Behaviour Experiment:** read the below with different emotional voice tones and breath styles  
 What happens?

**Empathy to one's own distress:** Understandable to feel disappointed and thwarted – therapy can be hard.

**CA: Attention:** recall successful times or when others were helpful

**CT: What is helpful/tolerance:** Ability to be with patients and listen and 'bear' feelings of stuckness is itself helpful

**CT: Not black/white:** focus on what I can do rather than what I can not – break issue down

**CT: Like others –common humanity:** Experienced therapists often have these kinds of problems

**CB: Help seeking:** Can share my difficulties, seek supervision/help, talk to others – keep trying my best

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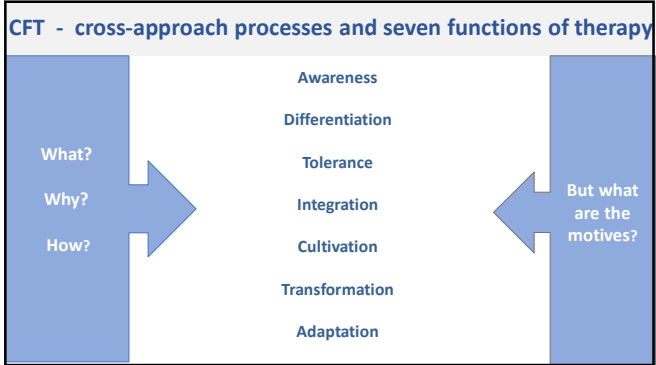
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Evolution pathways to compassion

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**Science Background -**

**Depression: From Psychology to Brain state**  
Paul Gilbert  
1984

**Human Nature and Suffering**  
Paul Gilbert  
1989

**DEPRESSION: The Evolution of Powerlessness**  
Paul Gilbert  
1992

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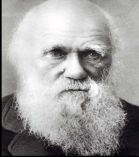

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**Mind: Where from and how built?**  
Charles Robert Darwin,  
12 February 1809 – 19 April 1882

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

↓ ↓

Protection  
Resource acquisition  
Rest and digest  
Non-social vs social

Emotions ↔ Competencies

Motives  
Behaviours

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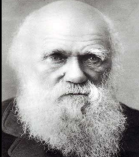

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Motives  
Behaviours

**Trauma**

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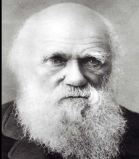

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Non-social vs social

Emotions ↔ Competencies

Motives  
Behaviours

**Compassion**

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Human Nature and Suffering  
Paul Gilbert

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

1989/2016

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Human Nature and Suffering  
Paul Gilbert

Basic Social Motives:  
Social Mentalities

We have the potential to be caring and compassionate but also callous, cruel and vicious  
It depends on how brains interact with contexts during development but also at any point in time  
Hurt people hurt people

Safe  
Helpful  
Competent

Unsafe -threat  
Unhelpful  
Incompetent

Guilt evolve from care motive

Shame evolved from rank and competitive motive

1989/2016

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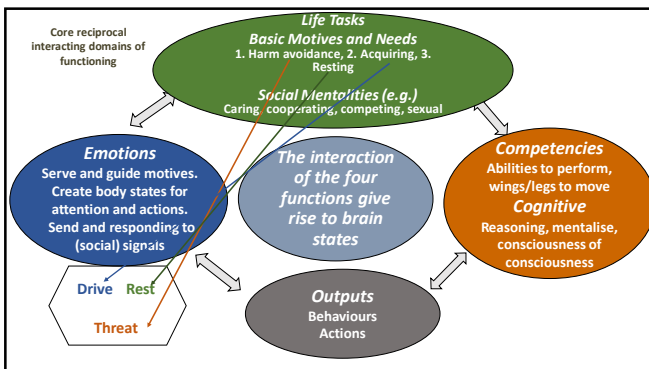
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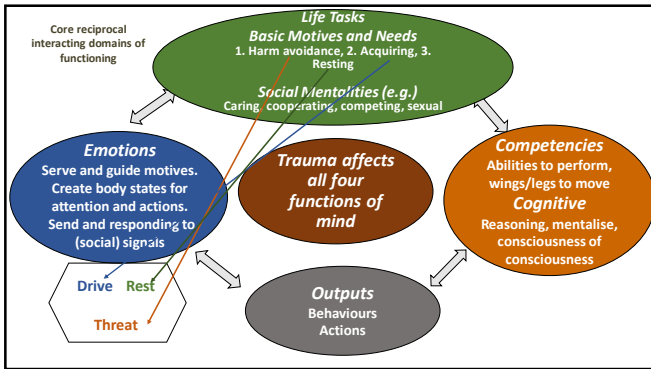
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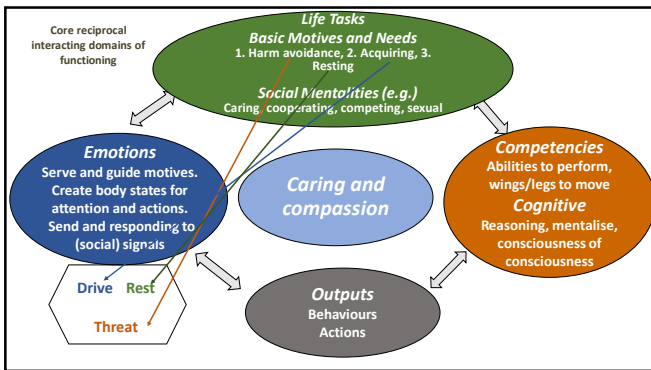
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Functions and processes of the evolution of caring, connectedness and safeness

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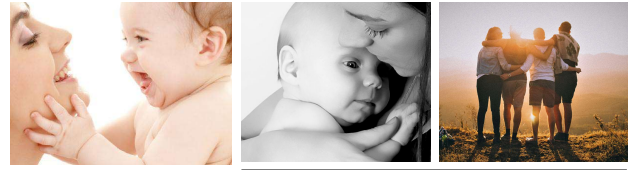
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We have evolved human needs for brain and self-development which if unmet can cause serious physical and mental health problems

Dimensions of secure base and safe haven extend to all prosocial relationships

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**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

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



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**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***

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

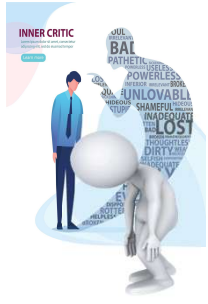


Hostile-dominating-controlling motivation with stimulus detecting that directs response

Dynamic reciprocal Co regulating relationships

Submissive-close down defence motivation with stimulus detection that directs response

Can be internalised as a self-to-self way of relating



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



These are the nutrients for the brain-mind

Dynamic reciprocal  
Co regulating  
relationships

the motivation to provide what another needs in order to flourish and grow can be regarded as a form of love

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Secure base and safe haven in play

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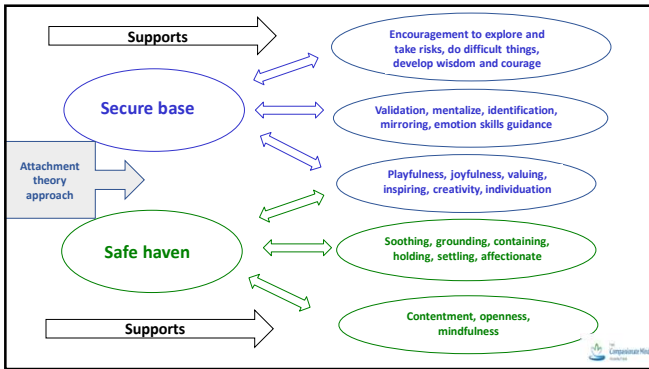
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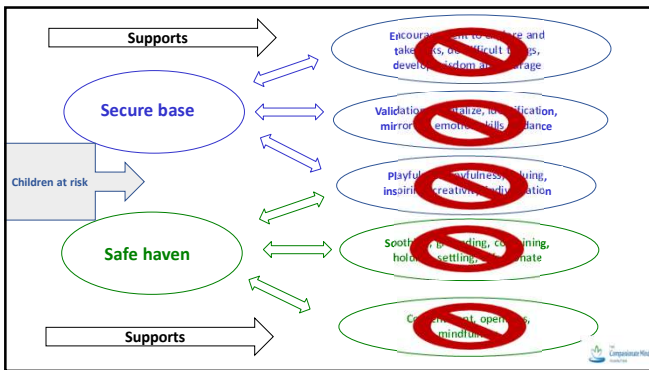
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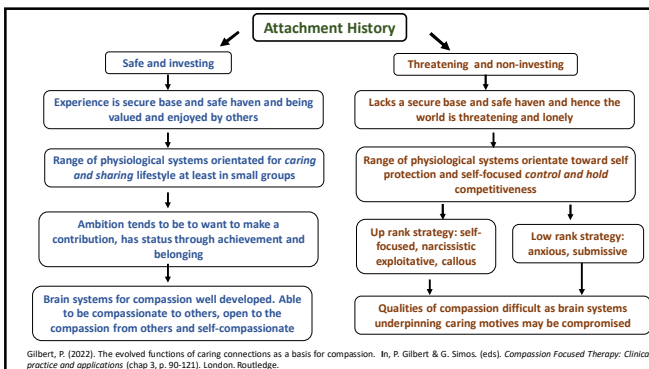
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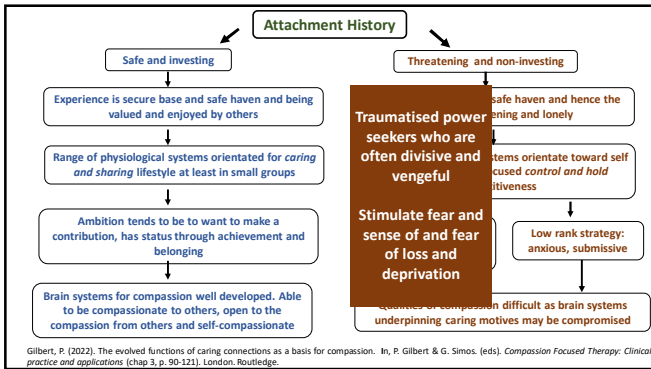
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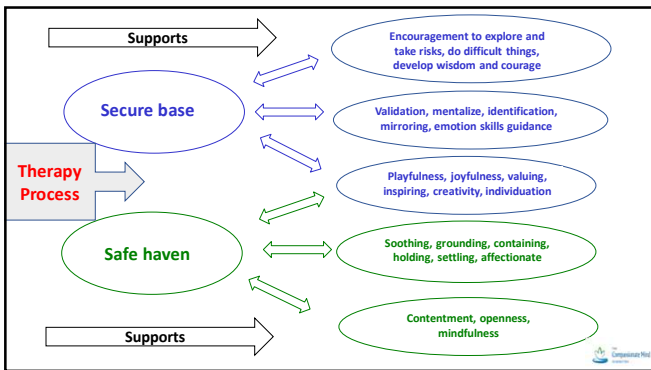
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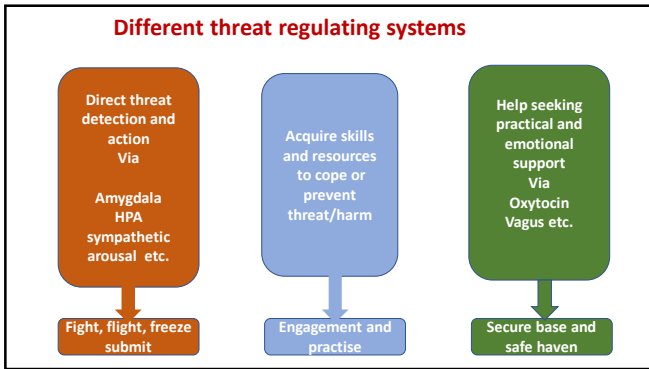
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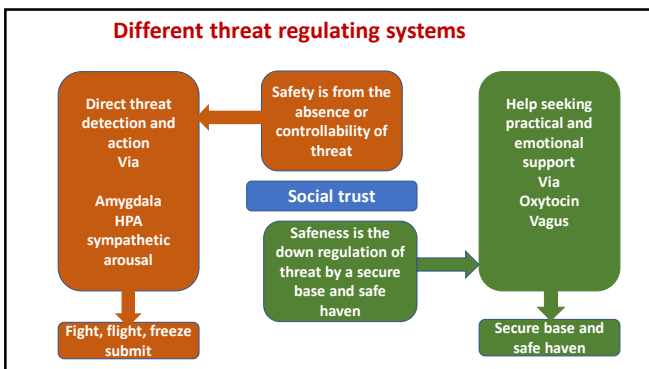
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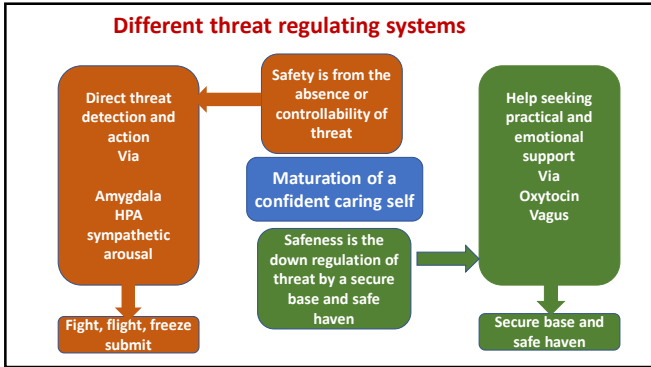
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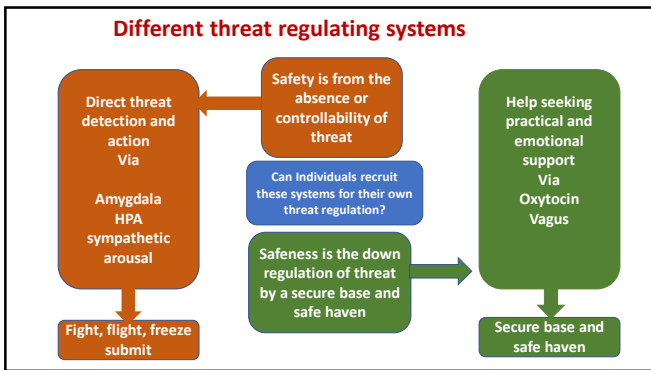
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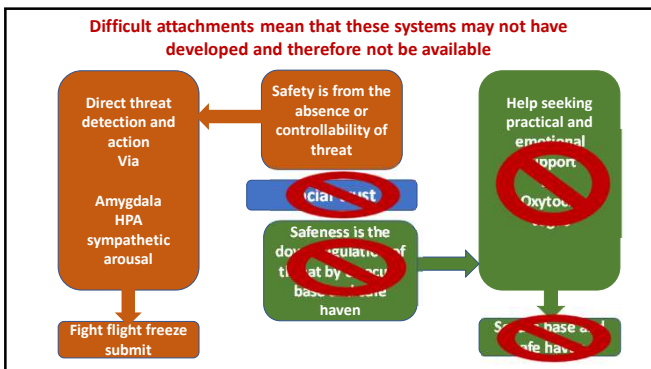
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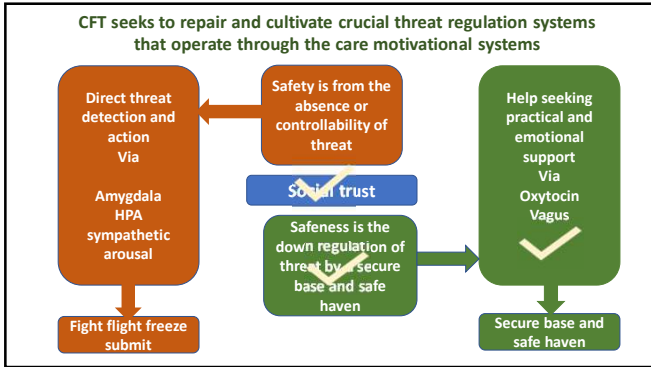
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Compassion Focused Therapy

Need for an evolution biopsychosocial informed science

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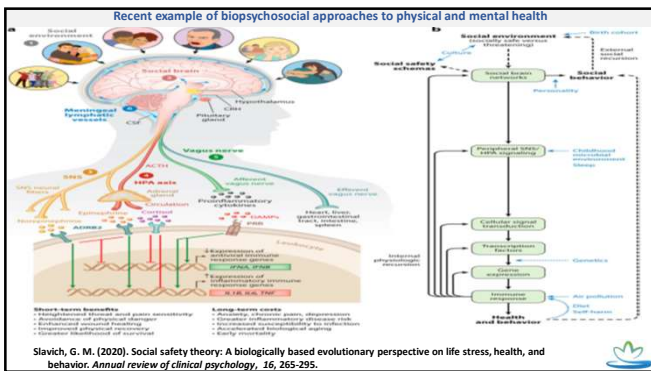
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**Genes build organisms to behave and function in certain ways**

**DNA carries information for building bodies and minds to carry them around**

**Bodies are short lived, subject to disease, injury and decay and death**

**Pain indicates body injury, malfunction or need for action**

Base pair  
Hydrogen bonds  
Adenine (A)  
Thymine (T)  
Cytosine (C)  
Guanine (G)

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**Phenotypes and epigenetics – Experience and the physiological effects can change our gene expressions**

**Experiences cannot change genes, but they can turn genes on and off**

**This allows for phenotypes to develop differently according to the context in which the organism is living**

**Clear evidence of epigenetic effects of safe versus threat-stress from early life**

**Epigenetic change can be passed through generations**

ON  
OFF  
Base pair  
Hydrogen bonds  
Adenine (A)  
Thymine (T)  
Cytosine (C)  
Guanine (G)

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**Genes, Brain and Behavior**  
Official publication of the International Behavioural and Neural Genetics Society

Genes, Brain and Behavior (2016) 15: 155–168  
doi: 10.1111/gbb.12263

Review

**The lasting impact of early-life adversity on individuals and their descendants: potential mechanisms and hope for intervention**

C. S. M. Cowan<sup>1,\*</sup>, B. L. Callaghan<sup>1,1</sup>, J. M. Kan<sup>1,1</sup> and R. Richardson<sup>1</sup>

<sup>1</sup>School of Psychology, The University of New South Wales, Sydney, Australia, and <sup>2</sup>Psychology Department, Columbia

adult disorders emerging during childhood or adolescence (Jones 2013; Kessler et al. 2007; Lee et al. 2014). Further, certain factors within the home (such as parental mental illness, criminality, violence and neglect) are strongly associated with the onset of child/adolescent mental illness.

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### Compassion Solutions

**Ancient wisdom**  
Compassion is the road to happiness (Buddhism)

**Evolution**  
Evolution has shaped our brains to be highly sensitive and responsive to internal and external stimuli indicative of care and kindness

**Neuroscience**  
Specific brain areas are focused on detecting and responding to kindness and compassion and regulate threat processing

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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*



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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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Each require courage and wisdom  
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 Wisdom without courage can be ineffective  
 Without commitment nothing may happen

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

**Cultivating appropriate responses and actions with courage and wisdom**

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

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



**Engagement Competencies**  
 Motivation  
 Attention sensitivity  
 Sympathy  
 Distress tolerance  
 Empathy  
 Non judgement

**Courage  
 Wisdom  
 Commitment**

**Action Competencies**  
 Attention  
 Imagery  
 Reasoning/mentalise  
 Behaviour  
 Body  
 Feeling

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**Sensitive to context**

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 is not one process

Many *different forms* of compassion and hence in courage and wisdom

Firefighters  
 Therapists  
 Patients

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**Sensitive to context**

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

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 Courage without wisdom could be reckless  
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 Without commitment nothing may happen

Compassion is not one process

Many *different forms* of compassion and hence in courage and wisdom

Addressing trauma  
 Assertiveness  
 Mentalizing  
 Dying

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**Engagement**  
 Care for well being, attention sensitivity, sympathy, distress tolerance, empathy, non judgmental

**Courage**

**Wisdom** ↔ **Commitment**

**Action**  
 Attention, imagery, reasoning, behaviours, sensory (body) feelings

*Problems that can arise*  
 Dissociation  
 Avoidance  
 Denial  
 Envy  
 Projection  
 Vengefulness

From Gilbert & Choden (2013)

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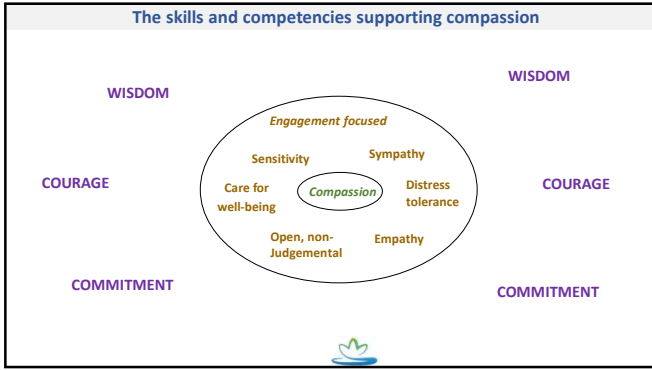
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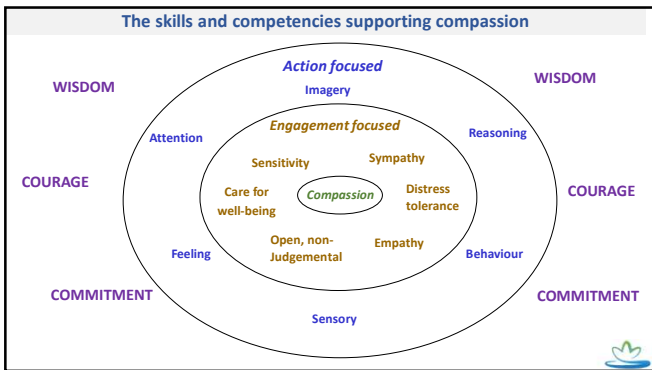
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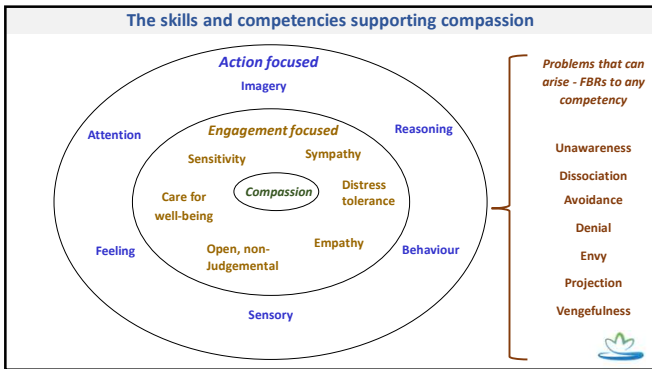
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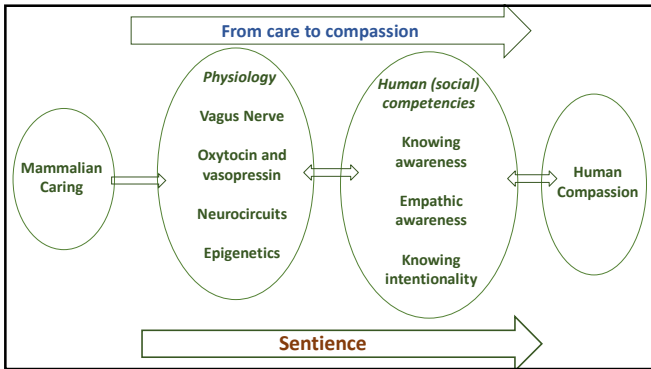
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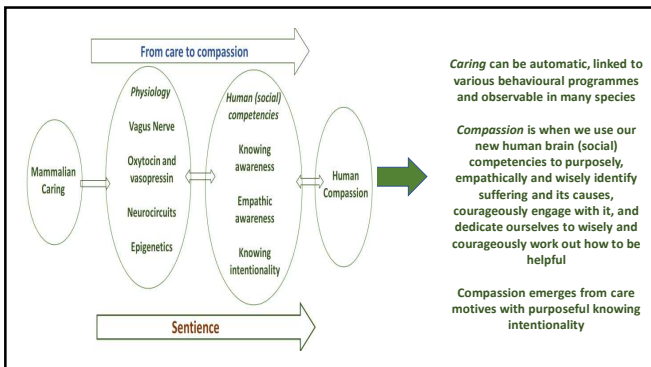
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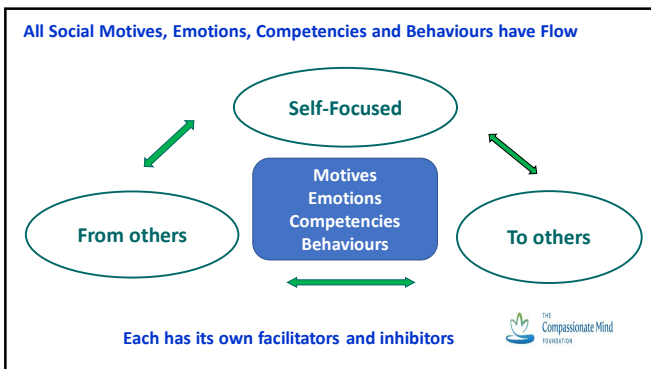
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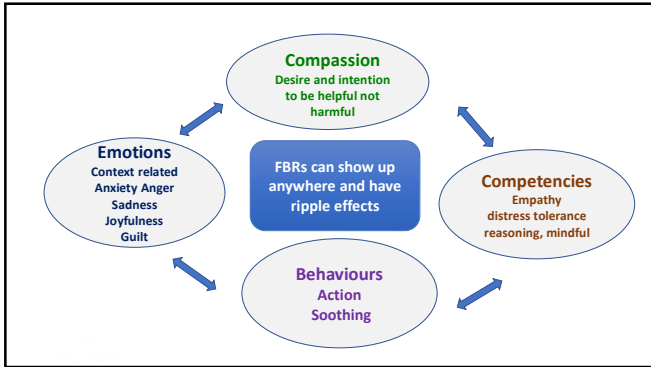
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**Australian Childhood Foundation**

**Brain States**

Key Note Melbourne 18 August 2025

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**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

Depression: From Psychology  
to Brain State

Paul Gilbert

1984

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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

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Depression: From psychology to brain state (1984)

### 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

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Depression: From psychology to brain state (1984)

### CFT is a Brain State Approach

Notice how a competitive brain state compares to a compassion brain state

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

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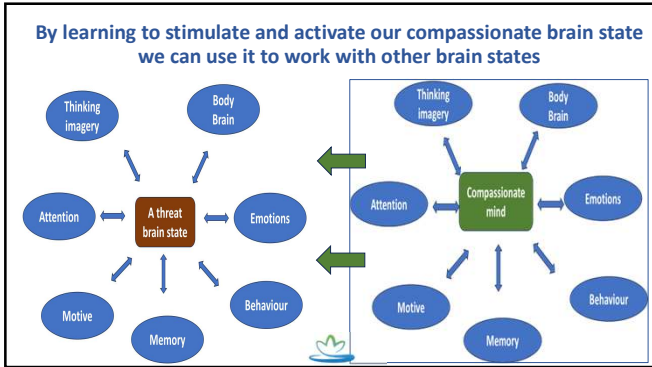
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Psychoeducation  
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Psychoeducation is central to the conceptualising of ones own and others mental states

- The nature of mind
- The four functions of mind
- The nature of brain states
- How to observe brain states
- How to cultivate desirable brain states

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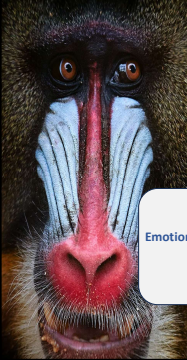
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**The implications of the reality of biological beings**

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

We did not choose to come into existence - our brains and bodies are built for us not by us - and shaped by contexts (babies to adults)

Motives

Emotions ↔ Competencies

Behaviours

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

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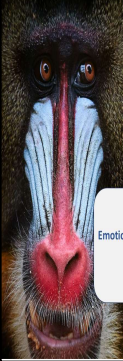
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Live to be helpful not harmful to self and others

**What are the implications for our therapeutic position?**

**How does that impact your therapeutic stance and view of your client's difficulties ?**

**Depersonalise - compassion to experiencing**

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**The evolved body and brain create multi-minds**



The long progression in our self-understanding has been from a simple and usually "intellectual" view to the view that the mind is a *mixed structure*, for it contains a complex set of "talents," "modules" and "policies" within.... All these general components of the mind can act independently of each other; they may well have different priorities

(Orenstein, R 1986 Multimind: A new way of looking at human behaviour)

You are a universe, a collection of worlds within worlds. Your brain is possibly the most complicated and amazing device in existence. Through its action you are capable of music, art, science, and war. Your potential for love and compassion coexists with your potential for aggression, hatred.....murder

(Coon, D. 1992 Introduction to Psychology)

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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



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Discovering our internal relationships about 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' are not really part but different brain patterns

CFT for trauma illuminates multi-mind patterns using guided discovery such as *mind mapping*



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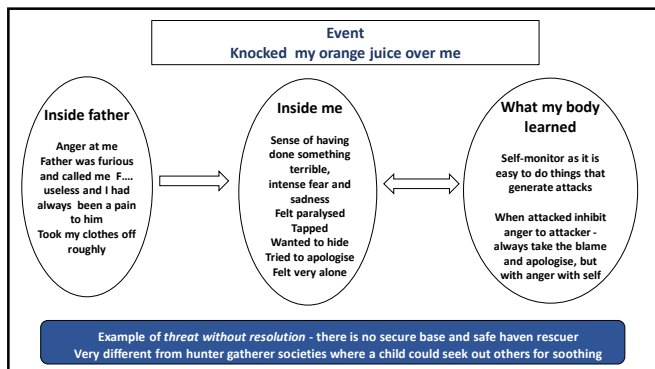
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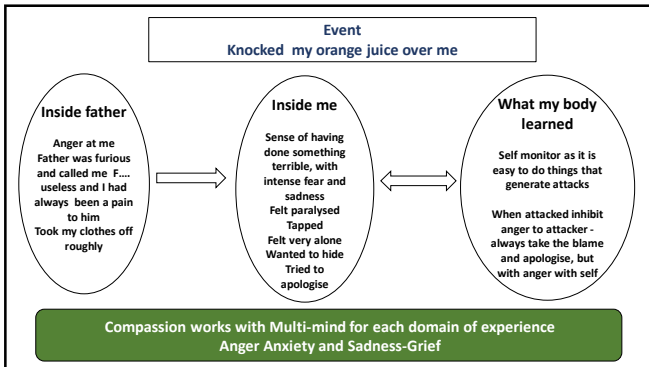
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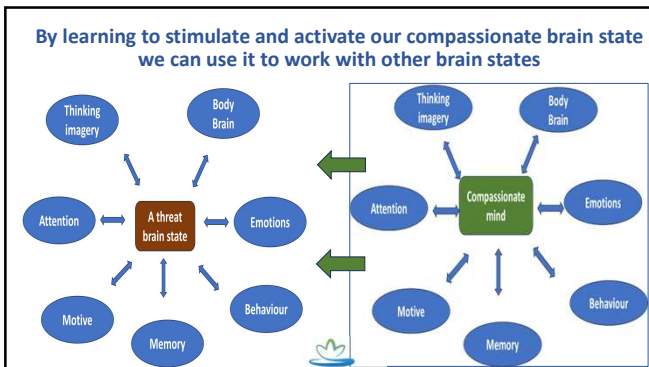
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**Some take homes :**  
**Compassion is a social process of relating to self and others**

- Humans evolved to be highly social and that means that our bodies and brains are designed to be Co-regulated through our relationships not only through self- regulation -- we may struggle to give ourselves the stimuli we need for activating the social safeness system
- We can however begin to create internal dialogues and relationships that tap into the social mentalities of the compassion motivational system and thereby begin to stimulate the psychophysiological systems of those evolved systems -- it helps but it's not a substitute
- CFT is a relational therapy that has to also involve the ability to live to be helpful not harmful to self and others and able to socially trust and engage with the sense of living with others
- in the Buddhist traditions one of the most important aspects of enlightenment is self transcendent into complete union with all things

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# Australian Childhood Foundation

So Why Compassion

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Skills are not just a set of *techniques* but arise from an understanding of the nature of mind, our evolved needs in relation to non-social and social and contexts, as generators of brain states



Evolution rooted CFT provides a framework that enables people to develop the courage and wisdom to work with what can be a very tricky and distressing mind

We seek to create a context for learning for safety *and* safeness - So we all try to facilitate friendliness curiosity and new explorations - all on a journey of discovery and addressing the suffering of life

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# COMPASSION FOR VOICES

A TALE OF COURAGE AND HOPE

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**Australian Childhood Foundation**

**The nature and process of compassion focused therapy for the traumatised mind**

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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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*Membership and Training  
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## Compassion Through Life's journey

9-12<sup>th</sup> October 2023

In-person (Birmingham) and Online

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