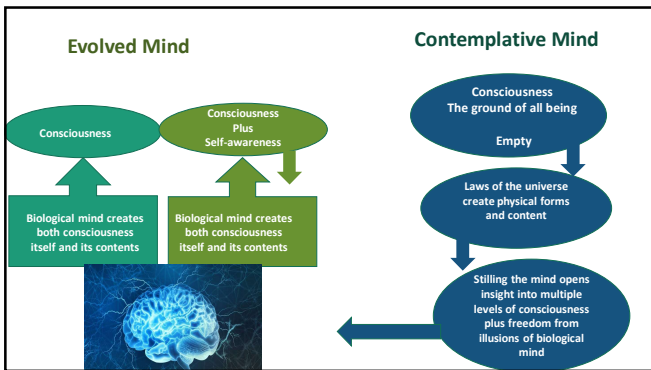
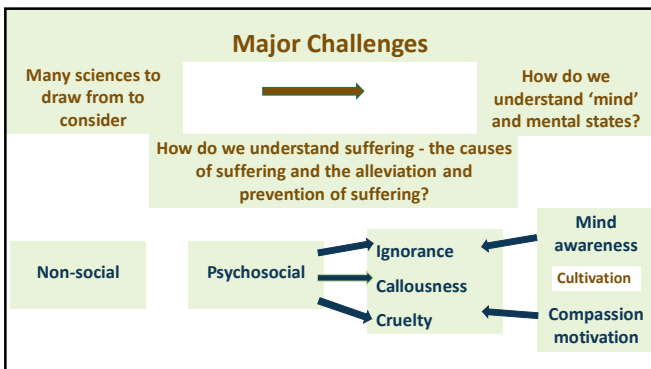




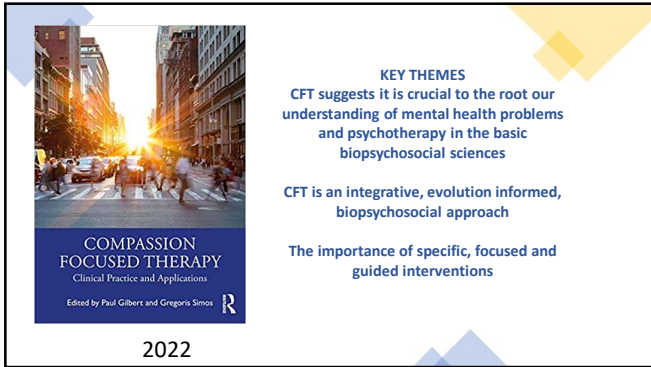
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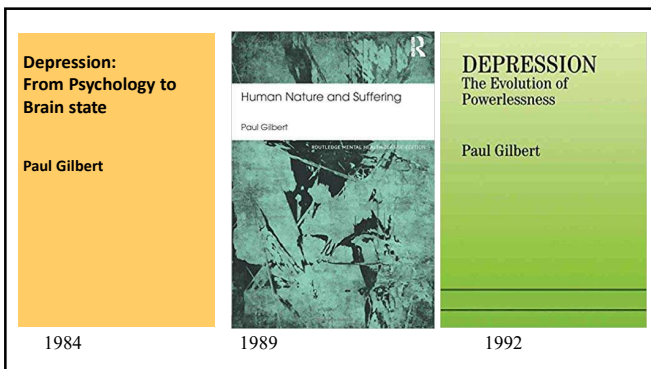
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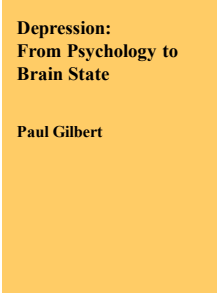
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6



**Depression:
From Psychology to
Brain State**

Paul Gilbert

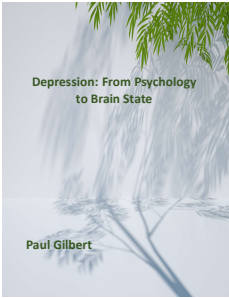
1984

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

7



Depression: From Psychology to Brain State

Paul Gilbert


2021

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

8



Human Nature and Suffering

Paul Gilbert

1989/2016

Basic Social Motives:

Care giving - Care seeking
Cooperating - Competing
Sexuality

Safe
Helpful
Competent

Unsafe -threat
Unhelpful
Incompetent

9



Human Nature and Suffering
Paul Gilbert

1989/2016

Basic Social Motives:

Care giving - Care seeking
Cooperating - Competing
Sexuality

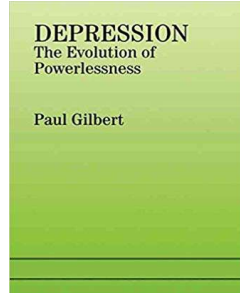
Safe
Helpful
Competent

Unsafe -threat
Unhelpful
Incompetent

Guilt evolve form care motive

Shame evolved from rank and competitive motive

10



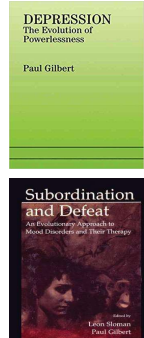
DEPRESSION
The Evolution of Powerlessness
Paul Gilbert

1992/2016

The thwarting of basic human needs and control of threat

Learned Helplessness
Social loss
Social disconnection
Social oppression
Social defeat
Entrapment
Self-devaluation

11



DEPRESSION
The Evolution of Powerlessness
Paul Gilbert

Subordination and Defeat
An Evolutionary Approach to Mood Disorders and Their Therapy
Edited by
Linda Steinman
Paul Gilbert

Reviewed the main models of depression

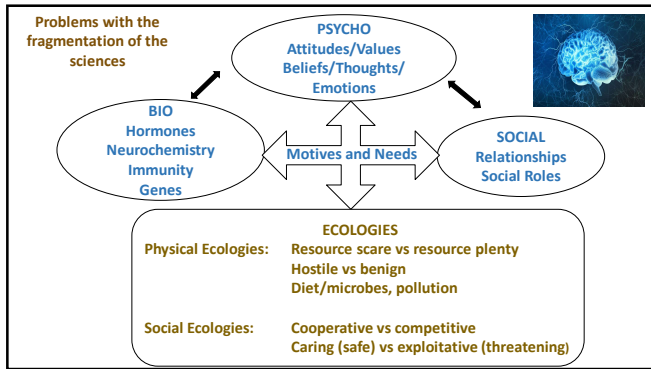
Common themes -- thwarting of basic human (social) needs and loss of control over threat - resources

Learned Helplessness
Social loss and disconnection
Social oppression
Social defeat
Entrapment

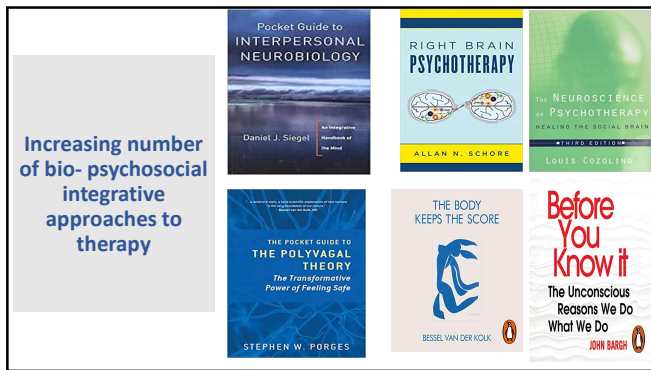
Shifts of brain states linked to

Low self-esteem
Sense of inferiority
Submissive behaviour
Escape
Shame
Self-criticism
Suicidality
Fear of anger
Blocked assertiveness
Silencing the self
Increased threat and reduced positive affect

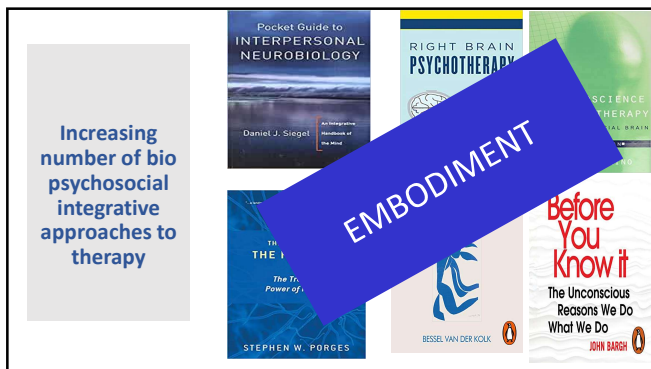
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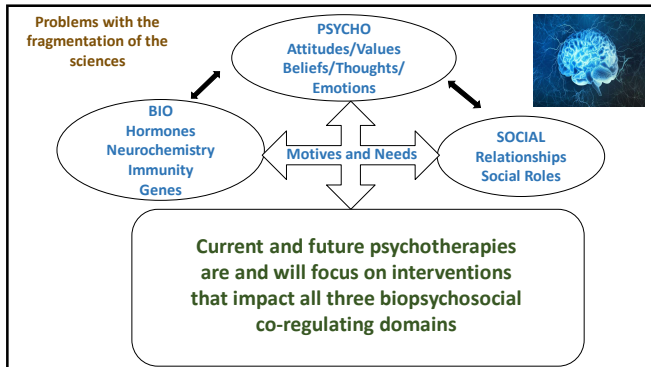
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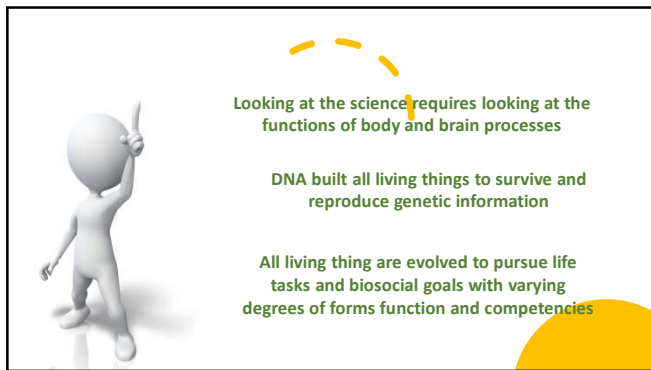
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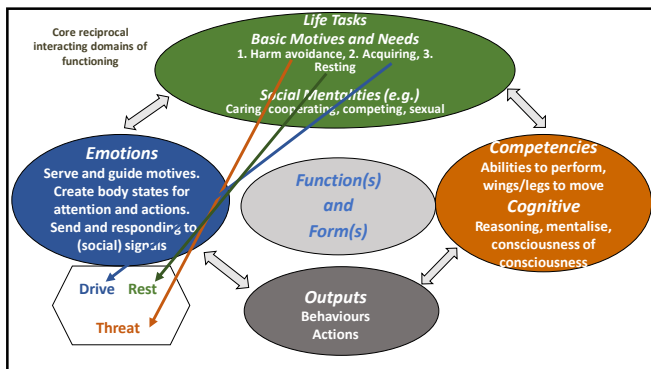
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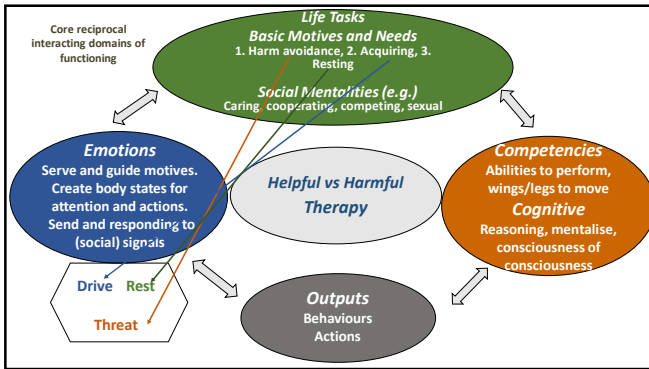
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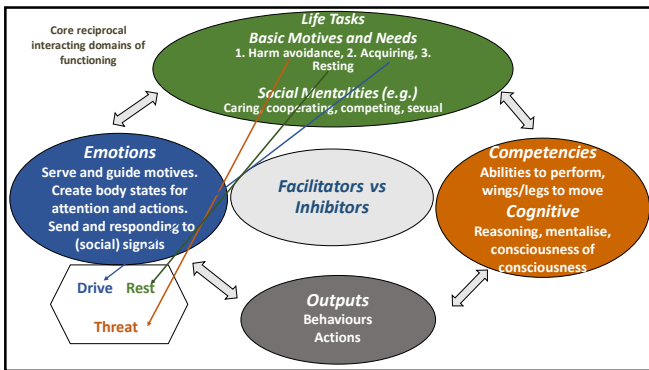
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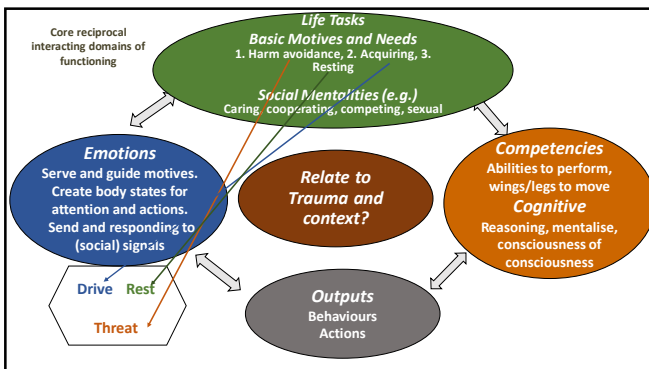
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21

Evolved motives have stimulus-response algorithms (if A then do B)
 Evolved with physiological 'wiring'
 Our minds are full of algorithms

- if predator then activate arousal and run/hide
- if food then approach salivate and eat-digest
- if reproduction then approach and court
- if (infant) distressed/needing then act to alleviate




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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

23



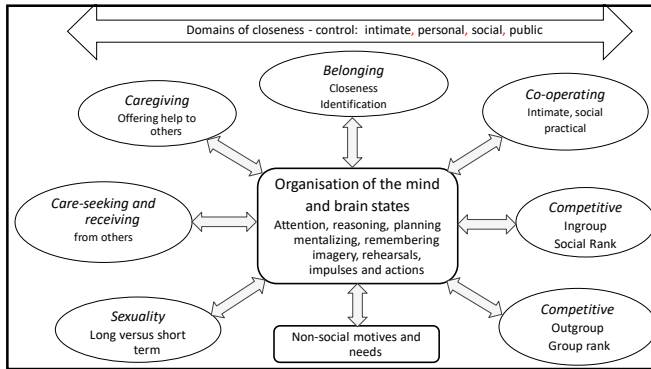
Compassion can be defined in many ways but in CFT the focus is as a basic motive with an S-R algorithm

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

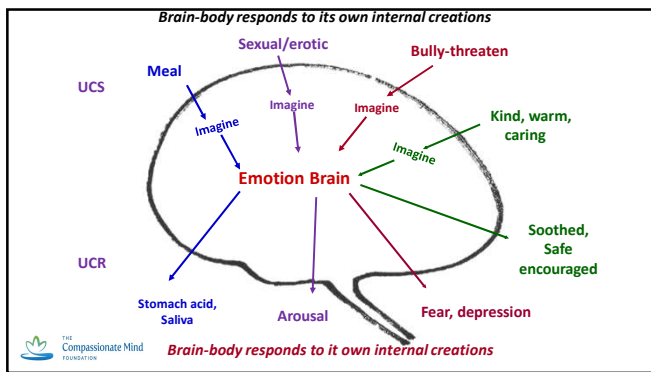
- If Stimulus detection then engagement
 - To approach, understand and (how to) engage with suffering/distress - looking into its causes - Wise Courage
- Then plan and take action
 - To work to alleviate and prevent suffering/distress – work to acquire wisdom and skills - Wise Courage

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

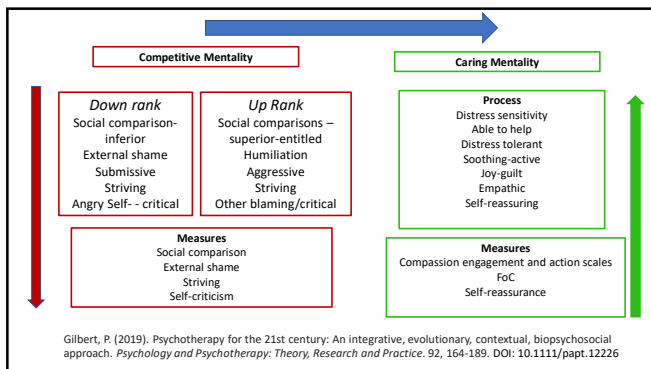
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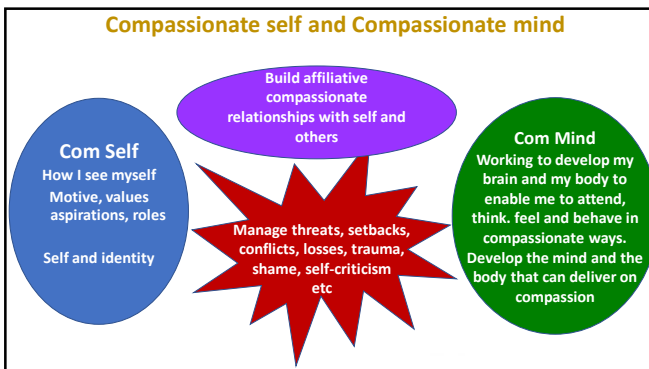
CFT and cross-approach processes and interventions

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

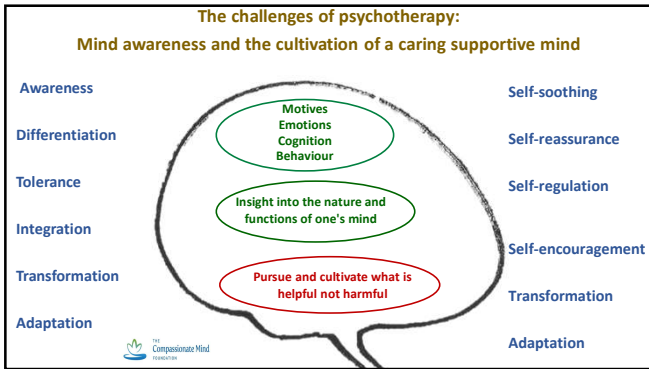
Therapy Process. Collaboration, Socratic dialogues and guided discovery, personal meaning, shared formulation and model, inference chains – (bottom line/catastrophe/major fear/threat), functional analysis, chaining analysis, reframing, developing emotional tolerance, maturation awareness, empathic connections, exposure, boundaries (as examples).

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

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20TH Anniversary
1983-2023

Clinical Challenges

Prof Paul Gilbert, FBPS, OBE

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The clinical beginnings of CFT and FBRs

Using cognitive behavioural therapy to help people identify unhelpful ways of thinking and behaviour and reorientate to the helpful – there was a mismatch of thoughts and emotions

As a result of head heart mismatch clients were asked to speak their helpful coping efforts as they heard them in their minds

The cognitive content was helpful but the emotional textures were often aggressive and contemptuous

Obvious solution was to help clients practise kind and supportive voice tones and hone in on compassion motivation - but ran into considerable fears, blocks and resistances

When seeking to activate the caring system, with its physiological infrastructures, it opens the system and reveals traumas that are then avoided

33

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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Key Message

We need to feel congruent affect in order for our thoughts to be meaningful to us. Thus emotions 'tag' meaning onto experiences. In order for us to be reassured by a thought (say) 'I am lovable' this thought needs to link with the emotional experience of 'being lovable'. If the positive affect system for such linkage is not activated there is little feeling to the thought. People who have few memories/experiences of being lovable or soothed may thus struggle to feel reassured and safe by alternative thoughts

Compassion focused therapy therefore targets the activation of our evolved care-compassion motives so that it can accessed and used to help regulate threat based emotions of anger, fear, disgust shame etc

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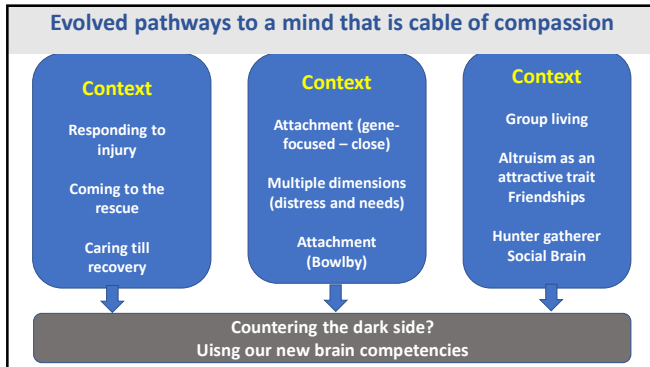


The evolution of caring and compassion

Prof Paul Gilbert, FBPsS, OBE

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The rescue pathway

frontiers in Psychology

REVIEW published: 13 February 2022 doi: 10.3389/fpsyg.2022.821716

Why Care: Complex Evolutionary History of Human Healthcare Networks

Sharon E. Klieser^{1*}

¹Department of Psychology, Faculty of Natural Sciences, University of Oxford, Oxford, United Kingdom, ²Department of Anthropology, Durham University, Durham, United Kingdom

Caring for and helping the sick and injured has been noted in many species – even termites

38

Self-Protection

In species without attachment only 1-2% make it to adulthood to reproduce. Threats come from ecologies, food shortage, predation, injury, disease. At birth individuals must be able to 'go it alone', be mobile and disperse.

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Psychology of Caring-Nurturance

Fogel, Melson and Mistry (1986) suggested that care-nurturance involves:

- *Awareness* of the need to be nurturing
 - *Motivation* to nurture
 - *Understanding* what is needed to be nurturing
 - *Expression* of nurturing feelings, with an ability to match forms of nurturing with needs
 - *Feedback* from the impact on the other
- Core to Compassion Focused Therapy

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Some Features of Caring Motivation

The Mother is

- Paying attention
- Feeding
- Providing
- Protecting - rescuing
- Temperature regulation
- Comforting - soothing
- Encouraging (learning and risk taking)
- Mentoring
- Playing

Appropriate
actions and
feedback

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Different aspects of caring stimulate different physiological systems

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The if A then do B algorithm for caring
Feature detectors linked to actions


The Mother is
(A) Sensitive to the suffering/distress and needs of her infant and can (B) act to try to alleviate and prevent it

The archetypal nature of maternal caring is the template for the evolution of all subsequent adaptations

An array of evolved complex physiological systems to support this archetypal motivational process

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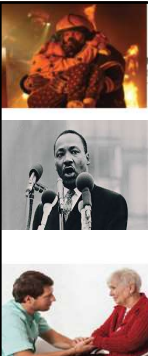
Compassion can be defined in many ways but in CFT the focus is as a basic motive with an S-R algorithm

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 Courage without wisdom could be reckless
 Wisdom without courage can be ineffective

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frontiers in Neuroscience

BRIEF RESEARCH REPORT
 published: 12 March 2021
 doi: 10.3389/fnins.2021.611943

All share a compassion motivation

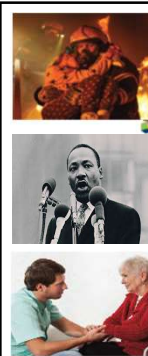
Compassion Is Not a Benzo: Distinctive Associations of Heart Rate Variability With Its Empathic and Action Components

Maria Di Bello^{1*}, Cristina Ottaviani^{1,2} and Nicola Petrocchi¹

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 confirmed significant and positive associations. Compassion, however, is not to be confused

50



frontiers in Neuroscience

BRIEF RESEARCH REPORT
 published: 12 March 2021
 doi: 10.3389/fnins.2021.611943

Individuals may be competent in one domain of compassion but not another. Hence compassion is context sensitive in both engagement and response

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 Petrocchi¹

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

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frontiers in Neuroscience

MINI REVIEW REPORT
published: 11 October 2021
doi: 10.3389/fnins.2021.671942

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

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

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

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

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.

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

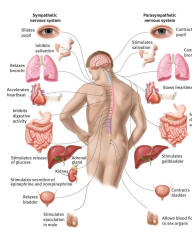
- Consider the feature detectors and physiological systems for threat
- Consider the feature detectors and physiological systems for sexuality
- Consider the feature detectors and physiological systems for competitiveness
- Consider the feature detectors and physiological systems for caring

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

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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

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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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- Soothing comfort and contentment
- Safe haven
- Rest and Digest

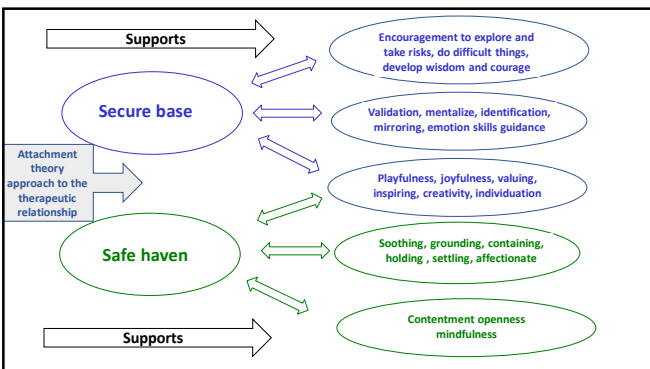
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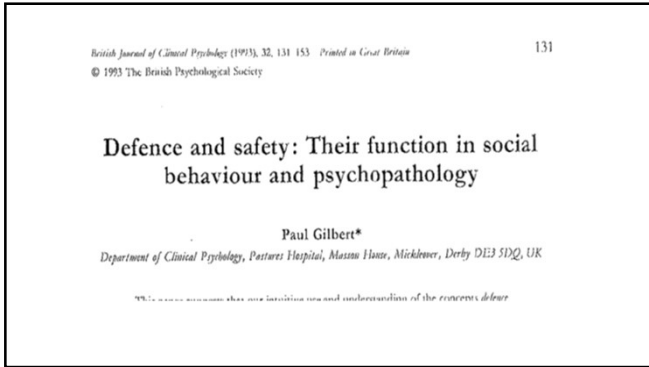
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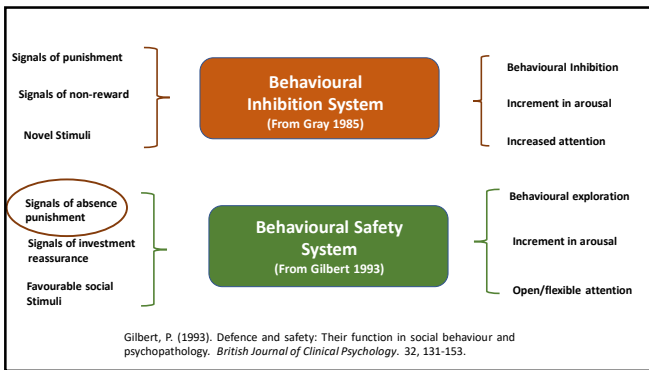
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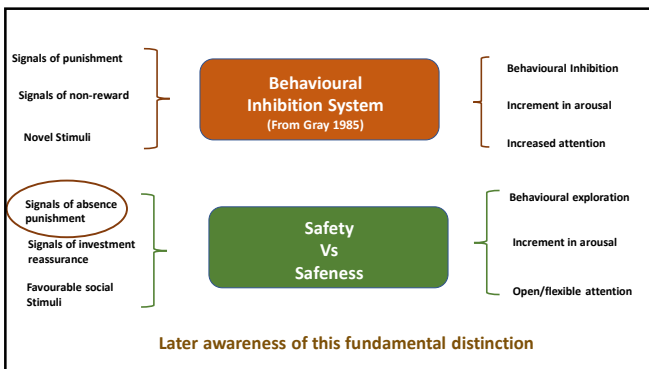
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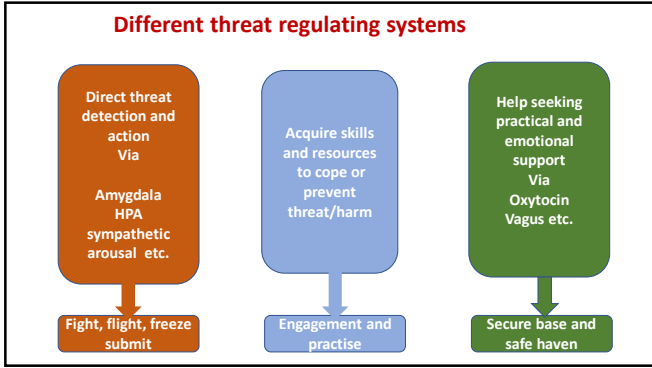
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Accessibility to helpful others also promotes a sense of safeness (Bailey, 1988; Bailey *et al.*, 1992). Bowlby (1969, 1973, 1980) stressed the role of the accessibility of the parent and the calming effects of parental behaviour in enabling the infant 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.

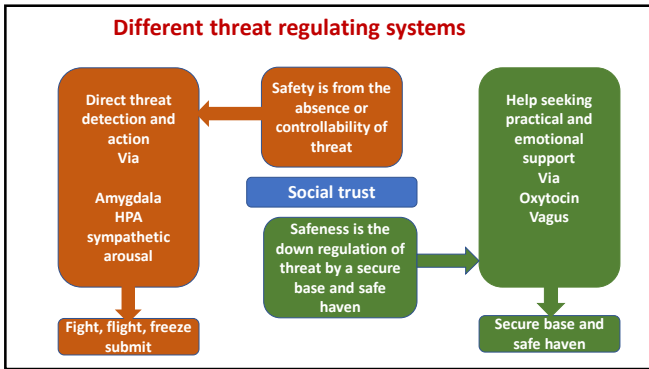
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Basically it appears that positive affect facilitates a more open explorative orientation and more positive and prosocial behaviour such as caring and sharing. Thus, children growing up in environments that are high in the exchange of signals promoting 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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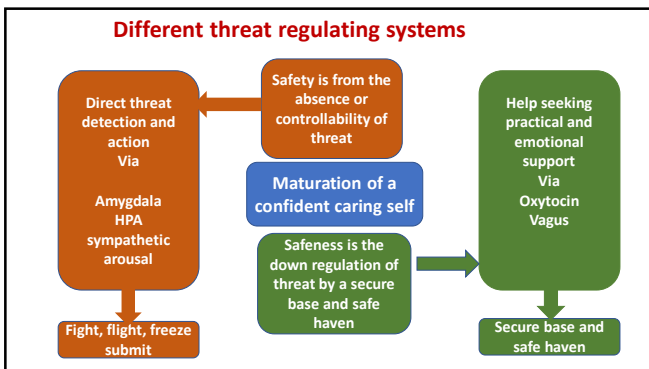
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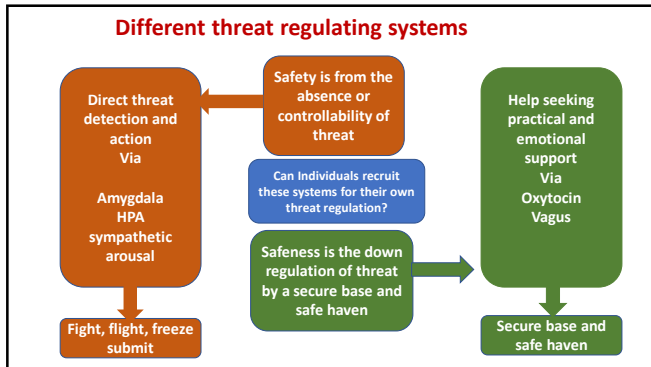
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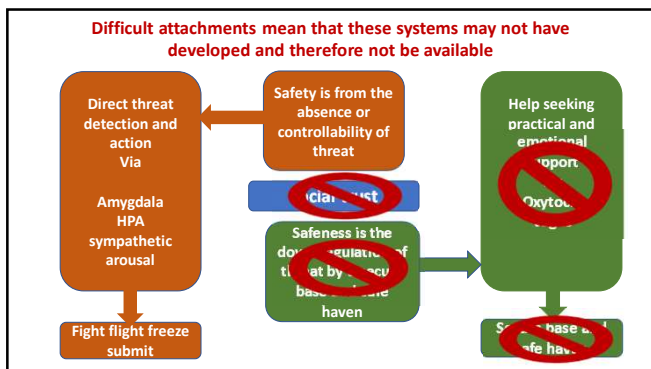
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ANNUAL REVIEWS

Annual Review of Clinical Psychology
Social Safety Theory: A Biologically Based Evolutionary Perspective on Life Stress, Health, and Behavior
George M. Slavich
Graduate Center for Psychoneuroimmunology and Department of Psychiatry and Behavioral Sciences, University of California, Los Angeles, California 90095-7076, USA
email: gslavich@ucla.edu

Annu. Rev. Clin. Psychol. 2020. 16:19.1–19.31

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The evolution of caring brings major changes in physiological regulation –
Relationships are physiological regulators

Being cared for and physiology

Compassion

- Gene expression (epi)
 - Stress reactivity
- Immune system function
 - Cardiovascular
 - Neurocircuits
- Illness and recovery
 - Core values
 - Self-identities
- Compassion and empathy

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Engaging the Therapy

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Working with distressed states

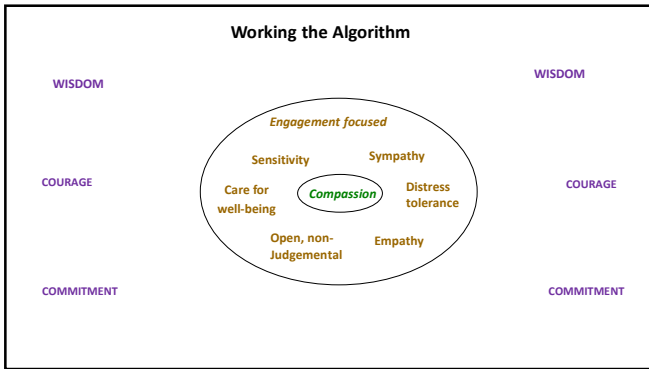
Bring to mind any client and think about the nature of their mental distress

Help the client understand compassion by taking them through an exercise of helping a friend who is hospital phobic get a hospital -- highlight the importance of **sensitivity** to their stress and then **working out what to do** -- the basic algorithm of compassion

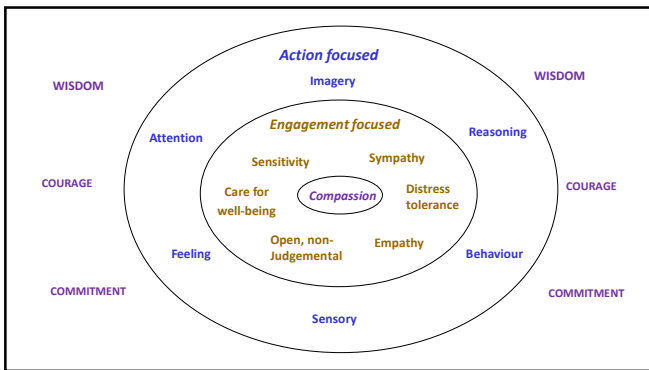
In what follows consider how you might create a secure base and safe haven for your client in the therapeutic relationships and then guide them through the competencies ease of therapeutic compassion

The compassion mind is able to provide and internal - self generated secure and safe haven

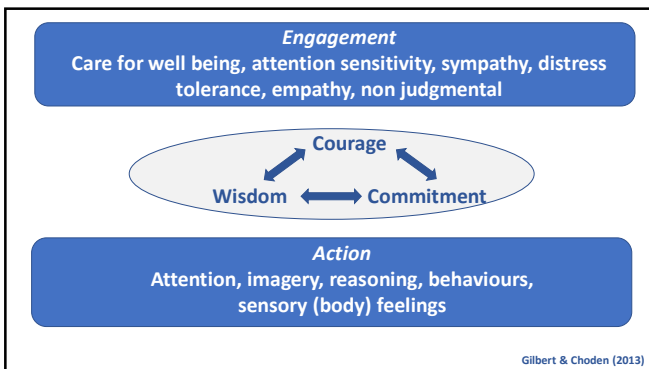
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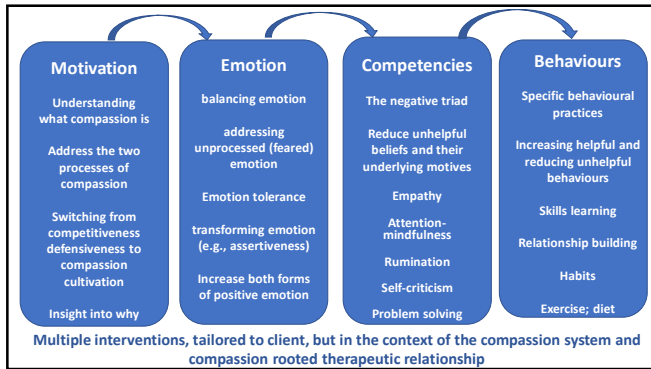
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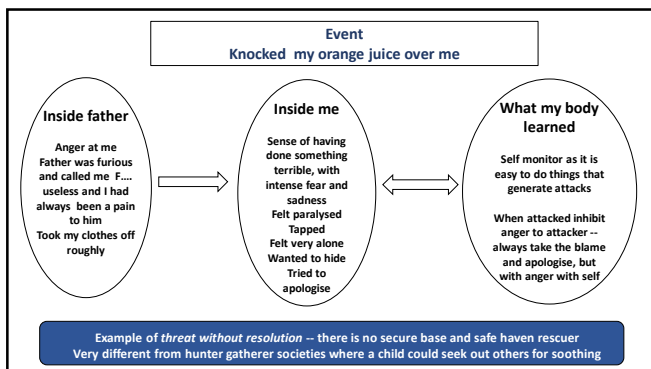
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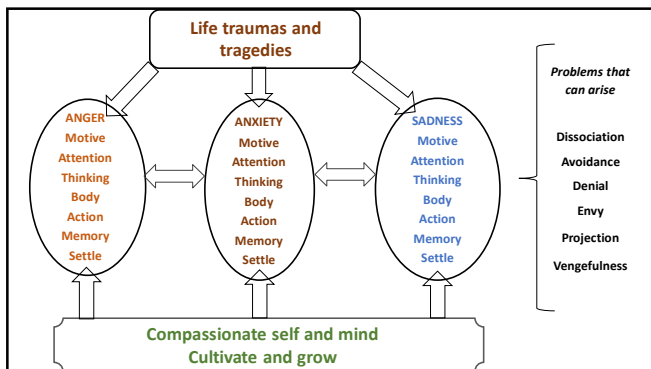
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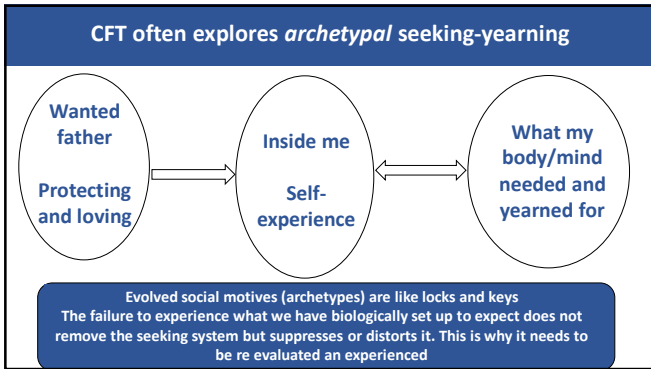
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Person Practices

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Motives organise the mind and therefore compassionate mind training is cultivating the care focused motives

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.

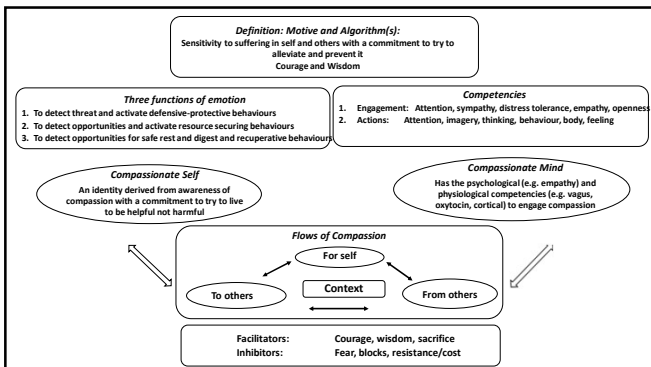
Cultivating, playfulness and joyfulness
Playfulness is linked to friendliness and joyfulness. Practise openness

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

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Workshops

Have you seen our exciting workshop schedule for 2023?

Visit our training page below for more information:

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