Depression – Key Features

World Health Organisation (WHO) has estimated that at least 350 million people worldwide are currently suffering with depression – approx 5% population

WHO - by 2020, depression will be the second most burdensome health disorder (following cardiovascular problems) in leading to disability-adjusted life years (DALYS)

Associated with changes to our motivation, emotions, thoughts, behaviours and physiology

Negative impact on health (physical, mortality), relationships (e.g. marital dissatisfaction), employment (days off, career earnings) and economy (£9 billion)

NICE Guidelines:

• Exercise, guided self-help
• Antidepressant medication
• Therapy - generally CBT, IPT or Behavioural Activation
Compassion Focused Therapy (CFT)

Origins and Key Features:

Professor Paul Gilbert

Clients with chronic, complex depressions, with high shame and self-criticism

“I know what you’re saying, but I just don’t feel it…”

Based on science of mind – evolution, neuroscience, social and developmental psychology

Compassion begins with a reality check

We are an emergent species in the ‘flow of life’ so our brains, with their motives, emotions and competencies are products of evolution, designed to function in certain ways

Our lives are short (25,000-30,000 days), decay and end, and are subject to various malfunctions and diseases – in a genetic lottery. Everything changes – the nature of impermanence – the nature of tragedy

The social circumstances of our lives, over which we have limited control, have major implications for the kinds of minds we have, the kind of person we become, the values we endorse, and the lives we live
Gene and Life Stress Interaction
(from Caspi et al., 2003; cited by Rutter)

Probability of major depression episode

Number of stressful life events

s/s = short allele homozygous
s/l = heterozygous
l/l = long allele homozygous

More depressed
Less depressed

Diathesis-Stress/Dual-Risk Model

environment/experience
Interaction of old and new psychologies

**Mindful Brain**

**New Brain:**
Imagination, Planning, Rumination,
ToM, Mentalisation

**Old Brain:**
Motives (food, sex, relationship seeking, caring, status)
Emotions (anger, anxiety, sadness, joy)
Behaviours (fight, flight, shut down etc)

**COMPASSION**
So, Basic Philosophy is That:

We all *just find ourselves* here with a brain, emotions and sense of (socially made) self we did not choose but have to figure out

Life involves dealing with *tragedies* (threats, losses, diseases, decay, death) and people do the best they can

Much of what goes on in our minds is not of ‘our design’ and not our fault

We are all in the same boat

De-pathologising and de-labelling – understanding unique coping processes and how evolution has led to us having ‘tricky’ minds

---

How are our motives and emotions organised?

Motives evolved because they help animals to survive, seek out things that are important (e.g. food, shelter, relationships, status, reproduction etc) and leave genes behind

Emotions guide us to our motivations/goals and respond if we are succeeding or threatened

There are three types of emotion regulation systems

1. **Those that focus on threat and self-protection**
2. **Those that focus on doing and achieving**
3. **Those that focus on contentment and feeling safe**
Emotion Regulation Systems:  
– ‘Three Circle’ Model

Incentive/resource-focused
Wanting, pursuing, achieving, consuming
Dopamine?

Non-wanting/Affiliative focused
Safeness-kindness
Opiates/Oxytocin?

Threat-focused
Protection and Safety-seeking
Thoughts, Emotions, Behaviour
Serotonin?

Drive, Excite, Vitality

Content, Safe, Soothed

Anger, Anxiety, Disgust

Emotion Regulation Systems:  
– ‘Three Circle’ Model

Threat-focused
Protection and Safety-seeking
HPA/Serotonin?

Anger, Anxiety, Disgust
REJECTION
It starts from an early age. Get used to it!
Emotion Regulation Systems: – ‘Three Circle’ Model

Drive, Excite, Vitality

Incentive/resource-focused
Wanting, pursuing, achieving, consuming
Dopamine?

Threat-focused
Protection and Safety-seeking
HPA/Serotonin?

Anger, Anxiety, Disgust

Lottery

£ $ $ £ £
Types of Affect Regulation Systems

Drive, excite, vitality

Incentive/resource-focused
Wanting, pursuing, achieving, consuming
Activating
Dopamine?

Content, safe, connected

Non-wanting/Affiliative focused
Safeness-kindness
Soothing
Oxytocin/Opiates?

Threat-focused
Protection and Safety-seeking
Activating/inhibiting

Anger, anxiety, disgust

Dispersal and avoid others
How are the three systems often balanced for many people during depression?

Incentive/resource-focused
Wanting, pursuing, achieving, consuming
Dopamine?

Non-wanting/Affiliative focused
Safeness-kindness
Opiates/Oxytocin

Threat-focused
Protection and Safety-seeking (Behaviours, Emotions, Thoughts)
Serotonin?

Anger, Anxiety, Disgust

One aim of CFT?...Balance
Relationship between Threat and Soothing

CFT - Key Ideas

Various therapies (e.g. CBT) have developed exposure and other techniques for toning down negative emotions but *not for toning up certain types of positive ones.*

Can’t assume that by reducing negative emotion the positives will ‘come on line’

Two types of positive affect related to:
- achievements/doing/excitements (drive system)
- affiliation, affection, soothing (affiliative/soothing system)

Some clients have major difficulties in being able to access the affiliative/soothing system - *implications* - so CFT targets this system along with the other systems therapy traditionally targeted
Compassion

from the Latin *com* - with
+ *patī* to bear, suffer

What is Compassion?

Darwin – saw sympathy as the strongest of human evolved emotions:

“those groups with most sympathetic member were likely to flourish the most and rear the most number of offspring”

*Descent of Man, and Selection in Relation to Sex* (1871, p130)

Keltner – three factors:

- Enhances welfare of vulnerable offspring
- Desirable emotion in mate selection
- Enables cooperative relations with non-kin

**Key:** link to the caregiving, affiliative and attachment system

Wei et al (2011)

Attachment Anxiety \( r = -0.38 \)**  Attachment Avoidance \( r = -0.36 \)**
What blocks compassion?
What do we need to feel compassion?

What is Compassion?

Common definition:

“a sensitivity to the suffering of self and others with a deep commitment to try to relieve it”

From CFT perspective, compassion linked to two very different psychologies, which we aim to develop:

(1) the ability to engage with suffering and distress

(2) The desire and motivation to alleviate suffering, uproot it’s causes and seek to prevent suffering in the future
(i) First Psychology of Compassion:  
- Engagement

Being open and receptive to suffering, and willing to *move towards* and engage with it - not avoiding or shutting it out

In CFT, a number of key ‘compassion’ attributes are seen as important so that we can move towards and engage with suffering?

**Compassionate Mind - Engagement**

- **Attributes**
  - Sensitivity
  - Sympathy
  - Care for well-being
  - Empathy
  - Non-Judgement
  - Distress tolerance

- **Compassion**

- **Warmth**
(ii) Second Psychology of Compassion: - Alleviation

Drawing upon inner resources of wisdom and compassion through which we try our best to alleviate suffering

In CFT, we seek to help people to learn specific skills to build these inner resources so that we can effectively alleviate suffering?

Skills developed via therapy interventions

Attention: On what is/was helpful and what is needed – movable, ‘zoom in’ and ‘zoom out’ perspective

Feelings: Cultivation of loving kindness, warmth, open affiliation, patience, slowing

Reasoning: Evidence, alternatives and ‘not my fault’ understanding

Behaviour: Commitment to practice, effort, courage – action

Imagery: Different forms (based on memory, or creating ‘fantasy’ image) bringing into mind, using to integrate

Sensory: Breathing, body posture, voice tones, Yoga
Compassion Focused Therapy – Alleviation

SKILLS-TRAINING

Imagery

ATTRIBUTES

Sympathy

Distress tolerance

Compass

Care for well-being

Non-Judgement

Empathy

Reasoning

Behaviour

Sensory

Feeling

Attention

Warmth

Warmth

Warmth

Warmth

CFT Can Involve:

The therapeutic relationship, collaboration, guided discovery, personal meaning, Socratic dialogues, inference chains – (bottom line/catastrophe/major fear/threat), functional analysis, chaining analysis, maturation awareness, shared formulation, change through practice, behavioral experiments, exposure, developing emotional tolerance, mindfulness, guided imagery, expressive writing, reframing, generating alternative thoughts and independent out-of-session practice -- to name a few!

There should be increasing overlaps in our therapies if we are being science based
What makes Compassion Difficult?

Fears, Blocks and Resistances (FBRs)

Fear of Compassion

Certain types of positive feelings are threatening

It is dangerous to feel safe

Compassion feeling are linked to beliefs such as compassion is an indulgence and is weakness

Activated grief and or abuse memories
Fear of Compassion Scale
Gilbert et al (2010), Psychology and Psychotherapy

Fear of Compassion for Others Scale
Compassion makes you weak, others will take advantage of you ("people will take advantage of you if you are too compassionate")

Compassion for others will create dependency in others ("if I’m too compassionate, others will become too dependent on me")

I can’t tolerate others’ distress

Fear of Compassion from Others Scale
Fear of availability/how genuine compassion from others is ("I fear that if I need other people to be kind, they won’t be")

Fear of closeness ("if I think someone is being kind & caring towards me, I put up a barrier")

Fear of Compassion towards Self Scale

Fear of losing self-criticism
I fear that if I develop compassion for myself, I will become someone I don’t want to be

Fear of grief/emptiness when try to feel compassion
I fear that if I start to feel compassion for myself, I will be overcome with loss/grief
Fear of Compassion Data

<table>
<thead>
<tr>
<th></th>
<th>Compassion for Others</th>
<th>Compassion from Others</th>
<th>Self compassion</th>
</tr>
</thead>
<tbody>
<tr>
<td>CfromO</td>
<td>.54**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self com</td>
<td>.41**</td>
<td>.64**</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>.23**</td>
<td>.26**</td>
<td>.30**</td>
</tr>
<tr>
<td>Dep</td>
<td>.23**</td>
<td>.33**</td>
<td>.41**</td>
</tr>
</tbody>
</table>

CFT – Treatment Evidence

Gilbert & Proctor (2006), Clinical Psychology and Psychotherapy

- Attendance one of two programmes
- Patients invited to take part in a research trial of CMT at community meetings
- Criteria for inclusion were mid treatment (six months to one year), well engaged with the service and to have self-attacking, negative thoughts
- Nine patients agreed to take part in the study (five men and four women)
- Three did not complete the study; hence six completed
- Twelve two hour sessions
- Gradual process of developing compassionate imagery and soothing exercises and then engaging with self critical thinking
Data From Group Study

Pre and Post Compassionate Mind Training

Before | After
---|---
Self criticism | 54.2 | 10.2
Self compassion | 18.8 | 56.4

Data From Group Study

HADS

Before | After
---|---
Anxiety | 14.67 (3.78) | 6.83 (2.93)
Depression | 10.33 (2.67) | 4.3 (2.73)
Why Compassion? - Data

Practice of imagining compassion for others produces changes in frontal cortex & immune system (Lutz et al, 2008)

Macbeth and Gumley (2012) – meta analysis of studies looking at self-compassion (SCS) and psychopathology (depression and anxiety). Found large effect size or $r = -.54$

Studies looking at how self-compassion is related to factors often correlated with depression (threat system):

- Self-compassion and self-criticism $r = -.65^{**}$ (Neff, 2003)
- Self-compassion and rumination $r = -.50^{**}$ (Neff, 2003)
- Self-compassion and worry $r = -.62^{***}$ (Raes, 2010)

Breines & Chen (2012) found self-compassion group, in comparison to self-esteem group, had:

- greater motivation to make amends for a moral transgression
- more time studying for a difficult test following an initial failure
- greater motivation to change a perceived weakness

Data

Raes (2011) – self-compassion scores at T1 predicted likelihood of depression at T2 five months later in students

Van Dam et al. (2011) – self-compassion a stronger predictor of depression symptomology than mindfulness

Kuyken et al. (2010) – mindfulness based cognitive therapy (MBCT) effectiveness for depression was partly through increasing participants self-compassion.

Neff and Germer (2012) – non-clinical RCT of 8-week Mindful Self-Compassion (MSC) course, found significant improvements in treatment group over wait list control on measures of self-compassion, mindfulness and well-being (depression, anxiety, stress). These improvements were maintained at 6 and 12-month follow up.
Care For Well-Being: What Do You Wish to Be?

There is a story attributed to Native American wisdom, that links nicely to how we might ‘see’ different parts of us:

One evening a grandfather was teaching his young grandson about the internal battle that each person faces.

“There are two wolves struggling inside each of us,” the old man said. “One wolf is vengeful, angry, resentful, self-pitying and scared...the other wolf is compassionate, faithful, hopeful, and caring...”

The grandson sat, thinking, then asked: “Which wolf wins, Grandfather?”

His grandfather replied, “The one you feed.”