

## **Our Depressive Self**

Depressive episodes could sometimes be experienced as an inner voice that keep beating us up, criticizing our every moves and making pessimistic prediction to our every plans.

The depressive inner voice often involves a **sense of shame**.

- Focus of concern: ***Others' thoughts, feelings and actions***

Theme: *Disapproval, contempt, blame, negative judgment, angry reactions from others...*

- Focus of concern: ***Self-evaluation***

Theme: *Self as inferior, inadequate, wrong, flawed, undesirable, unlovable...*

### **Example**

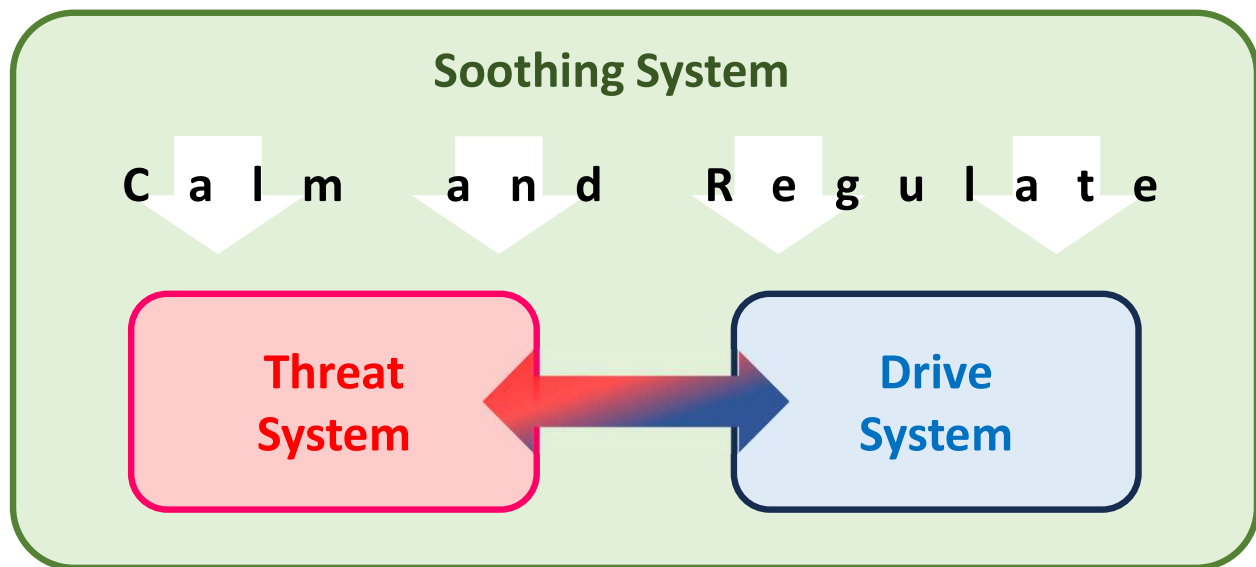
- View of others:

***"Everyone hates me. I do not belong. I am a joke in their eyes. They will eventually turn their back to me."***

- View of the self: ***"I am a failure. I am doomed. Life will never get better. I am forever alone."***

In Compassion Focused Therapy (CFT), a treatment model developed by Prof. Paul Gilbert, these harsh internal dialogues we have are believed to be driven by our **threat system**, particularly in response to ***threat in the social context***.

## **The Three Emotional Systems & Depression**



In CFT conceptualization, our brain is organized into three emotional systems:

1. the **drive system**: pursues achievement and seeks pleasures;
2. the **threat system**: keeps us safe;
3. the **soothing system**: calms and regulates the drive and the threat system.

- From a CFT perspective, our **depressive self** is part of the **threat system** functioning.
- It can manifest as **self-attacking** acts when we have difficulties feeling safe socially and internally.
- To ease depressive feelings, we could recruit our **soothing system** to calm our **depressive self**.

## **Human Attachment Needs**

When we were small, our survivals were entirely dependent on our caretakers as we rely on them to satisfy, soothe and regulate our physical and emotional needs.

Caring, emotionally attuned and responsive caretaker helps children to form an internal working model that others are reliable, help is available and the world is mostly safe. This is also called **secure attachment**. Growing up this way, one's **soothing system** is more likely to function efficiently and tune down the drive and threat system whenever necessary.

Caretakers who respond to children's needs intermittently only can leave children with a working model that others are unpredictable, help could be withdrawn anytime and there is no guarantee to safety. This is also termed **anxious attachment**.

Finally, children who grow up under rejecting, distant and dismissive caretakers would develop beliefs that others are aloof, help is unavailable and the world is not safe unless one watch out for oneself. This is also called **avoidant attachment**.

In these scenarios, the **threat system** is activated prolongedly, sensitizing the system so it become overly reactive later in life.

## **Social Safeness**

Social safeness refers to a felt sense of being safe derived from meaningful affiliations as well as the support and care one receives from stable social relationships.

When the **threat system** is overly reactive, we could interpret social cues to be ***more threatening than they really are.***

For example, we could readily take silence in a conversation to be signs of disapproval, assume a friendly smile to be a condescending smirk and believe slow response to contact to be sign of abandonment.

Upbringing and attachment style is one of the causes of an overly reactive threat system. However, life events like abuse, bullying, betrayal or significant failure could also sensitize our threat system. All in all, core to the fears is that we imagine we are **undesirable, inadequate and inferior in others' mind.**

To the depressive self, we are flawed and vulnerable, while others are powerful and desirable but unpredictable.

We seek affiliation and care to feel safe socially. Nevertheless, *even if we are accepted now, the depressive self is still wary of losing favour in the future.* In other words, our need of social safeness is chronically in threat.

## ***Fear of Social Safeness***

We all desire to be valued and loved. In fact, to feel accepted and belonged is one of our basic needs. Ironically, when we do feel cared for, **some of us could react to these cues with fears.**

As part of our innate learning capacity, when stimulus B repeatedly happens closely after stimulus A appears, our brain would associate the two and instruct our body to get prepared for stimulus B automatically at the sight of stimulus A.

For someone who had inconsistent or rejecting caretakers, or who had experienced interpersonal trauma and betrayal by someone close, figures who provided us with care and kindness (stimuli A) can become associated with dismissal, neglect, loneliness or threat-related feelings like sadness and anxiety (stimuli B).

As a result, in the future when the person meet someone else who are caring and kind (stimuli A), they feel stressed, the threat system gear up for hurt or even drive them to reject care from others (stimuli B).

Instead of feeling safe and contented, the person might fall into a depressive spiral. **The contradictory reaction could even feed into inadequate feelings** when the person blame themselves for “being ungrateful” and “driving friends away”.