

Psychotherapy and Counselling for Depression (3rd Edition).

Paul Gilbert

London: Sage Publications (www.sagepub.com)

2007, 402 pp. \$49.95, paperback

The new edition of this text by the eminent professor at the University of Derby Paul Gilbert is part of a counselling in practice series, published by Sage. The key to understanding this book is the word compassion. Teaching self-compassion to the client and compassion in the therapeutic relationship are central features in this text. Gilbert is ambitious in his approach to depression—he provides a broad overview of the problem, placing it within a historical and evolutionary context. He reviews not only the background and common features of depression, but places it within a biopsychosocial context. The book is designed to help the reader understand the processes that underlie depression along with practical suggestions regarding how to provide counselling for the depressed person. It is typical to use the word treatment in many cognitive behavioral textbooks—Gilbert tends to use the term counselling, presumably because he does not in any way “medicalize” the problem of depression. I found this book very useful as a way to not only understand depression, but to add great depth to cognitive behavioral approaches. The compassion based approach is not intended to be used on its’ own, but meant to be incorporated into focused therapies, such as CBT or DBT. Part I of this text provides an overview of the nature of depression, including a description of the problem and the different theoretical approaches to its’ understanding and conceptualization. The second part of the book is entitled “Process for the Therapeutic Journey” and discusses different aspects of a compassion based approach within therapy.

The first chapter provides an overview of the symptoms, types of depression, its assessment and some of the risk factors, including unresolved trauma and poor self-esteem. He reviews the epidemiology and course of depression and discusses treatment guidelines. It is clear from the beginning that depression will be placed in an interactional, multifactorial model. Gilbert creates an understanding of the processes that lead to depression along with suggestions about how to help people resolve it. The second chapter examines some of the pathways that lead to depression. Gilbert identifies four domains of functioning, including basic threat and safeness processing, role-seeking and forming, symbolic and meta-cognitive abilities and identity forming. He states that threat is at the core of the depressive experiences. He notes that the human brain operates according to a “better safe than sorry” policy. In depression, there is a sense of elevated threat processing, which leads to some of the cognitive problems seen in depression, such as a focusing or narrowing of attention. Because of this processing style, complex safety strategies, beliefs and assumptions develop, which may become automatic, lead to behavioral avoidance and affect social and self-identity. Unfortunately, unlike the anxious person, who can create a sense of safety through avoidance, the depressed person cannot feel safe or sooth themselves because the threat and negative self-identity remain with them even when alone. Threat filled, early life experiences can lead to safety strategies intended to increase safety in the present, which are not only ineffective, but create more problems. Gilbert’s approach involves “toning down” threat systems and “toning up” more positive systems.

Chapter 3 expands the review of the human brain, threats and depression, with an emphasis upon biological processes in the stress response. With an increase in threat processing, there is an activation of strategies for protection. For example, submissive behavior often seen in

depressed people is a very basic form of self-protection. Many other characteristics of depression are touched upon, such as the notion that suicide can be viewed as a way to escape from the self. His statements ring true for a clinician who works with depressed people. They want to escape from their problems more than kill themselves and often describe fantasies of escape that can be interpreted as suicidal ideation. He notes that when stress responses are activated, both flight and fight can be experienced at the same time.

Gilbert turns to review all of the behavioral approaches to depression, noting that action is a powerful regulator of mood. He discusses behavioral models of depression stating that depression can be a consequence of anxiety, leading to an inability to problem solve, make decisions and ultimately to procrastination and avoidance. Increasing behavior counteracts threat and helps people regain a sense of control. He reviews the contributions of behavioral activation, dialectical behavior therapy, cognitive-behavioral analysis system of psychotherapy and interpersonal therapy for depression. He concludes this chapter with the Five Areas approach, which is a focused approach to depression (Williams, 2001) being used by the National Health System in England. The five areas are current life difficulties, thinking difficulties, mood and emotional regulation difficulties, depressive behavior and changed activities and physical feelings and symptoms. This straightforward approach can help clinicians set targets for work with depressed clients and can easily be incorporated in a CBT approach.

Chapter 5 focuses upon the human need for social connection and a sense of belonging. Gilbert discusses the importance of early experiences in the development of relationship schemas. He reviews some of the interpersonal factors that lead to early stress and vulnerability to depression, such as abuse and bullying, parental criticism and shaming experiences. This chapter reviews research ranging from attachment theory to power within relationships and inferiority. He concludes that the depressed person is overly focused and sensitive to threats rather than rewards. In the interpersonal arena, they have developed a number of self-protection strategies for managing social threats. The final chapter in Part I addresses the role of shame in depression. Because humans have the ability to form internal representations and be aware of self, they can feel shame, which is essentially a self-conscious emotion. These feelings can become so negative that people engage in experiential avoidance. Gilbert expertly discusses the way in which shame develops, is experienced and expressed and presents his model for shame. Chapters 5 and 6 pull together the interpersonal and intrapersonal aspects of depression in a complex and comprehensive way that is likely to enhance the readers understanding.

Part II turns to the task of helping the depressed person. Chapter 7 focuses on the therapeutic relationship and the importance for a sense of safeness with the therapist and eventual development of sufficient safety so that the client can explore shame and anxiety provoking material in their current or past experience. He discusses the qualities of the therapeutic alliance and core therapeutic skills that enhance it. In previous work (Gilbert, 2005), he developed the compassion circle, which includes empathy, care for the well-being of the client, non-judgment and distress tolerance. In the next chapter, Gilbert turns his attention to the themes and tasks of early therapy, such as developing rapport, exploring the client's fears and expectations, taking a history, providing a therapeutic rationale and increasing client awareness. He advocates both a structured and flexible approach, to be collaborative and open but to provide a clear formulation regarding the linkages between core beliefs and safety strategies for the client early in therapy.

The focus of Chapter 9 is working with cognitive and safety strategies. He covers the basic concepts of cognitive approaches and how to work with tools such as Socratic dialogue and

guided discovery. He emphasizes collaboration throughout this work with clients. He does not use some common terms, such as “irrational” or “dysfunctional” thinking. I have had many clients react negatively to these terms. Instead, he talks about “catching” automatic thoughts and uses alternative terms such as “traps”, “snags” or unhelpful cognitive ways of trying to become safe.

In Chapter 10, Gilbert reviews basic principles of engagement and change. He acknowledges that many clients vacillate between a desire to get better and a fear of getting better. He weaves in ways to reduce shame and instill hope. He utilizes standard behavioral procedures in useful ways such as self-monitoring to increase mindfulness. He helps clients learn to bear discomfort through exposure and homework, which he terms personal practice.

Chapters 11 and 12 focus upon the development of compassion towards the self and the reduction of self-criticism. The ability to focus compassion towards oneself is a difficult task for many depressed clients who feel a deep sense of shame and guilt. He explores a number of different processes that can be used for the development of self-compassion, which are categorized into compassionate attention, thinking and behavior. All of these tasks are utilized within the context of a compassion based therapeutic relationship and all are nested within a focused therapy, such as CBT. Gilbert makes the point that self-critical thoughts are somewhat like a “superego”—they issue commands which attempt to make the person behave appropriately. Again, he provides a number of practical tools when working with the self-critical voice of a depressed client.

The next two chapters cover different kinds of difficulties that clients may present to the therapist. These include approval seeking, lack of assertiveness, shame, guilt, ideals and envy. These chapters address various interpersonal themes and issues and discuss ways in which to utilize cognitive behavioral tools as well as the therapeutic relationship. He strongly encourages the therapist to work with the fears and threats regarding change. Once again, he makes the under recognized point that shame is one of the most important emotions to understand for depressed people in therapy. Gilbert writes elegantly and I found myself writing down quotes, such as “shame is about blame, guilt is about responsibility”. He coins a number of useful terms, such as the “disappointment gap” between the actual and ideal self.

The final chapter provides an overview of Gilbert’s approach to depression, saying goodbye to the client and some personal reflections. Once again, I wrote down several quotes—“Life involves suffering, but it is how we suffer that is important” and “the secret of success is the ability to fail”. He talks about ending therapy as a process, which must be judged according to the needs of the individual client. He makes a few final comments about training and supervision, although this section was brief and could have been expanded.

Gilbert writes with depth of understanding of a vast expanse of literature on theory, research and clinical issues in depression. Clinicians may be tempted to skip through some of the earlier, more theoretical chapters, but will be rewarded for persisting with them. Similarly, researchers are well advised to continue with the more applied portion of the text, as Gilbert’s appreciation and compassion for the experience of depression and its’ therapy are apparent. Many new clinical psychologists in North America have been trained in empirical approaches using treatment manuals. Reading this book that is not categorized within any particular treatment approach will enhance their learning and enable them to appreciate the complexities of the therapeutic interactions with depressed clients.

References

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