



Fears of happiness and compassion in relationship with depression, alexithymia, and attachment security in a depressed sample

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Objectives. In a non-clinical population, fears of compassion and fear of happiness have both been found to be highly correlated with alexithymia and depression. This study sought to explore these processes and their links with adult attachment and social safeness and pleasure in a depressed group.

Method. A total of 52 participants suffering from moderate to severe depression completed measures of fears of happiness, compassion from others and for self, in addition to measures of alexithymia, attachment, social safeness, and depression, anxiety, and stress.

Results. Fears of compassion and happiness were highly correlated with alexithymia, adult attachment, and depression, anxiety, and stress. Fear of happiness was found to be the best predictor of depression, anxiety, and stress, whereas fear of compassion from others was the best predictor of adult attachment. A path analysis showed that fears of positive emotion fully mediate the link between alexithymia and depression. This clinical sample had higher mean scores in fears of positive emotions, alexithymia, and depression, anxiety, and stress than a previously studied student sample.

Conclusions. This study adds to the evidence that fears of positive emotions are important features of mental health difficulties. Unaddressed, these fears can block positive emotions and may lead to emotional avoidance of positive affect thus contributing as blocks to successful therapy. Therapies for depression may therefore profitably assess and desensitize the fear of positive emotions.

Practitioner points

- Many therapies focus on reducing negative affect and increasing positive affect.
- However, clinicians should be aware that positive emotions can be feared: in this clinical sample, depression is strongly associated with fear of happiness and fears of compassion.
- If clients fear happiness and compassion, they may resist or have difficulties in engaging in activities which evoke positive affect.

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- If not addressed these fears may become blocks to therapy.
- Fears of different types of positive affect may require different interventions.

Sifneos (1973) coined the term alexithymia to refer to an interconnected set of difficulties in emotional processing. These include problems in identifying and distinguishing between feelings and the bodily sensations of emotional arousal, difficulty describing feelings (especially to other people), and a stimulus-bound, externally oriented cognitive style with constricted imaginal processes, as evidenced by a paucity of fantasies (Bagby, Parker, & Taylor, 1994). Difficulties in emotion processing and regulation are associated with a range of mental health difficulties (Aldao, Nolen-Hoeksema, & Scheiwzer, 2010; Baiardini, Abba, Ballauri, Vuillermoz, & Braido, 2011; Gilbert, McEwan, Matos, & Rivis, 2011; Gilbert *et al.*, 2012; Southam-Gerow & Kendall, 2002), particularly depression (e.g., Bankier, Aigner, & Bach, 2001; Gilbert *et al.*, 2012; Hintikka, Honkalampi, Lehtonen, & Viinamäki, 2001; Honkalampi, Hintikka, Laukkanen, Lehtonen, & Viinamäki, 2001). Not surprisingly then, the ability to understand emotions, in contrast to feeling them to be incomprehensible or overwhelming and to be avoided, is central in a number of models of psychopathology (Chawla & Ostafin, 2007; Greenberg & Safran, 1987; Greenberg & Watson, 2006; Hayes, Follette, & Linehan, 2004; Leahy, 2002; see Kring & Sloan, 2010 for reviews).

One of the reasons people can struggle to process emotions is because emotions are feared and avoided. Fearing so-called 'negative' emotions (such as anger, anxiety, or sadness) plays an important role in maladaptive emotional regulation (Beblo *et al.*, 2012; Chambless & Gracely, 1989; Liverant, Brown, Barlow, & Roemer, 2008; Salters-Pedneault, Gentes, & Roemer, 2007; Taylor & Rachman, 1992). So when emotions are experienced as threats, individuals may engage in experiential avoidance (Chawla & Ostafin, 2007).

Fears of positive emotions

While the fear and avoidance of 'negative' emotions has been well studied, with some exceptions, the same cannot be said for the study of 'positive' emotions. However, increasing evidence suggests that positive emotions, such as joy, happiness, kindness, love, and safeness may not necessarily be experienced as pleasurable and can also be feared. For example, rather than being unable to experience pleasure and happiness (anhedonia), some depressed individuals may have an actual *fear* of experiencing positive emotions (Gilbert *et al.*, 2012; Hayes & Feldman, 2004) or unwillingness to experience positive emotions (Beblo *et al.*, 2012). Some years ago, Arieti and Bemporad (1980) suggested that some depressed patients have 'a taboo on pleasure' and can be fearful of positive emotions; for example, the person who says 'happiness never lasts' or 'when I feel happy I am always waiting for something bad to happen'. In a recent student study exploring these types of beliefs, Gilbert *et al.* (2012) found that a fear of happiness was significantly correlated with alexithymia, self-criticism, anxiety, and stress, and especially depression ($r = .70$). Other authors have found that the suppression or dampening of positive emotions is associated with more depressive symptoms (Beblo *et al.*, 2012; Raes, Smets, Nelis, & Schoofs, 2012) and other psychological disorders (Eisner, Johnson, & Carver, 2009). Fear of positive *evaluation* (feeling good about one's achievement or believing that others feel good about one's achievements) has been linked to social anxiety (Weeks, Heimberg, & Rodebaugh, 2008; Weeks, Heimberg, Rodebaugh, & Norton, 2008; Weeks, Norton, & Heimberg, 2009). This is linked to fear of success

(Weeks, Jakatdar, & Heimberg, 2010). Fear of success can be linked to fears of envious attacks by others or rejection.

The reasons why positive emotions become feared require further research. Some possibilities include: cases where children have been threatened or punished at times when they were enjoying themselves and/or in states of positive affect (Gilbert, 2007; Shaver & Mikulincer, 2002). Following classical conditioning theory (of emotions that fire together can wire together), positive affects can come to trigger negative affects (Ferster, 1973; Gilbert, 1992). Children who enjoy themselves in the context of an unhappy family or a very ill parent can experience guilt at their own good fortune or pleasure (Arieti & Bemporad, 1980). In schema therapy, fear of positive emotions may be conceptualized by the development of early maladaptive schemas (Young, Klosko, & Weishaar, 2003). Possible candidates are *defectiveness and shame* with the possible feeling of not deserving to be happy; *subjugation* and *emotional inhibition* are the schemas that suggest that someone might suppress their own happiness or needs. Hence, there may be many routes to the suppression or avoidance of positive emotions.

Different types of positive emotion

One problem in this field is that many studies of 'positive' emotions do not distinguish clearly between different types of positive emotion and their evolved functional properties. However, recent research indicates that there are at least two types of functionally different positive emotions (Depue & Morrone-Strupinsky, 2005). While one type of positive emotions can be activating and associated with drive and the pleasures of achieving and doing, a different type of positive emotion is soothing and calming, a state linked to parasympathetic activity (Porges, 2007). The affective texture here is of slowing down, contentment, peacefulness, and well-being (Depue & Morrone-Strupinsky, 2005; Gilbert, 2009). This functional affect system is linked to affiliation such that access to affiliative others promotes feeling of safeness and calmness (Carter, 1998; Porges, 2007). Thus, some people can be confident with achievement-based positive affect but not affiliative or vice versa.

In a study exploring different types of positive emotions using a self-report measure, Gilbert *et al.* (2008) developed the types of Positive Affect Scale. Factor analysis revealed three types of positive emotion: *activated* (e.g., 'energetic', 'lively', 'active'), *relaxed* (e.g., 'relaxed', 'calm', 'peaceful'), and *safe* (e.g., 'safe', 'secure', 'warm'). Interestingly, the experience of safeness was most associated with lower depression, anxiety, and stress (Gilbert *et al.*, 2008, 2012).

With regard to these affiliative and kindness feelings, there are an increasing number of studies showing that both giving and receiving kindness and compassion have major effects on physiological states and well-being (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Gilbert & Procter, 2006; Gilbert *et al.*, 2008; Hutcherson, Seppala, & Gross, 2008; Leary, Tate, Adams, Batts Allen, & Hancock, 2007; Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008; Neff, Kirkpatrick, & Rude, 2007; Rockliff, Gilbert, McEwan, Lightman, & Glover, 2008; Rockliff *et al.*, 2011). Hence, there is good evidence that the compassion, kindness, and support of others has major calming and emotion regulation properties (Cozolino, 2007; Mikulincer & Shaver, 2007); and indeed the human brain has evolved to be significantly receptive and responsive to kindness (Gilbert, 2009). However, it has been observed that some clients struggle with and can fear feelings associated with compassion such as warmth, kindness, and affiliation. Like happiness, people may believe they do not

deserve compassion, compassion is a weakness, or feelings of compassion can reactivate memories of people who could be kind but also abusive. Gilbert *et al.* (2011) have developed a set of measures of fears of receiving kindness and compassion from oneself, from others, and fear of expressing compassion to others. Fears of compassion have been found to be highly associated with self-criticism, depression, anxiety, and stress in student and patient samples (Gilbert *et al.*, 2011, 2012).

Clearly, if positive emotions not only evolved to have adaptive functions themselves (such as seeking out resources and building relationships) but also to fine tune threat processing, and advance well-being via effects on neurophysiological processes, then fears, blocks, and/or resistances to positive emotions could have serious effects on mental and physical health.

Attachment

Attachment security provides a sense of safeness in the world, confidence in others, an ability to explore the environment, and engage effectively with other people (Bowlby, 1988). One of the key processes that enable the engagement with and exploration of emotions is the openness and validation of others, particularly early attachment relationships (Fonagy & Luyton, 2009). Alexithymia and other difficulties in processing emotions have been associated with early trauma and problematic attachment and affiliative relationships (e.g., Aust, Härtwig, Heuser, & Bajbouj, 2013; Thomas, DiLillo, Walsh, & Polusny, 2011; Troisi, D'Argenio, Peracchio, & Petti, 2001; Wearden, Lambertson, Crook, & Walsh, 2005). Mikulincer and Sheffi (2000) found that anxiously attached individuals reacted negatively to the induction of positive affect showing impaired problem-solving abilities, unlike securely attached individuals who performed better after induction of positive affect. Shaver and Mikulincer (2002) argue that anxiously attached individuals may interpret positive affects as danger cues stemming from past experiences of letting their guard down.

As noted earlier, the ability to experience a sense of *social* safeness (feeling connected, supported, and safe with others) is significantly associated with lower depression, anxiety, and stress (Gilbert *et al.*, 2008). Social safeness is strongly linked to attachment security (Kelly, Zuroff, Leybman, & Gilbert, 2012), and in the same study, social safeness was more strongly related to depressive symptoms, self-criticism, and personality disorder traits than measures of negative affect, positive affect, and perceived social support.

Aims and hypotheses

The first aim of this study was to compare findings from a student study exploring fear of positive emotions, alexithymia, depression, anxiety, and stress in a depressed sample. First, we expected that depressed individuals would exhibit greater fears of happiness and compassion and alexithymia compared with a non-clinical student population (Gilbert *et al.*, 2012). Second, as in the student population, we expected that fears of positive emotions would be linked to alexithymia, depression, anxiety, and stress. We also explored which fears of positive emotions best predict depression, anxiety, and stress, and the potential mediating role of fears of positive emotions in the link between alexithymia and depression.

Given that difficulties in emotional regulation have often been linked to the quality of early attachment relationships, we also explored the link between fears of positive emotions and current attachment difficulties and a feeling of social safeness. We

hypothesized that fears of positive emotions would be linked to poorer adult attachment qualities, and lower social safeness. We explored which fears of positive emotions best predicted adult attachment difficulties.

Method

Participants

A total of 52 participants were recruited from Community Mental Health Teams ($N = 40$) and from self-help groups ($N = 12$). These were 36 women and 16 men with an age range 21–70 years ($M = 48.38$; $SD = 13.75$). All participants were currently experiencing moderate ($N = 2$), severe ($N = 8$), or extremely severe ($N = 42$) depression (based on the score on the depression subscale of the Depression, Anxiety, and Stress Scale (DASS), Lovibond & Lovibond, 1995). Evidence for different clinical levels of depressive symptoms was obtained using the cut-off scores for depression from the DASS-21 (Lovibond & Lovibond, 1995).

Measures

Depression, Anxiety, and Stress Scale (DASS-21)

This is a shortened version of the DASS-42, with 21 items. The scale consists of three subscales: depression (e.g., ‘I felt that life was meaningless’), anxiety (e.g., ‘I experienced trembling’), and stress (e.g., ‘I found it hard to wind down’; Lovibond & Lovibond, 1995). Participants are asked to rate on a 4-point Likert scale to obtain how much each statement applied to them over the past week, scaling from 0 (*does not apply to me at all*) to 3 (*applied to me very much, or most of the time*). A measure of degree of severity can be obtained by multiplied total scores obtained by two. Cut-off scores are as follows: for depression: 0–9 = normal, 10–13 = mild, 14–20 = moderate, 21–27 = severe, and ≥ 28 = extremely severe; for anxiety: 0–7 = normal, 8–9 = mild, 10–14 = moderate, 15–19 = severe, and ≥ 20 = extremely severe; and for stress: 0–14 = normal, 15–18 = mild, 19–25 = moderate, 26–33 = severe, and ≥ 34 = extremely severe (Lovibond & Lovibond, 1995). Cronbach’s alphas for the subscales were .94 for depression, .87 for anxiety, and .91 for stress (Antony, Bieling, Cox, Enns, & Swinson, 1998). In this study, Cronbach’s alphas were, respectively, .83, .80, and .77.

Fear of Happiness Scale

This 9-item scale explores people’s perceptions and anxieties around feeling happy and having positive feelings in general (e.g., ‘I feel I don’t deserve to be happy’). Items concern the extent to which each statement is true to the participants and are rated on a 5-point Likert scale ranging from 0 (*not at all like me*) to 4 (*extremely like me*). Cronbach’s alpha for this scale was .90 (Gilbert et al., 2012). In this study, Cronbach’s alpha was .91.

Fears of Compassion Scales

These three scales measure fear of compassion for self (compassion we have for ourselves when we make mistakes or things go wrong in our lives), fear of compassion from others (the compassion that we experience from others and flowing into the self), and fear of compassion for others (the compassion we feel for others, related to our sensitivity to other people’s thoughts and feelings).

In this study we used the 'Fear of receiving compassion from others' (e.g., 'Feelings of kindness from others are somehow frightening' – 13 items) and the 'Fear of compassion for self' (e.g., 'I feel I don't deserve to be kind and forgiving to myself' – 15 items) scales. We did not use the 'Fear of giving compassion to others' scale as the aim of this study was to explore fears of experiencing one's own positive and negative emotions and difficulties identifying one's emotions. Respondents are rated on a 5-point Likert scale – how much they agree with each statement (0 = *don't agree at all* to 4 = *completely agree*). The Cronbach's alphas for these scales were .80 for fears of receiving compassion *from others* and .83 for fears of expressing compassion *to self* (Gilbert *et al.*, 2011). In this study, Cronbach's alphas were, respectively, .91 and .93.

Toronto Alexithymia Scale (TAS-20)

This 20-item scale measures three factors of alexithymia: (1) difficulty identifying feelings, which assesses the ability to identify and distinguish feelings (e.g., 'I have feelings that I can't quite identify'); (2) difficulty describing feelings, measuring the ability to describe feelings to others (e.g., 'It is difficult for me to find the right words for my feelings'); and (3) externally oriented thinking, which considers the tendency for individuals to focus their attention externally (e.g., 'I prefer to just let things happen than to understand why they turned out that way'). The items are rated on a 5-point Likert scale ranging from *I strongly disagree* to *I strongly agree*. The TAS-20 uses cut-off scoring: equal to or less than 51 = non-alexithymia, equal to or greater than 61 = alexithymia; scores of 52–60 = possible alexithymia. Cronbach's alphas for these scales are .80 for Factor 1, .76 for Factor 2, .71 for Factor 3, and .86 for the total scale (Parker, Taylor, & Bagby, 2003). In this study, Cronbach's alphas were, respectively, .68, .61, .53, and .79.

Adult Attachment Scale

This 18-item scale includes subscales which measure three attachment dimensions: (1) depend, which measures the degree to which people feel they are able to depend on others (e.g., 'I am comfortable depending on others'); (2) anxiety, measuring the degree to which people are worried about being abandoned and want to merge with others (e.g., 'I often worry that romantic partners don't really love me'); and (3) close, which measures the ability to get close to others (e.g., 'I am somewhat uncomfortable being close to others'). Respondents rate on a Likert scale from 1 (*not at all characteristic of me*) to 5 (*very characteristic of me*) the extent to which each statement describes their feelings. The Cronbach's alphas for these scales were .75 for depend, .72 for anxiety, and .69 for close (Collins & Read, 1990). In this study, Cronbach's alphas were, respectively, .61, .87, and .63.

Social Safeness and Pleasure Scale

This 11-item scale measures the extent to which people experience their social worlds as safe, warm, and soothing (e.g., 'I feel secure and wanted', 'I feel content within my relationships'). Respondents rate the extent to which they agree with each statement on a 5-point Likert scale ranging from 1 (*almost never*) to 5 (*almost all the time*). This scale had a Cronbach's alpha of .92. (Gilbert *et al.*, 2009; see also Kelly *et al.*, 2012). In this study, Cronbach's alpha was .92.

Procedures

Recruitment

Community Mental Health Teams were informed of the study by the researcher and asked to invite service users with a diagnosis of depression. Attendees from self-help groups for people suffering from depression were also invited to participate in the research.

Data collection

Participants who showed an interest were given an information pack which included an information sheet and questionnaires measuring depression, anxiety, and stress; fears of happiness, fears of compassion, and fears of negative emotions; alexithymia, adult attachment, and social safeness. Participants were asked to read and sign a consent form if they decided to take part. All participants were informed that they were free to withdraw from the study at any time. Most participants completed the information sheet and questionnaires in a quiet room with a researcher available to answer any questions and to debrief clients. Some participants opted to take the questionnaires home and returned them by post. Evidence for different clinical levels of depressive symptoms was obtained by using the cut-off scores for depression from the DASS-21 (Lovibond & Lovibond, 1995).

Results

Data analysis

Analysis was conducted using SPSS version 19 (IBM, Portsmouth, UK) for PCs and AMOS software (v. 19, SPSS Inc., Chicago, IL, USA). Means and standard deviations are shown in Table 1. To explore differences between participants we used *t*-tests. To address our primary research objective, fears of compassion and fear of happiness were correlated with the study variables (see Table 2). To replicate previous findings, depression was also correlated with these study variables. Two sets of regression analysis were conducted to further explore the relations between fear of emotions, depression, anxiety, and stress and adult attachment.

Path analysis (MacKinnon, 2008), a type of structural equation modelling, was conducted to estimate the relations among alexithymia, fears of positive emotions, and depression (Figure 1). The maximum likelihood method was used to estimate all model path coefficients and to compute fit statistics. Several goodness-of-fit measures were used to assess the plausibility of the overall model, such as chi-square (χ^2), normed chi-square (χ^2/df), Tucker Lewis Index (TLI), Comparative Fit Index (CFI), and the root-mean square error of approximation (RMSEA) with a 95% confidence interval.

To test mediation effects, the bootstrap procedure was used (with 2,000 resamples) to create 95% bias-corrected confidence intervals around the standardized estimates of total, direct, and indirect effects (Schumacker & Lomax, 2004). The effect is considered statistically significant ($p < .05$), if zero is not included on the interval between the lower and the upper bound of the 95% bias-corrected confidence interval (Kline, 2005).

Descriptive analysis

The means, standard deviations, and Cronbach's alphas of all variables are shown in Table 1. The internal consistency of the scales was generally good, with the exception of

Table 1. Means, and standard deviations, for self-report measures in this study (patients) and in student study (Gilbert et al., 2012), and *t*-tests of common variables in both studies

	<i>M</i> (patients)	<i>SD</i> (patients)	<i>M</i> (students)	<i>SD</i> (students)	<i>N</i> (students)	<i>t</i>	<i>p</i>
Fear of Happiness	23.96	9.09	11.63	8.31	237	9.26	.000
Fear of Compassion							
From others	32.6	13.09	15.26	9.61	237	10.56	.000
For self	39.18	14.34	14.64	11.74	236	12.57	.000
TAS Total	69.29	11.73	46.54	11.87	236	9.96	.000
Difficulty describing feelings	18.71	3.90	12.09	4.28	236	12.72	.000
Difficulty identifying feelings	27	5.06	15.11	6.12	236	5.72	.000
Externally oriented thinking	23.59	5.01	19.33	4.60	236	12.15	.000
AAS							
Close	15.02	4.56	–	–	–	–	–
Depend	11.73	4.07	–	–	–	–	–
Anxious	22.94	5.8	–	–	–	–	–
SSPS	24.06	9.77	–	–	–	–	–
DASS							
Depression	17.23	3.6	5.65	5.13	237	15.51	.000
Anxiety	12.9	5.27	5.43	5.05	237	8.32	.000
Stress	14.73	4.38	8.21	5.64	237	7.70	.000

Note. TAS = Toronto Alexithymia Scale; SSPS = Social Safeness and Pleasure Scale; AAS = Adult Attachment Scale; DASS = Depression, Anxiety, and Stress Scale.

the adult attachment and alexithymia subscales which had Cronbach's alphas between .53 and .68 (see Table 2).

A series of *t*-tests revealed significant differences between males ($N = 16$) and females ($N = 36$) on some measures: Females scored higher than males on fear of compassion from others [$t(50) = -1.7, p = .016$], externally oriented thinking [$t(48) = -0.385, p = .008$], and on the total TAS score [$t(49) = -0.813, p = .050$]. In contrast, males scored higher than females on the depend subscale of the Adult Attachment Scale (AAS) [$t(46) = 1.157, p = .048$].

Regarding alexithymia cut-off scores, 73% of participants scored above the cut-off for alexithymia and an additional 17.3% of participants are in the range of 'possible alexithymia'.

Correlation analysis

Pearson's correlation coefficients (two-tailed) for fear of happiness, fears of compassion from others and for self, and other variables are presented in Table 2.

Fears of compassion (from others and for self) were positively correlated with alexithymia variables. Fear of happiness was positively correlated with the TAS total, difficulty describing feelings, and with difficulty identifying feelings. Fear of happiness was not correlated with externally oriented thinking.

Table 2. Pearson's correlation matrix (two-tailed) and Cronbach's alphas of study variables

	Correlations													
	Fear Happiness ^f	Fear Comp Others	Fear Comp Self	TAS Total	TAS Difficulty Describing	TAS Difficulty Identifying	TAS Externally Oriented	AAS Close	AAS Depend	AAS Anxious	SSPS	DASS Depression	DASS Anxiety	DASS Stress
Fear Comp from Others ^a	.69**													
Fear Comp Self ^b	.56**	.72**												
TAS Total	.37**	.50**	.50**											
TAS Difficulty Describing ^c	.31*	.42**	.49**	.84**										
TAS Difficulty Identifying ^d	.45**	.43**	.49**	.87**	.70**									
TAS Externally Oriented ^e	.18	.39**	.28*	.80**	.48**	.47**								
AAS Close	-.24	-.52**	-.35*	-.37**	-.37**	-.20	-.38**							
AAS Depend	-.44**	-.52**	-.34*	-.12	-.07	-.09	-.13	.21						
AAS Anxious	.38**	.55**	.37*	.26	.24	.26	.16	-.26	-.63**					
SSPS	-.29*	-.33*	-.22	-.24	-.11	-.10	-.37**	.16	.47**	-.33*				
DASS Depression	.61**	.59**	.56**	.30*	.40**	.24	.14	-.15	-.24	.27	-.22			
DASS Anxiety	.59**	.40**	.40**	.26	.23	.25	.19	-.30*	-.27	.13	-.06	.48**		
DASS Stress	.68**	.50**	.61**	.38**	.31*	.41**	.24	-.20	-.28	.17	-.07	.58**	.75**	
Cronbach's alpha	.91	.93	.92	.79	.61	.68	.53	.63	.61	.87	.92	.83	.80	.77

Note. TAS = Toronto Alexithymia Scale; AAS = Adult Attachment Scale; SSPS = Social Safeness and Pleasure Scale; DASS = Depression, Anxiety, and Stress Scale. ^aFear of Expressing Compassion for Others Scale. ^bFear of Expressing Compassion for Self Scale. ^cTAS Difficulty Describing Feelings Subscale. ^dTAS Difficulty Identifying Feelings Subscale. ^eTAS Externally Oriented Thinking Subscale. ^fFear of Happiness Scale.

*Correlation is significant at the .05 level (two-tailed). **Correlation is significant at the .01 level (two-tailed).

Fears of compassion from others and for self were negatively correlated with the close and depend subscales of the AAS and positively correlated with the anxious subscale. This would suggest that a higher fear of compassion for self and from others is associated with a lower ability to depend on others and be close to others and a higher tendency to worry about being abandoned in adult relationships.

Fear of happiness was negatively correlated with the depend subscale, positively correlated with the anxious subscale, and not correlated with the close subscale. Like fearing compassion, fearing positive emotions also seem to be associated with more difficulties in the ability to depend on others and a higher tendency to fear abandonment.

Social safeness and pleasure were found to be correlated with fear of compassion from others and fear of happiness (but not with fear of compassion for self), suggesting a tendency for people who fear compassion from others and happiness to experience their social worlds as less safe, warm, or connected.

We found strong positive correlations between fear of happiness and fears of compassion from others and from self and the DASS subscales indicating that there is a positive association between fearing happiness and receiving compassion with higher levels of depression, anxiety, and stress.

The TAS total score was positively moderately correlated with both depression and stress scores. Difficulty describing feelings was linked to depression and to stress. Difficulty identifying feelings was linked to stress. No correlations were found between anxiety scores and alexithymia variables.

T-test

We conducted a *t*-test to compare the results from our current depressed sample to a student sample used in a previous study (Gilbert *et al.*, 2012). We found that all means in the variables analysed in both studies are significantly different. The results suggest that depressed patients score significantly higher on fears of happiness and of compassion from others and for self and alexithymia (see Table 1 for *t*-test details).

Regression analysis

We explored which fear of positive emotion best predicted attachment and depression, anxiety, and stress. Thus, two sets of regression analysis were conducted.

Depression, anxiety, and stress

The two fears of compassion (fear of compassion for self and fear of compassion from others) and fear of happiness were entered as independent variables in all regression studies (see Table 3). The dependent variables were depression, anxiety, and stress.

The regression model accounted for 44% of the variance of depression [$F(3, 47) = 12.51, p < .001$]. Fear of happiness was the only significant contributor ($\beta = .35, p = .025$). The second regression model accounted for 36% of variance in *anxiety* [$F(3, 47) = 8.92, p < .001$]. Fear of happiness was the only significant predictor ($\beta = .58, p = .001$). The largest contributor for the variance in stress was fear of happiness ($\beta = .59, p = .000$) followed by fear of compassion for self ($\beta = .43, p = .004$). The regression equation accounted for 56% of the variance [$F(3, 47) = 20.43, p < .001$] in stress.

Table 3. Multiple regressions (depression, anxiety, and stress as the dependent variables)

Regression	Depression				Anxiety				Stress			
	B	SE B	β	<i>p</i>	B	SE B	B	<i>p</i>	B	SE B	β	<i>p</i>
Fear of Happiness	.138	.059	.352	.025	.338	.095	.581	.001	.284	.064	.593	.000
Fear of Compassion Others	.046	.049	.170	.353	-.042	.078	-.104	.593	-.068	.053	-.203	.211
Fear Compassion Self	.059	.040	.237	.141	.056	.063	.150	.380	.130	.043	.425	.004
Notes:	$R^2 = .44$				$R^2 = .36$				$R^2 = .57$			

Table 4. Multiple regressions (Adult Attachment Subscales as the dependent variables)

Regression	Close				Depend				Anxious			
	B	SE B	β	<i>p</i>	B	SE B	β	<i>p</i>	B	SE B	β	<i>p</i>
Fear of Happiness	–	–	–	–	-.077	.081	-.175	.343	.007	.113	.012	.948
Fear Compassion Others	-.198	.065	-.583	.004	-.151	.066	-.499	.026	.259	.092	.604	.007
Fear Compassion Self	.025	.060	.081	.676	.038	.55	.135	.494	-.035	.077	.077	.651
Notes:	$R^2 = .28$				$R^2 = .29$				$R^2 = .30$			

Adult attachment

The two fears of compassion were entered as independent variables in the three regression studies, and fear of happiness was entered in the depend and anxious subscales studies only (fear of happiness was not included in the close subscale analysis as the correlation analysis did not show a link between this subscale and fear of happiness). The dependent variables were the close, depend, and anxious subscales of the AAS (see Table 4).

The regression models accounted for 28% of the variance of the close subscale [$F(2, 44) = 8.42, p < .001$], 29% of variance of the depend subscale [$F(3, 43) = 5.86, p < .003$], and 30% of the variance of the anxious subscale [$F(3, 43) = 5.86, p < .003$]. Fear of compassion from others was the sole contributor for the close subscale ($\beta = -.58, p = .004$), for the depend subscale ($\beta = -.50, p = .026$), and for the anxious subscale ($\beta = .60, p = .007$).

Path analysis

To test whether fears of positive emotions mediate the relationship between alexithymia and depression we undertook a path analysis (Figure 1), which allows the estimation of each variable while controlling for other variables in the model that likewise predict the outcome. The hypothesized model was tested through a fully saturated model consisting

of 20 parameters. Given that fully saturated models always produce a perfect fit to the data, model fit indices were neither examined nor reported.

The initial model explained 45% of depression. In this model, three path coefficients were not statistically significant: the direct effect of alexithymia → depression ($b = -.016$, $SE_b = .038$, $Z = -0.431$, $p = .666$; $\beta = -.053$), fear of compassion from others → depression ($b = .049$, $SE_b = .049$, $Z = 1.009$; $p = .313$; $\beta = .178$), fear of compassion from self → depression ($b = .065$, $SE_b = .039$, $Z = 1.6621$; $p = .096$; $\beta = .259$).

In the next step, the initial model was respecified with the first three non-significant individual paths being progressively removed. After removing the second non-significant path, the third path became significant ($b = .082$, $SE_b = .032$, $Z = 2.537$, $p = .011$; $\beta = .323$) and thus was kept in the final ('trimmed') model (13 parameters). As the variable fear of compassion from others did not significantly predict depression, it was removed from the model and excluded from further analysis. The final model was tested (Figure 1). The evaluation of the final adjusted model revealed an excellent model fit, with a non-significant chi-square of $\chi^2(1, N = 52) = .058$, $p = .809$. The analysis of recommended goodness-of-fit indices (Kline, 2005) indicated a very good model fit ($\chi^2/df = .058$; CFI = 1; TLI = 1.096; RMSEA = .000, CI = .000-.231). Overall the model accounted for 44% of depression.

Mediation analysis

From the examination of the unstandardized solution, we confirmed that all individual path coefficients of the final model were statistically significant and occurred in the expected (positive) direction. Concerning the analysis, indirect effects' results showed that alexithymia predicted increased depression fully through fear of happiness and fear of compassion from self ($\beta = .321$, 95% CI = .128-.526; $p = .003$). Both fear of happiness ($\beta = .323$, 95% CI = .103-.676; $p = .009$) and fear of compassion from self ($\beta = .423$, 95% CI = .025-.599; $p = .035$) directly predicted depression.

In conclusion, alexithymia impacts upon depression fully through its effects on fear of happiness and fear of compassion from self.

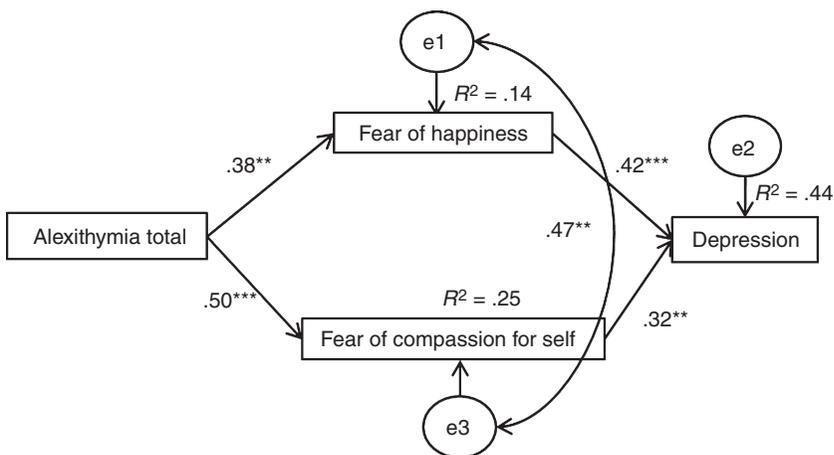


Figure 1. Final path model. Note. Standardized path coefficients among variables are presented. All path coefficients are significant at the .05 level. * $p < .05$; ** $p < .01$; *** $p < .001$.

Discussion

This study sought to compare findings from a student study that explored fears of positive emotions, alexithymia, and depression, anxiety, and stress, with a depressed sample. As hypothesized, depressed people have significantly higher fears of positive emotions and higher alexithymia scores than a student sample (Gilbert *et al.*, 2012). The correlation findings in both studies are also similar. As in Gilbert *et al.*'s (2012) study alexithymia was strongly associated with fears of happiness, and fears of compassion from others and for self. Our results also confirm that alexithymia is particularly high among depressed patients (e.g., Gilbert *et al.*, 2012; Hintikka *et al.*, 2001; Honkalampi *et al.*, 2001).

Having found that depressed people score higher than students on the study variables, we also found that the correlations between the variables are similar. For example there is a strong association between fears of positive emotions and depression (Beblo *et al.*, 2012; Gilbert *et al.*, 2011, 2012; Quoidbach, Berry, Hansenne, & Mikolajczak, 2010; Raes *et al.*, 2012), and anxiety and stress (Eisner *et al.*, 2009; Gilbert *et al.*, 2012). Multiple regression analysis revealed that fear of happiness was the best predictor of depression, anxiety, and stress.

A path analysis exploring the mediating role of fears of positive emotions in the link between alexithymia and depression provided further evidence for the importance of fears of positive emotions. Our findings suggest that being alexithymic may not directly predict depression. Rather it is the presence of fears of positive emotions (namely, fear of happiness and fear of self-compassion) that mediates this relationship. The ability to be open to process and explore emotions in general may depend on the ability to experience the reassurance from positive emotions. It may be these emotions that create 'conditions of safeness' to enable emotional explorations.

If some depressed people are blocking out, avoiding, or suppressing positive emotion, this would be very important for therapeutic work (Arieti & Bemporad, 1980; Beblo *et al.*, 2012; Gilbert *et al.*, 2012; Hayes & Feldman, 2004). So, while many therapies tend to focus on reducing negative emotion, for example, by cognitive reappraisal or exposure desensitization, recent findings suggesting that affiliative emotion is key to down regulate the threat system (Depue & Morrone-Strupinsky, 2005) indicate that attention to developing people's abilities to experience affiliative emotion is important (Gilbert, 2009).

Not surprisingly perhaps, fear of compassion was linked to insecure adult attachment styles. This is a similar finding for students (Gilbert *et al.*, 2011). For those with insecure attachment, seeking help and support from others in the past may have been ineffective, unattainable, unreliable, or dangerous; thus, rendering people fearful of (gestures of) helpfulness and compassion from others. The problem is though that they will be caught in an approach–avoidance conflict if they have the need or wish for others to be more caring and compassionate (Liotti, 2000, 2009). Higher insecure attachment styles were also significantly correlated with fear of happiness. This finding is consistent with a previous study which found insecurely attached individuals reacted negatively to the induction of positive affect and show impaired problem-solving abilities. Securely attached individuals performed better after induction of positive affect (Mikulincer & Sheffi, 2000). Interestingly, the regression analysis suggests that this relationship disappears when controlling for fear of compassion from others. This may be due to shared variance or complex interactions between these different types of positive emotion.

Feeling socially safe, as measured by the social safeness and pleasure scale, is associated with lower fears of compassion from others and lower fear of happiness. The experience of feeling safe and connected in social situations has been found to be linked to having a secure attachment style (Kelly *et al.*, 2012). People who feel socially safe may be more likely to be

open to accepting compassion from others, who are viewed as safe, and might be less worried about negative consequences which arise from feelings of happiness.

Experiential avoidance is common among people who fear experiencing negative emotions. If depressed patients fear positive emotions, it is more likely that they will also engage in the experiential avoidance of situations or thoughts that may evoke these emotions. Thus, addressing fears of positive emotions seems to constitute an important target for intervention. However, clinicians should be aware that different types of positive emotions may require different interventions. For example, individuals who are struggling with activation, doing, and achieving may well be helped by behavioural activation therapies. However, some people use activation therapies to avoid the problems they have with social relationships and are constantly fending off feelings of loneliness. One possible way of targeting this is through the development of self-warmth and self-compassion, which have been found to be helpful in emotional regulation.

This study has several limitations. First, the use of self-report measures is subject to personal interpretation and social desirability responses. The alexithymia scale, in particular, is limited as people who are highly alexithymic (i.e., have difficulties in describing and identifying feelings) may for that reason have difficulties in self-reporting on their own emotional processing competences. Second, this is a cross-sectional study, which only allows us to speculate on the nature of the associations found. Clearly, however, given the size of the sample, replication, further research into the fear of positive emotions and how to work with them therapeutically are the next phases.

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