Compassionate Social Fitness: Theory and Practice

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Shyness Institute
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Anxiety and Depression Association of America
ADAA

Overview

Social Fitness: Theory and Practice
The Model
Three Vicious Cycles: Infinite Loops
Testing:
ShyQ: shyness questionnaire; EOS: Estimations of Others
Social Fitness Training:
CBT (Heimberg & Beidel, 2002; Hope & Heimberg, 2010)
Changing negative attributions and self-beliefs, reducing shame (Henderson & Zimbardo, 2001), beliefs about others and resentment (Henderson, 1999, 2014)

Shyness Clinic Research
Integrating Compassion Focused Therapy (Gilbert, 2007, 2010, Henderson, 2011)

The Threat system, Drive system and Soothing System

The Experience of Shyness

SAD FIXS
Self - Blame and Shame
Avoidance
Dissens
Fear of Negative Evaluation
I Must, but I Can't!
Xposure: Fear of both Failure & Success
Self - Sabotage

Perspectives: Integrated

Social Fitness Model
Addresses needs for emotional connection and agency or competence.
• Implies satisfying interpersonal relationships, adequate emotion regulation, an adaptive cognitive style
• Implies the proactive pursuit of personal and professional goals.
• Involves frequent social exercise. Many situations in which to practice and many kinds of behaviors considered adaptive.
• As golf, tennis, hiking, and jogging are means to stay physically fit, people join groups and communities, maintain close relationships, meet new people, cultivate friendships, and develop intimacy with a partner to stay socially fit.

Social Fitness: Cognition and Emotion

Addresses needs for emotional connection and agency or competence.
• Implies satisfying interpersonal relationships, adequate emotion regulation, an adaptive cognitive style
• Implies the proactive pursuit of personal and professional goals.
• Involves frequent social exercise. Many situations in which to practice and many kinds of behaviors considered adaptive.
• As golf, tennis, hiking, and jogging are means to stay physically fit, people join groups and communities, maintain close relationships, meet new people, cultivate friendships, and develop intimacy with a partner to stay socially fit.
Three Vicious Cycles

<table>
<thead>
<tr>
<th>Fight/Flight</th>
<th>Shame/self-blame</th>
<th>Anger/other-blame</th>
</tr>
</thead>
<tbody>
<tr>
<td>fear</td>
<td>shame</td>
<td>anger</td>
</tr>
</tbody>
</table>

negative predictions

Approach
Avoidance
Resentment

Three Compassionate Cycles

<table>
<thead>
<tr>
<th>Face fear</th>
<th>Accept self</th>
<th>Accept others</th>
</tr>
</thead>
<tbody>
<tr>
<td>accept fear</td>
<td>support self</td>
<td>support others</td>
</tr>
</tbody>
</table>

act through emotion
self-compassion
compassion toward others

Acceptance
Compassion
Forgiveness

Blaming Others and Empathy: High School Sample

- Perspective-taking is associated with adaptive interpersonal functioning.
- Empathic concern for others is associated with shyness.
- Blaming others is the ONLY significant negative predictor of perspective taking and empathic concern.

Social Fitness Training

Twenty-six Weekly Two-hour Cognitive-Behavioral Group sessions within an interpersonal theory framework

- Daily Workouts
  - Self-Monitoring, Self-reinforcement
  - Changing negative attributions, beliefs about the self and others
- Social Skills Training: Reaching out
  - Building intimacy - self-disclosure, handling criticism, conflict
- Expression of Feelings
  - Empathy - listening
- Attentional Focus Flexibility Training: self-other, empathic response

Client Demographics

<table>
<thead>
<tr>
<th>N</th>
<th>GENDER</th>
<th>AGE</th>
<th>EDUCATION</th>
<th>MARITAL STATUS</th>
<th>OCCUPATION</th>
<th>ETHNICITY</th>
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</thead>
<tbody>
<tr>
<td>507</td>
<td>65% MALE; 35% FEMALE</td>
<td>499</td>
<td>18 - 70</td>
<td>NEVER MARRIED</td>
<td>PROFESSIONAL</td>
<td>CAUCASIAN</td>
</tr>
<tr>
<td>462</td>
<td>4 - 26</td>
<td>477</td>
<td>NEVER MARRIED</td>
<td>PROFESSIONAL</td>
<td>1% STUDENT</td>
<td>OTHER</td>
</tr>
<tr>
<td>468</td>
<td>48%</td>
<td>400</td>
<td>5%</td>
<td>BUSINESS</td>
<td>6% LAB/TECHNICIAN</td>
<td>78</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>N</th>
<th>MILLON-APD</th>
<th>SAD</th>
<th>BDI</th>
<th>BFNE</th>
<th>HEND/ZIM SHYQ</th>
<th>IIP-Socially avoidant</th>
<th>SELF-ESTEEM</th>
<th>TRAIT ANXIETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>152</td>
<td>70% YES; 30% NO</td>
<td>277</td>
<td>94% YES</td>
<td>6% NO</td>
<td>138</td>
<td>1 - 8</td>
<td>67</td>
<td>1 - 8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N</th>
<th>M</th>
<th>M</th>
<th>M</th>
<th>M</th>
<th>M</th>
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</thead>
<tbody>
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<td>277</td>
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<td>138</td>
<td>1 - 8</td>
<td>67</td>
<td>1 - 8</td>
</tr>
</tbody>
</table>

3/28/14
Shyness Institute

Post-tests

<table>
<thead>
<tr>
<th>Post-test</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>BHI</td>
<td>162</td>
<td>5.8</td>
<td>0.6</td>
</tr>
<tr>
<td>BFNE</td>
<td>130</td>
<td>3.3</td>
<td>0.3</td>
</tr>
<tr>
<td>HENDS-ZIM MVQ</td>
<td>67</td>
<td>2.9</td>
<td>0.9</td>
</tr>
<tr>
<td>SAQ-Self-blame</td>
<td>70</td>
<td>3.2</td>
<td>0.2</td>
</tr>
<tr>
<td>SAQ-Shame</td>
<td>70</td>
<td>4.6</td>
<td>1.6</td>
</tr>
<tr>
<td>EOD-Other Blame</td>
<td>100</td>
<td>3.3</td>
<td>0.3</td>
</tr>
<tr>
<td>IIP-Avoidant</td>
<td>119</td>
<td>16.5</td>
<td>3.2</td>
</tr>
<tr>
<td>SUBS</td>
<td>111</td>
<td>3.2</td>
<td>0.3</td>
</tr>
<tr>
<td>GOAL ATTAINMENT</td>
<td>144</td>
<td>6.4</td>
<td>0.4</td>
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</tbody>
</table>

Significant results: Clinic

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIP-Avoidant</td>
<td>30</td>
<td>4.15</td>
<td>.000</td>
</tr>
<tr>
<td>IIP-Hosile</td>
<td>30</td>
<td>4.72</td>
<td>.000</td>
</tr>
<tr>
<td>IIP-Hostile</td>
<td>30</td>
<td>3.37</td>
<td>.002</td>
</tr>
<tr>
<td>IIP-Non-assertive</td>
<td>30</td>
<td>3.63</td>
<td>.003</td>
</tr>
<tr>
<td>Depression</td>
<td>95</td>
<td>5.96</td>
<td>.000</td>
</tr>
<tr>
<td>Brief Fear of Neg Eval</td>
<td>54</td>
<td>5.57</td>
<td>.006</td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>96</td>
<td>5.42</td>
<td>.000</td>
</tr>
<tr>
<td>Social Avoidance and Distress</td>
<td>90</td>
<td>6.97</td>
<td>.003</td>
</tr>
<tr>
<td>Trust Shame</td>
<td>90</td>
<td>4.96</td>
<td>.008</td>
</tr>
<tr>
<td>Trust Guilt</td>
<td>67</td>
<td>2.96</td>
<td>.01</td>
</tr>
<tr>
<td>STAXI Anger In</td>
<td>38</td>
<td>2.65</td>
<td>.05</td>
</tr>
<tr>
<td>Fearfulness</td>
<td>17</td>
<td>2.38</td>
<td>.05</td>
</tr>
</tbody>
</table>

Clinic Follow-up Study

Sample of Clients treated between 1994 - 1999

<table>
<thead>
<tr>
<th>ADIS</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>0 - 8</td>
<td>5.8</td>
<td>1.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Interference</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>0 - 8</td>
<td>5.7</td>
<td>1.6</td>
<td>3.5</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>1 - 10</td>
<td>5.9</td>
<td>2.1</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Sample included clinic clients six months to five years post-group.
No correlation between length of time post-group and ADIS scores.

Stanford Students Changed Self-blaming
Attributions and Reduced Shame in
Eight-week Groups

Negative interpersonal outcomes:

- Internal, stable and global attributions
- Self-blame and state-shame
- Social anxiety  
- Social avoidance and distress
- Trait shame  
- Depression

Results

Self-blame

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Cell</th>
<th>95% CI for difference</th>
</tr>
</thead>
</table>

State-shame

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Cell</th>
<th>95% CI for difference</th>
</tr>
</thead>
</table>

Internal

Global

Stable
Significant results: Students

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear</td>
<td>25</td>
<td>4.52</td>
<td>.05</td>
</tr>
<tr>
<td>Depression</td>
<td>27</td>
<td>8.86</td>
<td>.04</td>
</tr>
<tr>
<td>Fear of Neg Eval</td>
<td>26</td>
<td>28.48</td>
<td>.0004</td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>25</td>
<td>19.82</td>
<td>.0004</td>
</tr>
<tr>
<td>Social Avoidance and Distress</td>
<td>26</td>
<td>23.02</td>
<td>.0001</td>
</tr>
<tr>
<td>Trait Shame</td>
<td>26</td>
<td>17.76</td>
<td>.001</td>
</tr>
<tr>
<td>Trait Guilt</td>
<td>26</td>
<td>8.96</td>
<td>.04</td>
</tr>
<tr>
<td>Mattick Social Phobia</td>
<td>26</td>
<td>15.65</td>
<td>.004</td>
</tr>
</tbody>
</table>

Shame and Anger in Shyness: Clinic Sample

- Shame predicts self-defeating behavior, passive aggression (MCMI).
- Shame is correlated with resentment and antisocial attitudes (MMPI).
- Clients with Avoidant Personality Disorder are:
  more shame-prone,
  more likely to externalize blame.

Shame And Anger In College Student Sample

- Shame and anger in Stanford students
  SHY students ↑
  NON-SHY students ↓

Anger-supporting AT’s about Others (EOS): Students

To what extent do you relate to each of these statements?
Please make a rating on a 7 point scale from 1 (not at all) to 7 (very much).

<table>
<thead>
<tr>
<th>Item</th>
<th>Shy</th>
<th>Non-shy</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5 2.3 People will be rejecting and hurtful if I let them close to me.</td>
<td>3.3</td>
<td>1.6</td>
</tr>
<tr>
<td>4.6 2.1 I must not let people know too much about me because they will remove the information.</td>
<td>3.5</td>
<td>1.5</td>
</tr>
<tr>
<td>3.2 1.8 If people see my discomfort they will feel contempt for me.</td>
<td>2.9</td>
<td>1.7</td>
</tr>
<tr>
<td>2.9 1.7 People will make fun of me and ridicule me.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reducing AT’s about Others and Resentment

<table>
<thead>
<tr>
<th>EOS-Thoughts/Others</th>
<th>N</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>M = 3.7; 3.1 (1-7)</td>
<td>99</td>
<td>5.86</td>
<td>.000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STAXI Trait Anger</th>
<th>N</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>M = 63%; 57%</td>
<td>113</td>
<td>2.05</td>
<td>.01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STAXI Anger In</th>
<th>N</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>M = 78%; 69%</td>
<td>113</td>
<td>3.33</td>
<td>.00</td>
</tr>
</tbody>
</table>

Challenging Negative Attributions and Beliefs about Self and Others

<table>
<thead>
<tr>
<th>Chose challenging situation (SUDS 40 - 60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Write it down</td>
</tr>
</tbody>
</table>

| Imagine the situation does not turn out as well as you hoped |
| Identify at least four Negative Attributions and Beliefs, including both self and other |

| Write them down; Identify Distortions (p.3-4) |
| Challenge in Dyads (p.5): Develop a self-supportive response |
| Notice SUDS reduction and shame reduction |

Shyness and Dating

There is no correlation between shyness and intelligence, and shyness and physical attractiveness. However, shy people may be seen as less intelligent at first impression, and attractive shy individuals are seen as snobbish.

Strangers see shy men as shy; friends see shy men as less shy; mates see shy men as not shy.

Critical self-preoccupation interferes with sexual enjoyment and getting to know one’s partner.

Clinical observation suggests that shy men feel guilty about sexual attraction and fear they’ll be seen as predators.

They hesitate to communicate interest and often overlook sexual attraction cues from women.

The “Henderson/Zimbardo” Shyness Questionnaire

- I blame myself when things do not go the way I want them to.
- I sometimes feel ashamed after social situations.
- I am usually aware of my feelings, even if I do not know what prompted them.
- If someone rejects me I assume that I have done something wrong.
- I tend to be more critical of other people than I appear to be.

ShyQ.

(at www.shyness.com)

(Rating scale from 1, not at all characteristic of me to 5, extremely characteristic of me)

Web site respondents: M=3.6 (SD=.6)

Standard students: M=3.8 (SD=.6)

Clinic Sample: M=3.6 (SD=.6)

Chronbach’s Alpha for six samples=.92

Correlation with the Revised Check and Buus Shyness Scale (college samples) = .4 and .7 (Meichen and Check, 1990).

<table>
<thead>
<tr>
<th>ShyQ, Convergent Validity: Correlations with Clinic Scales</th>
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</thead>
<tbody>
<tr>
<td>Correlation</td>
</tr>
<tr>
<td>BFNE</td>
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<tr>
<td>STAXI Trait Anger In</td>
</tr>
<tr>
<td>EOS</td>
</tr>
<tr>
<td>Fearfulness (EAS)</td>
</tr>
<tr>
<td>Compassion SE</td>
</tr>
<tr>
<td>Trait Shame (PFQ)</td>
</tr>
<tr>
<td>Inner focus (PRSC)</td>
</tr>
<tr>
<td>RDI</td>
</tr>
<tr>
<td>Highly Sensitive (HSP)</td>
</tr>
<tr>
<td>RCBS</td>
</tr>
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</table>
### Avoidant Personality Disorder

<table>
<thead>
<tr>
<th></th>
<th>pre-post</th>
<th>post-post</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 58</td>
<td>APD (44)</td>
<td>Non-APD (44)</td>
</tr>
<tr>
<td>Shy Q. M</td>
<td>3.7 - 3.0</td>
<td>3.1 - 2.7</td>
</tr>
<tr>
<td>N = 89</td>
<td>APD (69)</td>
<td>Non-APD (20)</td>
</tr>
<tr>
<td>EOS M</td>
<td>3.9 - 3.0</td>
<td>3.2 - 3.0</td>
</tr>
<tr>
<td>N = 103</td>
<td>APD (85)</td>
<td>Non-APD (49)</td>
</tr>
<tr>
<td>Anger-in M</td>
<td>83% - 73%</td>
<td>65% - 55%</td>
</tr>
</tbody>
</table>

### Shyness and Communal Motives and Values

#### Ken Locke's Circumplex Scale of Interpersonal Values

**Student Sample**

- N = 77
- ShyQ scores are associated with putting others' needs first (.53), avoiding social humiliation (.43), avoiding anger (.59), and with feeling connected to others (.23).
- The ShyQ is NOT associated with valuing forcefulness, having the upper hand, seeking revenge, or having an impact.

### Good News/Bad News

**Good News:**
- We have come a long way from the Prison Study.

**Bad News:**
- There is a long way to go.
- The ShyQ is a clinically sensitive scale for the chronically shy and those with generalized social anxiety disorders.

**Hopes and Plans:**
- We need to become more effective at helping shy clients regulate negative emotions like shame and anger/resentment.
- We need to focus more on the strengths of shyness.
- We are conducting an interview study of outstanding shy leaders.

**Question:** Does shyness become a clinical problem because our society currently disavows and rejects sensitivity and cooperative and collaborative vs. dominant or aggressive behavior?

### Henderson's Research: Individualism Gone Awry?

Shyness may become a clinical problem because our society currently disavows and rejects sensitivity and cooperative and collaborative vs. dominant or aggressive behavior.

Shyness, particularly in males, is negatively stereotyped in the U.S. Shy females are stereotyped as traditional homemakers, not as achievers.

When someone is less competitive and more concerned about others' evaluations, look at their motives and values as well as their behavior.

### Are the Shy Exceptional Leaders?

Shy individuals may be our reluctant, socially responsible leaders of the future.

**Jim Collins** (*From Good to Great*) studied outstanding CEOs, called "level five leaders". They successfully guided companies through times of intense change and challenge. Guess what? They were diffident, shy.

I do not see many behavioral deficits in the Clinic. When people are accepted for themselves they demonstrate skilled social behavior.

### Shy Leaders Study

**Interview study of outstanding shy leaders.**

**Method:** Face to face interviews which are transcribed by the author and coded by a research team to determine:
- 1. Interpersonal traits (Interpersonal Adjective Scale, IAS; Wiggins, 1995)
- 2. Interpersonal motives (Circumplex Scales of Interpersonal Values, CSIV; Locke, 2000)
- 3. Personality styles (Personality adjective-check list, PACL; Strack, 2005)
- 4. Prototypical leadership styles
- 5. Leadership themes in interviews
Shy Leaders: Preliminary Findings

Shy leaders:

1. tend to lead from behind and let others take the spotlight.
2. are keen observers of people.
3. listen carefully and are compassionate.
4. are motivated, persevering, strategic and genuine.
5. appear passionate about their values and their work.
6. over-prepare for public speaking tasks.
7. push past shyness to get the job done.
8. are collaborative.
9. appear androgynous, with both masculine and feminine traits.

Vision: From Quiet Rage to Quiet Revolution

The Prison Study showed us that we can make anyone shy, anxious and symptomatic, even terrified. Studies of terrorism and torture have made that point horrifically.

The Shyness Clinic has shown me that shyness can be reduced, and that even the most socially avoidant, given the right conditions, will show us what they know.

Some people see shyness as an individual disease. I see it as a societally constructed problem. It is our problem. When human vulnerability is denied, people go underground, don’t participate, and we lose valuable human resources.

Vision: A Shy Revolution

Clinicians see shyness as a disease, a belief encouraged by drug companies. I see a culture in trouble.

We need to focus on and nurture the strengths of those who are shy; starting in childhood in schools and families. We need to focus on their strengths in therapy.

We cannot afford to lose their participation in our democracy.

America is now known as one of the biggest bullies on the block. Terrorism and torture show us that everyone is vulnerable, and any of us can be bullies.

Remember……..

The future depends on what we do in the present.
Mahatma Gandhi

Try not to become a man of success but a man of value.
Albert Einstein

Compassion-Focused Therapy
Paul Gilbert, Ph.D.

The Threat System

**How did CFT Start**

Clinical observation of people struggling with standard therapies

Long focus on shame and self-criticism which are known to be linked to poor outcomes

Interest in basic evolved systems that regulate a range of psychological processes

**What is helpful**

Cognitive Behavioural focused therapies help people distinguish unhelpful thoughts and behaviours - that increase or accentuate negative feelings - and alternative helpful thoughts and behaviours that do the opposite.

This approach works well when people experience these alternatives as helpful. However, suppose they say, “I can see the logic and it should feel helpful but I cannot feel reassured by them” or “I know that I am not to blame but still feel to blame.”

**Nature of the problem**

Able to look at things in different ways - but don’t feel any better

Able to generate alternative thoughts - but don’t feel any better

Question:

What are the mechanisms that help people feel better?

**So, Basic Philosophy is That:**

We all just find ourselves here with a brain, emotions and sense of (socially made through evolution) 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-labeling – understanding unique coping processes

**Why Zebras don’t get ulcers!**

When danger has passed for an animal their threat system switches off, allowing their body to return to a resting state. As humans, we can continue to scare ourselves with our imagination, worries and memories which keeps our threat system highly activated even when the physical danger has passed (Sapolsky, 1994).

(Toby Bell)

**What if I can’t cope tomorrow?**

Other animals haven’t evolved the ‘new brain’ areas that result in worrying about what will happen tomorrow or what happened yesterday (Toby Bell)
Types of Affect Regulator Systems

<table>
<thead>
<tr>
<th>Drive, excite, vitality</th>
<th>Content, safe, connected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incentive/resource-focused</td>
<td>Non-wanting/Affiliative focused</td>
</tr>
<tr>
<td>Wanting, pursuing, achieving, consuming</td>
<td>Safeness-kindness</td>
</tr>
<tr>
<td>Activating</td>
<td>Soothing</td>
</tr>
</tbody>
</table>

Threat-focused
Protection and Safety-seeking
Activating/inhibiting

Anger, anxiety, disgust

"Brain-storming" exercise

Consider what emotions, physical feelings, motives, behaviors, and thoughts are associated with each of these systems.

THREAT AND PROTECTION

DRIVE AND ACHIEVEMENT

SOOTHING AND CONNECTION

Tobyn Bell

Humans Have Easily Conditioned Threat System

Better safe than sorry: Notice threats quickly

Safety Strategies: Fight, flight, freeze, submit or attack

Social rank theory: social anxiety & depression
When aware of the social rank, status and power of others and when perceive self as inferior

Attention: highly sensitive to others’ verbal and non-verbal signals

Emotions: uncertainty, social anxiety/depression, anger, resentment

Behavior: Appease and avoid
**Menu of Protective/Defensive Emotions**

- Anger – increase effort and signal threat
- Anxiety – alert to danger and select
- Disgust – expel/keep away from noxious or undesirable
- Sadness – acknowledge loss, signal distress
- Jealousy – threaten and defend
- Envy – undermine/spoil benefits of the other

(Tobyn Bell)

**Automatic threat/protection strategies found in nature**

<table>
<thead>
<tr>
<th>Subdue others</th>
<th>Prolong others as deterrent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control others</td>
<td>Isolate</td>
</tr>
<tr>
<td>Turn away</td>
<td>Hide</td>
</tr>
<tr>
<td>Cling on to</td>
<td>Seek protective others</td>
</tr>
<tr>
<td>Camouflage</td>
<td>Fit in with the group</td>
</tr>
<tr>
<td>Submission</td>
<td>Hyper-vigilance</td>
</tr>
</tbody>
</table>

How do these strategies look in humans?

(Tobyn Bell)

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**How the threat system organizes our mind**

THREAT:  'I'm in danger!'

- Attention
- Emotional experience
- Imagery and fantasy
- Thinking and reasoning
- Motivation
- Behaviour

**How the drive system organizes our mind**

DRIVE:  'I want that!'

- Attention
- Emotional experience
- Imagery and fantasy
- Thinking and reasoning
- Motivation
- Behaviour

---

**The Mammalian Importance of Caring Minds**

Caring as ‘looking after’. Seeking closeness rather than dispersion. Individuals obtain protection, food, and care when ill. Key also is soothing-calming and physiological regulation. Few offspring but high survival rate in comparison to species without attachment, affection and kindness.

Co-operative and mutual support can develop as we see that our prosperity impacts on that of others, sharing and not-exploiting.
Between self and others: Soothing regulates threat response
Between self-to-self: Soothing regulates threat response

Our 120 Million year evolved system to regulate threat

We are designed to have relationships
Our brain is designed to expect and respond to care, kindness and soothing from other people. This innate capacity can be enhanced or hindered from childhood, but can be developed at any age.

We are social creatures. Our brains develop to understand other people, their minds and motivations in order to help us navigate our social world. We can use these same abilities to relate to ourselves in a different way: to understand our own mind and motivations and navigate our own emotional world. (Tobyn Bell)

SOOTHING:
'I am valued and connected'

Thinking and reasoning
Motivation
Imagery and fantasy
Behaviour

A Weeble wobble

We all get knocked by life, but we can learn to wobble like a Weeble and stand back up. We can't prevent experiencing knocks but we can learn to wobble back with compassion rather than beat ourselves back down. (Tobyn Bell: Idea from Deborah Lee)

Evolved strategies
We evolve strategies to cope with our social environment and circumstances. It's a bit like how animals have evolved over thousands of years. We develop specifically to suit our environment.

Evolved strategies often have 'trade-offs' and come with unwanted side-effects!

(Tobyn Bell)

Socially Anxious Example
Past Experiences: critical mother, distant father, bullied at school, shame based memories

Key Fears/Threats: fear of rejection and failure, feeling alone, vulnerable

Protective Coping Strategies: appease others, try to be liked, suppress feelings and needs, criticise self

Unintended-Unwanted Consequences: Own needs ignored, feel put upon, angry, not achieve personal goals, lose sense of self, feel fragile (adapted from Tobyn Bell)
Source of threat

External
Shared with other animals focus on the outside and how to behave in the outside world to minimize threat and harm.

Internal
Can be threatened by the emergence of internal emotions, desires, fantasies and memories.

Both can be very clear or very subtle threats.

External and internal threats

For example, a person attending a social event might fear being rejected by the people there (external threat) but might also worry about being overwhelmed with anxiety (internal threat). Such threats often interact: e.g. the same person might fear their anxiety will become so overwhelming that other people will notice and criticise them (external threat).

The protection strategies for internal and external threats can be different. Coping might include being non-assertive and people pleasing (external) or using alcohol to reduce anxiety (internal). (adapted from Tobyn Bell)

Self-monitoring and self-blame as protection
Self-monitoring and self-blame can be used to appease someone we see as more powerful than us, as a means to stay safe and out of harm. For example, a bully or a parent’s behaviour is frightening and unpredictable. We might try and tip-toe around them like they are a sleeping tiger. When we do arouse their negative attention we might be cross at ourselves for increasing our vulnerability or the risk of attack.

If we cannot control or influence the behaviours of important others, we might begin to keep a tight watch over our own actions and emotions, blaming ourselves severely for mistakes. Blaming the other person might be too scary or dangerous, especially for a child. (Tobyn Bell)

Coping strategy

<table>
<thead>
<tr>
<th>Example</th>
<th>Intended consequences</th>
<th>Possible unintended consequences or drawbacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always putting on a brave face</td>
<td></td>
<td></td>
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<tr>
<td>Be as others want</td>
<td></td>
<td></td>
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<tr>
<td>Withdrawing from others</td>
<td></td>
<td></td>
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<tr>
<td>Avoid situations where I can ‘fail’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking alcohol to cope</td>
<td></td>
<td></td>
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<tr>
<td>Trying to be perfect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysing and going over my mistakes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing for the worst/worrying</td>
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</tbody>
</table>

Reminder of key messages:
‘It is not your fault’

CHAIR EXERCISE

Write down some recent examples of your own self-criticism. Try and remember a situation when you gave yourself a hard time: what did you say or feel towards yourself?

Read these criticisms out loud to an empty chair, imagining someone else is sitting there. How you think a person in the chair might feel or respond?
COMPASSIONATE SELF-CORRECTION SHAME-BASED SELF-ATTACKING

Focuses on the desire to improve Focuses on the desire to condemn and punish
Focuses on growth and enhancement Focuses on punishing past errors
Is forward-looking Is often backward looking
Is given with encouragement and kindness Is given with anger, frustration, contempt, disappointment
Focuses on attributes and specific Focuses on defects and fear of exposure
qualities of self Focuses on a blaming whole self
Focuses on and hopes for success Focuses on high fear of failure
Focuses on changes of meaning Focuses on fear of exposure

FOR MISTAKES

Guilt, engage with feelings Shame, avoidance, fear
Fear, anxiety, remorse Aggression
Example: the encouraging/supportive teacher with the child who is struggling Example: the critical teacher with the child who is struggling

FOR MISTAKES

Why imagery?

Imagery has been shown to be more emotionally powerful than verbal expressions

VERBAL: Chocolate Cake

IMAGINAL: Tobyn Bell

Key Imagery Tasks

Soothing breathing rhythm
Safe 'welcoming' place
Compassion colour
Compassionate self
Compassionate other/image

Building and strengthening the compassionate mind as building capacity in think and feel compassionately.

Imagery

Exercise: Desire to be at peace
May I be happy, may I be well, may I be at peace

Exercise: Using memory
Remember a time someone was kind, caring, and warm toward you
Remember a time you were kind, caring, and warm toward someone in distress.

Exercise: Desire that others be at peace
May you be happy, may you be well, may you be at peace

Soothing breathing rhythm:
Shyness Institute

Your Safe Place
Safe "welcoming" place
Lower or close the eyes
Find your soothing rhythm breathing
Imagine a place that gives you feelings of safeness, calm and connection, perhaps a quiet room, a beach, or in the woods.
Focus on the details and use all five senses: what you see, touch, hear, smell, taste
Your safe place welcomes you and makes having you there. It is your own, you belong there, and can rest. Feel the safeness and connection; feel its welcome.
When ready, opening the eyes

Developing Compassion Images
Ideal caring and compassionate self and/or other — define ideal as everything you would want, need
- Wisdom a sentient mind who understands the struggles of humanity and self. Empathic stance, self-transcendent
- Strength as "calm authority" fortitude, endurance, complete benevolence
- Caring as a genuine desire for one's well-being = Commitment and motivation
  - Include compassionate attributes

Imagery
Non-verbal Communication
- Compassionate facial expression – smile
- Compassionate voice – tone, form and pace
- Compassionate posture (e.g. can change depending on the actions)
- Sense of appearance, and colour (e.g. clothes)
  - Method Acting for compassionate self
Sensory qualities help form image

Imagining the Compassionate Other/Self
Explain point of Compassionate-other/self imagery work
Inner helper, inner guide, access to self-soothing system through relating to self or other (no different in principle to activating any other system e.g. sexual – these systems were designed for social interactions – social mentality theory (Gilbert, 2000; Fonagy & Target, 2006)
Now for a moment, focus on your breathing and try to feel soothing rhythm. Look down or close your eyes and imagine your image of your compassionate ideal 'other' caring for you.
Useful specific questions: would they be old or young, male or female, colour of their eyes, tall or short – more than one

Compassionate letter writing
Try and write a letter to yourself from a compassionate standpoint using your compassionate-self. Alternatively, try and imagine hearing the words of your compassionate coach or your friend
Remember your compassionate motivation: to alleviate suffering and bring support.
Acknowledge and validate your emotions and experiences (e.g. "I am currently feeling...")
Offer yourself understanding (e.g. "It's understandable I feel..."))
Bring warmth and kindness (e.g. 'Experiencing this is hard')
Understand our common humanity (e.g. "It's normal for a person to feel this... I'm not alone")
Provide encouragement and strength ("You can manage this")
Try and provide some gentle advice ("Maybe try...") (Tobyn Bell)
Compassionate Social Fitness: Theory and Practice

**Shyness Institute**

**When writing a letter, consider the skills and attributes of compassion**

**Skills**
- Attention: What would it be helpful to bring to your attention?
- Imagery: Can you use your compassionate imagery to support you?
- Thinking and reasoning: Try and consider your experience from a compassionate perspective. Can you consider a balanced view?
- Behaviour: What do you need to do to support yourself?
- Feelings/emotions: Can you convey feelings of warmth and connectedness?

**Attributes**
- Sensitivity: What are you feeling at this moment?
- Sympathy: Allow yourself to be moved by your experience
- Distress tolerance: Remind yourself of your strength and courage
- Empathy: Offer yourself understanding
- Non-judgement: Try and avoid criticism. Try and validate your experience
- Care for well-being: Offer yourself encouragement and care (Tobyn Bell)

**New imagery ideas**
- Use your compassionate other to speak to the emotion or sensation, or to advise you how best to manage
- Imagine sending a stream of yeses to the thought, sensation or emotion
- Imagine your attention as a gentle hand touching and soothing the places where you feel the emotion
- Imagine your mind as a large container, with the upsetting thought as a small part of the great multitude of thoughts that you experience and can contain
- Imagine breathing into the parts of your body where the emotion can be found
- Imagine holding the thought in the softening light of your awareness
- Imagine opening your door and putting out the welcome mat to the emotion
- Imagine yourself expanding or growing in the presence of the upsetting experience
- Imagine yourself standing with dignity and walking towards the upsetting image or thought or experience (Tobyn Bell)

**Threat Processing**

Threat processing cannot be understood in single domains of cognitive, behavioural, physiological but are complex multi-modal brain states

Threat processing (often) cannot be focused on single emotions, e.g. anxiety but combination and conflicts of emotions

Threat emotions can have conscious and non-conscious attributes

Need to work in multimodal domains

**Threat relations**

Conflicts of Emotions

- Anger
- Anxiety
- Sadness

Each emotion can have a variety of defensive behaviours and memories

**Emotions Fusion**

Emotions that we experience together can ‘wire’ together – basic conditioning model

A child is hit (fear) then sent to their room (loneliness-no rescue). Fear and loneliness become fused. Therapists sometimes miss the importance of loneliness as a core emotion to work with while engaging with fear.

Anger and fear also a common fusion

**Emotional Schemas (Robert Leahy)**

Can develop threat-based beliefs and coping strategies for emotions and desires that emerge from how we experience our own emotions and others’ responses to them.

Emotions can become threats themselves related to beliefs that one’s desires, fantasies and emotions are incomprehensible, unique to the self, shameful, can never be validated or expressed and/or that one’s emotions will go out of control if experienced. Beliefs that one should be rational and logical all the time, never have conflicting feelings, should ruminate in order to figure things out. Emotions can be a way to try to work things out without needing help (soothing) from others.
**Threat Emotions and Conflicts**

- Threat – boss criticises your work
  - Rapid access of threat-safety strategies
    - Angry-attack
    - Anxious - flee
    - Cry want to seek reassurance
  - Threat to self-identity and self as social agent in social role

Problems can occur when different emotions arise at similar time, or when one emotion triggers another – can leave us feeling confused: "I don't know what I feel.

Take time to explain that to clients about emotional conflicts – 'icky brains'.

---

**Exercise**

Imagine an argument with someone you care for:

Now focus on different voices and parts:

What does your:

- angry part think, feel and want to do?
- anxious part think, feel and want to do?
- sad part think, feel and want to do?

Do they turn up at different times and conflict?

Build the compassion self

---

**Multi-Mind and Multiple Patterns**

**ARGUMENT**

- ANGRY
  - Blame them
  - They shouldn’t have done that.
  - Get my own back.

- ANXIOUS
  - What if it’s partly me?
  - They might not like me now.
  - Appease.

- SADNESS
  - Damaged the relationship.
  - Loss.
  - Withdraw.

**Link to fears and memories**

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**Process of Multi Self**

All our minds have these parts – so helpful to get to know them better –

Aiding emotions discrimination and awareness of conflicts of emotions as 'normal' and common.

---

**Compassion for the threat Systems**
Fear of Compassion

Remember: Compassion focused therapy targets the activation of the soothing system (to gain positive affect) to connect thoughts with the emotional experience referred to by those thoughts.

Compassion can be threatening. Clients can be afraid of compassion toward the self, from others and for others.


Jane: Fear of Compassion/Self

Expressing kindness, compassion toward self (rated 4; 0-4)

If I really think about being kind and gentle with myself it makes me sad.

I fear that if I start to feel compassion and warmth for myself, I will feel overcome with a sense of loss/grief.

I fear that if I become too compassionate to myself I will lose my self-criticism and my flaws will show.

Jane: Fear of Compassion/Others

Responding to compassion from others (rated 4; 0-4)

I'm fearful of becoming dependent because they might not always be available or willing to give it.

If people are friendly and kind I worry they will find out something bad about me that will change their mind.

When people are kind and compassionate towards me I feel empty and sad.

Countering Fear of Compassion

Acknowledging strengths:
Empathy toward her dog, the abandoned student, neighbor, her parents (compassionate sacrifice?)

Continuing to build empathy toward her own distress:
Continuing to normalize shame, encourage self-disclosure, active listening, reflecting emotions, writing exercises (Kristen Neff)

Two chair exercises:
Protective self and the hopeful, trusting self
Self critical self and compassionate self-correcting self
Critical self and empathic self (to her own and others' distress)
Compassion Focus
Empathy and sympathy for one’s own distress
Awareness with out-judgement or blame
Refresh/activate safe-conferring processing systems
Compassionate attention, thinking, behaviour
Generate compassionate feeling (warmth)
Use images and sensory experiences

Key focus is “finding what is experienced as helpful, kind and supportive in this moment”

Three Compassionate Cycles

<table>
<thead>
<tr>
<th>Accept fear</th>
<th>Support self</th>
<th>Accept others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept</td>
<td>Support</td>
<td>Accept</td>
</tr>
<tr>
<td>emotion</td>
<td>self</td>
<td>others</td>
</tr>
<tr>
<td>Act</td>
<td>Self-compass</td>
<td>Compassion</td>
</tr>
<tr>
<td>Forgiveness</td>
<td>toward others</td>
<td></td>
</tr>
<tr>
<td>Acceptance</td>
<td>Compassion</td>
<td>Forgiveness</td>
</tr>
</tbody>
</table>

Compassionate Mind - Alleviation

SKILLS - TRAINING
- Imagery
- Attention
- Sensitivity
- Sympathy
- Reasoning
- Distress tolerance
- Emotion
- Non-judgement
- Behaviour

ATTRIBUTES
- Warmth
- Sensory

Three Compassionate Cycles

Accept fear -> Accept self -> Accept others -> Accept fear

Some Useful Websites

- www.compassionatemind.co.uk
- www.compassionatewellbeing.com
- www.mindfulcompassion.com
- www.self-compassion.org
- www.care.org.uk
- www.mindfulcompassion.org
- www.mindful.org

Further reading

John Cacioppo & William Patrick – Loneliness: Human nature and the need for social connection
Chris Germer – The mindful path to self-compassion
Paul Gilbert - The compassionate mind
Paul Gilbert & Choden – Mindfulness
Lynne Henderson - The compassionate mind guide to building social confidence
Lynne Henderson – Helping your shy and socially anxious clients: A Social Fitness Training protocol using CBT
Russell Kolb – Managing your anger using compassion focused therapy
Deborah Lee – Recovering from trauma using compassion focused therapy
Kristen Neff – Self-compassion
Mary Wellesly – Building your self-confidence using compassion focused therapy

Thank you

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