

Compassionate Social Fitness: Theory and Practice

Compassionate Social Fitness: Theory and Practice

Lynne Henderson
Shyness Institute
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Anxiety and Depression Association of America
ADAA

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Compassionate Social Fitness: Theory and Practice

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 & Becker, 2002; Hope & Heimberg, 2010)
Changing negative attributions and self beliefs,
reducing shame (Henderson & Zimbardo, 2001), beliefs about
others and resentment (Henderson, 1998, 2014).
Shyness Clinic Research
Integrating Compassion Focused Therapy (Gilbert, 2007, 2010,
Henderson, 2011)
The Threat system, Drive system and Soothing System

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The Experience of Shyness SAD FIXS

Self - Blame and Shame
Avoidance
Distress

Fear of Negative Evaluation
I Must, but I Can't!
X-posure: Fear of both Failure & Success
Self - Sabotage

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Perspectives: Integrated

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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**.

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Social Fitness: Cognition and Emotion

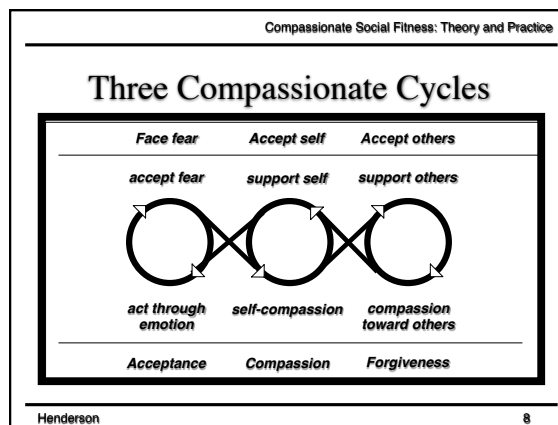
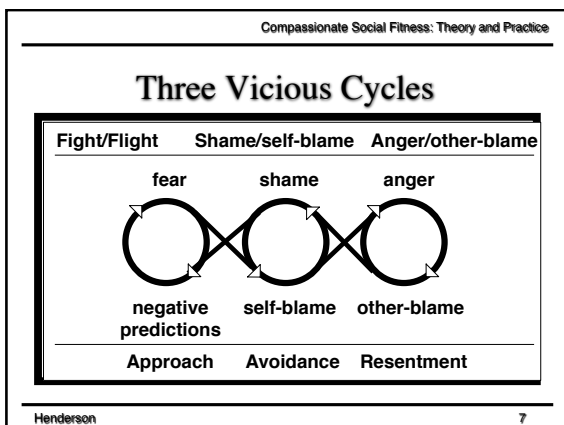
Adaptive thinking patterns and emotion regulation are important components of social fitness.

Shy individuals reverse the self-enhancement bias in social situations, blame themselves and others, and experience shame and resentment.

When one is ashamed, others appear contemptuous, when fearful, others look dangerous, when vulnerable, others appear powerful and potentially threatening.

Negative emotion and negative thoughts affect each other in an escalating reciprocal pattern.

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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.

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Social Fitness Training

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

Daily Workouts

- Self-Monitoring, Self-reinforcement

Exposures with Cognitive Restructuring

- Changing negative attributions, beliefs about the self and others

Social Skills Training - the second 13 weeks: Reaching out

- Communication Training - Where do I go from here?
- Building intimacy - self-disclosure, handling criticism, conflict
- Expression of Feelings
- Empathy - listening

Attentional Focus Flexibility Training: self-other, empathic response

Video Taping, Mirror Wall

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Client Demographics

	N	
GENDER	507	63% MALE; 37% FEMALE
AGE	499	16 - 71 M = 34
EDUCATION	462	4 - 26 M = 16
MARITAL STATUS	477	70% NEVER MARRIED
		11% DIVORCED/SEP
OCCUPATION	468	40% PROFESSIONAL
		21% BUSINESS
		13% STUDENT
		2% HOMEMAKER
		6.4% UNEMPLOYED
		8% LAB/TECHNICIAN
ETHNICITY	438	79% CAUCASION
		11% ASIAN
		10% OTHER

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Clients' Pre-test Scores

	N		
MILLON-APD	152	70% YES;	30% NO
SAD	277	94% YES	6% NO
BDI	182		M = 12
BFNE	138	1 - 5	M = 4.0
HEND/ZIM SHYQ	67	1 - 5	M = 3.5
SAQ-Self-blame	79	1 - 9	M = 6.0
SAQ-Shame	78	0 - 4	M = 2.7
EOS-Other Blame	100	1 - 7	M = 3.7
IIP-Socially avoidant	119	0 - 32	M = 22.0
SELF-ESTEEM	296	0 - 100	M = 43.8
TRAIT ANXIETY	267	0 - 100%	M = 89%

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Post-tests				
	N			Post-test
BDI	182			M = 7.8
BFNE	138	1 - 5		M = 3.3
HEND/ZIM SHYQ	67	1 - 5		M = 2.9
SAQ-Self-blame	79	1 - 9		M = 3.2
SAQ-Shame	78	0 - 4		M = 1.6
EOS-Other Blame	100	1 - 7		M = 3.1
IIP-Socially avoidant	119	0 - 32		M = 16.5
SUDS	111	0 - 100		M = 31%
GOAL ATTAINMENT	144	0 - 10		M = 6.4

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Significant results: Clinic				
	N	t	p	
IIP-Avoidant	30	4.15	.000	
IIP-Hostile	30	4.72	.001	
IIP-Non-assertive	30	3.37	.002	
IIP-Submissive dependent	30	3.63	.001	
Depression	95	5.86	.000	
Brief Fear of Neg Eval	54	5.57	.000	
Social Anxiety	96	5.42	.000	
Social Avoidance and Distress	60	6.97	.001	
Trait Shame	90	4.96	.000	
Trait Guilt	67	2.86	.01	
STAXI Anger In	38	2.05	.05	
Fearfulness	17	2.18	.05	

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Clinic Follow-up Study				
Sample of Clients treated between 1994 - 1999				
ADIS, N = 43	Pre-test		Post-test	Follow-up
Severity	Mean	SD	Mean	SD
0 - 8	5.8	1.3	3.9	1.5
Interference	Mean	SD	Mean	SD
0 - 8	5.7	1.6	3.5	1.8
Satisfaction	Mean	SD		
1 - 10	7.9	2.1		
Sample included clinic clients six months to five years post-group.				
No correlation between length of time post-group and ADIS scores.				

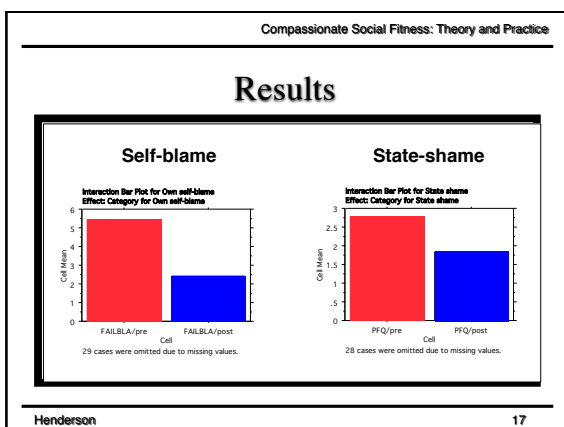
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Stanford Students Changed Self-blaming Attributions and Reduced Shame in Eight-week Groups				
Negative interpersonal outcomes:				
Internal, stable and global attributions ↓				
Self-blame and state shame ↓				
Social anxiety ↓ social avoidance and distress ↓				
trait shame ↓ depression ↓				

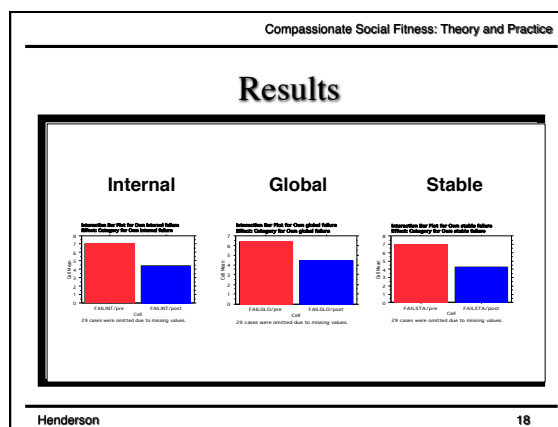
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Significant results: Students			
	N	F	p
Fear	25	4.52	.05
Depression	27	8.86	.01
Fear of Neg Eval	26	28.48	.0001
Social Anxiety	25	19.82	.0001
Social Avoidance and Distress	26	23.02	.0001
Trait Shame	26	17.76	.001
Trait Guilt	26	6.96	.01
Mattick Social Phobia	26	15.65	.001
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Compassionate Social Fitness: Theory and Practice	
Shame and Anger in Shyness: Clinic Sample	
<ul style="list-style-type: none"> ● 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 	
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Compassionate Social Fitness: Theory and Practice			
STAXI Shyness Clinic Sample			
N = 115	Trait Anger	Anger-in	
Mean percentile	63	78	
SD	24	27	
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Compassionate Social Fitness: Theory and Practice	
Shame And Anger In College Student Sample	
<ul style="list-style-type: none"> ● Shame and anger in Stanford students 	
SHY students ↑	
NON-SHY students ↓	
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Compassionate Social Fitness: Theory and Practice			
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).			
Shy	Non-shy		
3.5	2.3	People will be rejecting and hurtful if I let them close to me.	
3.3	1.6	People do not relate to my problems.	
4.6	2.1	I must not let people know too much about me because they will misuse the information.	
3.5	1.5	People are more powerful than I am and will take advantage of me.	
3.2	1.8	If people see my discomfort they will feel contempt for me.	
2.9	1.7	People will make fun of me and ridicule me.	
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Anger-supporting Thoughts and Beliefs Shy Students vs. Clinic Sample	
<ul style="list-style-type: none"> ● Clinic clients ↑ ● Shy Students ↓ 	
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Reducing AT's about Others and Resentment

	N	t	p
EOS-Thoughts/Others M = 3.7; 3.1 (1-7)	99	5.86	.000
STAXI Trait Anger M = 63%; 57%	113	2.05	.01
STAXI Anger In M = 78%; 69%	115	3.53	.00

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Challenging Negative Attributions and Beliefs about Self and Others

Choose challenging situation (SUDS 40 - 60)

Write it down

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

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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.

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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.

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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)

Stanford students: M=2.5 (SD=.6)

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

Chronbach's Alpha for six samples=.92

Correlation with the Revised Cheek and Buss Shyness Scale (college samples) = .6 and .7 (Melchior and Cheek, 1990).

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ShyQ, Convergent Validity: Correlations with Clinic Scales

	Correlation	N	p
BFNE	.77	36	.000
STAXI Anger in:	.60	40	.000
EOS	.73	40	.000
Fearfulness (EAS)	.52	40	.001
Coopersmith SE	-.67	39	.000
Trait Shame (PFQ)	.75	40	.000
Inner focus (PRSC)	.55	40	.000
BDI	.56	40	.000
Highly Sensitive (HSP)	.49	40	.001
RCBS	.74	39	.000

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Avoidant Personality Disorder

	pre-post	pre-post
N = 58	APD (44)	Non-APD (14)
Shy Q. M	3.7 - 3.0	3.1 - 2.7
N = 89	APD (69)	Non-APD (20)
EOS M	3.9 - 3.0	3.2 - 3.0
N = 103	APD (85)	Non-APD (18)
Anger-in M	83% - 73%	65% - 55%

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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 (.42), avoiding anger (.39), and with feeling connected to others (.22).

The ShyQ. is NOT associated with valuing forcefulness, having the upper hand, seeking revenge, or having an impact.

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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 disorder.

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?

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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.

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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 CEO's, 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.

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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

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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 empathic.
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.

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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 a 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.

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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.

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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

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Compassion-Focused Therapy Paul Gilbert, Ph.D.

The Threat System

Gilbert, P. (2009). Introducing compassion-focused therapy. Advances in psychiatric treatment, 15, 199-208. doi: 10.1192/apt.bp.107.005264

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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

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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".

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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?

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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-labelling – understanding unique coping processes

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Why Zebras don't get ulcers!

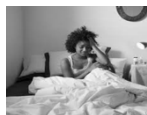


When danger has passed for an animal their threat system switches off, allowing their body to return to a resting state. As humans, we can continue to scare ourselves with our imagination, worries and memories which keeps our threat system highly activated even when the physical danger has passed (Sapolsky,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

(Toby Bell)

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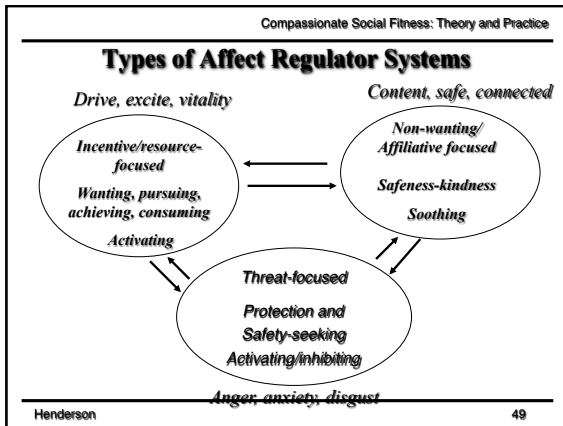
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Other animals haven't evolved the 'new brain' areas that result in worrying about what will happen tomorrow or what happened yesterday (Toby Bell)

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'Brain-storming' exercise

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

THREAT AND PROTECTION

DRIVE AND ACHIEVEMENT

SOOTHING AND CONNECTION

Tobyn Bell

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"When faced with the pain of life, the threat system says, 'This is bad - I need to fight or run away!' The drive system says, 'Things will be better when I have that!' Compassion, intimately related to our safeness system, says, 'Ah, pain. I recognize you. This is how life sometimes is. I will figure out what needs to be done to work with this, and I will bear it in the meantime'"

Russel Kolts

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Humans Have Easily Conditioned Threat System

Better safe than sorry: Notice threats quickly

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

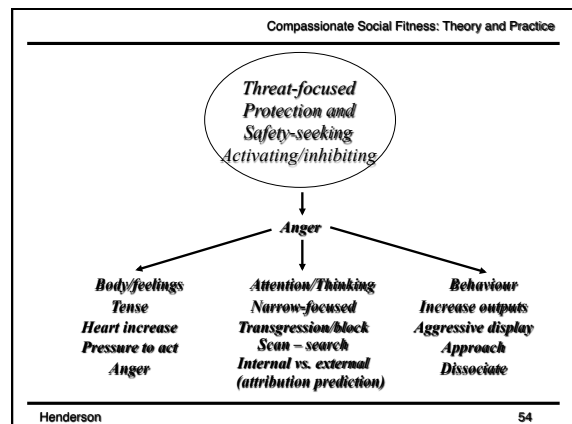
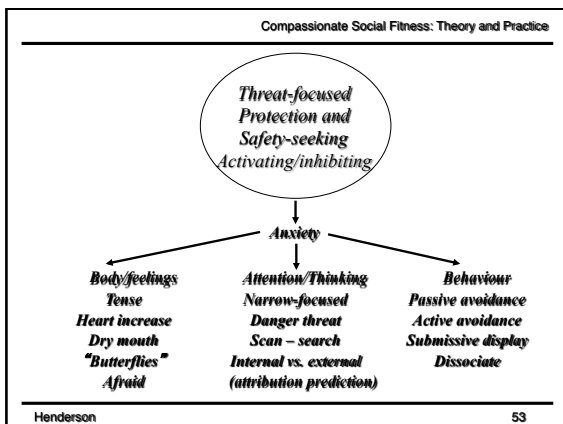
Social rank theory: social anxiety & depression
When aware of the social rank, status and power of others and when perceive self as inferior

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

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

Behavior: Appease and avoid

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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)

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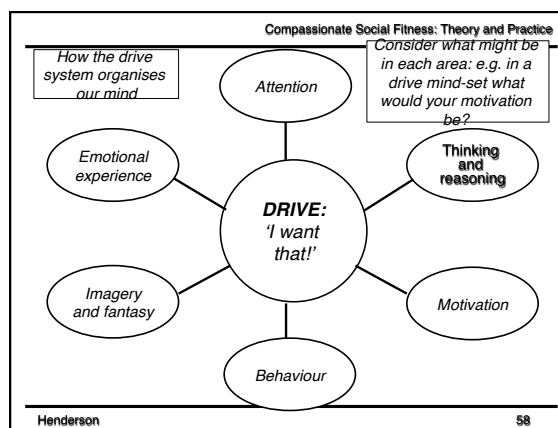
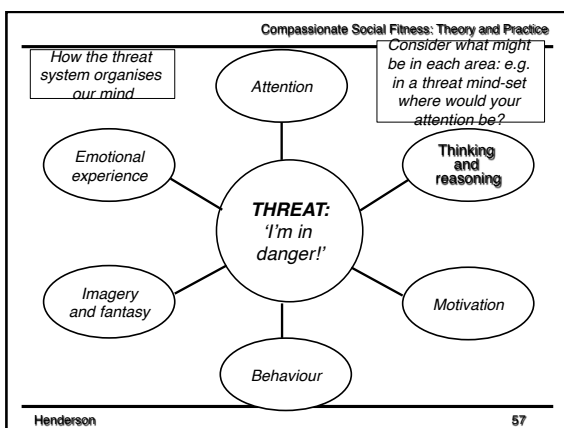
Automatic threat/protection strategies found in nature

Subdue others	Frighten others as deterrent	
Control others	Isolate	Escape
Turn away	Hide	'Play dead'
Cling on to	Seek protective others	Avoid
Camouflage	Fit in with the group	Comply
Submission	Hyper-vigilance	Predict threat early

How do these strategies look in humans?

(Tobyn Bell)


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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



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Watch the youtube clip:
<http://www.youtube.com/watch?v=p6cqNhHrMJA>
Joseph Campos Study

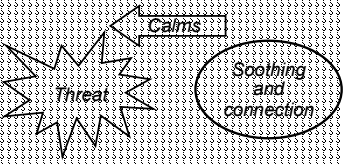



'The greater safeness we feel, the more we can explore'

(Tobyn Bell)

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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

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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.



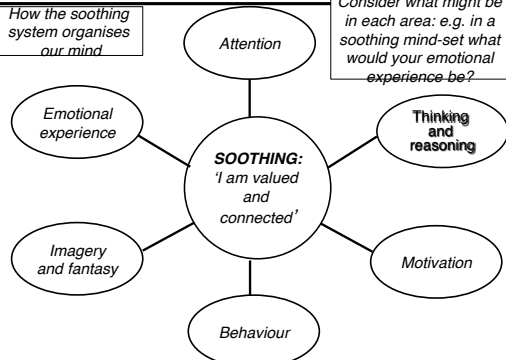
We are social creatures. Our brains develop to understand other people, their minds and motivations in order to **help us navigate our social world**. We can use these same abilities to relate to ourselves in a different way: to understand our own mind and motivations and **navigate our own emotional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

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How the soothing system organises our mind


Consider what might be in each area: e.g. in a soothing mind-set what would your emotional experience be?



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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

(Toby Bell: Idea from Deborah Lee)

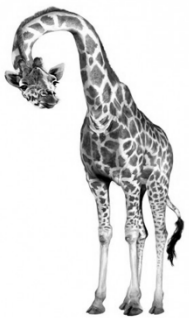
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Evolved strategies

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!



(Toby Bell)

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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, criticize self

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

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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

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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)

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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. If, 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)

Henderson 69

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COPING STRATEGY <i>Examples</i>	INTENDED CONSEQUENCES	POSSIBLE UNINTENDED CONSEQUENCES OR DRAWBACKS
Always putting on a brave face		
Be as others want		
Withdrawing from other people		
Avoid situations where I can 'fail'		
Drinking alcohol to cope		
Trying to be perfect		
Analysing and going over my mistakes		
Preparing for the worst/worrying		

Henderson 70

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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?

Henderson 71

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Reminder of key messages:

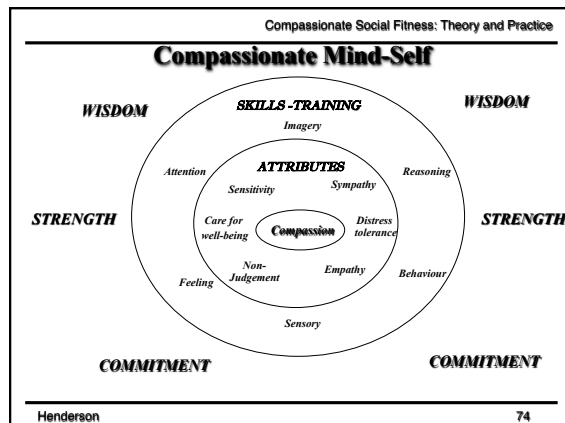
'It is not your fault'

Henderson 72

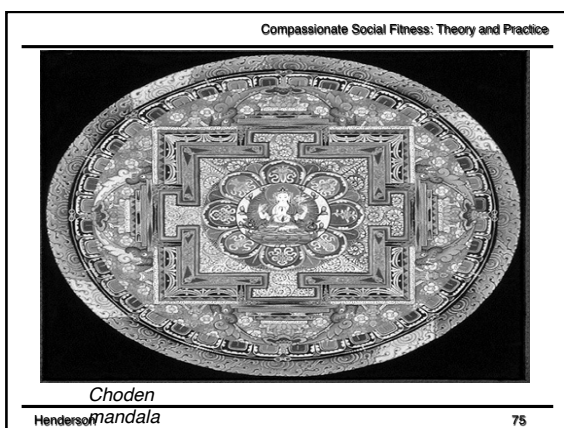
Compassionate Social Fitness: Theory and Practice	
COMPASSIONATE SELF-CORRECTION	SHAME BASED SELF-ATTACKING
<ul style="list-style-type: none"> -Focuses on the desire to improve -Focuses on growth and enhancement -Is forward-looking -Is given with encouragement support and kindness -Builds on positives (e.g. seeing what one did well and then considering learning points) -Focuses on attributes and specific qualities of self -Focuses on and hopes for success -Increases chances of engaging 	<ul style="list-style-type: none"> -Focuses on the desire to condemn and punish -Focuses on punishing past errors -Is often backward looking -Is given with anger, frustration, contempt, disappointment -Focuses on deficits and fear of exposure -Focuses on a blaming whole self -Focuses on high fear of failure -Increases chances of avoidance and withdrawal
FOR MISTAKES	FOR MISTAKES
<ul style="list-style-type: none"> -Guilt, engage with feelings -Sorrow, remorse -Reparation <p><i>Example: the encouraging/supportive teacher with the child who is struggling</i></p>	<ul style="list-style-type: none"> -Shame, avoidance, fear -Heart-sink, lowered mood -Aggression <p><i>Example: the critical teacher with the child who is struggling</i></p>

Henderson

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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 to think and feel compassionately

Henderson

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Why imagery?

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

VERBAL: Chocolate Cake

or

IMAGINAL:

Tobyn Bell

Henderson

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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:

Henderson


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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 contentment, 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 enjoys 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



Henderson 79

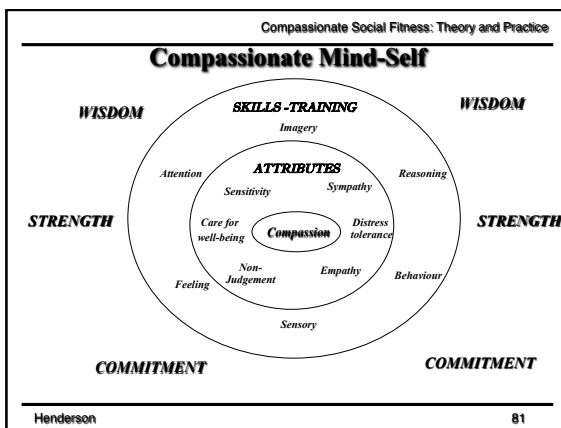
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Developing Compassion Images

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

Henderson 80



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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

Henderson 82

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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


Henderson 83

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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...') (Toby Bell)

Henderson 84

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

Skills

Attention: Where would it be helpful to place 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

Motives: Try and write the letter with a motivation to support yourself

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)

Henderson 85

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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)

Henderson



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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

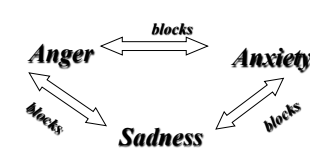
Need to work in multimodal domains

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Threat relations

Conflicts of Emotions



Each emotion can have a variety of defensive behaviours and memories

Henderson 88

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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

Henderson 89

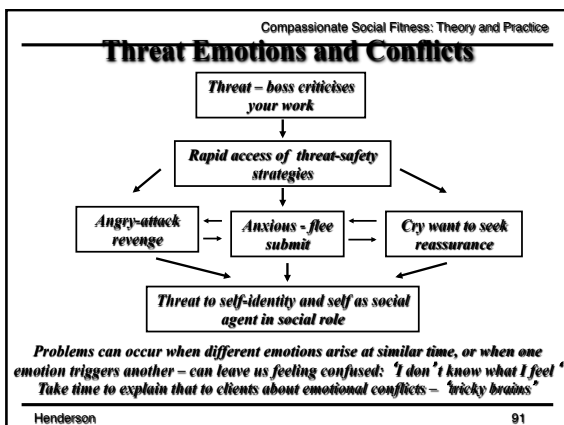
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Emotional Schemas (Robert Leahy)

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, and should ruminate in order to figure things out. Ruminations can be a way to try to work things out without needing help (soothing) from others.

Henderson 90



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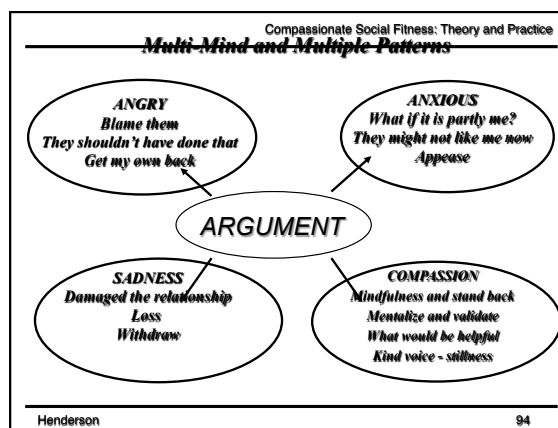
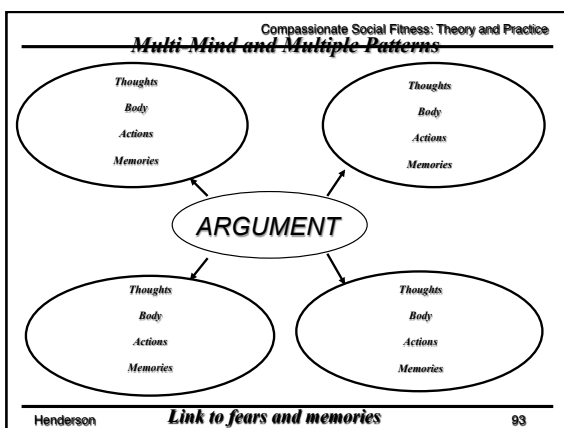
Exercise

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

Henderson 92



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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.

Henderson 95

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Compassion for the threat Systems

Henderson 96

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.

Gilbert, P., McEwen, K., Matos, M., & Rivis, A. (2011). Fears of compassion: Development of three self-report measures. *Psychology and Psychotherapy: Theory, Research and Practice* 84, 239-255.

Henderson

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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.

Henderson

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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.

Henderson

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Henderson

(with permission, Paul Gilbert)

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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)

Henderson

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Henderson

(with permission, Paul Gilbert)

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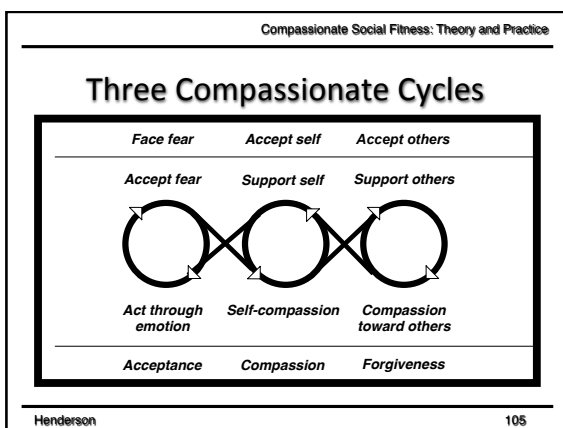
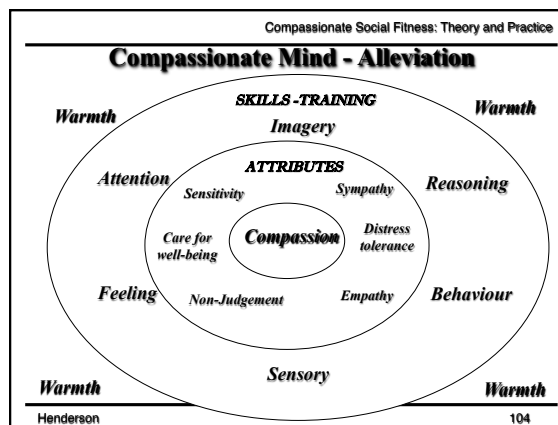
Compassion Focus

Empathy and sympathy for one's own distress
Awareness with out-judgement or blame

Refocus/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"

Henderson 103



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Some Useful Websites

www.compassionatemind.co.uk
www.compassionatwellbeing.com
www.mindfulcompassion.com
www.self-compassion.org
www.ccare.stanford.edu
www.mindfulselfcompassion.org
www.mindandlife.org

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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 – *Mindful Compassion*
Lynne Henderson- *The compassionate mind guide to building social confidence*
Lynne Henderson – *Helping your shy and socially anxious client: A Social Fitness Training protocol using CBT*
Russell Kolts- *Managing your anger using compassion focused therapy*
Deborah Lee- *Recovering from trauma using compassion focused therapy*
Kristen Neff- *Self compassion*
Mary Welford- *Building your self-confidence using compassion focused therapy*

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Thank you

Contact information:

Lynne Henderson, Ph.D.
Director, Shyness Institute
Director, Social Fitness Training, Courageous Leadership, LLC
Author: *Building Social Confidence using Compassion Focused Therapy* and *Helping your shy and socially anxious client: A Social Fitness Training protocol using CBT*
lhenderson@rivcons.com
clinic@shyness.com
www.shyness.com

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