Compassionate Social Fitness: Theory and Practice

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Shyness Institute
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Anxiety and Depression Association of America

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, 1990, 2014)
Shyness Clinic Research
The Threat system, Drive system and Soothing System

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

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
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.
Compassionate Social Fitness: Theory and Practice

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>
<tr>
<td>negative predictions</td>
<td>self-blame</td>
<td>other-blame</td>
</tr>
</tbody>
</table>

Approach  Avoidance  Resentment

Shame/self-blame  Other-blame  Anger

Compassionate Social Fitness: Theory and Practice

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

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

Attentional Focus Flexibility Training: self-other, empathic response
- Video Taping, Mirror Wall

Client Demographics

- GENDER: 63% MALE; 37% FEMALE
- AGE: M = 34
- EDUCATION: 45% NEVER MARRIED
- OCCUPATION: 40% PROFESSIONAL
- ETHNICITY: 79% CAUCASIAN
- Client Demographics: N = 507

Client Pre-test Scores

- MILLON-APD: 70% YES; 30% NO
- SAD: 84% YES
- BDI: M = 9
- BNE: M = 4
- HENDZIM SHYQ: M = 2
- SAQ-Blame: M = 6
- EOS-Other Blame: M = 2
- HIP-Sober avoidance: M = 22
- SELF-ESTEEM: M = 43
- TRAIT ANXIETY: M = 89

Clients' Pre-test Scores

- N = 152
- Clients' Pre-test Scores: 70% YES; 30% NO

Compassionate Social Fitness: Theory and Practice
### Clinic Follow-up Study

Sample of Clients treated between 1994 - 1999

<table>
<thead>
<tr>
<th>Severity</th>
<th>Pre-test Mean</th>
<th>SD</th>
<th>Post-test Mean</th>
<th>SD</th>
<th>Follow-up Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 8</td>
<td>5.8</td>
<td>1.3</td>
<td>5.9</td>
<td>1.5</td>
<td>3.6</td>
<td>1.7</td>
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<tr>
<td>9 - 15</td>
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Satisfaction

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<thead>
<tr>
<th>Satisfaction</th>
<th>Pre-test Mean</th>
<th>SD</th>
<th>Post-test Mean</th>
<th>SD</th>
<th>Follow-up Mean</th>
<th>SD</th>
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<tr>
<td>1 - 10</td>
<td>5.9</td>
<td>2.1</td>
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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

**Internal**

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre-test Mean</th>
<th>SD</th>
<th>Post-test Mean</th>
<th>SD</th>
<th>Follow-up Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td></td>
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</tbody>
</table>

**Global**

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre-test Mean</th>
<th>SD</th>
<th>Post-test Mean</th>
<th>SD</th>
<th>Follow-up Mean</th>
<th>SD</th>
</tr>
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<tbody>
<tr>
<td>Global</td>
<td></td>
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</table>

**Stable**

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre-test Mean</th>
<th>SD</th>
<th>Post-test Mean</th>
<th>SD</th>
<th>Follow-up Mean</th>
<th>SD</th>
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<tbody>
<tr>
<td>Stable</td>
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</table>
**Shyness Institute**

### Significant results: Students

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>F</th>
<th>p</th>
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<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>.0001</td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>25</td>
<td>19.82</td>
<td>.0001</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>.004</td>
</tr>
<tr>
<td>Trait Guilt</td>
<td>26</td>
<td>6.96</td>
<td>.04</td>
</tr>
<tr>
<td>Mattick Social Phobia</td>
<td>26</td>
<td>15.65</td>
<td>.001</td>
</tr>
</tbody>
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### 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

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### STAXI Shyness Clinic Sample

<table>
<thead>
<tr>
<th></th>
<th>Trait Anger</th>
<th>Anger-in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean percentile</td>
<td>63</td>
<td>78</td>
</tr>
<tr>
<td>SD</td>
<td>24</td>
<td>27</td>
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</tbody>
</table>

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### Shame And Anger In College Student Sample

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Shy</th>
<th>Non-shy</th>
<th>People will be rejecting and hateful if I let them close to me.</th>
<th>People do not relate to my problems.</th>
<th>I must not let people know too much about me because they will misuse the information.</th>
<th>People are more powerful than I am and will take advantage of me.</th>
<th>If people see my discomfort they will feel contempt for me.</th>
<th>People will make fun of me and ridicule me.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.5</td>
<td>2.3</td>
<td>3.3</td>
<td>4.6</td>
<td>3.5</td>
<td>3.2</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.6</td>
<td>1.3</td>
<td>1.6</td>
<td>2.1</td>
<td>1.5</td>
<td>1.8</td>
<td>1.7</td>
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<td></td>
<td>1.6</td>
<td>1.3</td>
<td>1.6</td>
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<td>1.6</td>
<td>1.3</td>
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<td>1.8</td>
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<td>1.3</td>
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<td>2.1</td>
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<td>1.6</td>
<td>1.3</td>
<td>1.6</td>
<td>2.1</td>
<td>1.5</td>
<td>1.8</td>
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<td>1.6</td>
<td>1.3</td>
<td>1.6</td>
<td>2.1</td>
<td>1.5</td>
<td>1.8</td>
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<td></td>
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<td></td>
<td>1.6</td>
<td>1.3</td>
<td>1.6</td>
<td>2.1</td>
<td>1.5</td>
<td>1.8</td>
<td>1.7</td>
<td></td>
</tr>
</tbody>
</table>
Reducing AT’s about Others and Resentment

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOS-Thoughts/Others</td>
<td>99</td>
<td>5.86</td>
<td>.000</td>
</tr>
<tr>
<td>M = 3.5, 3.1 (4-7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STAXI Trait Anger</td>
<td>113</td>
<td>2.05</td>
<td>.01</td>
</tr>
<tr>
<td>M = 63%, 57%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>STAXI Anger In</td>
<td>115</td>
<td>3.33</td>
<td>.00</td>
</tr>
<tr>
<td>M = 78%, 69%</td>
<td></td>
<td></td>
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</tbody>
</table>

Challenging Negative Attributions and Beliefs about Self and Others

1. Choose a challenging situation (SUDS 40 - 60)
2. Write it down
3. Imagine the situation does not turn out as well as you hoped
4. Identify at least four Negative Attributions and Beliefs, including both self and other
5. Write them down, identify Distortions (p.3-4)
6. Challenge in Dyads (p.5); Develop a self-supportive response
7. 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 Cheek and Buss Shyness Scale (college samples) = .6 and .7 (Melchior and Cheek, 1990).

ShyQ, Convergent Validity: Correlations with Clinic Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>r</th>
<th>N</th>
<th>p</th>
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</thead>
<tbody>
<tr>
<td>BFNE</td>
<td>.77</td>
<td>36</td>
<td>.000</td>
</tr>
<tr>
<td>STAXI Anger In</td>
<td>.60</td>
<td>40</td>
<td>.000</td>
</tr>
<tr>
<td>EIS</td>
<td>.73</td>
<td>40</td>
<td>.000</td>
</tr>
<tr>
<td>Fearfulness (EAS)</td>
<td>.52</td>
<td>40</td>
<td>.001</td>
</tr>
<tr>
<td>Compass MH SE</td>
<td>.57</td>
<td>39</td>
<td>.000</td>
</tr>
<tr>
<td>Trait Shame (PFQ)</td>
<td>.75</td>
<td>40</td>
<td>.000</td>
</tr>
<tr>
<td>Inner focus (PSCC)</td>
<td>.58</td>
<td>40</td>
<td>.000</td>
</tr>
<tr>
<td>RDI</td>
<td>.56</td>
<td>40</td>
<td>.000</td>
</tr>
<tr>
<td>Highly Sensitive (HSP)</td>
<td>.49</td>
<td>40</td>
<td>.000</td>
</tr>
<tr>
<td>RCBS</td>
<td>.74</td>
<td>39</td>
<td>.000</td>
</tr>
</tbody>
</table>
### Avoidant Personality Disorder

<table>
<thead>
<tr>
<th>Condition</th>
<th>N</th>
<th>Shy Q. M</th>
<th>N</th>
<th>Shy Q. M</th>
</tr>
</thead>
<tbody>
<tr>
<td>APD (44)</td>
<td>58</td>
<td>3.7 - 3.0</td>
<td>Non-APD (44)</td>
<td>3.4 - 2.7</td>
</tr>
<tr>
<td>APD (69)</td>
<td>89</td>
<td>3.9 - 3.6</td>
<td>Non-APD (20)</td>
<td>3.2 - 3.0</td>
</tr>
<tr>
<td>APD (85)</td>
<td>103</td>
<td>83% - 73%</td>
<td>Non-APD (410)</td>
<td>65% - 55%</td>
</tr>
</tbody>
</table>

### Shyness and Communal Motives and Values

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

**Student Sample**

<table>
<thead>
<tr>
<th>N</th>
<th>Shy Q. scores are associated with putting others' needs first (.53), avoiding social humiliation (.43), avoiding anger (.39), and with feeling connected to others (.23).</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>The ShyQ is <strong>NOT</strong> associated with valuing forcefulness, having the upper hand, seeking revenge, or having an impact.</td>
</tr>
</tbody>
</table>

### 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.

**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?

### 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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**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.

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.

**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 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.

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.

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

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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).

(Toyn Bell)

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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 (Toyn Bell)
**Types of Affect Regulator Systems**

Incentive/resource-focused
- Wanting, pursuing, achieving, consuming
- Drive, excite, vitality
- Content, safe, connected

Non-wanting/Affiliative-focused
- Safety-kindness
- Soothing
- Threat-focused
- Protection and Safety-seeking
- Activating/inhibiting

**‘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**

“Brain-storming” exercise

"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 Krüger

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

**Threat-focused**

Protection and Safety-seeking

Activating/inhibiting

**Anger**

Body/feelings
- Tense
- Heart increase
- Pressure to act

Attention/Thinking
- Narrow-focused
- Danger threat
- Scan – search
- Internal vs. external (attribution predictions)

Behavior
- Passive avoidance
- Active avoidance
- Submissive display
- Dissociate

**Threat-focused**

Protection and Safety-seeking

Activating/inhibiting

**Anxiety**

Body/feelings
- Tense
- Heart increase
- Dry mouth
- "Butterflies"
- Afraid

Attention/Thinking
- Narrow-focused
- Danger threat
- Scan – search
- Internal vs. external (attribution predictions)

Behavior
- Passive avoidance
- Active avoidance
- Submissive display
- Dissociate

**Anger**

Body/feelings
- Tense
- Heart increase
- Pressure to act

Attention/Thinking
- Narrow-focused
- Danger threat
- Scan – search
- Internal vs. external (attribution predictions)

Behavior
- Increase output
- Aggressive display
- Approach
- Dissociate
**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**

<table>
<thead>
<tr>
<th>Subdue others</th>
<th>Secure 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 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)*

---

**How the threat system organizes our mind**

1. **Attention**
2. **Emotional experience**
3. **Imagery and fantasy**
4. **Thinking and reasoning**
5. **Motivation**
6. **Behaviour**

**THREAT:** ‘I’m in danger!’

---

**How the drive system organizes our mind**

1. **Attention**
2. **Emotional experience**
3. **Imagery and fantasy**
4. **Thinking and reasoning**
5. **Motivation**
6. **Behaviour**

**DRIVE:** ‘I want that!’

---

**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

*(Tobyn Bell)*
We are designed to have relationships
Our brains are 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)

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; Image 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!

(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 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.

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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. 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 behaviour 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>COPING STRATEGY</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>
</tr>
<tr>
<td>Be as others want</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawing from other people</td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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?

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**Reminder of key messages:**

'It is not your fault'

Reminder of key messages:

'It is not your fault'
COMPASSIONATE SELF-CORRECTION | SHAME-_BASED SELF-ATTACKING
---|---
Focuses on the desire to improve | Focuses on the desire to improve 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 qualities of self | Focuses on deficits and fear of exposure
Focuses on and hopes for success | Focuses on a blaming whole-self
Focuses on and hopes of engaging | Focuses on high fear of failure
Builds on positives (e.g. seeing what one did well and then considering learning points) | Increases chances of avoidance and withdrawal

FOR MISTAKES
- Guilt, engage with feelings
- Shame, avoidance, fear
- Aggression

FOR MISTAKES
- Sorrow, remorse
- Reparation
- Example: the encouraging/supportive teacher with the child who is struggling

FOR MISTAKES
- Empathy
- Distress tolerance
- Non-judgement
- Example: the critical teacher with the child who is struggling

---

Compassionate Mind-Self

**SKILLS**
- Compassion
- Care for Well-Being
- Sympathy
- Sensitivity
- Empathy
- Non-judgement

**Shyness Institute**

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:
**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 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

**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

**Compassionate Mind-Self**

**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/sel Imagery work

Inner helper, inner guide, access to self-soothing system through relating to self or other (as different in principle to activating any other system e.g. sexual – these systems were designed for social interactions – social mentality theory (Elliot, 2006; 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.

Acknowledgment 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 gently advice ("Maybe try...") (Tobin Wells)
**Compassionate Social Fitness: Theory and Practice**

### 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)

### 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, emotion or sensation
- Imagine your attention as a gentle hand touching and soothing the places where you feel the emotion
- 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

### Threat Processing

- Threat processing cannot be understood in single domains of cognitive, behavioural, emotional or 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-to-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 that one’s emotions will go out of control if experienced. Beliefs that one’s desires, fantasies and emotions are incomprehensible, unique to the self, shameful, can never be validated or expressed and that one’s emotions will go out of control if experienced. Beliefs that one’s desires, fantasies and emotions are incomprehensible, unique to the self, shameful, can never be validated or expressed and that one’s emotions will go out of control if experienced. Beliefs that one’s desires, fantasies and emotions are incomprehensible, unique to the self, shameful, can never be validated or expressed and that one’s emotions will go out of control if experienced. Beliefs that one’s desires, fantasies and emotions are incomprehensible, unique to the self, shameful, can never be validated or expressed and that one’s emotions will go out of control if experienced. Beliefs that one’s desires, fantasies and emotions are incomprehensible, unique to the self, shameful, can never be validated or expressed and that one’s emotions will go out of control if experienced.
- 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 to clients about emotional conflicts - tricky 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

ANGER
- Blame them
- They shouldn't have done that
- Get my own back

ANXIETY
- What if it is partly me?
- They might not like me now
- Appease

SADNESS
- Damaged the relationship
- Loss
- Withdraw

COMPASSION
- Mindfulness and stand back
- Mentalize and validate
- What would be helpful
- Kind voice - softness

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.
Fear of Compassion

Remember: Compassion focused therapy targets the activation of the soothing system (to gain positive affects) 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
Refine/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”

Compassionate Mind - Alleviation
SKILLS - TRAINING
Imagery

ATTRIBUTES

Compassion

Feeling
Non-Judgement
Empathy

Reasoning
Distress tolerance

Sensitivities

Care for well-being

Sensory

Care for well-being

Sensitivity

Sympathy

Distress tolerance

Behaviour

Imagery

Sensory

Care for well-being

Sensitivity

Sympathy

Distress tolerance

Behaviour

Three Compassionate Cycles
Face fear
Accept fear
Accept self
Accept others

Act through emotion
Self-compassion
Compassion toward others

Acceptance
Compassion
Forgiveness

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 Kohs – Managing your anger using compassion focused therapy
Deborah Lee – Recovering from trauma using compassion focused therapy
Kristen Neff - Self-compassion
Mary Welles - Building your self-confidence using compassion focused therapy

Some Useful Websites
www.compassionatemind.co.uk
www.compassionatelywellbeing.com
www.mindfulcompassion.com
www.self-compassion.org
www.years-standard.co.uk
www.mindfulcompassion.org
www.mindfulhealth.org

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