

# Compassionate Social Fitness: Theory and Practice

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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 & 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



# The Experience of Shyness

## SAD FIXS

**S**elf - Blame and Shame

**A**voidance

**D**istress

**F**ear of Negative Evaluation

**I** Must, but I Can't!

**X**-posure: Fear of both Failure & Success

**S**elf - 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.**

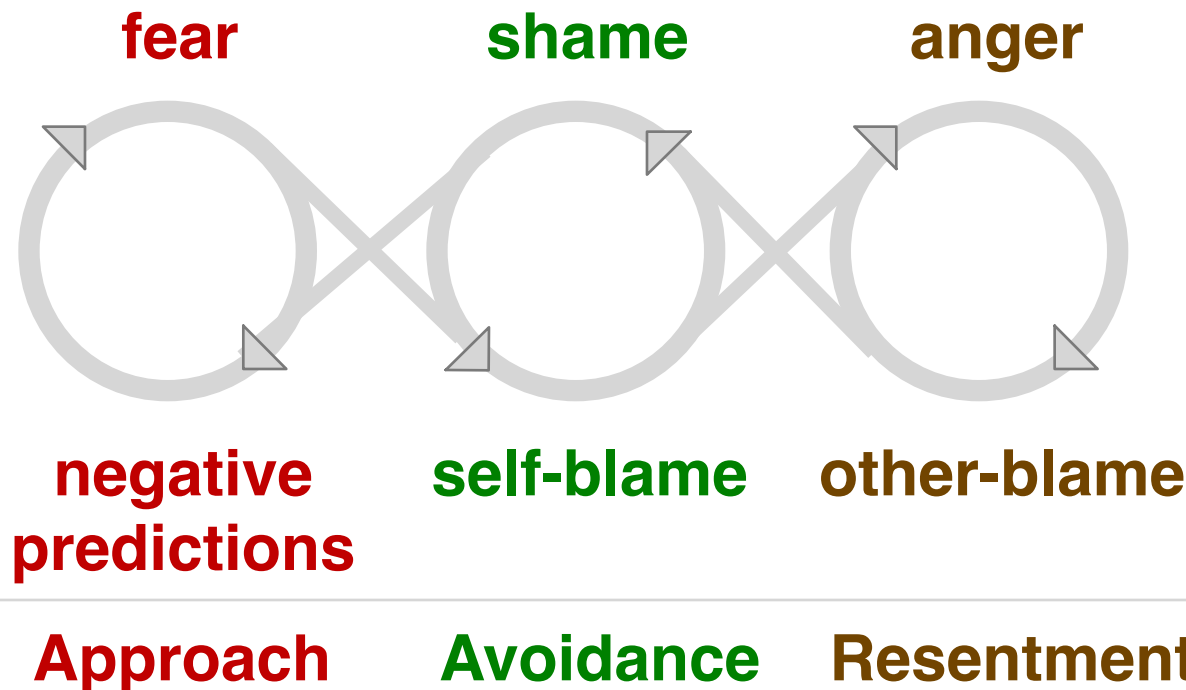
**Negative emotion and negative thoughts affect each other in an escalating reciprocal pattern.**

# Three Vicious Cycles

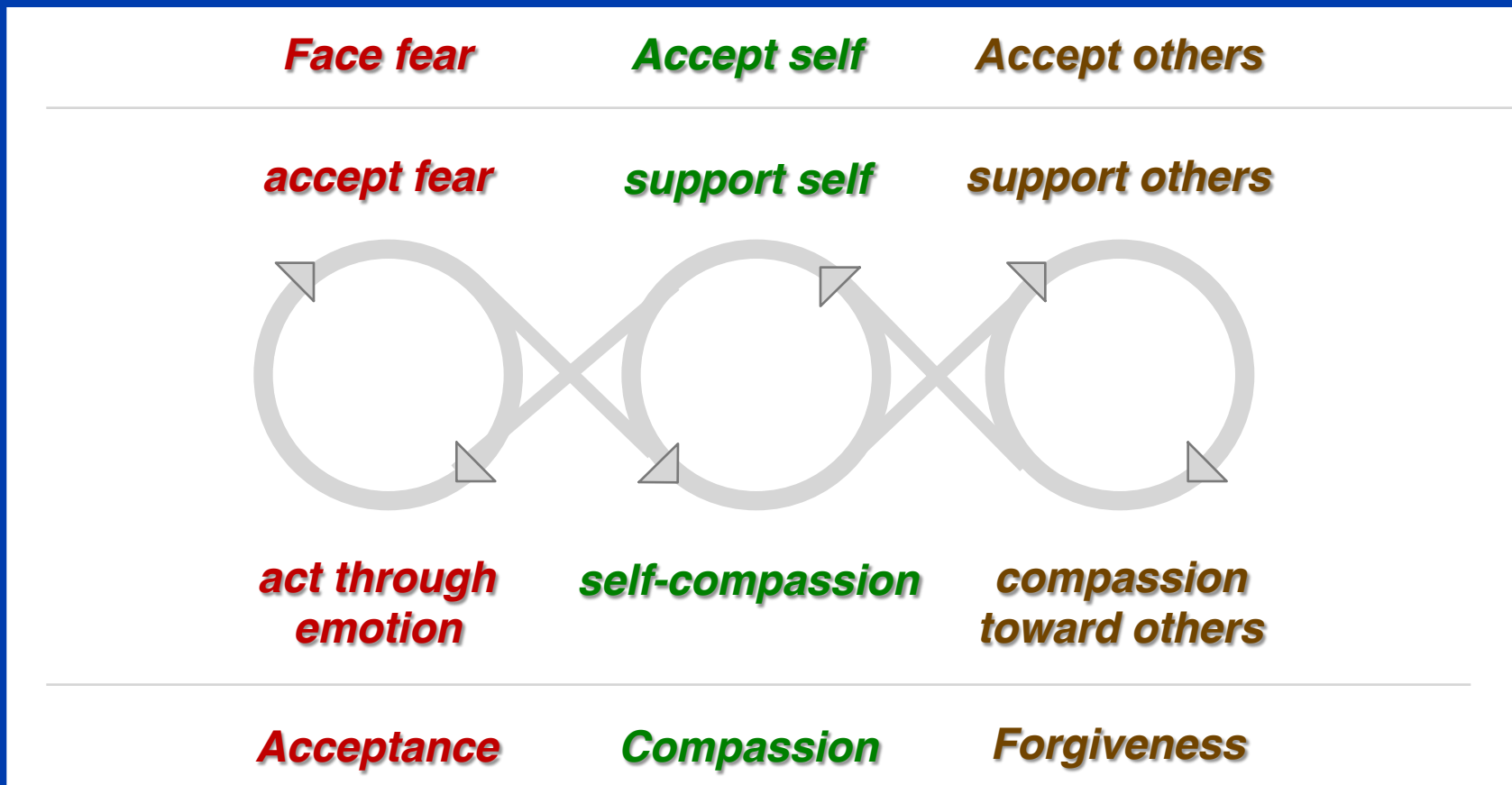
**Fight/Flight**

**Shame/self-blame**

**Anger/other-blame**



# Three Compassionate Cycles



# Consequences of Blaming Others: Impact on Empathy

- Perspective-taking is associated with adaptive interpersonal functioning. (Henderson, 1994)
- Empathic concern for others is associated with shyness.
- Blaming others is the ONLY significant negative predictor of perspective taking and empathic concern in a high school sample.

# Shyness Clinic: Group 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

Tell Me Cards [www.tellmethegame.com](http://www.tellmethegame.com)

Brand new game can buy until 4/14/15.

Attentional Focus Flexibility Training: self- other, empathic response

Video Taping, Mirror Wall

# Client Demographics

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



# Clients' Pre-test Scores

	<b>N</b>		
<b>MILLON-APD</b>	<b>152</b>		<b>70% YES</b>
<b>SAD</b>	<b>277</b>		<b>94% YES</b>
<b>BDI</b>	<b>182</b>		<b>M = 12</b>
<b>BFNE</b>	<b>138</b>	<b>1 - 5</b>	<b>M = 4.0</b>
<b>HEND/ZIM SHYQ</b>	<b>67</b>	<b>1 - 5</b>	<b>M = 3.5</b>
<b>SAQ-Self-blame</b>	<b>79</b>	<b>1 - 9</b>	<b>M = 6.0</b>
<b>SAQ-Shame</b>	<b>78</b>	<b>0 - 4</b>	<b>M = 2.7</b>
<b>EOS-Other Blame</b>	<b>100</b>	<b>1 - 7</b>	<b>M = 3.7</b>
<b>IIP-Socially avoidant</b>	<b>119</b>	<b>0 - 32</b>	<b>M = 22.0</b>
<b>TRAIT ANXIETY</b>	<b>267</b>	<b>0 - 100%</b>	<b>M = 89%</b>

## Post-tests

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

## 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

# Clinic Follow-up Study

**Sample of Clients treated between 1994 - 1999**

<b>ADIS, N = 43</b>	<b>Pre-test</b>		<b>Post-test</b>		<b>Follow-up</b>	
<b>Severity</b>	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>
<b>0 - 8</b>	<b>5.8</b>	<b>1.3</b>	<b>3.9</b>	<b>1.5</b>	<b>3.6</b>	<b>1.7</b>
<b>Interference</b>	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>
<b>0 - 8</b>	<b>5.7</b>	<b>1.6</b>	<b>3.5</b>	<b>1.8</b>	<b>3.6</b>	<b>1.9</b>
<b>Satisfaction</b>	<b>Mean</b>	<b>SD</b>				
<b>1 - 10</b>	<b>7.9</b>	<b>2.1</b>				

**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 ↓

Shyness Attribution Questionnaire (SAQ); Henderson, Martinez & Zimbardo,  
1996)

## 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

# 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

# STAXI

## Shyness Clinic Sample

N = 115	Trait Anger	Anger-in
Mean percentile	63	78
SD	24	27



# 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).

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.

Henderson & Horowitz,

# Anger-supporting Thoughts and Beliefs Shy Students vs. Clinic Sample

● Clinic clients ↑

● Shy Students ↓

# 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

# 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

# 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](http://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).**



# ShyQ, Convergent Validity: Correlations with Clinic Scales

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

# Avoidant Personality Disorder

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

# 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

# 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 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.**

# 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.**

**We all have temperaments to manage. Some of us need to step back and listen.**

# 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**

# Compassionate Social Fitness

## Integrating compassion-Focused Therapy

**Paul Gilbert, Ph.D.**

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



# **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**

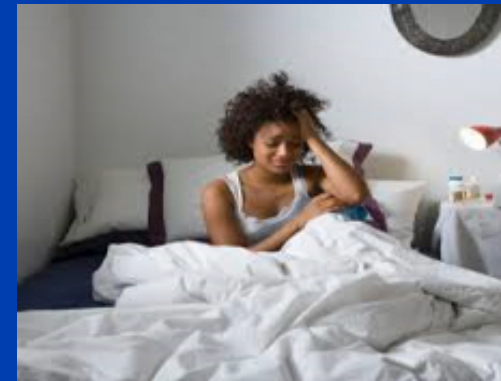
**We are all in the same boat**

**De-pathologising and de-labelling – 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).



(Tobyn Bell)



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

# Types of Affect Regulator Systems

*Drive, excite, vitality*

*Content, safe, connected*



*Anger, anxiety, disgust*



## ‘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

***Humans Have Easily Conditioned Threat System  
Better safe than sorry: Notice threats quickly***

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

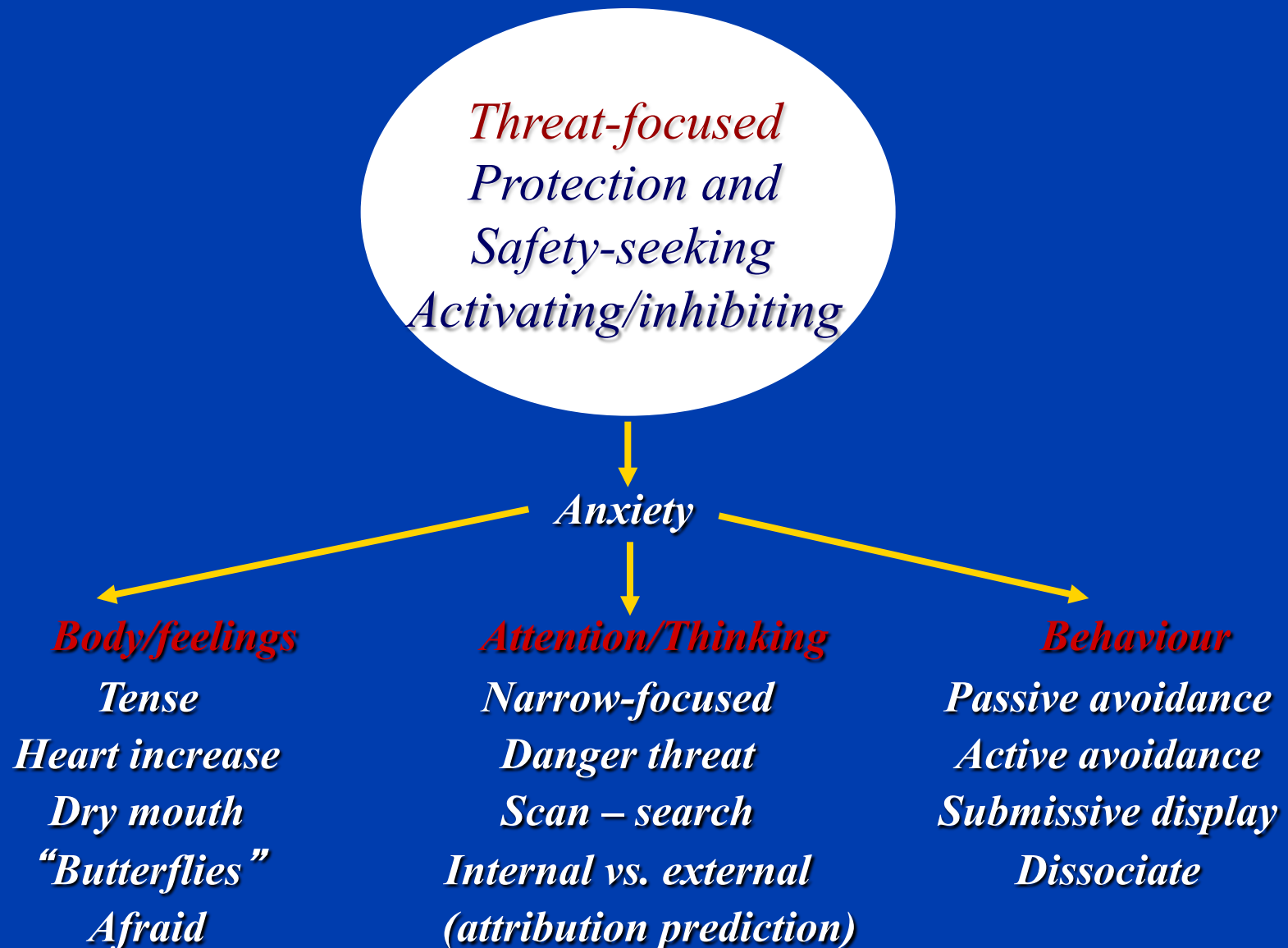
Social rank theory: social anxiety & depression

When aware of the social rank, status and power of others  
and when perceive self as inferior

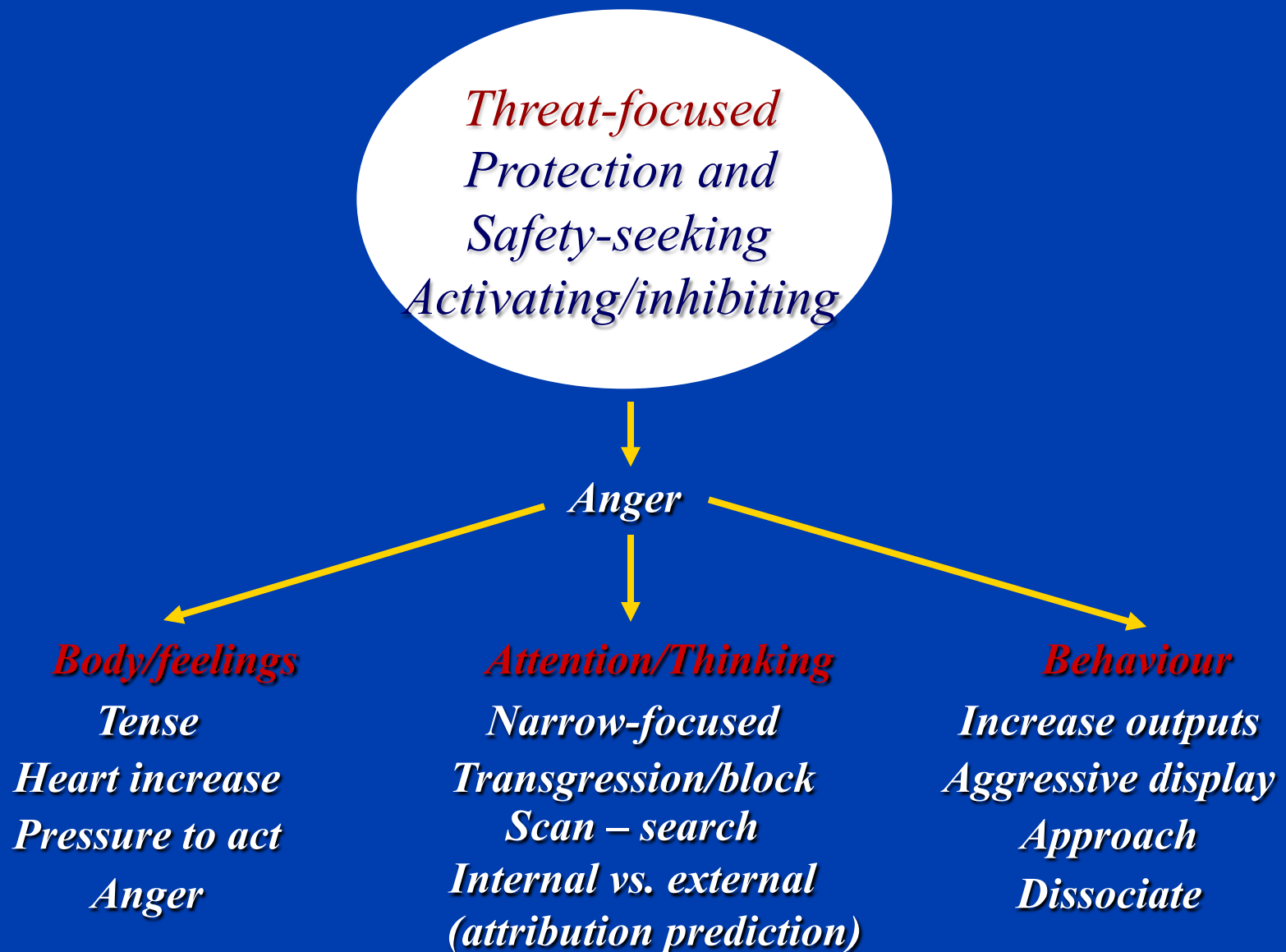
Attention: highly sensitive to others' verbal and non-verbal signals

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

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)

*How the threat  
system organises  
our mind*

*Consider what might  
be in each area: e.g.  
in a threat mind-set  
where would your  
attention be?*



*How the drive  
system organises  
our mind*

*Consider what might be  
in each area: e.g. in a  
drive mind-set what  
would your motivation  
be?*



# 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

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)*



*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

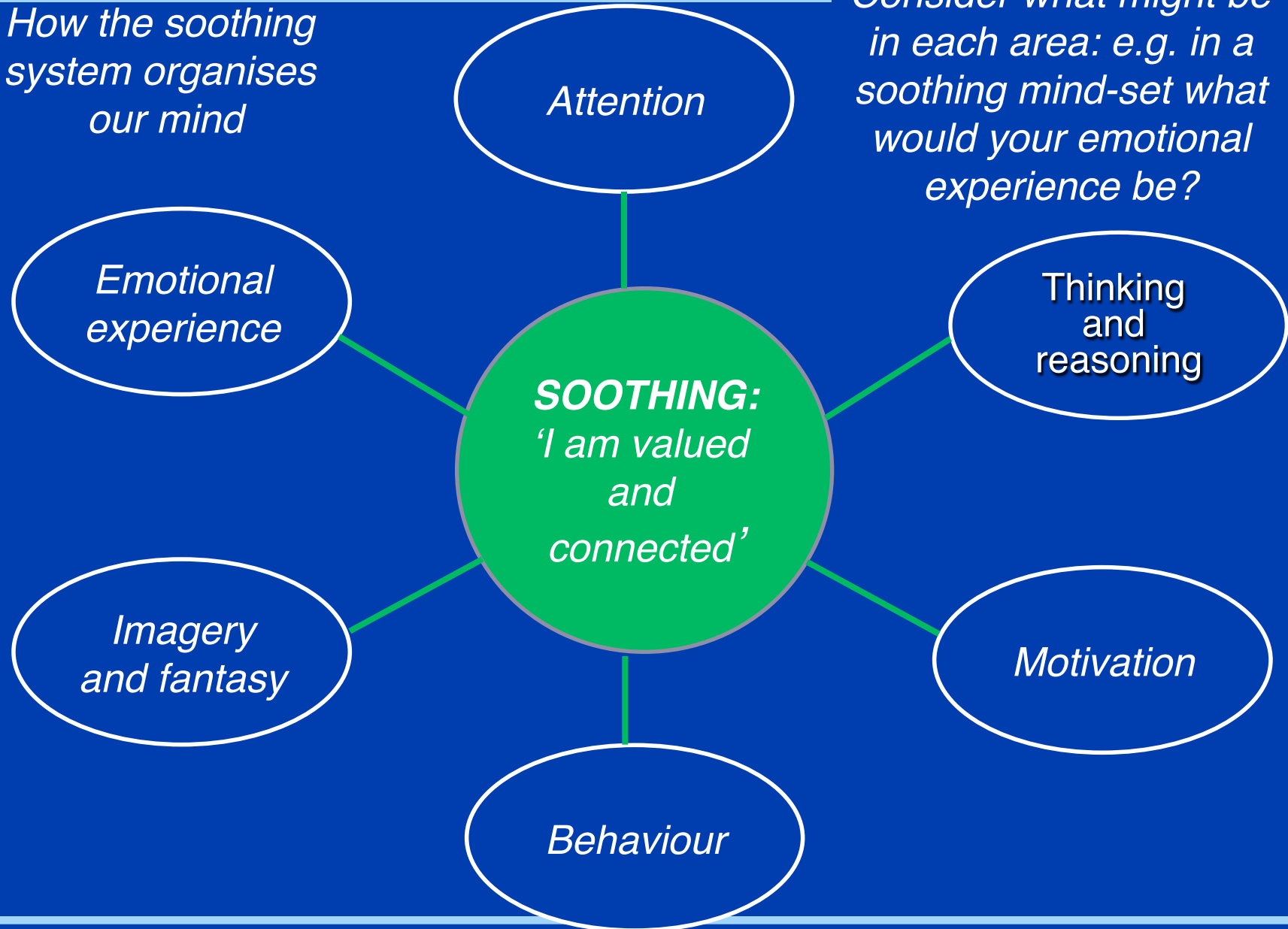
Our brain is designed to expect and respond to care, kindness and soothing from other people. This innate capacity can be enhanced or hindered from childhood, but can be developed at any age.



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)

*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?*



# 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, 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**



# External and internal threats

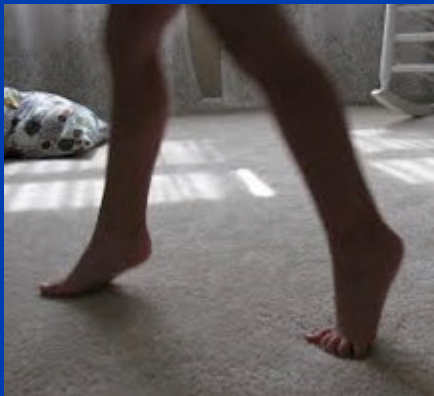
For example, a person attending a social event might fear being rejected by the people there (external threat) but might also worry about being overwhelmed with anxiety (internal threat). Such threats often interact: e.g. the same person might fear their anxiety will become so overwhelming that other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

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

# CHAIR EXERCISE

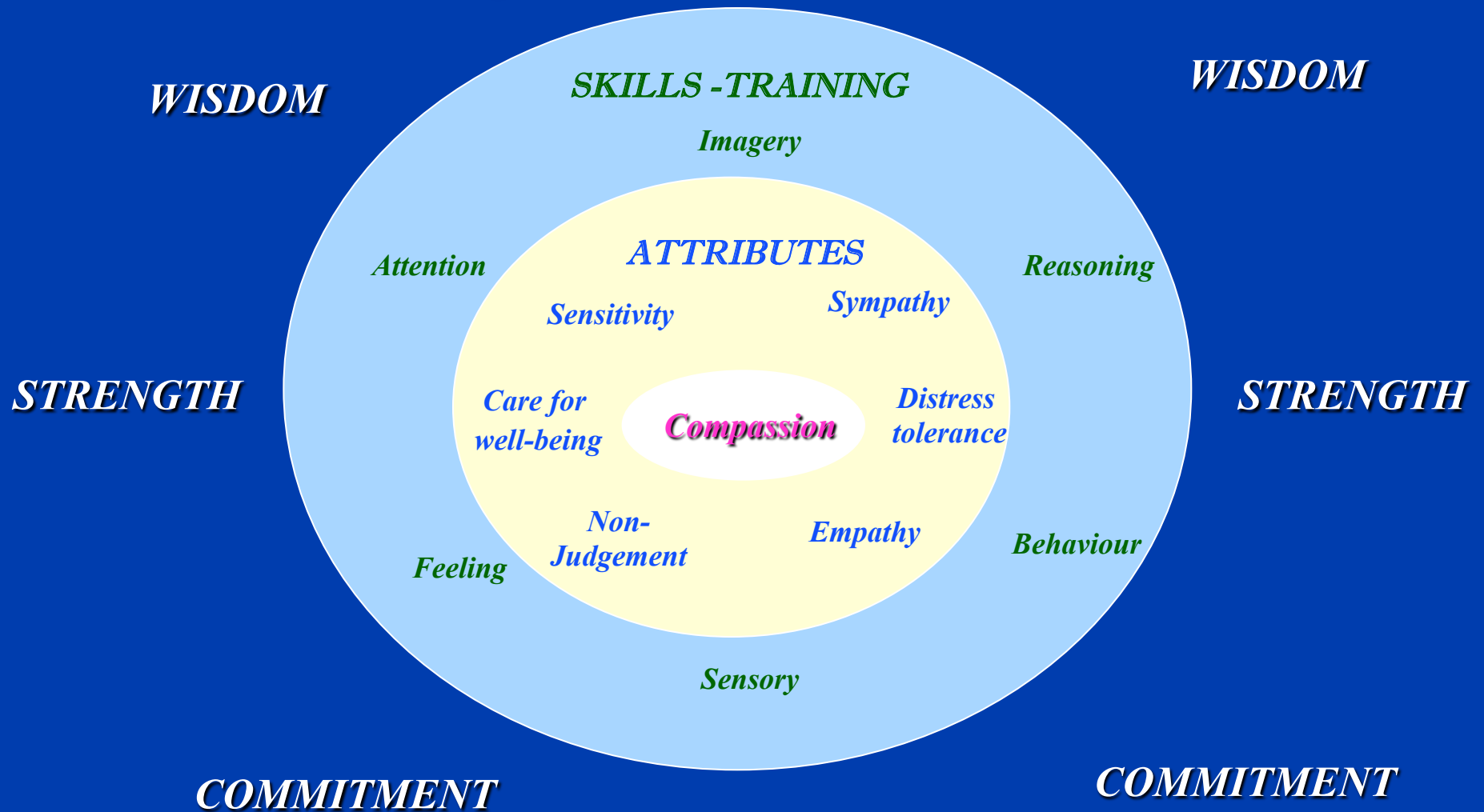
Write down some recent examples of your own self-criticism. Try and remember a situation when you gave yourself a hard time: what did you say or feel towards yourself?



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?

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

# Compassionate Mind-Self



# 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**



# Why imagery?

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

**VERBAL:**      **Chocolate Cake**  
*or*

**IMAGINAL:**



*Tobyn Bell*

# 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 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

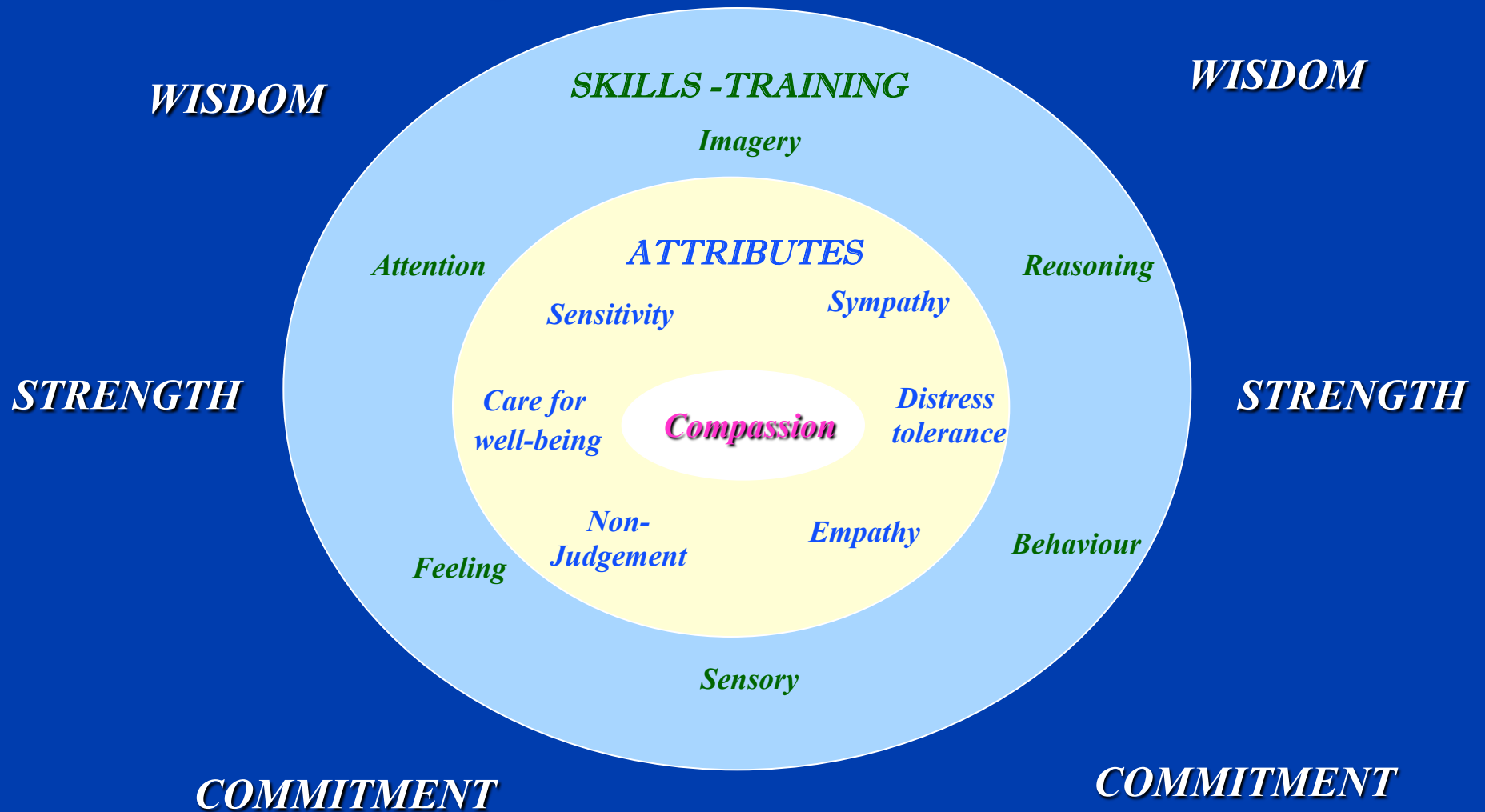


## Developing Compassion Images

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/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**

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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...'*) (Tobyn Bell)

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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)

# 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**

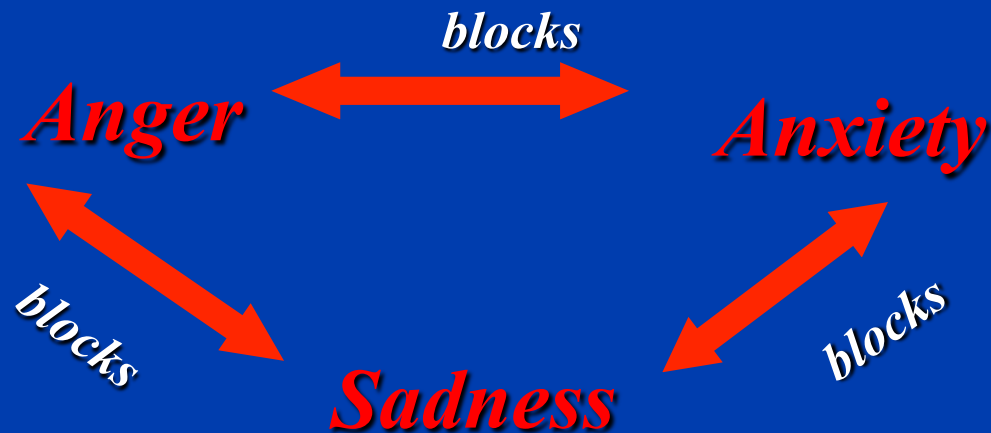
**Threat processing (often) cannot be focused on single emotions, e.g. anxiety but combination and conflicts of emotions**

**Threat emotions can have conscious and non-conscious attributes**

**Need to work in multimodal domains**

# Threat relations

## Conflicts of Emotions



*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**

**Loneliness: Human nature and the need for social connection (Cacioppo  
& Patrick, 2008)**

## **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.**

**The worry cure (Leahy,2005); The worry trap (Lejeune, 2007)**



# Threat Emotions and Conflicts

*Threat – boss criticises  
your work*

*Rapid access of threat-safety  
strategies*

*Angry-attack  
revenge*



*Anxious - flee  
submit*



*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 – ‘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?**

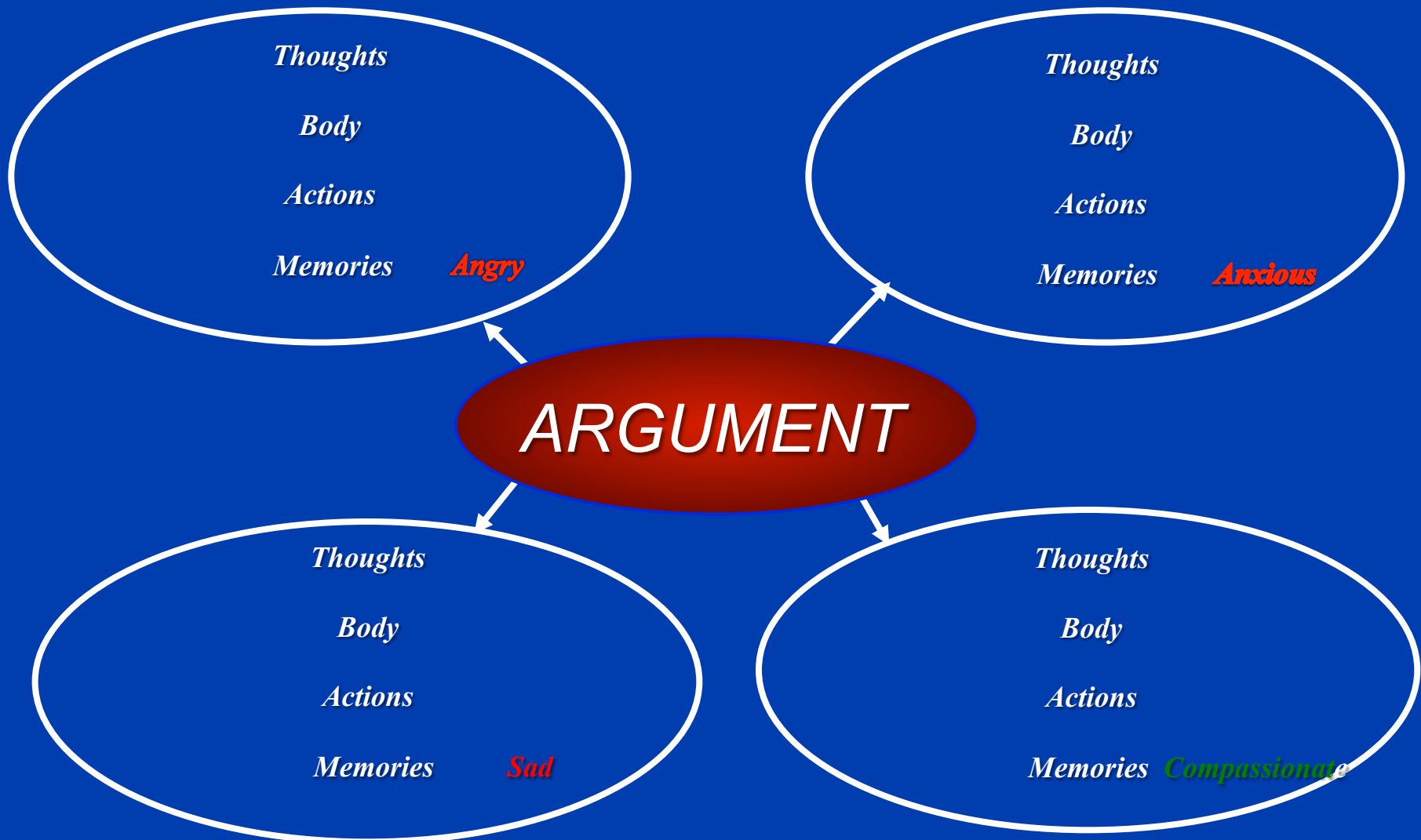
**anxious part think, feel and want to do?**

**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*



## ***Multi-Mind and Multiple Patterns***

### ***ANGRY***

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

### ***ANXIOUS***

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

## ***ARGUMENT***

### ***SADNESS***

*Damaged the relationship  
Loss  
Withdraw*

### ***COMPASSION***

*Mindfulness and stand back  
Mentalize and validate  
What would be helpful  
Kind voice - stillness*

# 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.**

**Use the three chair technique, the self, the self-critic and the compassionate self.**

# *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.

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.



# 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**

**Refocus/activate safe-conferring processing systems**

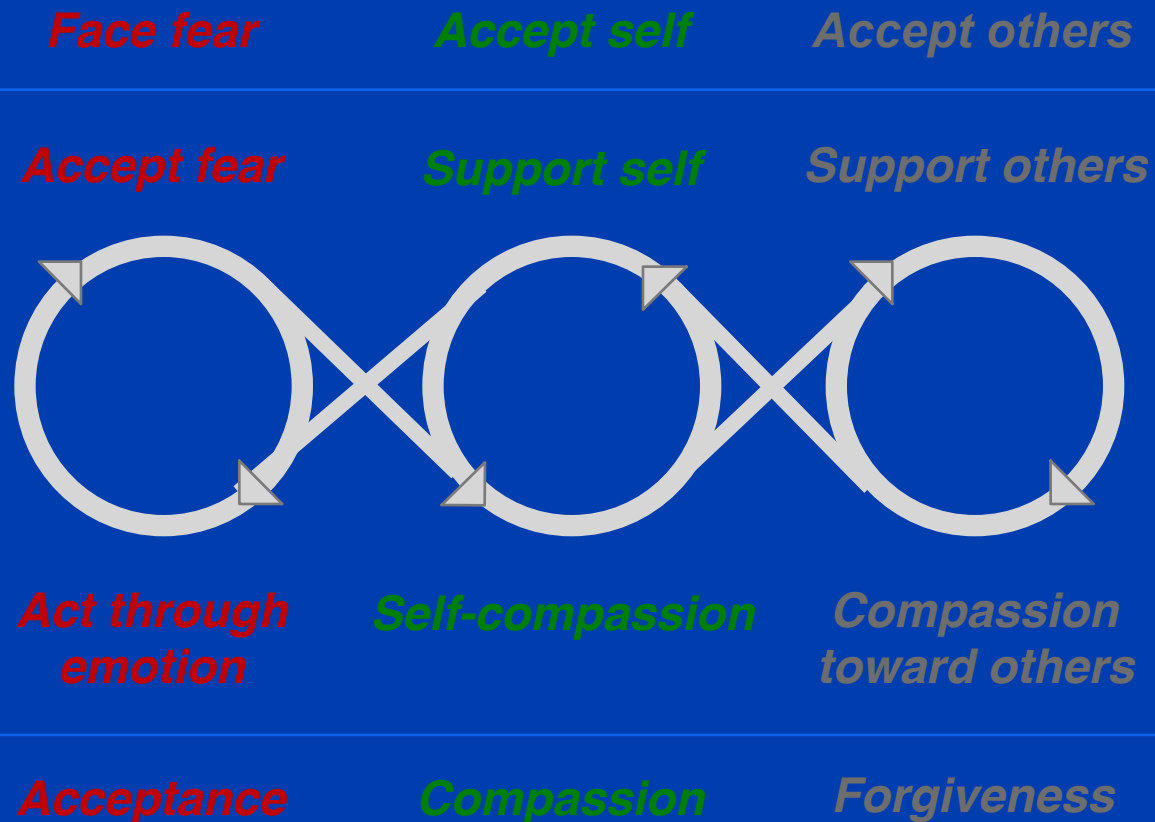
**Compassionate attention, thinking, behaviour**

**Generate compassionate feeling (warmth)**

**Use images and sensory experiences**

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

# Three Compassionate Cycles





# Some Useful Websites

[www.compassionatemind.co.uk](http://www.compassionatemind.co.uk)

[www.compassionatewellbeing.com](http://www.compassionatewellbeing.com)

[www.mindfulcompassion.com](http://www.mindfulcompassion.com)

[www.self-compassion.org](http://www.self-compassion.org)

[www.ccare.stanford.edu](http://www.ccare.stanford.edu)

[www.mindfulselfcompassion.org](http://www.mindfulselfcompassion.org)

[www.mindandlife.org](http://www.mindandlife.org)

<https://www.psychologytoday.com/blog/practice-compassion/>

## 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*



# Disclosures

I have nothing to disclose

# Thank you

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