

Compassionate Social Fitness for All

# Compassionate Social Fitness for All

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Norwegian Association for Cognitive Therapy  
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## Shyness is Universal



Sometimes shyness becomes more extreme and problematic due to circumstances and life events.

In this talk I will lead you through my experience of working with shyness when it is problematic and translating some of the results of personality theory and social psychology into methods that help people meet their social goals.

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## Overview

- Shyness is Universal
- Coming to Understand,
  - Pathologizing shyness: CBT
  - Depathologizing shyness: Social Fitness
- Challenging Blame and Shame
- Adding Compassion
- Addressing Fears of Compassion
- A Vision for the Future

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## 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

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## What is Social Fitness?

*Social Fitness, like physical fitness, is a state of physiological, behavioral, emotional, and mental conditioning that implies adaptive functioning and a sense of well being.*



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## Social Fitness Model (1)

Addresses our needs for **emotional connection and agency**

Implies:

- satisfying interpersonal relationships,
- adequate emotion regulation,
- an adaptive cognitive style

Implies the proactive pursuit of personal and professional goals

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## Social Fitness Model (2)

Involves frequent **social exercise**.  
 Many situations for 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

When you blame yourself you experience shame

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## Shame and Anger: Killer Emotions

Shame and anger are the killer emotions in shyness

When we are fearful, others look dangerous,  
 When we feel ashamed, others appear contemptuous,  
 When we feel vulnerable, others appear powerful and potentially threatening.

Negative automatic thoughts can be about others, as well as self, and related to anger as well as fear and shame.

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

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## 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, 1999

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## Anger-supporting AT's about Others Shy Students vs. Clinic Sample

Clinic clients	↑
Shy students	↓

AT's about Others

EOS-Thoughts/Others	N	t	p
M = 3.7; 3.1 (1-7)	99	5.86	.000

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## Three Vicious Cycles

Fight/Flight	Shame/self-blame	Anger/other-blame
fear	shame	anger
negative predictions	self-blame	other-blame
Approach	Avoidance	Resentment

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## Three Acceptance Cycles

Face fear	Accept self	Accept others
accept fear	support self	support others

act through emotion	acceptance of self	acceptance of others
Accepting Experience	Accepting Self	Forgiving others

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## Social Fitness Training

Twenty-six Weekly Two-hour Cognitive-Behavioral Group sessions

**Daily Workouts**  
Self-Monitoring, Self-reinforcement

**Exposures with Cognitive Restructuring** (currently behavioral exp, expectancy violations, (Craske et al., 2014)  
Changing negative attributions, beliefs about the self and others

**Social Skills Training** - the second 13 weeks: Reaching out (Johnson, 2012)  
Communication Training - Where do I go from here?  
Building intimacy - self-disclosure, self assertion, handling criticism, conflict  
Expression of Feelings  
Empathy - listening

**Attentional Focus Flexibility Training:** self other, empathic response

**Video Taping, Mirror Wall**

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## Social Fitness Training®

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## Significant Reductions

IIP-Avoidant	STAXI Anger In
IIP-Hostile	STAXI Trait Anger
IIP-Non-assertive	Trait Shame, Guilt
IIP-Submissive dependent	
Depression	
Brief Fear of Negative Evaluation	
Social Anxiety	
Social Avoidance and Distress	
Fearfulness	

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## Stanford Students Reduced Self-blame and 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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## 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.

(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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## Three Acceptance Cycles

Face fear	Accept self	Accept others
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Accepting Experience	Accepting Self	Forgiving others

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## Compassion

Compassion can be defined in many ways:

“A sensitivity to the suffering of self and others with a deep commitment to try to relieve it”

(Dalai Lama)

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## Adding Compassion

Paul Gilbert's Compassion-Focused Therapy (CFT)

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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## CBT is Not Enough

CBT helps people challenge negative thoughts and beliefs, but people often don't feel soothed or comforted by the self-supportive thoughts even though they rationally make sense

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## Humans Need Soothing

People who have few memories/experiences of feeling lovable or soothed may struggle to feel safe and reassured by alternative thoughts.

Compassion focused therapy therefore targets the activation of the soothing system so that it can be more readily accessed and used to help regulate threat based emotions of anger, fear, disgust and shame.

(Paul Gilbert)

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## Evolutionary Philosophy:

We all just find ourselves here with a brain, emotions and sense of self (socially made through evolution) that we did not choose, but that we have to figure out.

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.**

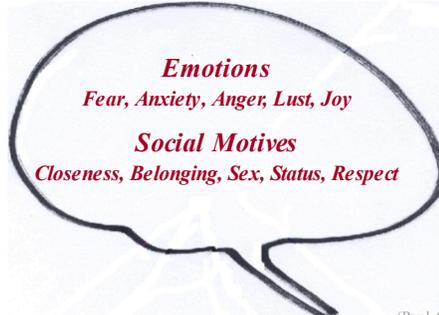
De-pathologizing and de-labelling – understanding unique coping processes.

(Paul Gilbert)

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## Old Brain Psychologies



**Emotions**  
*Fear, Anxiety, Anger, Lust, Joy*

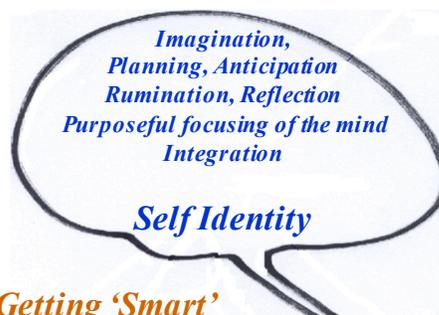
**Social Motives**  
*Closeness, Belonging, Sex, Status, Respect*

(Paul Gilbert)

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## New Brain Abilities



**Imagination,  
Planning, Anticipation  
Rumination, Reflection  
Purposeful focusing of the mind  
Integration**

**Self Identity**

**Getting 'Smart'**

(Paul Gilbert)

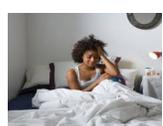
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## Why Zebras don't get ulcers!



When danger has passed for an animal their threat system switches off.



As humans, we can continue to scare ourselves with our imagination, worries and memories which keeps our threat system highly activated after physical danger has passed (Sapolsky, 1994).

(Toby Bell)

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*What if I can't cope tomorrow?*

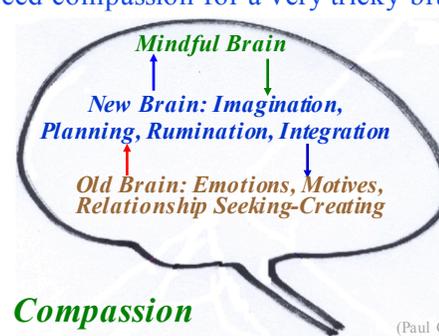
Other animals haven't evolved the 'new brain' areas that result in worrying about what will happen tomorrow or what happened yesterday.

(Toby Bell)

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## Need compassion for a very tricky brain



**Mindful Brain**

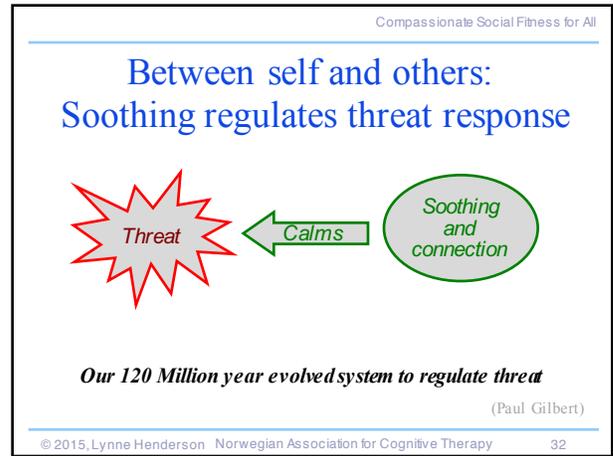
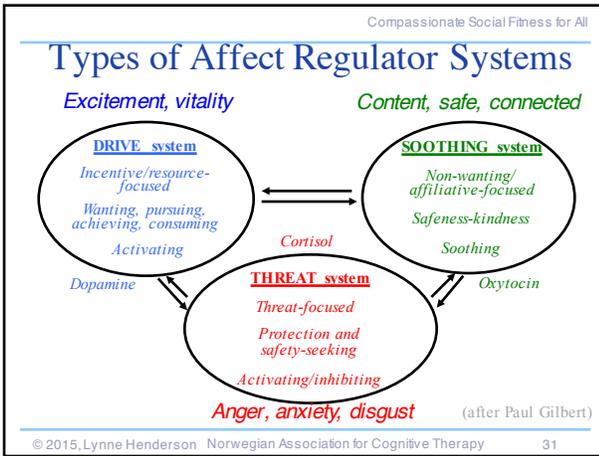
**New Brain: Imagination,  
Planning, Rumination, Integration**

**Old Brain: Emotions, Motives,  
Relationship Seeking-Creating**

**Compassion**

(Paul Gilbert)

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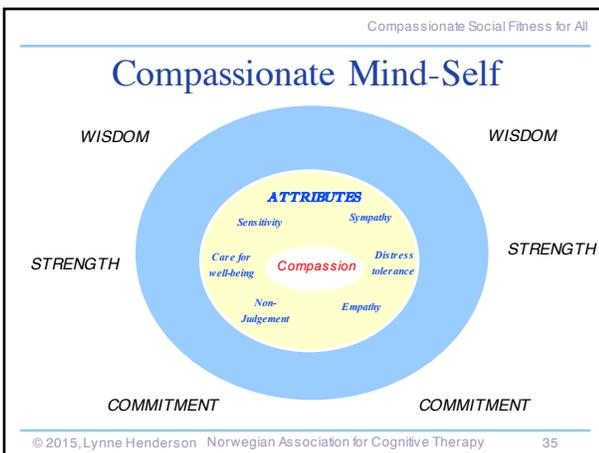
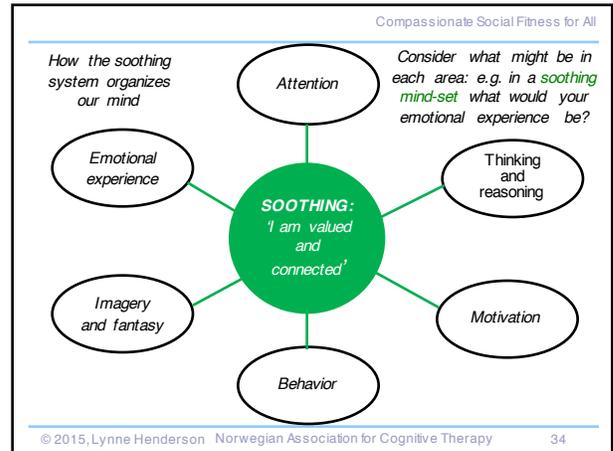
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### We are designed to have relationships

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.

(Tobyn Bell)

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### Compassionate Social Fitness

Building and strengthening the compassionate mind by building capacity to think and feel compassionately

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## Three Compassionate Cycles

<b>Face fear</b>	<b>Accept self</b>	Accept others
<b>accept fear</b>	<b>support self</b>	support others
<b>act through emotion</b>	<b>compassion toward self</b>	compassion toward others
<b>Acceptance</b>	<b>Compassion</b>	Forgiveness

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## Compassionate Mind-Self

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## Key Imagery Tasks

- Soothing breathing rhythm
- Safe 'welcoming' place
- Compassion color
- Compassionate friend
- Compassionate self

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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)

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## CHAIR EXERCISE

Try to remember a situation when you gave yourself a hard time: what did you say or feel towards yourself?



Imagine being comforted by a compassionate friend who is sympathetic, wise, caring, non-judgmental and can tolerate your distress.

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## Fears of Compassion

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

Compassion can also be threatening. Clients can be afraid of compassion not only toward the self, but also 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.

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## Negative beliefs about compassion

Negative beliefs about the nature of compassion:  
Compassion is a weakness

Negative beliefs about the value of compassion:  
Not useful when times are tough

Negative beliefs about the ability to develop compassion  
Would like to develop it but can't

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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.



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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.



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## Countering Fear of Compassion

Acknowledging strengths:  
Empathy toward her dog, the abandoned student, neighbor, her parents

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

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## Chair Exercises



protective self	trusting, hopeful self
self-critical self	compassionate, self-correcting self
critical self	empathic self (to her own and others' distress)

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## Engaging with Compassion

Compassion is not getting rid of painful feelings (e.g., fear, shame, anger) –but engaging with them and experiencing them while feeling compassion for ourselves and others

Compassion is becoming mindful and then being able to choose our behavior

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## Compassion Soothing/Affiliation

**Build capacity for:**

- Regulating feelings of threat
- Exploring and engaging with threat (courage)
- Empathizing with self and others
- Addressing shame
- Developing pro-social motivation




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## Research Findings: Social Anxiety

Pilot study tested effectiveness of CFT in six individuals with single case experimental design.

**Questions:**

- Can CFT lead to increases in self-compassion and reductions in shame and self-criticism?
- Do participants experience CFT as helpful in coping with social anxiety and increasing self-compassion?

**Results:**

CFT effective for 3 of 6 participants, probably effective for 1, and more questionably effective for 2. Authors concluded promising.

Boersma, K., Hakanson, A., Salomonsson, E., & Johansson, I. (2015). Compassion Focused Therapy to counteract shame, self-criticism and isolation: A replicated single case experimental study for individuals with social anxiety. *Journal of Contemporary Psychotherapy*, 45(2), 89-98. doi: 10.1007/s10879-014-9286-8

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## Henderson's Vision: 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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## Shyness and Leadership

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 clients are accepted for themselves they demonstrate skilled social behavior.

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

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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:

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

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## A Shy Revolution

Many 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.

## Vision

We need progress and growth,

not through the mindset of the dominant and commanding,

but rather through the mindset of the shy, through listening, empowering, and collaborating.

## Thank you

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*Building Social Confidence using Compassion Focused Therapy*  
*Helping your shy and socially anxious client: A Social Fitness Training protocol using CBT*

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