

Compassionate Social Fitness: Theory and Practice

Compassion-Focused Therapy for Shyness and Social Anxiety Disorder: Compassionate Social Fitness

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John F. Kennedy University
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Compassionate Social Fitness: Theory and Practice

Overview (1)

Social Fitness: Theory and Practice

The Model
Three Vicious Cycles: Infinite Loops

Testing:
ShyQ: shyness questionnaire; EOS:
Estimations of Others

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Overview (2)

Social Fitness Training

CBT (Heimberg & Becker, 2002; Hope & Heimberg, 2010)
Changing negative attributions and self beliefs,
reducing shame (Henderson & Zimbardo, 2001),
beliefs about others and resentment (Henderson, 1998, 2014).

Shyness Clinic Research

Integrating Compassion Focused Therapy

(Gilbert, 2007, 2010, Henderson, 2011)
The Threat system, Drive system and Soothing System

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The Experience of Shyness

SAD FIXS

Self - Blame and Shame
Avoidance
Distress

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

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Perspectives: Integrated

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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 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.

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**.

Social Fitness Training®



Social Fitness: Cognition and Emotion

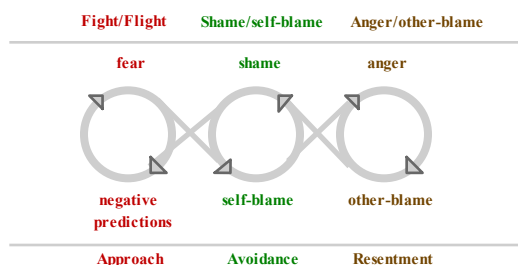
Adaptive thinking patterns and emotion regulation are important components of social fitness.

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

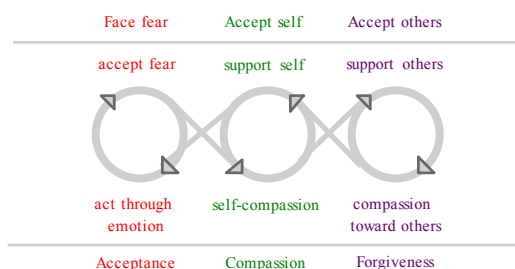
When one is ashamed, others appear contemptuous, when fearful, others look dangerous, when vulnerable, others appear powerful and potentially threatening.

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

Three Vicious Cycles



Three Compassionate Cycles



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

Exposures with Cognitive Restructuring (currently behavioral exp, expectancy violations, Craske et al.)

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, handling criticism, conflict

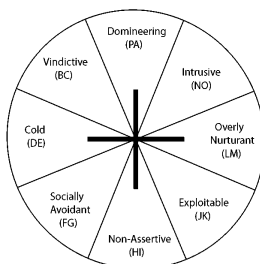
Expression of Feelings

Empathy - listening

Attentional Focus/Flexibility Training: self other, empathic response

Video Taping, Mirror Wall

Circumplex Model



Significant Reductions

IIP-Avoidant

IIP-Hostile

IIP-Non-assertive

IIP-Submissive dependent

Depression

Brief Fear of Negative Evaluation

Social Anxiety

Social Avoidance and Distress

Fearfulness

STAXI Anger In

STAXI Trait Anger

Trait Shame, Guilt

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

Negative interpersonal outcomes:

Internal, stable and global attributions ↓

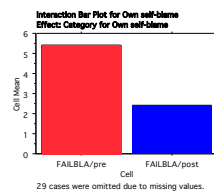
Self-blame and state shame ↓

Social anxiety ↓ social avoidance and distress ↓

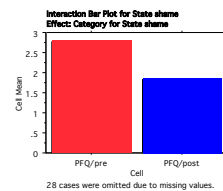
Trait shame ↓ depression ↓

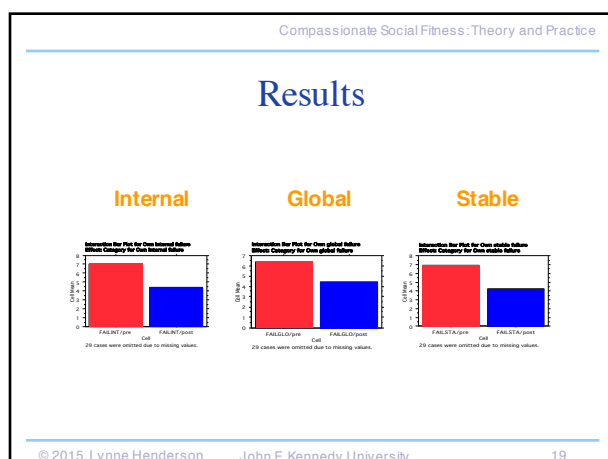
Results

Self-blame



State-shame





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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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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 make a rating on a 7 point scale from 1 (not at all) to 7 (very much).

Shy	Non-shy	
3.5	2.3	People will be rejecting and hurtful if I let them close to me.
3.3	1.6	People do not relate to my problems.
4.6	2.1	I must not let people know too much about me because they will misuse the information.
3.5	1.5	People are more powerful than I am and will take advantage of me.
3.2	1.8	If people see my discomfort they will feel contempt for me.
2.9	1.7	People will make fun of me and ridicule me.

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

- Clinic clients ↑
- Shy students ↓

- Significantly Reducing 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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Responsibility

- During the workshop we will be engaging in various exercises such as compassionate imagery or working on self-criticism
- All exercises are entirely voluntary
- You are responsible for your own well-being
- All shared material is confidential
- You are clinically responsible for how you use CFT

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Challenging Negative Attributions and Beliefs about Self and Others

Choose challenging situation (SUDS 40 - 60)

Write it down

Imagine the situation does not turn out as well as you hoped

Write down at least four Negative Attributions and four Negative Beliefs: two self-blaming and two other-blaming Attributions, two negative beliefs about self and two about the other person.

Write them down; Identify Distortions (p.2-4)

Challenge in Dyads (p.5); Develop a self-supportive, adaptive response
Notice SUDS reduction and shame reduction. Think of one behavioral exp

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: $M=3.6$ ($SD=.6$)

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).

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: 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.

Compassion-Focused Therapy Paul Gilbert, Ph.D.

The **Threat** System

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



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-Behavioral focused therapies help people distinguish unhelpful thoughts and behaviors - that increase or accentuate negative feelings - and alternative helpful thoughts and behaviors 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".

Key Message

We need to feel congruent affect in order for our thoughts to be meaningful to us.

Thus emotions 'tag' meaning onto experiences. In order for us to be reassured by a thought (say) 'I am lovable' this thought needs to link with the emotional experience of 'being lovable'. If the positive affect system for such linkage is not activated there is little feeling to the thought. People who have few memories/experiences of feeling lovable or soothed may thus 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.

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?

Compassion begins with a reality check

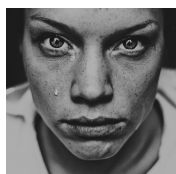
- We are an emergent species in the 'flow of life' so our brains, with their motives, emotions and competencies are products of evolution, designed to function in certain ways
- Our lives are short (25,000-30,000 days), decay and end. We are subject to various malfunctions and diseases – in a genetic lottery. Everything changes – the nature of impermanence – the nature of tragedy

Why do we need Compassion? Life is Hard



The reality check: Life can be hard

**We are designed for survival,
not for happiness**



The flow of life

We just 'find ourselves here'



We didn't choose to be born, nor choose the genes that made us

We didn't choose our emotions

We didn't choose our basic temperaments

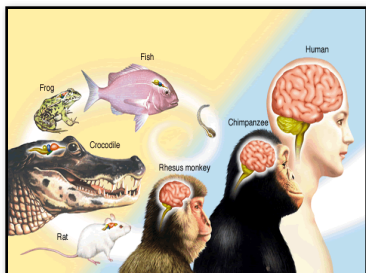
We didn't choose our bodies and how they work

We didn't choose our basic human desires and needs

We didn't choose the time in history we were born

Product of evolution

The human brain is the product of many millions of years of evolution – a process of conserving, modifying and adapting.



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Evolutionary Philosophy:

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.

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.

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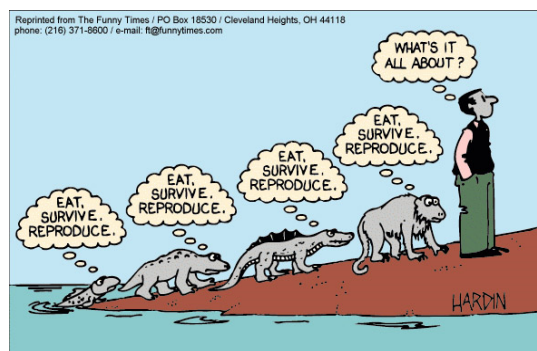
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How new is the Evolution Approach in Psychopathology?

- Freud (id), Jung (archetypes), and Bowlby (attachment) all developed theories with an evolutionary focus
- Anxiety disorders are related to how cognitions trigger innate defences - fight, flight, demobilisation (Beck et al., 1985; Marks, 1987) – danger modes (Beck, 1996)
- Depressions are related to evolved mechanisms for coping with defeats and loss (Beck, 1983, 1987; Gilbert 1984, 1992)
- Personality disorders are related to the under or over development of innate strategies (e.g. cooperation vs. competition: Beck, Freeman et al., 1990; Gilbert, 1989)

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Humans are an Evolved Species



Ability to fantasize/imagine, to think about the self, to think about the thoughts and emotions of self and others

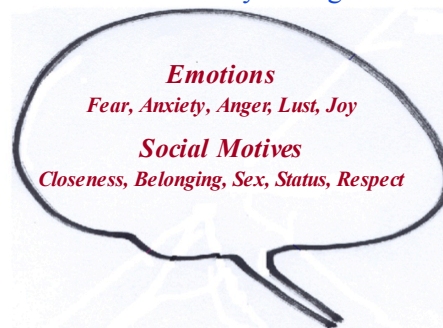
Caring, group and alliance-building, play, social rank and status

sex, hunting Territory, aggression,

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Old Brain Psychologies



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New Brain Abilities

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

Self Identity

Getting 'Smart'

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Why we have complex brains and minds that are difficult to understand and regulate

Old Brain

Emotions: Anger, anxiety, sadness, joy, lust
Behaviors: Fight, flight, withdraw, engage
Relationships: Sex, status, attachment, tribalism

New Brain

Imagination, fantasise, look back and forward, plan, ruminate
Integration of mental abilities
Self-awareness, self-identity, and self-feeling

Social Brain

Need for affection and care
Socially responsive, self-experience and motives

What happens when a **new brain** is recruited to pursue **old brain** passions?

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Built in Biases

Compassion insights

Biased learning – e.g., fear of snakes not electricity
Biases can be implicit (non-conscious) or explicit (Conscious)

Self-focused
Kin preferences – (nepotism)
In-group preferences – (tribalism)

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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

Competitive

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The good news and the bad news

The first 60 seconds of a Panic Attack

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Need compassion for a very tricky brain

Mindful Brain

New Brain: Imagination, Planning, Rumination, Integration

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COMPASSION

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Understanding our Motives and Emotions

Motives evolved because they help animals to survive and leave genes behind

Emotions guide us to our goals and respond if we are succeeding or threatened

There are three types of emotion regulation:

1. Those that focus on threat and self-protection
2. Those that focus on doing and achieving
3. Those that focus on contentment and feeling safe

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Types of Affect Regulator Systems

Drive, excite, vitality *Content, safe, connected*

Incentive/resource-focused
Wanting, pursuing, achieving, consuming
Activating

Non-wanting/Affiliative focused
Safeness-kindness
Soothing

Threat-focused
Protection and Safety-seeking
Activating/inhibiting
Anger, anxiety, disgust

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Types of Affect Regulator Systems

Threat-focused
Protection and Safety-seeking
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Anger, anxiety, disgust

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Introducing our threat system

Compassion-focused therapy highlights the way our brain and emotions have evolved to respond to threats or danger. While our 'threat' system is vital to keeping us safe, it can be tricky to manage for a number of reasons:

- It 'shouts' loudly and drowns-out other parts of our mind
- It is constantly vigilant and hard to 'tone down'
- It is very sensitive and designed to over-react
- It focuses our mind on danger and the worst-case scenario
- It creates powerful and uncomfortable emotions and motivations

T. Bell

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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).

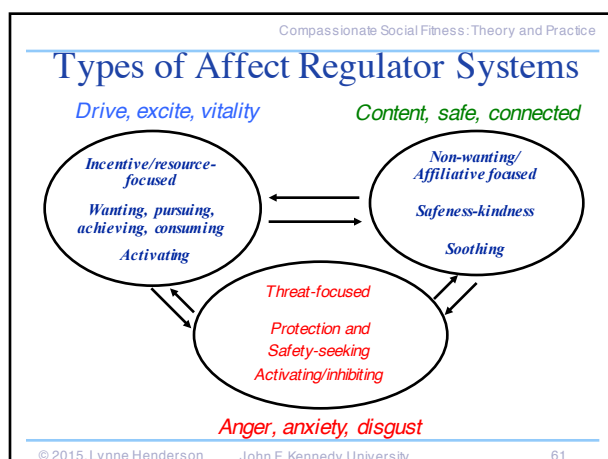
(Tobyn Bell)

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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 (Tobyn Bell)

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‘Brain-storming’ exercise

Consider what emotions, body sensations, motives, behaviors and thoughts are associated with each of these systems

THREAT AND PROTECTION

DRIVE AND ACHIEVEMENT

SOOTHING AND CONNECTION

(Tobyn Bell)

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Three voices

When faced with the pain of life,

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

(Russel Kolts)

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Humans Have Easily Conditioned Threat System

Better safe than sorry: Notice threats quickly

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

- Social rank theory: social anxiety & depression**
 - when aware of the social rank, status and power of others and
 - when perceive self as inferior
- Attention: highly sensitive to others’ verbal and non-verbal signals**
- Emotions: uncertainty, social anxiety/depression, anger, resentment**
- Behavior: Appease and avoid**

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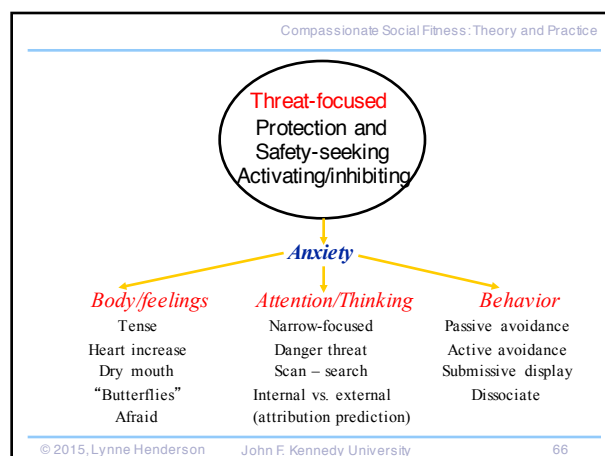
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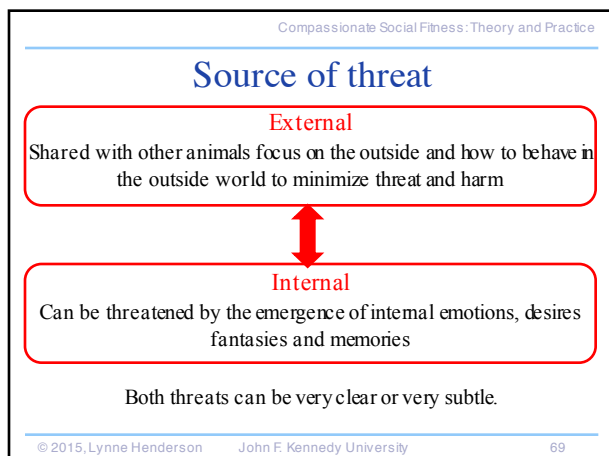
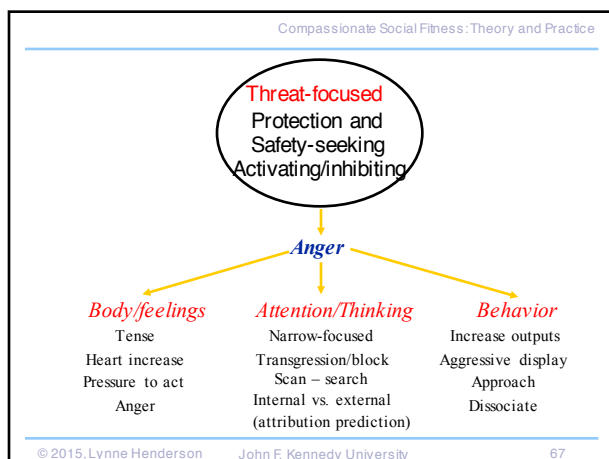
Versions of our self

There could have been many other versions of our self depending on our experiences. Modern science tells us that even the way our genes express themselves can be influenced by our social environment and experiences. Humans have multiple capacities: to be aggressive and violent to be loving and caring, to be competitive, to be funny, to be anxious etc... Certain of these capacities and potential selves might have been particularly encouraged or hindered by your experiences.

Which version of yourself would you like to cultivate now?

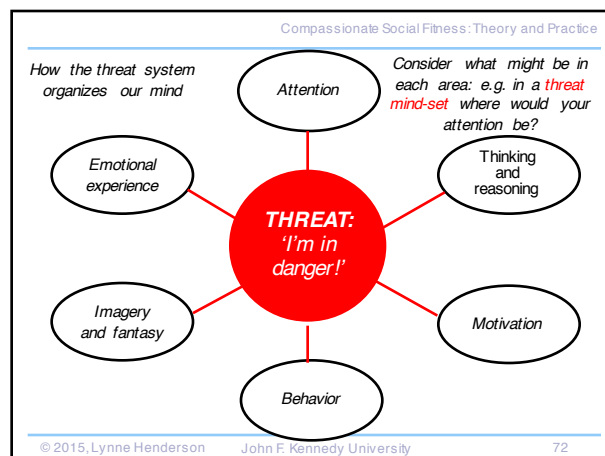
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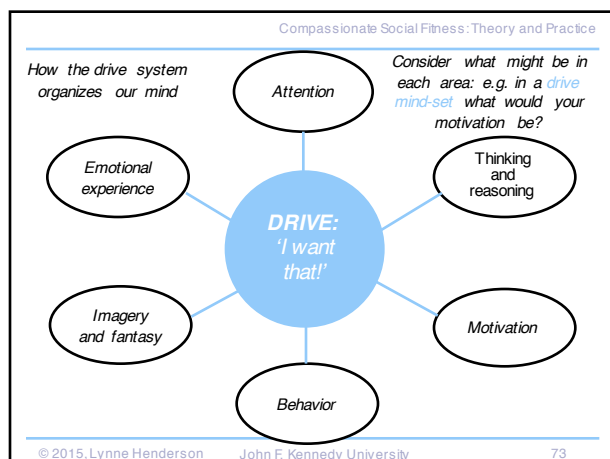




- Compassionate Social Fitness: Theory and Practice
- Automatic threat/protection strategies found in nature**
- Subdue others
 - Control others
 - Turn away
 - Cling on to
 - Camouflage
 - Submission
 - Frighten others as deterrent
 - Isolate
 - Hide
 - Seek protective others
 - Fit in with the group
 - Hyper-vigilance
 - Escape
 - 'Play dead'
 - Avoid
 - Comply
 - Predict threat early
- How do these strategies look in humans?
(Tobyn Bell)
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- Compassionate Social Fitness: Theory and Practice
- 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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The Mammalian Importance of Caring Minds

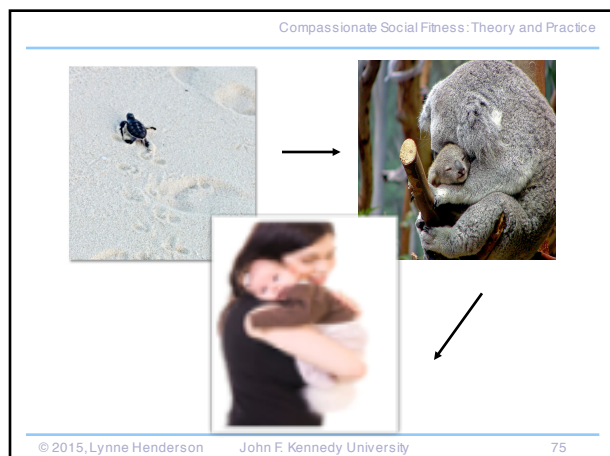


Caring as 'looking after'. Seeking closeness rather than dispersion. Individuals obtain protection, food, and care when ill. Key also is *soothing-calming* and physiological regulation. Few offspring but high survival rate in comparison to species without attachment, affection and kindness



Cooperation and mutual support develop as we see that our prosperity impacts that of others, and we share and resist exploitation

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Joseph Campos study





'The greater safeness we feel, the more we can explore'
(Tobyn Bell)

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Reminder of key messages:
'Safety Leads to Exploration'



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Between self and others: Soothing regulates threat response




Our 120 Million year evolved system to regulate threat

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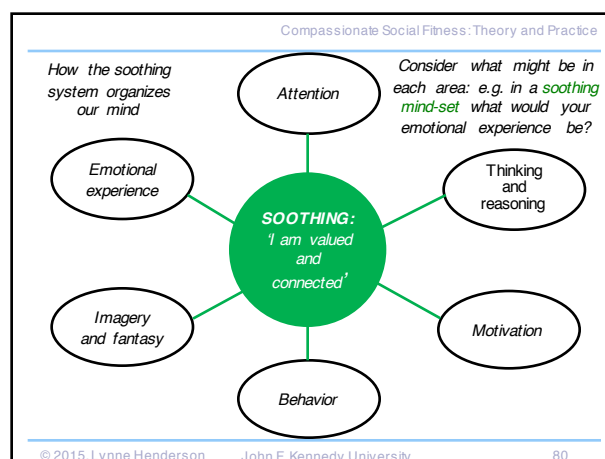
We are designed to have relationships

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



(Tobyn Bell)

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Physiological Systems

Major physiological systems that are focused on affiliation – e.g., oxytocin

- Facilitates monogamous bonding
- Facilitates conspecific recognition
- Facilitates attachment
- Increases trust
- Increases competencies in mind reading tasks
- Increases feelings of liking others
- Reduces activation in the amygdala to threat faces


Source: Macdonald and Macdonald, 2010 The Peptide That Binds: A Systematic Review of Oxytocin and its Prosocial Effects in Humans Harvard Review of Psychiatry 1-21

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Soothing System for 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)

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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)
- 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 criticize them (external threat).

The protection strategies for internal and external threats can be different. Coping might include:

- being non-assertive and people pleasing (external)
- using alcohol to reduce anxiety (internal).

(adapted from Tobyn Bell)

Reminder of key messages: 'The function of self-criticism'



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

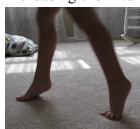
Unintended/Unwanted Consequences: Own needs ignored, feel put upon, angry, not achieve personal goals, lose sense of self, feel fragile (adapted from Tobyn Bell)

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

Self-monitoring and self-blame as protection

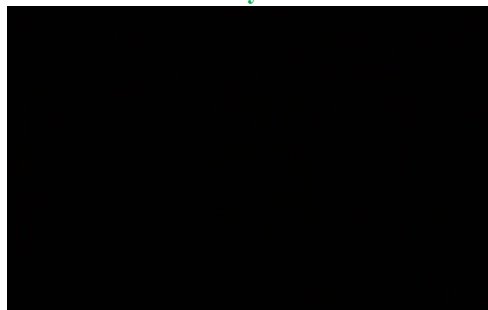
A shy child often uses self-monitoring and self-blame to appease someone seen as more powerful.

When negative attention is aroused the shy child might be angry at themselves for increasing their vulnerability or the risk of attack.



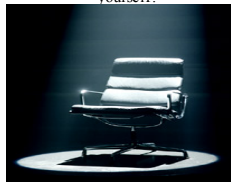
Blaming the other person might be too scary or dangerous, especially for a shy child. (Tobyn Bell)

Reminder of key messages: 'It is not your fault'



CHAIR EXERCISE

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



Imagine directing these criticisms aloud to someone sitting in this chair.

Chair exercise: questions

How did your criticism sound?
How you think a person in the chair might respond?
How might the person on the receiving end of the criticism feel?
Is the criticism really helpful?
What is the likely outcome of being criticized like this?
If the criticism was for protection or motivation, could these goals be achieved in another way?

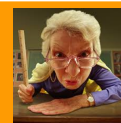


COMPASSIONATE SELF-CORRECTION	SHAME BASED SELF-ATTACKING
<p>Focuses on the desire to improve</p> <p>Focuses on growth and enhancement</p> <p>Is forward-looking</p> <p>Is given with encouragement support and kindness</p> <p>Builds on positives (e.g. seeing what one did well and then considering learning points)</p> <p>Focuses on attributes and specific qualities of self</p> <p>Focuses on and hopes for success</p> <p>Increases chances of engaging</p>	<p>Focuses on the desire to condemn and punish</p> <p>Focuses on punishing past errors</p> <p>Is often backward looking</p> <p>Is given with anger, frustration, contempt, disappointment</p> <p>Focuses on deficits and fear of exposure</p> <p>Focuses on blaming the whole self</p> <p>Focuses on high fear of failure</p> <p>Increases chances of avoidance and withdrawal</p>
FOR MISTAKES	FOR MISTAKES
<p>Guilt, engage with feelings</p> <p>Sorrow, remorse</p> <p>Reparation</p> <p><i>Example: the encouraging/supportive teacher with the child who is struggling</i></p>	<p>Shame, avoidance, fear</p> <p>Heart-sink, lowered mood</p> <p>Aggression</p> <p><i>Example: the critical teacher with the child who is struggling</i></p>

To which teacher would you send a shy child?



- Encourages and supports
- Focuses on learning opportunities and possibilities
- Understands mistakes as part of the learning process
- Celebrates efforts



- Criticizes severely for mistakes
- Focuses on past errors
- Focuses on potential problems
- Threatens
- Calls names
- Blames the individual

Why focus on Compassion?

People with chronic problems like extreme shyness and depressions often come from neglectful or abusive backgrounds, have high levels of shame, and are often self-critical, self-disliking, or self-hating

Live in a world of constant internal and external threat

Have few experiences of feeling safe or soothed and are not able to do this for themselves. Often do poorly in clinical trials

Soothing system poorly developed and will often say, "I understand the theory but do not feel relieved or safe". This makes sense if that system is not working or developed

Personal stories: Jack

- Jack's mother suffered from depression. He was often left in charge of his siblings as his mother stayed in bed. He was the oldest child.
- His dad often worked long hours.
- He describes being bullied at school.
- Jack felt unable to speak to his teachers or his father.
- As a teenager he experienced prolonged bouts of sadness as well as extreme shyness.

(Toby Bell)

Threat and a lack of drive



'I feel like my threat circle is so large that it stops me from even trying any more. It's like I've been banging my head against a wall and I've collapsed back and given up. Each time I think about trying again I remember the times I've messed up and I get anxious so never get into my drive circle...and I never support myself from my green circle, so I'm just stuck in threat, not going anywhere.'

(Tobyn Bell)

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Reviewing the tricky loops of our new and old brains

1. Handing out flyers in Berkeley for new small business, the new brain can offer lots of helpful tools.



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2. The new brain area can, however, create problems. Frightening thoughts can trigger strong emotions in the old brain area and these emotions can, in turn, influence thoughts



**ANXIETY, FRUSTRATION,
FEAR**

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3. Our new brain area can also create problems by taking us away from our present experiences. For example, the person handing out flyers might take a walk in the park afterward, but might find it difficult to stop *thinking* about their difficulties, which can create more worry and anxiety.



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Primary and secondary suffering



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Primary and secondary suffering

Mindfulness allows shy people to become aware of the proliferating tendencies of their minds: magnifying initial emotional pain by judging, worrying, ruminating, or trying to change or repress what is naturally present, all of which creates further suffering.

Shy clients can learn to use mindfulness to untangle themselves from these secondary reactions and hold their initial, primary, experience in a new, non-judgmental, way.

Compassion can be brought to their primary suffering, working skilfully to bring care to the source of their pain

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Shy clients can learn to stop and notice how emotions and motivations take hold of our thinking. Using mindfulness, they can create space to stand back and be curious about how the brain's inbuilt desires and emotions flow through all of us.

Having gained this space, they then can decide whether they want to go with that flow, or would prefer to change the direction of their thinking. This is what is called 'being mindful'.



They can learn to pause, take a breath and refocus.



Coming to your senses: stepping out of auto-pilot



Help shy clients to intentionally bring their full awareness to everyday tasks. Focus on the bodily senses and keep returning the mind back to present-moment experience.

Have them try:

- Showering mindfully
- Eating food mindfully
- Drinking mindfully
- Cleaning teeth mindfully
- Being with another person, or with a pet, in a mindful way
- Feeling the temperature or wind on the face when outside

Have them make up some of their own

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

Compassion Solutions

Ancient wisdom: Compassion is the road to happiness (Buddhism)

Evolution: Evolution has made our brains highly sensitive to external and internal kindness

Neuroscience: Specific brain areas are focused on detecting and responding to kindness and compassion

Social and developmental; Psychology: History of affiliation affects brain maturation, emotion regulation, pro-social behavior and sense of self

Compassion

Compassion can be defined in many ways: "As a sensitivity to the suffering of self and others with a deep commitment to try to relieve it" (Dalai Lama)

Eight fold path - represents a multi-modal approach for training one's mind



CFT Approach is Based on Social Mentality Theory

The organisation of abilities, competencies and their combinations

Guided by motives

To achieve social outcomes and roles (status, friendship, care, sexual)

Motives and Social Mentalities

Many basic evolved social motives:

- To compete for resources (seeking acquiring and defending –for a place in hierarchies)
- Belong to groups, co-operate share
- Care for offspring and help others (Taylor, 2006)
- Elicit help and care
- Sexual

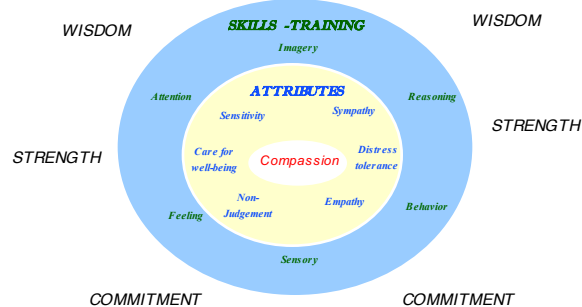
Social Mentalities

Require competencies to send and receive social signals that are motive congruent – create interactional sequences that are mutually influencing



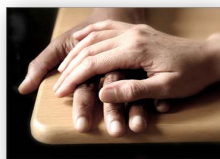
CFT focuses on the fact the brain evolved to respond to social signals and communications -

Compassionate Mind-Self



Sensitivity

Developing an openness and attentiveness To the needs and feelings of self and others. To bring a mindful awareness to the changing experiences of self and others.



Sympathy

Sympathy means to be emotionally moved. Sympathy is not the same as 'pity', it simply means to connect emotionally to the experiences of self and others; to feel emotionally in tune.



Distress tolerance

Distress tolerance involves learning that we can be open to our distress and difficulty, without being overwhelmed.

It can be helpful to learn that we can cope with strong emotions, rather than avoiding them. Approaching our emotions with a sense of strength and acceptance can allow us to make skillful choices in how to respond to them.



Empathy

Empathy is often seen as the ability to recognize and understand the emotions, motives and experiences of others. Just as we can understand the mind and situation of others, we can bring that same recognition and understanding to our own mind and experiences.



Compassionate Social Fitness: Theory and Practice

Non-judgement

Developing an accepting, non-condemning attitude to our experiences, rather than judging or criticising.



Care for wellbeing

Developing a motivation to be caring towards oneself and others; the decision, wish and commitment to relieve suffering in oneself and others.



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Distress tolerance and empathy



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Compassionate Behavior

Commonly Misunderstood

Develop kindness, support and encouragement to promote the courage we need - to take the actions we need - in order to promote the flourishing and well-being of ourselves and others

The socially anxious person approaches a stranger; the agoraphobic develops the courage to leave the house; the abused wife leaves her violent husband; the depressed person works on the fear of emotion, the traumatized person engages with 'healing' their memories


Hence the importance of building **CAPACITY**

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Compassionate Social Fitness: Theory and Practice

Mindfulness

'Mindfulness means paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally'
John Kabat-Zinn



Mindfulness can simply be described as learning to direct our **attention and awareness**

Mindfulness is also about being in the moment and fully experiencing whatever is happening right now!

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Compassionate Social Fitness: Theory and Practice

Key Imagery Tasks

- Soothing breathing rhythm
- Safe 'welcoming' place
- Compassion color
- Compassionate other/image
- Compassionate self
- Building and strengthening the compassionate mind as building capacity to think and feel compassionately

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Compassionate Social Fitness: Theory and Practice


Why imagery?

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

VERBAL: Chocolate Cake

or

IMAGINAL:



(Toby Bell)

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Preparing for Imagery

Preparing the body - breathing - find the rhythm of one's own soothing breath - not that long at first - minute or so - then longer. Called "Soothing Rhythm Breathing".

If there is a fear of engaging, may need to switch to sensory focus (e.g. tennis ball)

Soothing and safeness

Compassion focused therapy looks to develop our soothing system.

Soothing is linked to feelings of safeness. When we are able to sooth ourselves and develop a sense of safeness, we can use these feelings to help regulate threat based emotions of anger, fear, and disgust and shame.

Soothing-rhythm breathing is the basis for many of the compassion exercises.



The importance of a smile



When practising soothing rhythm breathing try and adopt a gentle smile. Relax the jaw and let the corners of the mouth turn upwards into a smile that feels comfortable. Research shows that our body posture and facial expressions can have a significant influence on our mental state: we can create a positive feedback loop between our body and mind.

Soothing-rhythm breathing

Place your feet flat on the floor and find a comfortable position
Close or lower your eyes

Allow yourself to have a gentle facial expression

Turn your focus to your breathing

Allow the air to come deeply into your diaphragm

Find a breathing rhythm that feels soothing and calming (usually slightly slower and deeper than normal but whatever suits you)

Allow the in-breath and out-breath to be smooth and even

Use your attention to explore your breathing, in your chest nose and stomach

Feel your body grounded (anchored) and resting on the seat and floor

As you find your mind wandering (e.g. to thoughts or sounds around you), gently bring your attention back to your breathing

Allow things to be as they are

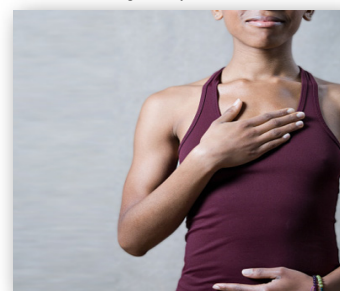
During your soothing-rhythm breathing try the following and be curious about the change in feeling it creates:

-Try 15 seconds with neutral face, then 15 seconds with friendly face, practice moving between both, noting the change in feeling

-Practice saying hello to your self on the outbreath with a neutral voice, then try it again with a warm, friendly voice. Experiment with the voice tone, noting which tone makes you feel most soothed

-Try the soothing-rhythm breathing in a slumped, closed posture, then try opening your body and lifting your head. Does it change the quality of your practice?

In addition to your formal compassion practice, check in with yourself during the day and use mindfulness and soothing-rhythm breathing to stabilize and ground yourself.



'SPOTLIGHT' exercise

Move your attention around your body as if you were sweeping a spot-light across a stage. Use your attention to focus on the different parts of your body in turn. Try the exercise in a spirit of curiosity and non-judgment



Key learning:

- We can direct our attention in a flexible way
- What we focus on expands and grows in our awareness
- Our attention can be distracted, but we can re-focus it in an intentional way

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

Safe 'welcoming' place

Safe place imagery



We can learn to stimulate our soothing system by using imagery to create a **safe place in our mind**.

The place we create can be an ideal version of somewhere real or somewhere purely imaginary, or combination of both.

It is a place that brings a sense of contentment and which is safe from the things that threaten us.



Try and use all your senses to give your safe place detail

Sight- e.g. colors, textures, the play of light

Sound- e.g. birdsong, laughter, a fire burning, music

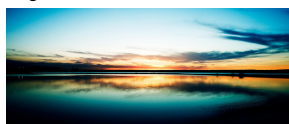
Smell- e.g. the saltiness of the sea, a fire burning

Touch- e.g. the heat of sunshine or the cosiness of bed

Taste- e.g. the warmth of a hot drink, like tea or cocoa

Safe-place imagery exercise

- Find a place where you will not be disturbed
- Lower or close your eyes
- Engage with your soothing-rhythm breathing
- Explore and develop your safe place with your mind. Focus on the details that bring you the most contentment
- Work through your senses
- Imagine that your safe place welcomes you and wants you to be there, offering safeness and rest. Focus on feeling connected.



The act of trying is the most important. The image might be clear and vivid or just fleeting. It might be more of a feeling.

The skills of mindfulness will be helpful as your mind is very likely to wander. If you notice your mind has moved away to other things, gently bring back your attention to the image.

Be curious and creative. Your safe place is personal to you and you can adapt it as your needs change. -When ready, open your eyes and return your attention to your surroundings



Compassion Color

Now, imagine a color that represents compassion for you just imagining your own compassionate color

Colors may change or be varied

Light, mist or fog

Sole intention is to heal and help you

These exercises help create sense of safeness and a safe space, and start the process of becoming open to compassion flowing in

Developing Compassion Images

- **Ideal** caring and compassionate other or image --- define ideal as everything you would want, need
- **Caring** as a genuine desire for one's well-being --motivation and commitment
- **Wisdom** a sentient mind who understands your struggles and the struggles of humanity
- **Empathic stance**, self-transcendent
- **Distress tolerance**, handle your distress and that of humanity
- **Strength** as 'calm authority' fortitude, endurance
- **Warmth** affiliation, genuine care, gentle smile, voice
- **Non-Judgement** as no criticism, only curiosity and the motivation to be encouraging, supportive and helpful

Compassionate method-acting

What's my motivation darling?



Method-actors create in themselves the thoughts and feelings of the characters they are depicting. They use exercises to stimulate particular 'mind-sets'. For example, they might recall a sad memory to get them into the mind of someone who is grieving. They might ask: 'what is the motivation of the person I am trying to create? How might they think or feel? How might they relate to other people? What might they focus on?'

We are using method acting to develop our compassionate images

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 color (e.g. clothes)*

Method Acting for compassionate self

Sensory qualities help form image

Imagining the Compassionate Other

Inner helper, inner guide, access to self-soothing system through relating to *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 a compassionate ideal '*other*' caring for you.

Use specific questions: would they be old or young, male or female, color of their eyes, tall or short -- more than one

Developing Compassionate Other

- **Ideal** caring and compassionate image of another --- define ideal as everything you would want or need from ideal compassionate other
- **Caring** as a genuine desire for your well-being -- motivation and commitment
- **Wisdom** a sentient mind who understands your struggles and the struggles of humanity.
- **Empathic stance**, self-transcendent
- **Distress tolerance**, handle your distress and that of humanity
- **Strength** as 'calm authority' fortitude, endurance
- **Warmth** affiliation, genuine care, gentle smile, voice
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Imagining the Compassionate Self

Inner helper, inner guide, access to self-soothing system through relating to *self* (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))

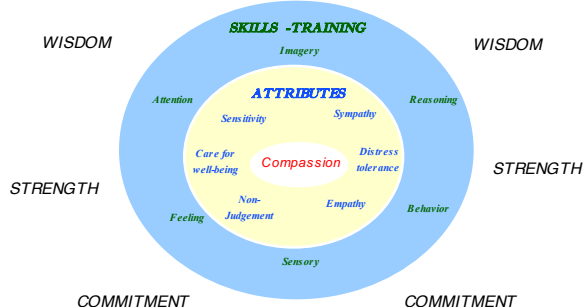
Now for a moment, focus on your breathing and try to feel soothing rhythm. Look down or close your eyes and imagine your image of your compassionate ideal *'self'* caring for you

Useful specific questions: are you old or young, male or female, color of your eyes, tall or short

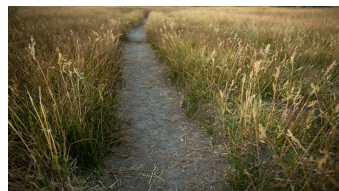
Developing Compassionate Self

- **Ideal** caring and compassionate self image --- define ideal as everything you would want or need from ideal compassionate self
- **Caring** as a genuine desire for one's own well-being – motivation and commitment
- **Wisdom** a sentient mind who understands the struggles of humanity and yourself.
- **Empathic stance**, self-transcendent
- **Distress tolerance**, handle your own distress and that of humanity
- **Strength** as 'calm authority' fortitude, endurance
- **Warmth** affiliation, genuine care, gentle smile, voice
- **Non-Judgement** as no criticism, only curiosity and the motivation to be encouraging, supportive and helpful

Compassionate Mind-Self



The possibly of change: the worn path



Developing a new pathway in the brain takes time. It can be frightening setting off in a new direction, where the path is unclear. The brain will often switch back to known, familiar, shyness and avoidance. However, the more we develop and practice this new pathway the more it becomes clear and automatically taken. The old path, if not repeatedly walked, also becomes 'grown-over'.

SITUATION	THREAT REACTION	COMPASSIONATE RESPONSE	COMPASSIONATE CHOICE
What was happening to you when your threat system triggered and your shyness arises?	What did you find threatening or concerning? What did you fear would happen? What thoughts did you have? How did you feel in your body? What emotions did you experience? What did you try and avoid? What did you focus on? How did you react?	Respond from your compassionate self (include sensitivity, non-judgement, empathy, sympathy, distress tolerance, care for well-being) When your focus to acknowledge your strengths.	Motivated by care for your well-being how would you like to respond now? What do you truly need? How would you like to act from your compassionate self?
		Practice soothing rhythm breathing and compassionate imagery	Practice soothing rhythm breathing and compassionate imagery

Shared from previous participant

'I never thought I'd say this but I can see that all my emotions are valid. It doesn't mean I want my shyness, or I like it, but it makes sense that I experience it. I don't have to like the situation, but I do have to accept what I am feeling to do anything.'

I go through the process of first recognising my fear and shame.

Then I try and put on my compassion hat.

Then I try and choose to act and participate in a way I want, rather than react automatically'

If I was compassionate? My compassionate self

- What thoughts do I have?
- What do I focus on?
- What memories do I recall?
- What do I imagine?
- What is my motivation?
- How do I feel in my body?
- How do I feel towards my self?
- How do I relate to others?
- What qualities do I have?
- How do I stand?
- How do I move?
- What is my facial expression?



Method actors act 'as if' these experiences were true, immersing themselves in the 'mind-set' of the person they want to develop.

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)

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?

Behavior: 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)

Threat Processing

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

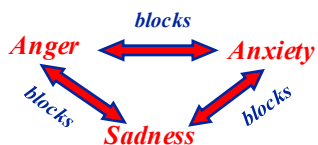
Threat processing (often) cannot be focused on single emotions, e.g. anxiety but combination and conflicts of emotions

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 behaviors 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 social anxiety and fear.

Anger and fear also a common fusion

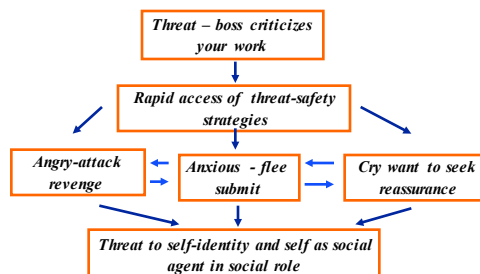
Emotional Schemas (Robert Leahy)

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.

Threat Emotions and Conflicts



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

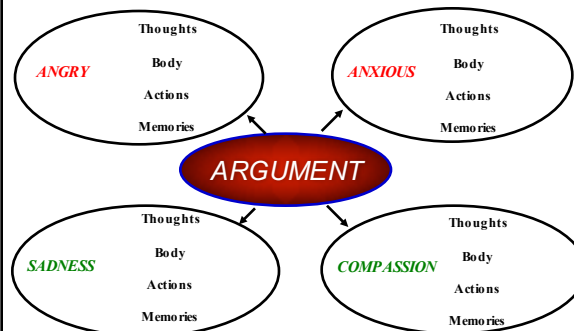
What does your:

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?

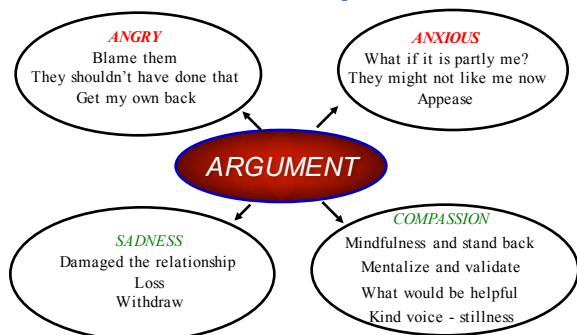
Build the compassion self

Multi-Mind and Multiple Patterns



Link to fears and memories

Multi-Mind and Multiple Patterns



Process of Multi-Self

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

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

Compassionate Social Fitness: Theory and Practice

Compassion for the Threat Systems

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Compassionate Social Fitness: Theory and Practice

Fears 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.

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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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Compassionate Social Fitness: Theory and Practice

What patients say about compassion (Pauley & McPherson, 2010)

"I'm my own worst critic so I can sit and understand things in other people but I wouldn't necessarily accept them in myself"

"When I'm depressed, I just really, really don't like myself, so, there's no way that I'm going to feel compassion for myself"

"I know people that are very kind to themselves and they're good to themselves and look after themselves and I think they're much better off for it. But I don't think I'm really ever going to be able to do that"

"When I feel depressed it's almost impossible to be forgiving towards myself, because when I feel depressed I think that it's my fault"

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Compassionate Social Fitness: Theory and Practice

Fears of compassion questionnaire study

Developed three scales measuring the various fears of having compassion for others, for self and receiving compassion from others.

Students (N=220), therapists (N=53) and depressed patients (N=53) completed the new scales with measures of self-criticism and psychopathology

Gilbert, P., McEwan, K., Gibbons, L., Chotai, S., Duarte, J. & Matos, M. (2011) Fears of compassion and happiness in relation to alexithymia, mindfulness and self-criticism. *Psychology and Psychotherapy*. 84, 239-255

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Compassionate Social Fitness: Theory and Practice

Fear of Compassion Data

	Fear of Positive Feelings
Anxiety	.54**
Dep	.70**

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Addressing Fears

This has implications for therapeutic interventions and the therapeutic relationship because affiliative emotions are major regulators of threat-based emotions.

So, these fears will need to be addressed in therapy to assist patients in self-generating and receiving compassion, but they might be being maintained by non-cognitive processes

Myths about compassion from Mary Welford

Myths about compassion	Applies to me	Does not apply
I don't deserve self compassion		
Self-compassion is about being selfish or self-centred		
My needs are not as important as other people's		
Self-compassion is about letting myself off the hook		
Self-compassion is about self-pity and is weak and fluffy		
Self-compassion is weak or soft		
Compassion lets my guard down and leaves me open to threat		
Allowing myself to experience positive feelings will set me up for a fall		
Self-compassion is about not facing up to difficult emotions		
It will be too hard or overwhelming		

Pros	Cons	Things you can do or say to yourself to help you with the cons

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Stages of acceptance (Chris Germer)

The stages are:

resistance, avoidance, rumination

turning toward discomfort with interest

safely enduring

letting feelings come and go

embracing, seeing hidden value

Other helpful messages

Naming the fear/threat 'story' that your mind is telling:

'Ah yes, this is the 'I'll never stop being shy' story. I've heard you before'

'This is my 'overwhelmed' fear being triggered off. I can expect to feel a bit unsettled for a while, but that's okay'

'I'm just in my 'shame/depressed' mode of mind, so I can predict that I will start calling up sad memories and focusing on all the bad things going wrong- that's just what this mode of mind does, it's predictable'

This is self-criticism and it is just trying to motivate or protect me. But it is upsetting me. I'm really committed to trying another way of dealing with things'

'The aim is to establish a new relationship with our thoughts and feelings rather than directly challenging them or trying to fix them. The new relationship is less avoidant, less entangled, more accepting, more compassionate, and more aware. Leaning into our problems with open eyes and an open heart- with awareness and compassion- is the process by which we get emotional relief'

(Chris Germer)



Compassion as Choice

Compassion is not getting rid of the difficult contents of the mind but engaging with them (e.g., rage) – going into, not away from

Compassion is becoming mindful and then being able to choose

Compassionate first-aid box

From Deborah Lee

It can be helpful to make up a first-aid box to remind your self of what to do to help access the feelings of contentment and soothing associated with your compassionate self.

COMPASSIONATE FIRST-AID BOX

Compassionate smell (e.g. perfume)
Compassionate object (e.g. shell)
Drawing of perfect nurturer/compassionate coach
Something in your favourite color
Copy of completed compassionate exercises
Photos of loved ones smiling
Important letters/notes from others
Compassionate letter to myself
Compassionate accounts of your life



MY PERSONAL PRACTICE PLAN

Things I have found helpful and would hope to practice **daily**:

What will help me keep up this practice?

Things I have found helpful and would hope to practice **weekly**:

What will help me keep up this practice?

Things I have found helpful and would hope to practice **when times are difficult**:

What will help me keep up this practice?

Things I have found helpful and would hope to practice **when things are going well**:

What will help me keep up this practice?

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.



(with permission, Paul Gilbert)

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)

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)



(with permission, Paul Gilbert)

Compassion Focus

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

Refocus/activate safe-conferring processing systems

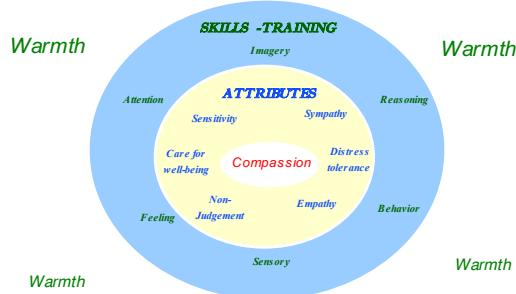
Compassionate attention, thinking, behavior

Generate compassionate feeling (warmth)

Use images and sensory experiences

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

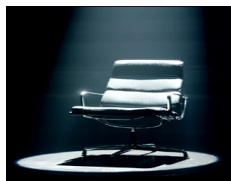
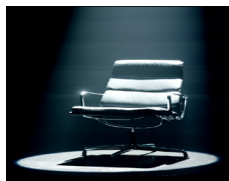
Compassionate Mind - Alleviation



TWO CHAIR EXERCISE

Critical Self to Real Self

Compassionate Self to Critical Self



My compassionate self: My commitment

I am committed to developing my compassionate self because:

When I am my compassionate self...

How do I feel towards myself and others?

How do I think about myself and others?

What might I pay attention to?

What might I imagine or remember?

What might I do?

What skills will be helpful to practice?

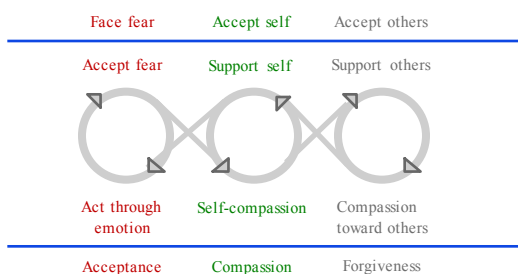
What helps me to become my compassionate self?

What challenges might I encounter?

How will I address, accept or overcome the challenges?

Keep a copy of your commitment with you in your bag or wallet as a reminder

Three Compassionate Cycles



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.

Boesma, 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

Research Findings: Chair Work

Pilot study with nine self-critical clients examined the efficacy of ... the two-chair dialogue task, on self-criticism, self-compassion and the ability to self-reassure in times of stress, as well as on depressive and anxiety symptoms."

Significant increases in self-compassion and self-reassuring, and significant reductions in self-criticism, depressive symptoms and anxiety symptoms.

Effect sizes medium to large, with most clients exhibiting low and non-clinical levels of symptomatology at the end of therapy, and maintaining gains over a 6-month follow-up period.

Results suggest that emotion-focused chair work is a promising intervention addressing self-criticism.

Shahar, B., Cadin, E. R., Engle, D. E., Hegde, J., Szeppenwiz, O., & Adavitz, H. (2011). A pilot investigation of emotion-focused two-chair dialogue intervention for self-criticism. *Clinical Psychology & Psychotherapy*. doi: DOI: 10.1002/cpp.762

Research Findings: Expressive Writing

46 participants wrote about life goals or a control topic for 15 min. 3 times in an hour.

There were no significant changes in self-reported stress or positive affect, but those who wrote about life goals decreased levels of self-criticism at 2-week follow-up compared with participants writing about control topics (book or film review).

The Linguistic Inquiry and Word Count (LIWC) was used to analyze writing about life goals. Participants who used words in subjective tense that implied possibility of doubt (could, would, should) were least likely to decrease self-criticism.

Troop, N.A., Chikot, J., Hutchings, L., & Varnate, G. (2013). Expressive writing, self-criticism, and self-reassurance. *Psychology and Psychotherapy: Theory, Research and Practice*, 86, 374-386

Credits

To Paul Gilbert for slides
To Tobyn Bell for slides
To Russell Kolts for slides and wording
To Deborah Lee for ideas for slides and slides

Some Useful Websites

www.shyness.com (also find these slides at this site)
www.compassionatemind.co.uk
www.compassionatwellbeing.com
www.mindfulcompassion.com
www.self-compassion.org
www.ccare.stanford.edu
www.mindfulselfcompassion.org
www.mindandlife.org

Further reading

John Cacioppo & William Patrick: *Loneliness: Human nature and the need for social connection*

Chris Germer: *The mindful path to self-compassion*

Paul Gilbert: *The compassionate mind*

Paul Gilbert & Choden: *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*



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

Disclosures

I have nothing to disclose

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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