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

Lynne Henderson, Ph.D.
John F. Kennedy University
September 26, 2015: 9:00 am – 5:00 pm

Overview (1)

Social Fitness: Theory and Practice

The Model
Three Vicious Cycles: Infinite Loops

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

Overview (2)

Social Fitness Training
CBT (Heimberg & Becker, 2002; Hope & Heimberg, 2010)

Shyness Clinic Research

Integrating Compassion Focused Therapy
The Threat system, Drive system and Soothing System

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

Perspectives: Integrated

Clinical Research
Practice

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.
Social Fitness Model (1)

Addresses needs for emotional connection and agency
- Implications:
  - 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©

Group role plays
Daily workouts
Practice challenging unhelpful thoughts and beliefs
Social skills training
Behavioral feedback

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

<table>
<thead>
<tr>
<th>Fight/Flight</th>
<th>Shame/self-blame</th>
<th>Anger/other-blame</th>
</tr>
</thead>
<tbody>
<tr>
<td>fear</td>
<td>shame</td>
<td>anger</td>
</tr>
<tr>
<td>negative prediction</td>
<td>self-blame</td>
<td>other-blame</td>
</tr>
</tbody>
</table>

Approach  Avoidance  Resentment

Three Compassionate Cycles

<table>
<thead>
<tr>
<th>Face fear</th>
<th>Accept self</th>
<th>Accept others</th>
</tr>
</thead>
<tbody>
<tr>
<td>accept fear</td>
<td>support self</td>
<td>support others</td>
</tr>
<tr>
<td>act through emotion</td>
<td>self-compassion</td>
<td>compassion toward others</td>
</tr>
</tbody>
</table>

Acceptance  Compassion  Forgiveness
Blaming Others and Empathy: High School Sample

- Perspective-taking is associated with adaptive interpersonal functioning.
- Empathic concern for others is associated with shyness.
- Blaming others is the ONLY significant negative predictor of perspective taking and empathic concern.

Social Fitness Training

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

Daily Workouts
- Self-Monitoring, Self-reinforcement
- Exposures with Cognitive Restructuring (currently behavioral esp. empathy violations, Gruke et al.)
- Changing negative attributions, beliefs about self and others

Social Skills Training - the second 13 weeks: Reaching out (Johnson, 2012)
- Communication Training - Where do I go from here?
- Building intimacy - relationships, bonding, conflict, empathy - feeling
- 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

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

Results

Self-blame

State-shame
Shyness Institute

Results

<table>
<thead>
<tr>
<th>Internal</th>
<th>Global</th>
<th>Stable</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="chart1.png" alt="Bar Chart" /></td>
<td><img src="chart2.png" alt="Bar Chart" /></td>
<td><img src="chart3.png" alt="Bar Chart" /></td>
</tr>
</tbody>
</table>

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

Shame and Anger in Shyness: Student 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

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.

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

- Clinic clients
- Shy students

Significantly Reducing AT’s about Others

<table>
<thead>
<tr>
<th>EOS-Thoughts/Others</th>
<th>N</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>M = 3.7; 3.1 (1-7)</td>
<td>99</td>
<td>5.86</td>
<td>.000</td>
</tr>
</tbody>
</table>

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
Challenging Negative Attributions and Beliefs about Self and Others

Choose the 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.

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

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).
Shyness Institute

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


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".
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**

We are designed for survival, not for happiness

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

**The flow of life**

We just 'find ourselves here'
The human brain is the product of many millions of years of evolution – a process of conserving, modifying and adapting.

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.

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)

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
- Territory, aggression, sex, hunting

Old Brain Psychologies

Emotions
Fear, Anxiety, Anger, Lust, Joy

Social Motives
Closeness, Belonging, Sex, Status, Respect
**New Brain Abilities**

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

**Self Identity**

**Getting ‘Smart’**

---

**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

---

**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)

---

**Need compassion for a very tricky brain**

**Mindful Brain**

- **New Brain:** Imagination, Planning, Ruminaiton, Integration
- **Old Brain:** Emotions, Motives, Relationship Seeking-Creating

---

**The good news and the bad news**

- **Stop It! You're Okay**
- **Breathe**
- **Focus**
- **Hurry up and go away!**
- **Okay, I'm going to continue.**
- **Why?**
- **I hope nobody's looking.**
- **I can't do it!**
- **You're free to leave.**
- **I have to get out of here now!**

---

**Need compassion for a very tricky brain**

**Mindful Brain**

- **New Brain:** Imagination, Planning, Ruminaiton, Integration
- **Old Brain:** Emotions, Motives, Relationship Seeking-Creating

---

© 2015 Lynne Henderson | John F. Kennedy University
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

Types of Affect Regulator Systems

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

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

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 overreact
- It focuses our mind on danger and the worst-case scenario
- It creates powerful and uncomfortable emotions and motivations

T. Bell

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).

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
- Incentive/resource-focused: Wanting, pursuing, achieving, consuming
- Non-wanting/Affiliative-focused: Safety-seeking
- Threat-focused: Protection and safety-seeking
- Soothing: Activating/inhibiting

Anger, anxiety, disgust

‘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)

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 safety 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)

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

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?
Reminder of key messages:

'Stuck in an angry mind - set'

Video clip: http://www.youtube.com/watch?v=T8YFxuKrJBI

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 threats can be very clear or very subtle.

Automatic threat/protection strategies found in nature

- Subdue others: Frighten others as deterrent
- Control others: Isolate
- Turn away: Hide
- Camel: Seek protective others
- Camouflage: Fit in with the group
- Submission: Hyper-vigilance
- ‘Play dead’
- ‘Avoid’
- Comply
- Predict threat early

How do these strategies look in humans? (Tobyn Bell)

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)
DRIVE: "I want that!"

How the drive system organizes our mind

Attention

Thinking and reasoning

Emotional experience

Motivation

Imagery and fantasy

Behavior

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.

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

The greater safeness we feel, the more we can explore

Joseph Campos study

‘The greater safeness we feel, the more we can explore’

(Tobyn Bell)

Reminder of key messages:

‘Safety Leads to Exploration’

Between self and others: 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.

(Tobyn Bell)

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)

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

**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)

---

**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)

---

**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)
**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.

---

### COMPASSIONATE SELF-CORRECTION vs. SHAME-BASED SELF-ATTACKING

<table>
<thead>
<tr>
<th>COMPASSIONATE SELF-CORRECTION</th>
<th>SHAME-BASED SELF-ATTACKING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on the damage to improve</td>
<td>Focus on the damage, blame and punishment</td>
</tr>
<tr>
<td>Focus on growth and enhancement</td>
<td>Focus on punishing patterns</td>
</tr>
<tr>
<td>Intra-personal looking</td>
<td>Is given with encouragement and kindness</td>
</tr>
<tr>
<td>Is given with encouragement and kindness</td>
<td>Intra-personal looking</td>
</tr>
<tr>
<td>Builds on positive (eg. seeing what went well and then considering learning points)</td>
<td>Focuses on deficits and fear of exposure</td>
</tr>
<tr>
<td>Focuses on attribute and specific qualities of self</td>
<td>Focuses on blaming the whole self</td>
</tr>
<tr>
<td>Focuses on hope for success</td>
<td>Focuses on high fear of failure</td>
</tr>
<tr>
<td>Increases chances of engagement</td>
<td>Increases chances of avoiding and withdrawing</td>
</tr>
</tbody>
</table>

---

**Chair exercise: questions**

How did your criticism sound?

How did you send yourself to the chair?

How might the person on the receiving end of the criticism feel?

How you think a person in the chair might respond?

How did your criticism sound?

---

**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 effort

- 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 depression 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.

(Tobyn 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)

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.

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

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.

why can’t I stop worrying?, what’s wrong? My shyness is getting worse, I can’t cope.

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.
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 prosocial 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, prosocial 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

DISTRESS TOLERANCE

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 necessarily 'sad', it simply means to empathically involve oneself in the experiences of others.

Empathy

Empathy is often seen as the ability to recognize and understand the emotions, motives and experiences of others. Not necessarily understand the emotion and education of others, we can bring this understanding and understanding to our own mind and experiences.

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 we respond to them.

© 2015 Lynne Henderson  John F. Kennedy University
Non-judgement
Developing an accepting, non-condemning attitude to our experiences, rather than judging or criticizing.

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.

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

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!

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

Why imagery?

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

VERBAL: Chocolate Cake
or
IMAGINAL: (Tobyn Bed)
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 soothe 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 practicing 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.
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 your 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 yourself 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 safety 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.
Compassionate 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
- Non-Judgement as no criticism, only curiosity and the motivation to be encouraging, supportive and helpful
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

Compassionate Mind-Self

Defining the 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

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’.

```
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.

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.
```
Compassionate Social Fitness: Theory and Practice

**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 myself?
- 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.

© 2015 Lyne Henderson

**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.

Acknowledgement and validation of 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…’)

© 2015 Lyne Henderson

**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 visualize your experiences from a compassionate perspective.

Can you consider a balanced view?

Behavior: What do you need to do to support yourself?

Feelings/somewhere: Can you convey feelings of warmth and connectedness?

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

**Attributes**

Sympathetic: What are you feeling in your moment?

Empathy: Offer yourself understanding.

Non-judgment: Try and avoid criticism. Try and validate your experience.

Care for well-being: Offer yourself encouragement and care.

© 2015 Lyne Henderson

**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

© 2015 Lyne Henderson

**Emotions Fusion**

Emotions that we experience together can 'wir' together – basic conditioning model

A child is hit (fear) then sent to their room (loneliness=mo 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

© 2015 Lyne Henderson
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

Threat – boss criticizes 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

Link to fears and memories

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.
Compassion for the Threat Systems

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.


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

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”

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


Fear of Compassion Data

Fear of Positive Feelings

<table>
<thead>
<tr>
<th>Anxity</th>
<th>.54**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dep</td>
<td>.70**</td>
</tr>
</tbody>
</table>

© 2015 Lynne Henderson  |  John F. Kennedy University  |  157

© 2015 Lynne Henderson  |  John F. Kennedy University  |  158

© 2015 Lynne Henderson  |  John F. Kennedy University  |  159

© 2015 Lynne Henderson  |  John F. Kennedy University  |  160

© 2015 Lynne Henderson  |  John F. Kennedy University  |  161

© 2015 Lynne Henderson  |  John F. Kennedy University  |  162

7/11/16
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

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

### Stages of acceptance

(Chris Germer)

The stages are:

- resistance, avoidance, ruminating
- 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

It can be helpful to make up a first-aid box to remind yourself 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 colour
- Copy of completed compassionate exercises
- Photos of loved ones smiling
- Important letters/notes from others
- Compassionate letter to myself
- Compassionate accounts of your life

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

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

Re-focus/activate self-confirming 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"

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

<table>
<thead>
<tr>
<th>Face fear</th>
<th>Accept self</th>
<th>Accept others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept fear</td>
<td>Support self</td>
<td>Support others</td>
</tr>
<tr>
<td>Act through emotion</td>
<td>Self-compassion</td>
<td>Compassion toward others</td>
</tr>
<tr>
<td>Acceptance</td>
<td>Compassion</td>
<td>Forgiveness</td>
</tr>
</tbody>
</table>

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.


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-restore 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.

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.


Some Useful Websites

- www.shyness.com (also find these slides at this site)
- www.compassionatemind.co.uk
- www.compassionatewellbeing.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

Contact information:
Lynne Henderson, Ph.D.
Director, Shyness Institute
Director, Social Fitness Training, Courageous Leadership LLC
Author:
Building Social Confidence using Compassion Focused Therapy
Helping your shy and socially anxious client: A Social Fitness Training protocol using CBT
 lhenderson@rivcons.com
 clinic@shyness.com
 www.shyness.com
 www.thecourage2lead.com