Compassionate Social Fitness for All

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UUCB Summer Forum
July 10, 2016

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Shyness is Universal

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

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

Overview

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

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 our needs for emotional connection and agency

Implies:
satisfying interpersonal relationships,
adequate emotion regulation,
an adaptive cognitive style

Implies the proactive pursuit of personal and professional goals
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.

Shame and Anger: Killer Emotions

Shame and anger are the killer emotions in shyness

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

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

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

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).

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<th>Non-shy</th>
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Henderson & Horowitz, 1998

Three Vicious Cycles

Fight/Flight    Shame/self-blame      Anger/other-blame

Face fear    Accept self    Accept others

Accept fear    support self    support others

act through emotion    acceptance of self    acceptance of others

Accepting Experience    Accepting Self    Forgiving others

Three Acceptance Cycles
Social Fitness Training

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

Daily Workouts
- Self-Monitoring, Self-reinforcement
Exposures with Cognitive Restructuring (currently behavioral exp. expectancy violations, Craske et al., 2014)
- Changing negative attributions/beliefs about self and others

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

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

Significant Reductions

IIP-Avoidant
IIP-Hotline
IIP-Non-assertive
IIP-Submissive dependent
Depression
Brief Fear of Negative Evaluation
Social Anxiety
Social Avoidance and Distress
Fearfulness

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.

Compassion

Compassion can be defined in many ways:

“A sensitivity to the suffering of self and others with a deep commitment to try to relieve it.”
(Dalai Lama)
Adding Compassion

Paul Gilbert’s Compassion-Focused Therapy (CFT)


Humans Need Soothing

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

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

Evolutionary Philosophy:

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

People do the best they can.

Much of what goes on in our minds is not of ‘our design’ and not our fault.

We are all in the same boat.

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

Old Brain Psychologies

Emotions
Fear, Anxiety, Anger, Lust, Joy

Social Motives
Closeness, Belonging, Sex, Status, Respect

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).

New Brain Abilities

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

Self Identity

Getting ‘Smart’
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 system**
- Incentive/resource-focused
- Wanting, pursuing, achieving, consuming
- Activating

**SMOOTING system**
- Non-wanting/affiliative-focused
- Safeness-kindness
- Soothing
- Soothing and connection (after Paul Gilbert)

**THREAT system**
- Threat-focused
- Protection and safety-seeking
- Activating/inhibiting
- Anger, anxiety, disgust

**Content, safe, connected**

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)

Need compassion for a very tricky brain

Mindful Brain
New Brain: Imagination, Planning, Ruminating, Integration
Old Brain: Emotions, Motives, Relationship Seeking-Creating
Compassion
(Paul Gilbert)

Between self and others: Soothing regulates threat response

Our 120 Million year evolved system to regulate threat
(Paul Gilbert)

Compassionate Mind-Self

Wisdom
Strength
Commitment
Attributes
Compassion
Non-Judgement
Sympathy
Care for wellbeing
Integrity
Resilience
Empathy
Sympathy
Compassionate Social Fitness

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

Three Compassionate Cycles

- Face fear
- Accept self
- Accept others

- Accept fear
- Support self
- Support others

- Act through emotion
- Compassion toward self
- Compassion toward others

Acceptance

Compassion toward self

Compassion toward others

Forgiveness

Key Imagery Tasks

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

Why imagery?

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

VERBAL: Chocolate Cake

or

IMAGINAL:

(Tobyn Bell)

CHAIR EXERCISE

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

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

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

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


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

Chair Exercises

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

Engaging with Compassion

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

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

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

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.

Henderson’s Vision:  
Individulism 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.  

Shyness and Leadership  
Jim Collins (From Good to Great) studied outstanding CEO’s, called “level five leaders”. They successfully guided companies through times of intense change and challenge. Guess what? They were diffident, shy.  
I do not see many behavioral deficits in the Clinic. When clients are accepted for themselves they demonstrate skilled social behavior.  
Shy individuals may be our reluctant, socially responsible leaders of the future.  

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

A Shy Revolution  
Many clinicians see shyness as a disease, a belief encouraged by drug companies. I see a culture in trouble.  
We need to focus on and nurture the strengths of those who are shy, starting in childhood in schools and families. We need to focus on their strengths in therapy.  
We cannot afford to lose their participation in our democracy.  

Vision  
We need progress and growth,  
not through the mindset of the dominant and commanding,  
but rather through the mindset of the shy, through listening, empowering, and collaborating.
Thank you

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

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