Compassionate Social Fitness: Implications for an Extreme Type of Male Shyness and Withdrawal

Lynne Henderson, Ph.D.

American Psychological Association
August 5, 2017

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 (Heimberg, et. al, 1990)
Depathologizing shyness: Social Fitness
Challenging Blame and Shame
Adding Compassion
Addressing Fears of Compassion
Online Gaming and Pornography-Induced Male Shyness

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.

Three Vicious Cycles

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

fear
shame
anger

negatives predictions
self-blame
other-blame

Approach
Avoidance
Resentment

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.

What is Social Fitness?
Three Acceptance Cycles

Accepting Experience
- Accept fear
- Support self
- Support others

Accepting Self
- Accept fear
- Accept emotion
- Support self
- Acceptance of self

Forgiving others
- Accept fear
- Accept emotion
- Acceptance of others

Social Fitness Training

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

Daily Workouts
- Self-Monitoring, Self-reinforcement
- Exposures with Cognitive Restructuring (Heimberg, et al., 1990), currently behavioral experiments, expectancy violations, (Craske et al., 2014)
- Changing negative attributions and beliefs about the self and others (Henderson, 2002; Seligman et al., 1984)

Social Skills Training - the second 13 weeks: Reaching out (Johnson, 2014)
- Communication Training - Where do I go from here?
  - Building intimacy - self-disclosure, self-assertion, handling criticism, conflict
  - Expression of feelings
  - Empathy - listening

Social Skills Training - the second 13 weeks: Reaching out (Johnson, 2014)
- Exposures with Cognitive Restructuring (Heimberg, et al., 1990), currently behavioral experiments, expectancy violations, (Craske et al., 2014)
- Changing negative attributions and beliefs about the self and others (Henderson, 2002; Seligman et al., 1984)

Significant Reductions

IIP-Avoidant
- STAXI Anger In

IIP-Hostile
- STAXI Trait Anger

IIP-Non-assertive
- Trait Shame, Guilt

IIP-Submissive dependent
- Self-blame

Brief Fear of Negative Evaluation
- Depression

Social Anxiety

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.

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.

Three Acceptance Cycles

Accepting Experience
- Face fear
- Accept fear
- Accept self
- Support self
- Accept emotion
- Acceptance of self
- Acceptance of others
- Forgive others

Compassionate Social Fitness

Paul Gilbert’s Compassion-Focused Therapy (CFT)

Types of Affect Regulator Systems

**DRIVE system**
- Incentive/resource-focused
- Wanting, pursuing, achieving, consuming
- Activating
- Dopamine

**SOOTHING system**
- Non-wanting/affiliative-focused
- Safe-ness/kindness
- Soothing
- Cortisol
- Oxytocin

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

System out of balance

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.

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).
Social Context of Online Gaming and Pornography

Online Gamers and Pornography consumers live in an unreal world where emotions and compassion for self and others are dulled and dissociated.

As far as we can tell, these men may not have the sensitivity or the social skills to interact in the real world.

Compassion Focused Therapy and Compassionate Social Fitness may help.

Compassionate Social Fitness

- As a sensitivity to the suffering/distress of self and others with a deep commitment to try to relieve and prevent it
- Courage
- Dedication (Gilbert)

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

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>compassion toward self</td>
<td>compassion toward others</td>
</tr>
<tr>
<td>Acceptance</td>
<td>Compassion</td>
<td>Forgiveness</td>
</tr>
</tbody>
</table>

The Interactive Flow of Compassion

Each has its own facilitators and inhibitors.

Self-Focused

Compassionate Mind/Self

From others

To others

8/9/17
Compassion Focused Therapy

Build compassion-focused motives, competencies and identities as inner organising systems
Working with self-criticism and self-conscious emotions (e.g., shame and guilt)
Work with fears, blocks and resistances to compassion and positive emotion
Particularly important with online addictions

(Gilbert)

We Use Imagery; Why?

Imagery has been shown to be more emotionally powerful than verbal expressions, and it may be particularly for this population who subsists on images

VERBAL: Chocolate Cake
or

IMAGINAL:

(Tobyn Bell)

Key Imagery Tasks

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

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. This can be particularly true of a population that has been living online without that much interaction with friends and family.


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

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
CFT Resources for Addictions

Manuals from the Centre for Compassion Research and Training
College of Health and Social Care Research Centre,
University of Derby, Kedleston Road, Derby, UK.


Other manuals from the center are also available and could be revised for Online Gaming and Pornography Addictions.

Non-CFT based on AA

In the shadows of the net: Breaking free of compulsive online sexual behavior (2nd ed.). Carnes, Patrick C., Delmonico, David L., Griffin, Elizabeth, & with Moriarity, Joseph. (2007). Center City, Minnesota: Hazelden.

Self Help for Gaming Addiction

Gaming Addiction (McCloud, 2013)

Confront the Addict
Help find another activity: Retreats and summer camps, sports
Provide emotional support
Explore alternative treatments, e.g., hypnosis, acupuncture.
Addict makes a list of goals, short term and long term
Limit online gaming time to two hours so the addict can accomplish other goals
Visualize accomplishing goals and visualize life addicted
Use addictive gaming activity as reward
Healthy diet and exercise
Sell, throw away or delete addicting game or machine
Stop Playing on Computer, use play station for 15 to 20 min

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
Paul Gilbert, Mary Welford and colleagues
www.derby.ac.uk
Russell Kolts

Needed:
Research and Clinical protocols

Revise Compassion Focused protocols for alcohol and substance addictions to build protocols for online gaming and pornography addictions

Conduct clinical trials, being sure to include controlled studies

© 2017, Lynne Henderson