ACT with Compassion: ACT for Chronically Self-Critical and Shame-Prone Clients

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Outline

Part 1: Shame and self-criticism
Part 2: An ACT approach to shame
Part 3: Demonstration/practice
Informed Consent

- Some of this will be experiential
- Confidentiality
- It's your choice to participate, some will do their work privately
- You are encouraged to try it on
Part 1
Shame and self-criticism
Let’s look in the mirror

- Shame affects us all.
- What aspects of yourself do you keep hidden? What past events are you afraid to talk about because of what people might think?
- Let’s do a brief exercise
Shame and self-criticism are typically central to the struggles of our most chronic, interpersonally difficult, and stuck clients
In western samples, shame is strongly associated with poor functioning

- **PTSD symptom severity** (Leskela et al., 2002):
  - Shame was positively related; guilt was unrelated

- **Suicide** (Lester, 1998; Hastings, Nortman, & Tangney, 2000):
  - Shame related to greater suicidal ideation, suicidal thoughts, but not attempts; guilt unrelated to suicidality

- **Substance abuse problems** (Dearing, Stuewig, & Tangney, 2005):
  - Shame related to greater; guilt related to fewer

- **Self-injury** (Brown et al., 2009):
  - Shame predicts time to first suicide attempt/self-injury among people diagnosed with BPD

- **Immunological function** (Dickerson et al. 2004):
  - Shame related to poorer immunological correlated (i.e., cytokine activity); guilt unrelated
Shame predicts time to first suicide attempt /self-injury (Brown et al., 2009)

77 women diagnosed with borderline personality disorder, enrolled in a clinical trial.
We aren’t trained to address shame.
2005
First multiple baseline study (Rizvi & Linehan)

2006
First open trial (Gilbert and Proctor)

2007
First ACT open trial (Luoma et al.)

2012
First randomized trial (Luoma et al.)

2012
First handbook on the treatment of shame
Why aren’t we better equipped to respond to shame?
Shame comes with a tendency to hide, so it’s hard to recognize it when it happens.
We don’t talk about shame, so we don’t understand it.
Recognizing & understanding shame
Distinguishing guilt from shame

- In general, theorists argue that people experience guilt when they have a negative evaluation of their behavior or actions, whereas shame involves a negative evaluation of the self (Barrett, 1995; Tangney, Stuewig, & Mashek, 2006).
Focus of attention in shame vs guilt

In shame, the focus of attention is on the “bad” self.

In guilt, the focus of attention is on the “bad” behavior or damage to a relationship.
Figure 2. Prototypical shame expression (reprinted from Tracy, Robins, & Schriber, 2009).
Nonverbal indicators of shame

- Hunched shoulders
- Facial touching
- Blushing
- Gaze and head movements downward
- Decreased levels of expressive behaviors
- Avoidance of contact with others (e.g., eye contact)
Action Tendencies in Shame

- Attempt to repair self-image
- Hide, withdraw, disappear
If repair of self-image does not occur, then we see:

- Obsessive rumination the bad qualities of the self and self-hatred/contempt
- Overfocus on bad self and lack of empathy for others
- Withdrawal and social isolation in order to hide the “bad” self
- Attempts to reduce the painful emotion itself (e.g., numbing, drug use)
What direction should we take in dealing with shame?
Part 2
An Acceptance and Commitment Therapy approach to shame and self-criticism
“Self compassion is the special sauce, the secret ingredient for mindfulness in all traditions, including science-based mindfulness...I don't know the technical explanation. All I can say is, all this stuff [acceptance, defusion, etc.] is easier to do if you are kind to yourself the way you would be to a friend, a child, a pet, etc. (your choice).”

--Randy Burgess, posting on the ACT for the Public Listserv
Applying ACT to shame
For self-critical clients, much behavior is organized around avoiding shame/fear

- Shame is intricately blended with fear
- Shame is extremely painful (and therefore understandable that people want to avoid/escape it)
- Often these folks have many early life experiences of being devalued, uncared for, falling short of standards, or being humiliated and dominated – leaving a tendency toward shame
Two major functions for self-criticism:

1) Self-correction – attempts to protect the person from problematic consequences (including shame)

2) Self-punishment – attempts to punish or destroy the “bad self” as we might expel or eliminate a disgusting or worthless object

“What we feed grows”
Pick a client who is highly self-critical and answer the following questions:

- What kinds of behavior do this person engage in to avoid shame in session?
- How can you tell they are experiencing shame?
- What do they feel shame around? (do you know?)
- What do you think the function of their self-criticism is?
- How does being organized around shame get in the way of their lives?
Present Moment

Build awareness of self-criticism/self-attack and it’s effects

Clients often do not even notice their self-evaluations, nor do they track the effects of this way of relating to themselves.
Some aspects of self as-content that are rejected, denied, hated, and judged. Vulnerable emotions are shameful and avoided.
Defusion

Develop distance, distinction from self-attacking thoughts

Clients typically see critical view of self as normal, earned, or needed for motivation.
Self as context/
flexible perspective
taking

Develop connection a
transcendent sense of self
and flexibly take perspective
on our stories

Shame/self-criticism is
fundamentally about fusion
with stories we tell about self
and other
Values

Help person articulate and take a stand for their values, particularly self-oriented values.

Most people value empathy and connection, but fusion with self-concept impedes applying that to themselves.

Simply discussing the possibility of self-kindness & self-compassion can be eye-opening for many clients.
Committed action

Help client take steps to act on values while practicing kindness and compassion

Self-attacks often function to coerce the self to act in line with self-standards and values (e.g., “push through it”).

Self-criticism makes it harder to take risks & learn, which inevitably involves failure and mistakes.
These six processes can be organized into 3 core strategies:

1. Stop feeding shame through defusing from self-critical thinking that serves to maintain avoidance and sustain shame
2. Reduce dominance of shame in organizing behavior through exposure to shame in learning context
3. Increase repertoires of self-related values (e.g., kindness and compassion)
1. Stop feeding shame through defusing from self-critical thinking

Build awareness of self-criticism/self-attack (contact with the present moment and perspective taking)

Develop distance, distinction from self-attacking thoughts, observing self-critical thoughts as thoughts (defusion and perspective taking)
Anxiety is to fear as self-criticism is to shame
Use flexible perspective taking exercises to help clients compassionately enter shame-inducing situations while adding elements that allow learning (i.e., psychological flexibility) to occur.
3. Increase repertoires involving prosocial values (e.g., kindness and compassion)

Develop and activate caretaking response on part of client

- Discuss and explore chosen values toward self
- Practice compassion-focused and loving-kindness meditations
- Writing compassionate letters to self
- Developing plans for how to respond to self-criticism and shame when taking committed action
Measures to consider

I always give:
- Forms of Self-Criticism and Reassuring Scale (FSCRS) – last week version
- Internalized Shame Scale (ISS) – last week version
- Self-Compassion Scale (SCS-short form)

Other useful measures:
- Functions of Self-Criticism/Attacking Scale
- Early Memories of Warmth Scale
- Rizvi’s (2010) Shame Inventory
- Compass of Shame Scale

Other measures here:

http://www.compassionatemind.co.uk/resources/scales.htm
Modifying compassion-focused interventions for high self-critics

Compassion and warmth-focused imagery and exercises will typically evoke fear, not affiliative emotions.

Deeper connection with the therapist is not soothing, but fearful and often avoided.
Part 3
Demonstration/practice
Building awareness and eliciting shame through chair work
Chair work

1. Identify the conflict you are starting with (criticizing part vs experiencing/feeling part)
2. Enact harsh self-attack in the session so you can work with shame directly
3. Draw out and explore felt reaction to attack
4. Should be a dialogue between chairs, not a conversation with the therapist
5. Follow and reflect the client’s experience closely, not your ideas of what should happen
Critic chair

Starts here

Frustration
Coach-critic

Move to here

Harsh, specific contempt/disgust

Experiencer chair

Agreement
Helplessness
hopelessness

Shame/fear
Chair work guidelines

Once you have elicited the shame, that’s where most of the work focuses...all the ACT processes could apply in relation to that perspective.
Processes to use during exposure to shame cues

Build awareness of the attack: Observing and detaching from self-attack (defusion, self as context)

Build ability to stay in contact with and elaborate the silenced/shamed/small/hurting self (acceptance, present moment, values)

Take perspective – add in a third perspective of an observer, or help the critic to build empathy/understanding (self as context)
Role Play
A thing worth doing....

is worth doing poorly at first.
Exercise in pairs:

1. what will you take away from this workshop?

2. Committed action related to this workshop: make one commitment
Options for Further learning
More on therapy to help shame and self-criticism
Self-help focused on self-compassion

The Compassionate Mind Guide to Overcoming Anxiety
by Dennis D. Tirch, PhD
Foreword by Paul Gilbert, PhD

Self-Compassion
by Kristin Neff, PhD

“Stop beating yourself up and leave insecurity behind.” —Gloria Steinem

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More about how to do chair work
Meditation on Love by Steve Hayes

I will hold myself gently.
I will hold myself in love.
Not love as something I earn.
Not love as a judgment, nor a conclusion.
Not a plan, a decision, or a hope.
Not love as a manipulation.
Nor wish.
Rather love as a choice.
As an assumption, a gift.
Love as an action, a foundation, an essence.
As an experienced reality.
I am here now.
And lovingly,
I care.