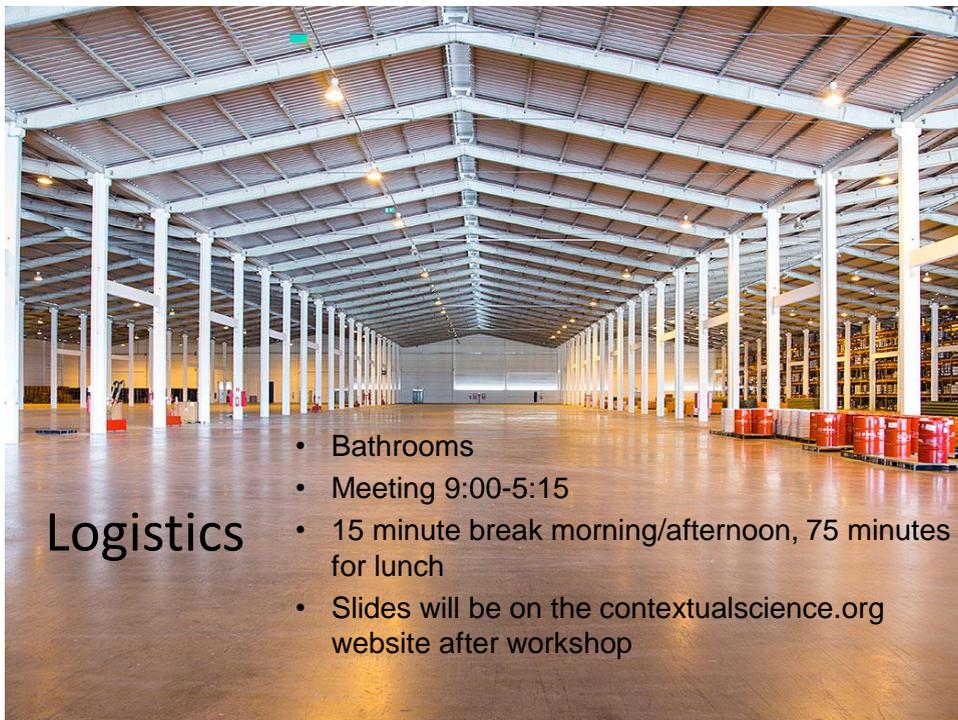


# An Introduction to using Acceptance and Commitment Therapy with highly self-critical and shame prone clients

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PSYCHOTHERAPY  
clinic | research | training

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## Logistics

- Bathrooms
- Meeting 9:00-5:15
- 15 minute break morning/afternoon, 75 minutes for lunch
- Slides will be on the [contextualscience.org](http://contextualscience.org) website after workshop

# Outline

## Day 1 – theory and experiential

Part 1: Shame and self-criticism

Part 2: Overview of ACT approach to shame

Part 3: Compassion and affiliative behavior

## Day 2 – application to clients

Part 4: Case conceptualization/sequencing

Part 5: ACT model of self & perspective taking work

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## Why structure the workshop this way?

"Therapy is a discussion between two people, one of whom is more anxious than the other, and it's not always clear who that is."

---Harry Stack Sullivan



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## Why structure the workshop this way?

- Because ACT assumes that humans playing the role of *therapist* are not fundamentally different than humans playing the role of *client*
- We get stuck in many of the same traps that our clients do (since we're also human)
- Thus, to maximize our ability to help, we need to understand these traps experientially, not just through book learning
- Compassion for others is intimately tied to compassion for yourself

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## Informed Consent

- ▣ Some of this will be experiential
- ▣ Confidentiality
- ▣ Its your choice to participate, some will do their work privately
- ▣ You are encouraged to try it on

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## Part 1: Overview of shame and self-criticism

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## 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

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**Shame and self-criticism are typically central to the struggles of our most chronic, interpersonally difficult, and stuck clients**

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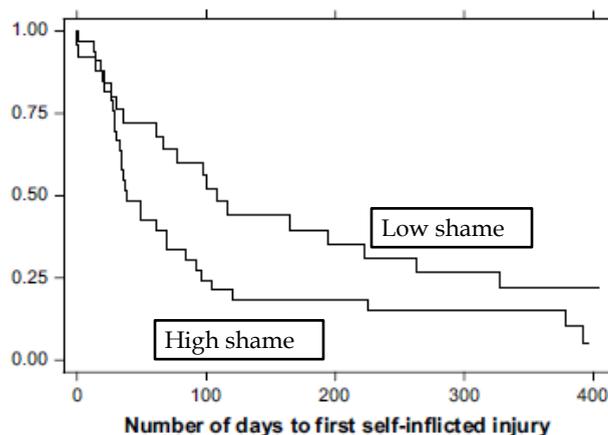
## In western samples, shame is strongly associated with poor functioning

- ▣ 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
- ▣ Immunological function (Dickerson et al. 2004):
  - Shame related to poorer immunological correlated (i.e., cytokine activity); guilt unrelated

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## 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



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## Shame predicts relapse to alcohol (Randles & Tracy, 2013)

### Sample

- 46 newly recovering individuals attending alcoholics anonymous

### Method

- Assessed at baseline and 4 month follow up
- Videorecorded while responding to the question: "Describe the last time you drank and felt badly about it."
- Coded nonverbal shame behaviors (chest narrowed, shoulders slumped) in first 10 seconds of videorecorded response

### Results

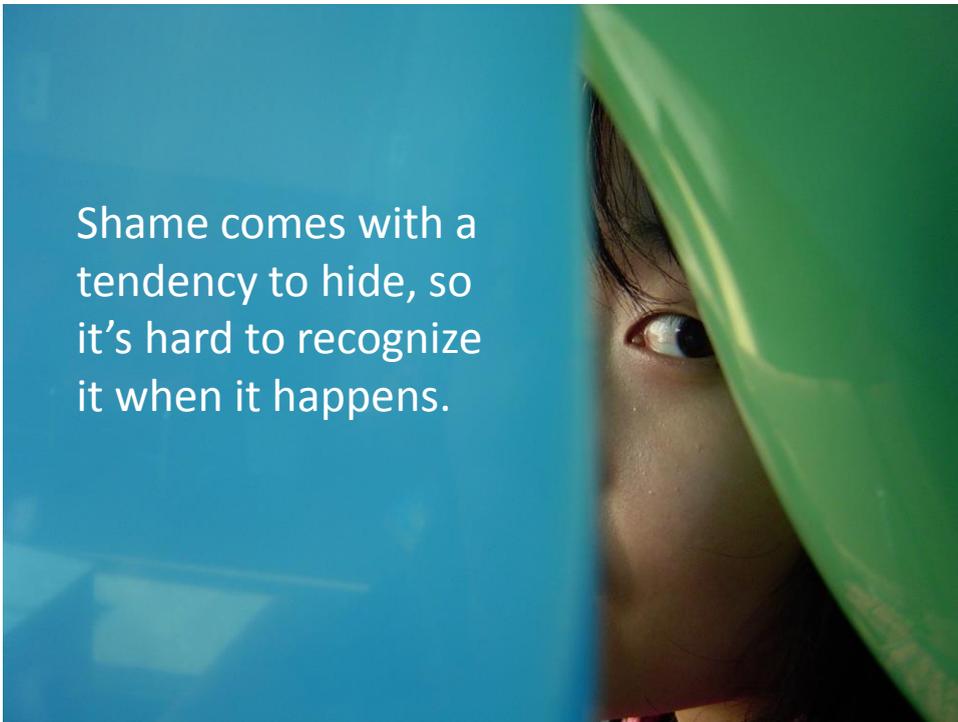
- Controlling for a variety of baseline variables, only nonverbal shame predicted relapse, severity of relapse, and declines in health over the next 4 months

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**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.





## 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

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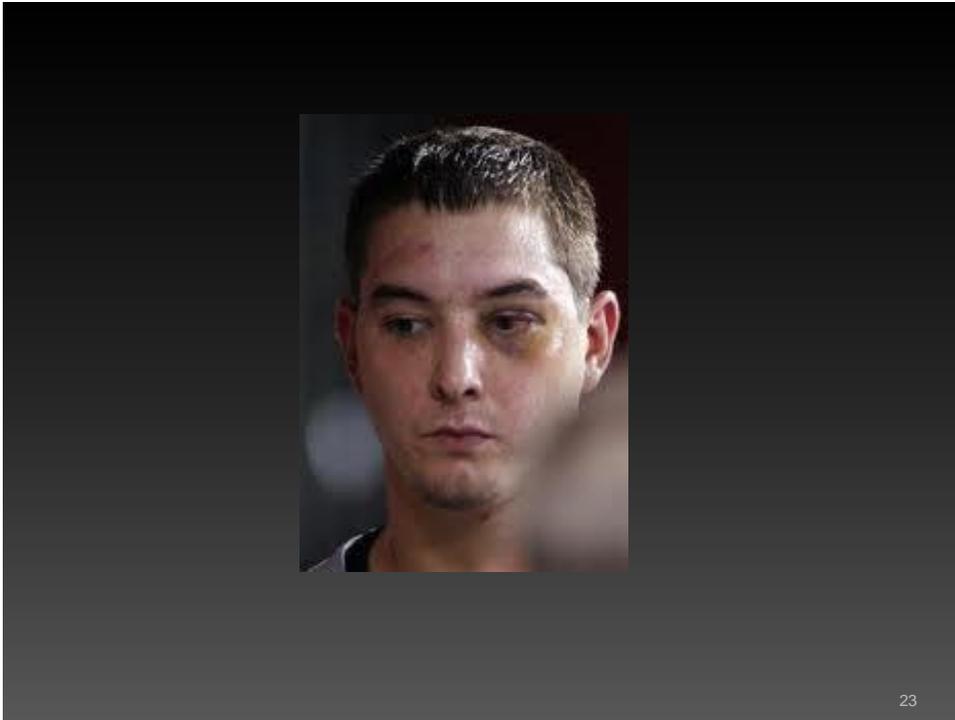


Figure 2. *Prototypical shame expression* (reprinted from Tracy, Robins, & Schriber, 2009).

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## Nonverbal indicators of shame

- Hunched shoulders/collapsed chest
- Facial touching
- Blushing (for some)
- Gaze and head movements downward
- Decreased social behavior (inhibition, confusion)
- Avoidance of contact with others (e.g., eye contact)

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## Action Tendencies in Shame

- ▣ Attempt to repair self-image
- ▣ Hide, withdraw, disappear

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## Shame is an emotion that has functions, like any other emotion

- ▣ A functional, evolutionary account holds that all emotions evolved to have functions that promote the survival and success of the species
- ▣ Its function depends upon the level of analysis AND the context in which it occurs

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## The societal level

At a societal level, shame serves to:

- ▣ Promote harmony and social order
- ▣ Facilitate repair when a person damages their reputation/rank
- ▣ Reinforce hierarchy, privilege, and power structures
- ▣ Suppress behavior that deviates from social norms and moral guidelines

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**We're mostly therapists, so let's focus on  
the individual level**

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### **Let's start with potential adaptive functions**

- ▣ Shame may sometimes motivate people to repair a positive view of self in their own or other's eyes (de Hooge et al., 2009)
- ▣ Shame serves as punishment following violation of personal values
- ▣ The expression of shame tends to evoke sympathy, cooperation, and prosocial responding in others (Beer & Keltner, 2004) and serves to repair strained social roles

An instrument of discipline, so fashioned as to confine the human head in it's tight grasp, and thus hold it up to public gaze....There can be no outrage, methinks...more flagrant than to forbid the culprit to hide his face in shame."

-*The Scarlet Letter*  
by Nathaniel Hawthorne



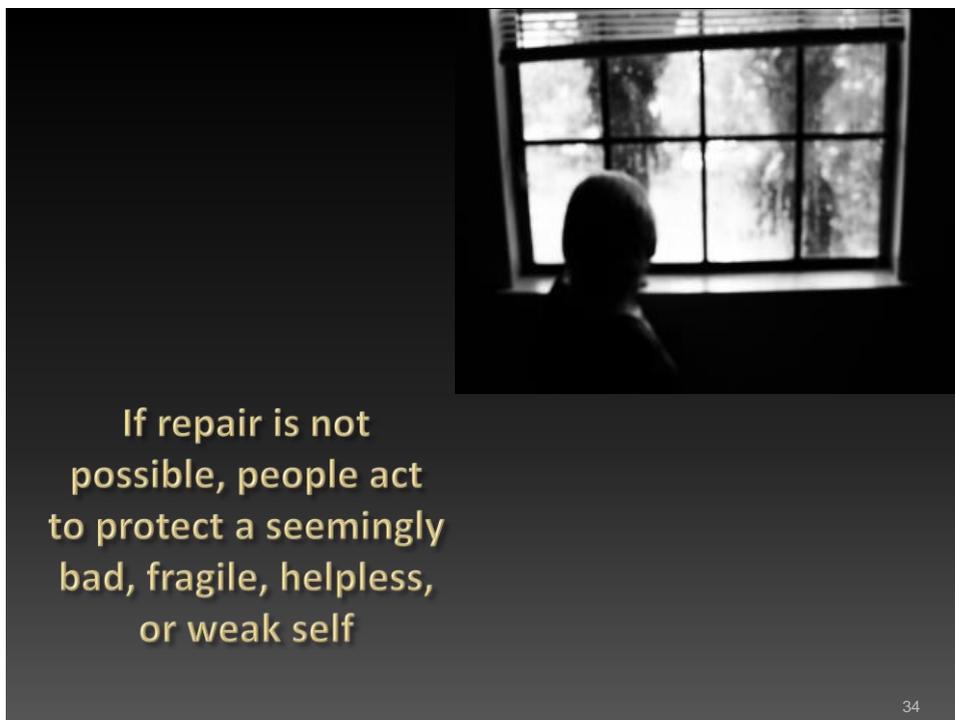
## Repair only happens when:

- ▣ the person can identify a way to repair a their self image in the eyes of others and self (Frijda, Kuipers, & Ter Schure, 1989)
- ▣ when this action is not perceived as overly difficult (de Hooge et al. 2008)

**This may be part of the reason why shame may  
is somewhat less problematic in more  
interdependent cultures**

<b>Interdependence-focused culture</b>	<b>Independence-focused culture</b>
Self-criticism is a virtue	Self-criticism is viewed negatively
Emphasis on repair through harmony and relationships	Emphasis on self-esteem through achievement and competition

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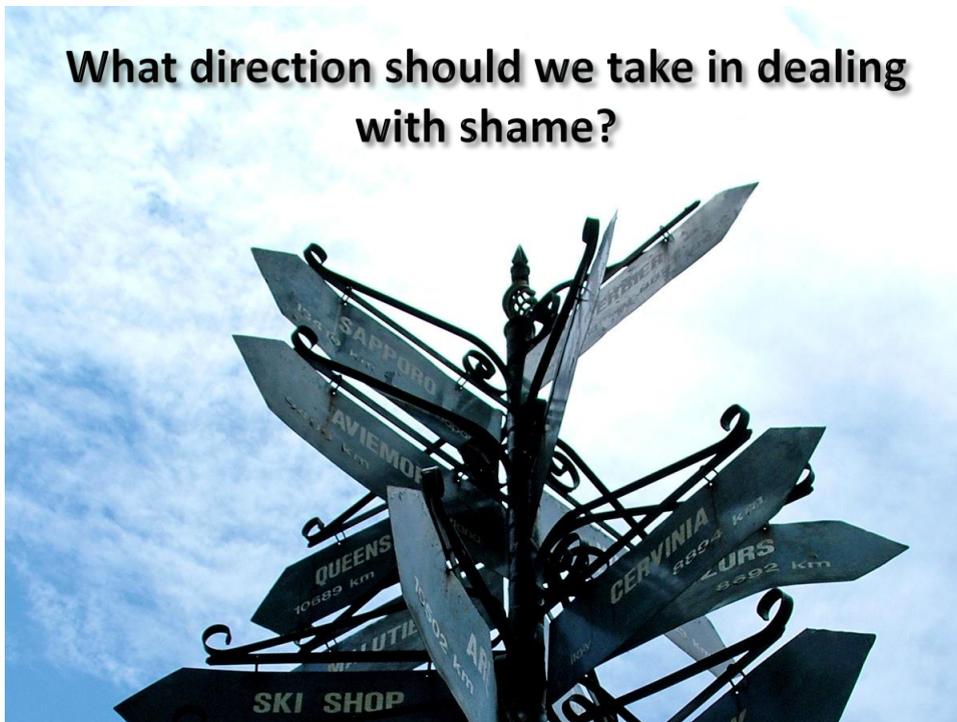
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## If repair of self-image does not occur, then we see:

- ▣ 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
- ▣ Shifting the blame to others (thus shame is associated with anger/narcissism)

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**What direction should we take in dealing  
with shame?**



This is not about raising self-esteem – the pursuit of high self-esteem died in 2003



PSYCHOLOGICAL SCIENCE IN THE PUBLIC INTEREST

**DOES HIGH SELF-ESTEEM CAUSE BETTER PERFORMANCE, INTERPERSONAL SUCCESS, HAPPINESS, OR HEALTHIER LIFESTYLES?**

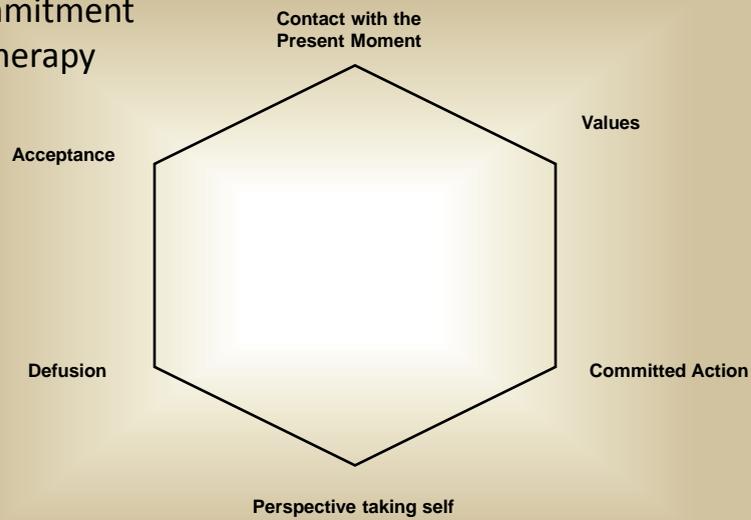
Roy F. Baumeister,<sup>1</sup> Jennifer D. Campbell,<sup>2</sup> Joachim I. Krueger,<sup>3</sup> and Kathleen D. Vohs<sup>4</sup>  
<sup>1</sup>Florida State University; <sup>2</sup>University of British Columbia, Vancouver, British Columbia, Canada; <sup>3</sup>Brown University; and <sup>4</sup>University of Utah

- “Efforts to boost the self-esteem of pupils have not been shown to improve academic performance”
- “Occupational success may boost self-esteem, rather than the reverse”
- “Those with high self-esteem show in-group favoritism, which may increase prejudice and discrimination”
- “Neither high nor low self-esteem is a cause of violence”
- “We have not found evidence that boosting self-esteem causes benefits”
- “Our findings do not support continued widespread efforts to boost self-esteem in the hope that it will by itself improve outcomes.”

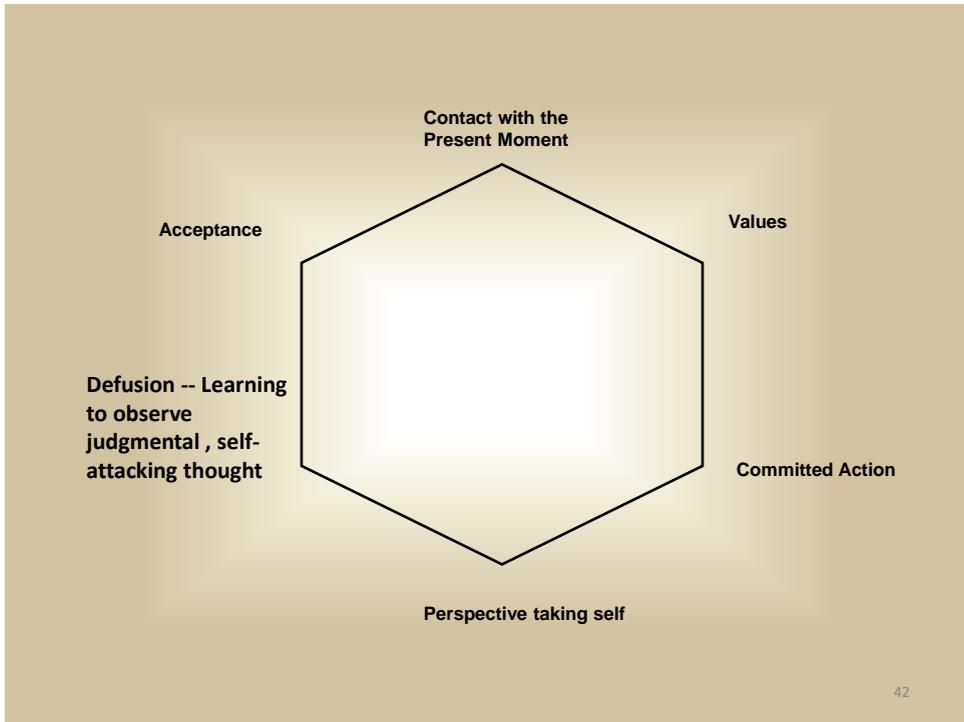
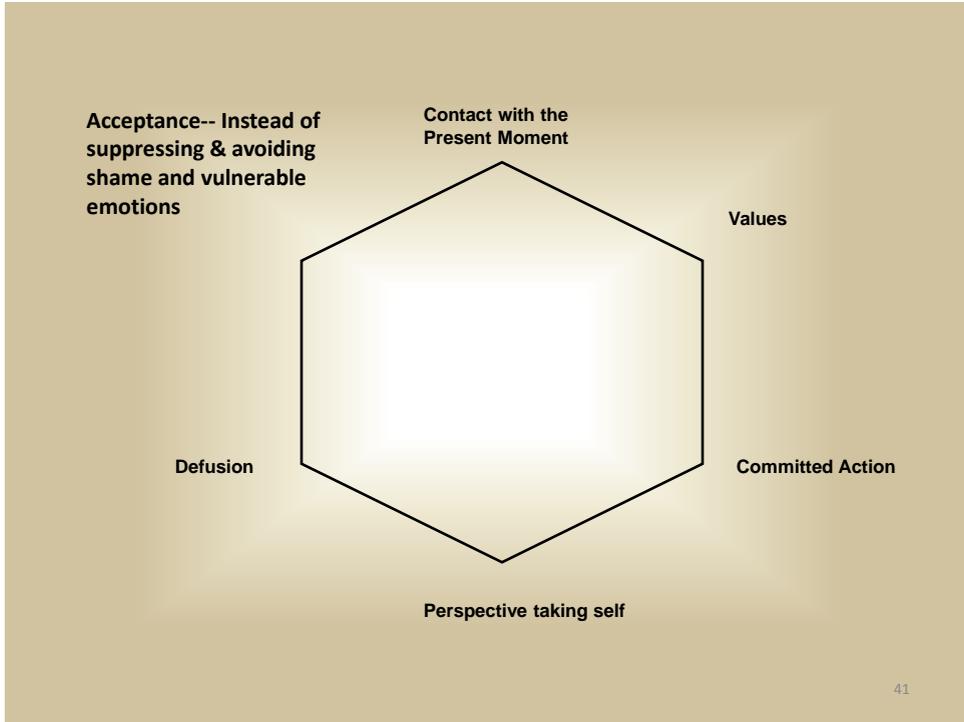
## Part 2: Applying ACT to shame and self-criticism

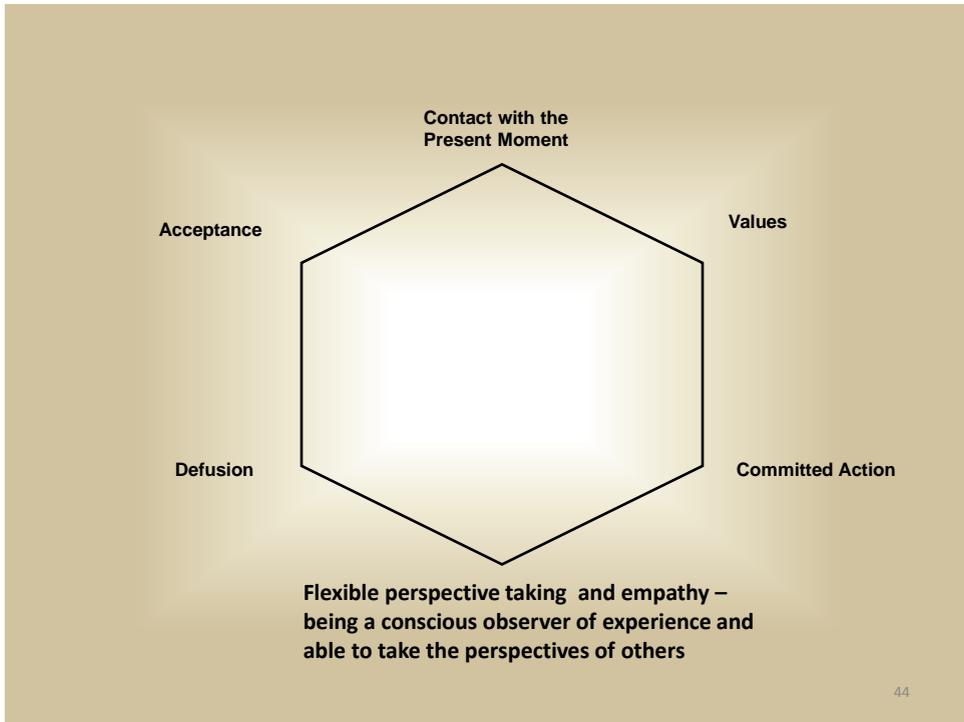
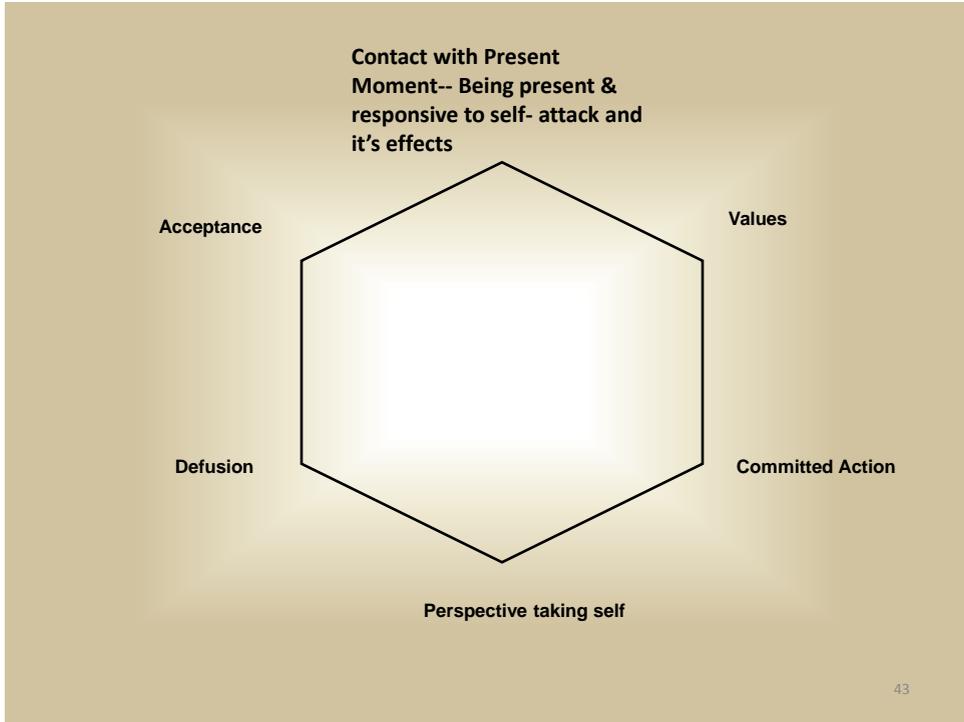
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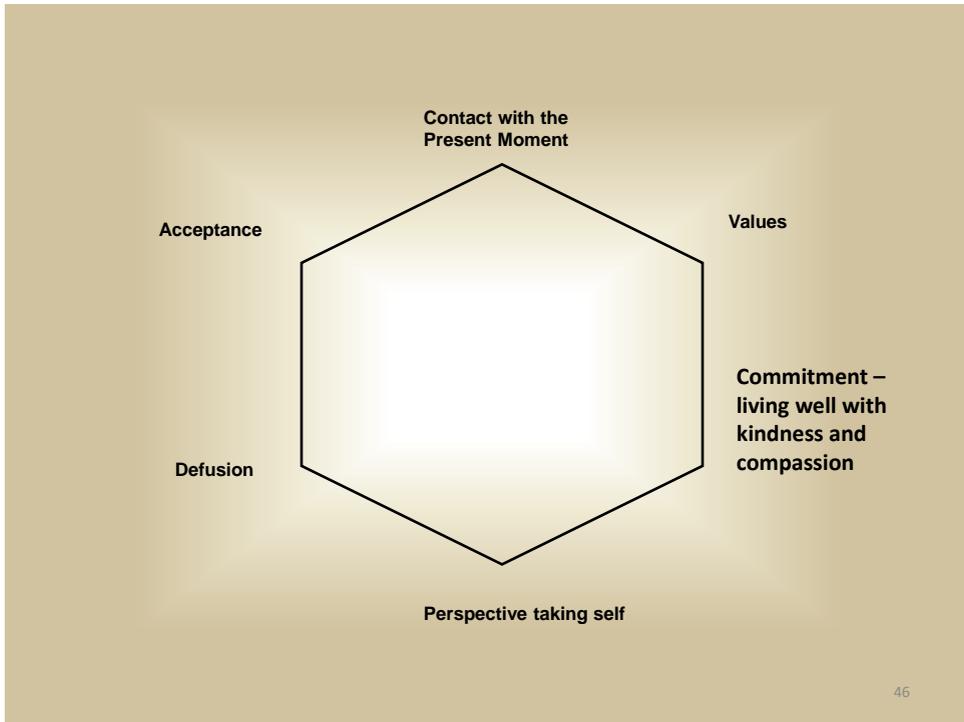
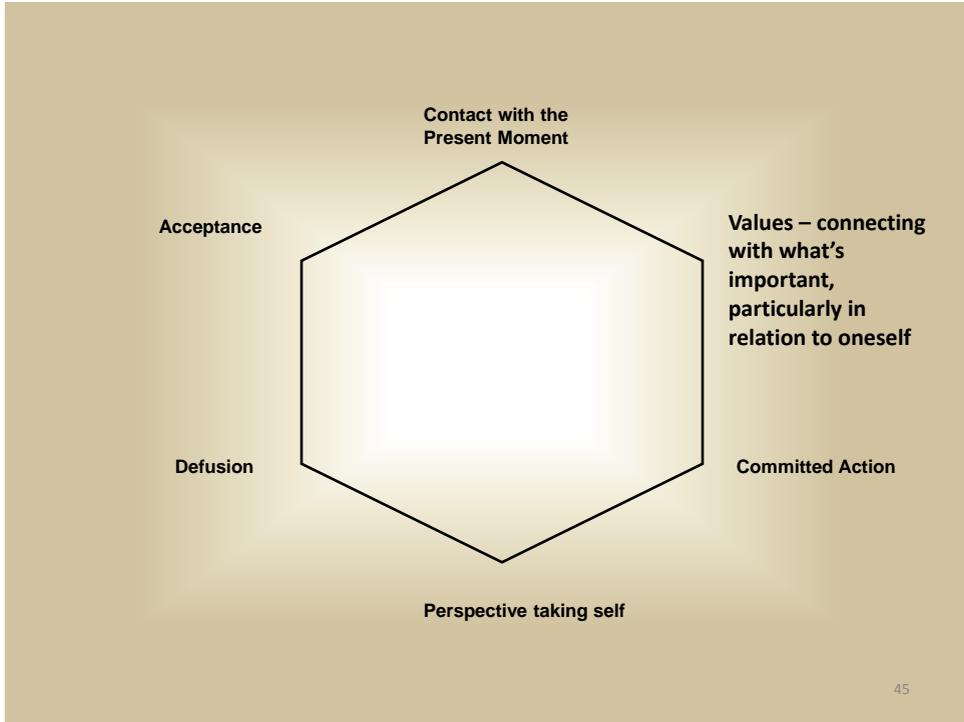
### Acceptance and Commitment Therapy

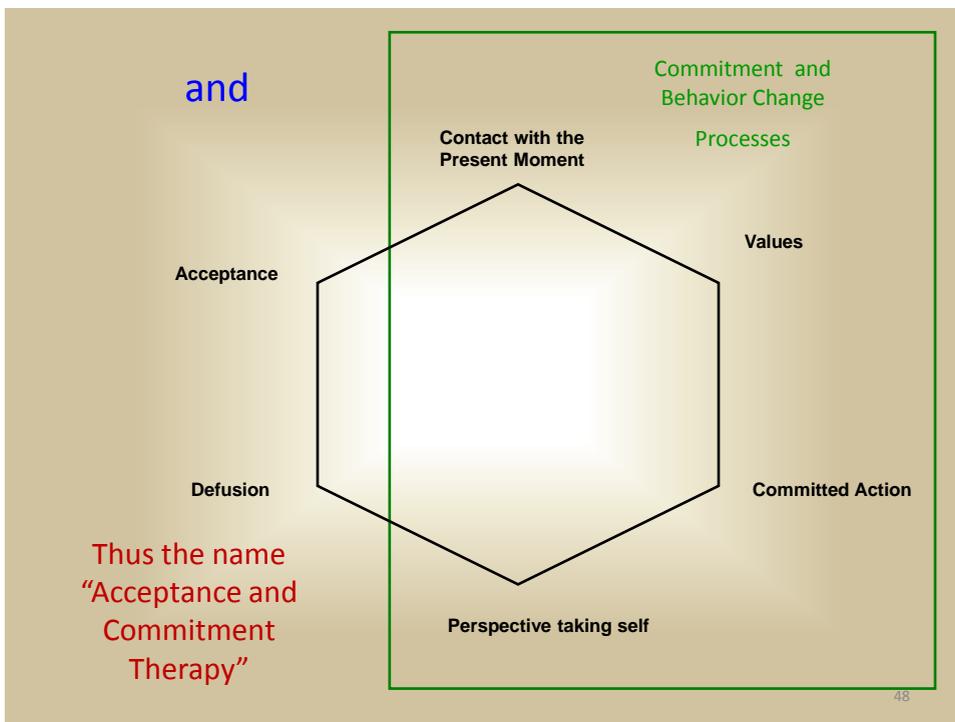
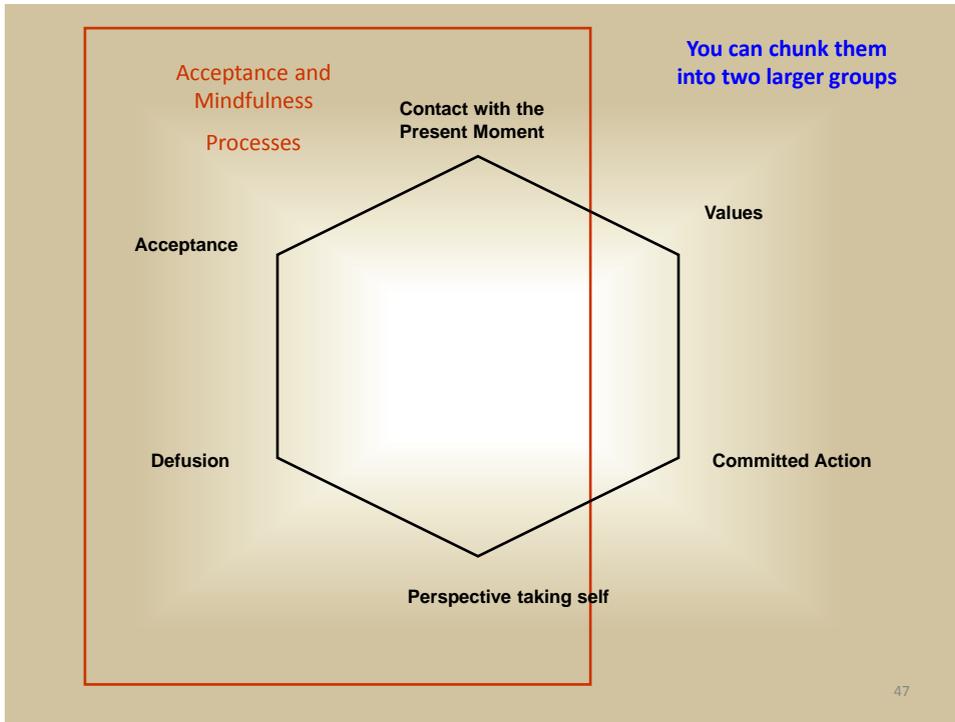


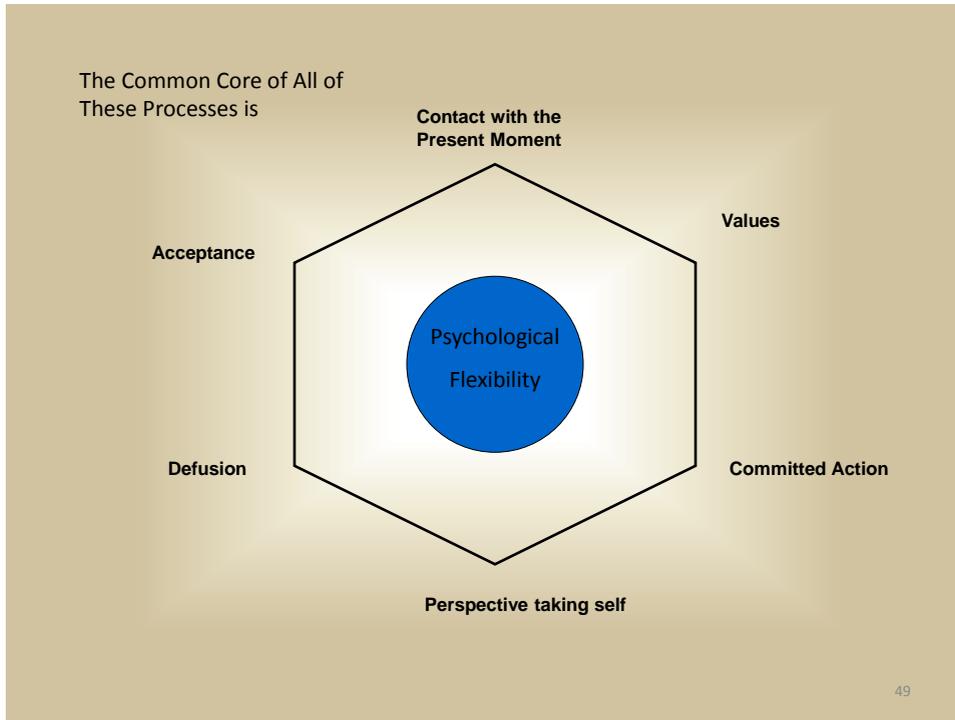
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## Psychological Flexibility

Two parts:

- 1) the ability to be psychologically present
- 2) the ability to control your behavior to serve valued ends



## Targeting shame in people entering residential addictions treatment

### Typically, people entering residential treatment:

- ▣ Are isolated and marginalized, with few connections to family, friends, or coworkers
- ▣ Are viewed as untrustworthy and unreliable by employers and families

### Thus, early recovery often includes:

1. The establishment of non-drug using social networks
2. The repair of damage to existing social networks

## Effects of avoiding or suppressing shame

- ▣ People can continue to violate important social norms or personal values (e.g., through continued drug use) without feeling the shame that might ordinarily accompany those actions
- ▣ Appropriate expression of shame could be part of repairing disrupted relationships, increasing social inclusion, and building social support. This is lost.

## Our Target

- ▣ Help people learn to experience shame in a more open and mindful fashion, so that shame can perform its regulatory function of warning against or punishing violations of personal values or social norms and of *helping to repair strained social roles*

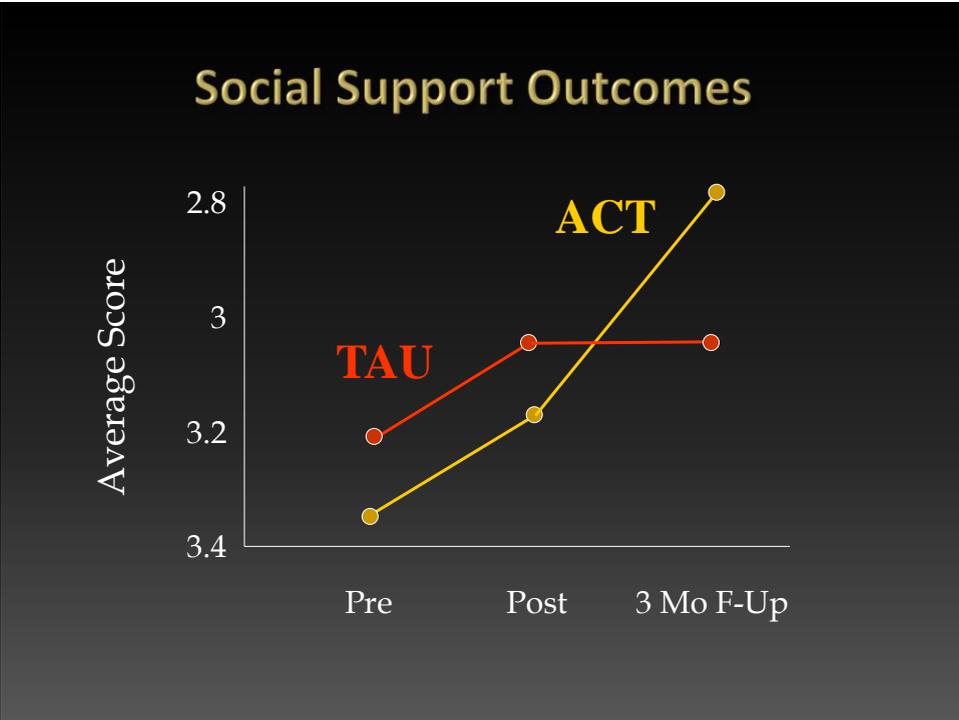
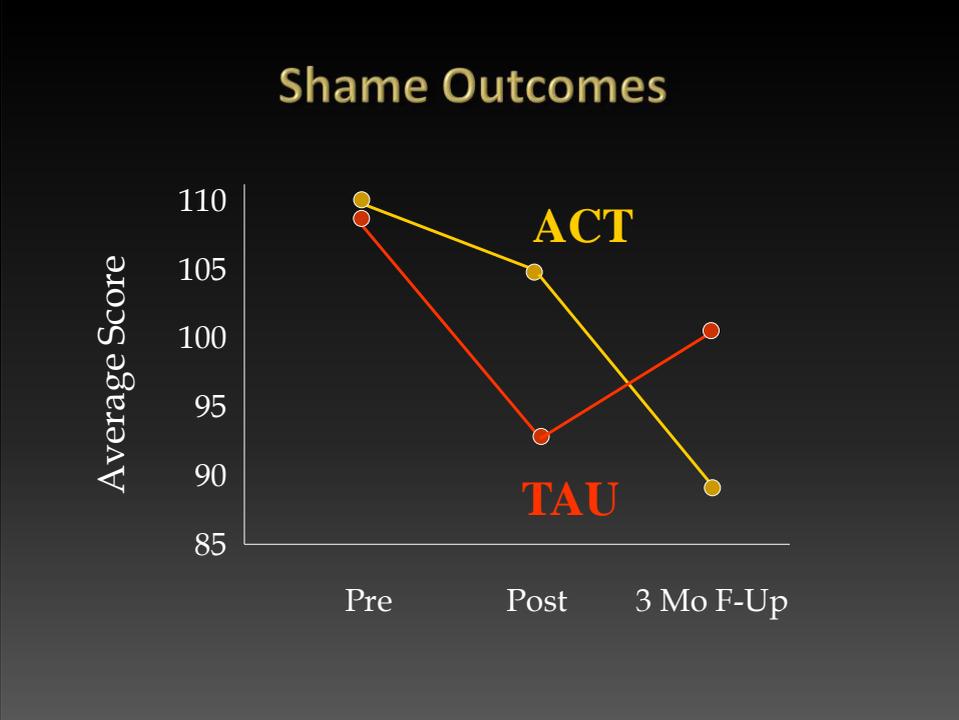
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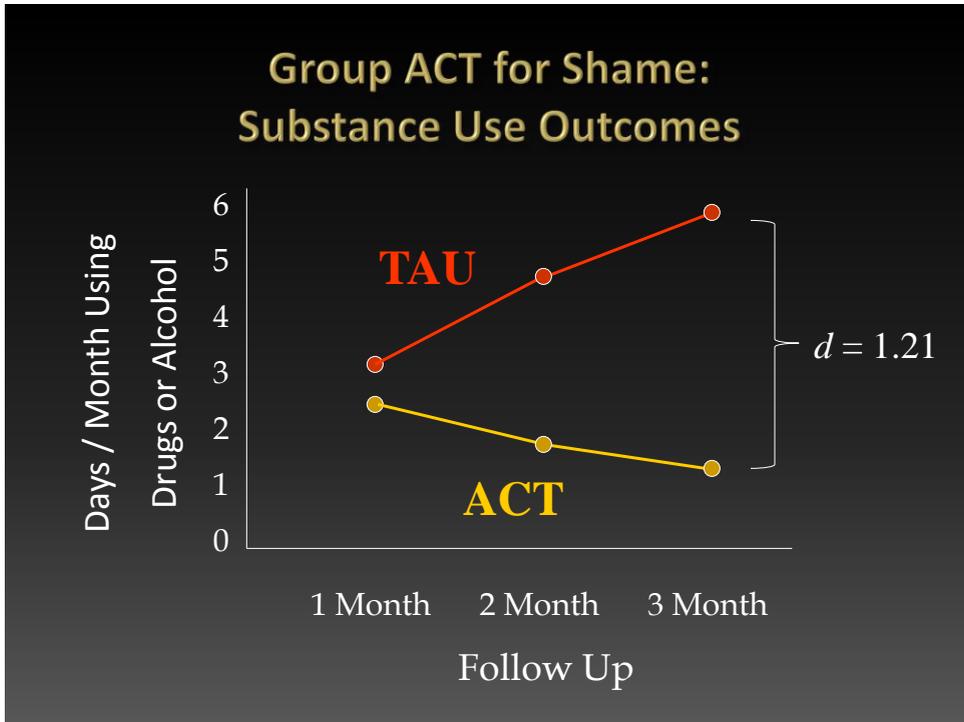
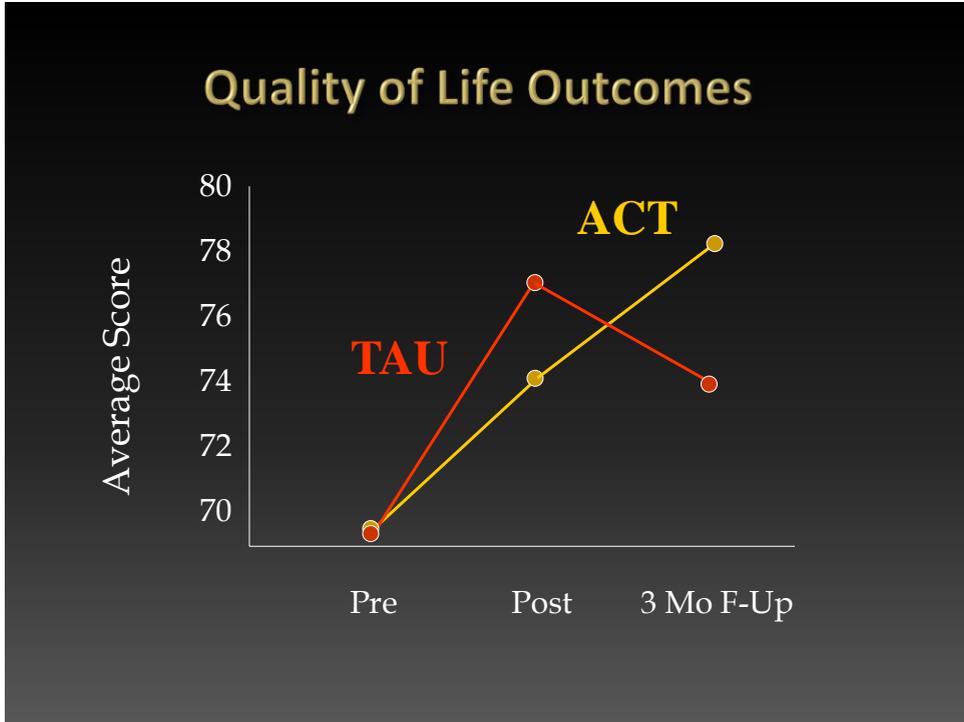
## Group ACT for Self-Stigma and Shame

- ▣ 134 participants in a 28 day inpatient drug program
- ▣ Randomly assigned in waves to receive treatment as usual or that plus a 6-hour ACT group, over one week, focused particularly on self-stigma and shame
- ▣ Thus the total difference in the program is small – about 3-5% of the treatment hours
- ▣ 71% available in whole or in part at follow up

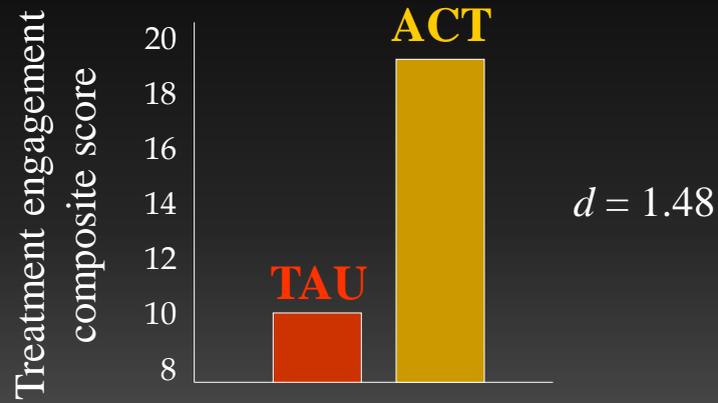
*Reference: Luoma, J. B., & Kohlenberg, B.S., Hayes, S. C., & Fletcher, L. (2012). Slow and steady wins the race: A randomized clinical trial of acceptance and commitment therapy targeting shame in substance use disorders. Journal of Consulting and Clinical Psychology, 80, 43-53.*

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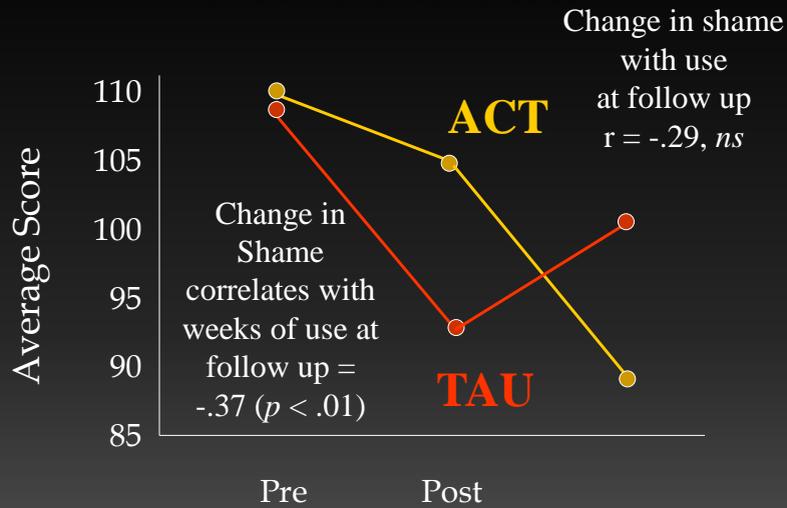




### Group ACT for Shame: Treatment Engagement Outcomes at Follow up



### Shame Outcomes



## ACT for Shame

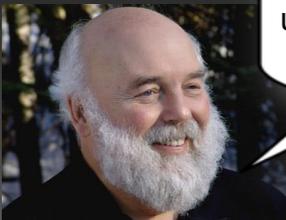
- ▣ An open, self-compassionate, values based approach.
- ▣ This *may not be the quick way* to reducing the impact of shame, but it is likely *a healthier way* to make progress on shame.

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## An acceptance, compassion based approach to shame suggests

It is not necessarily the amount of an emotion that's important, but our relationship to it that counts

Sometimes the compassionate thing to do is to take people into their shame and self-judgment, but to do it in a compassionate, accepting, and mindful context



"You can't leave someplace until you've arrived."

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**Part 2:  
Applying ACT to shame  
and self-criticism**

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**Part 3:  
Compassion  
and affiliative  
behavior**

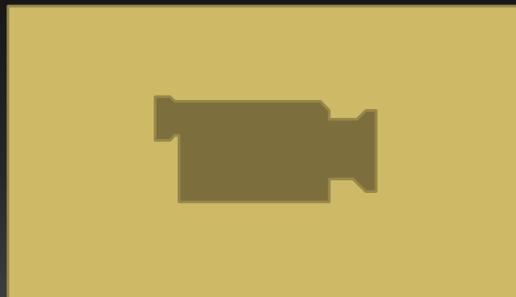


## What is compassion?

A feeling that arises in witnessing another's suffering that motivates a subsequent desire to help (Goetz, Keltner, Simon-Thomas, 2010)

An important part of evolved repertoires around caregiving and cooperation, along with other affiliative emotions such as warmth, interest, sympathetic joy, and pride (at least some forms)

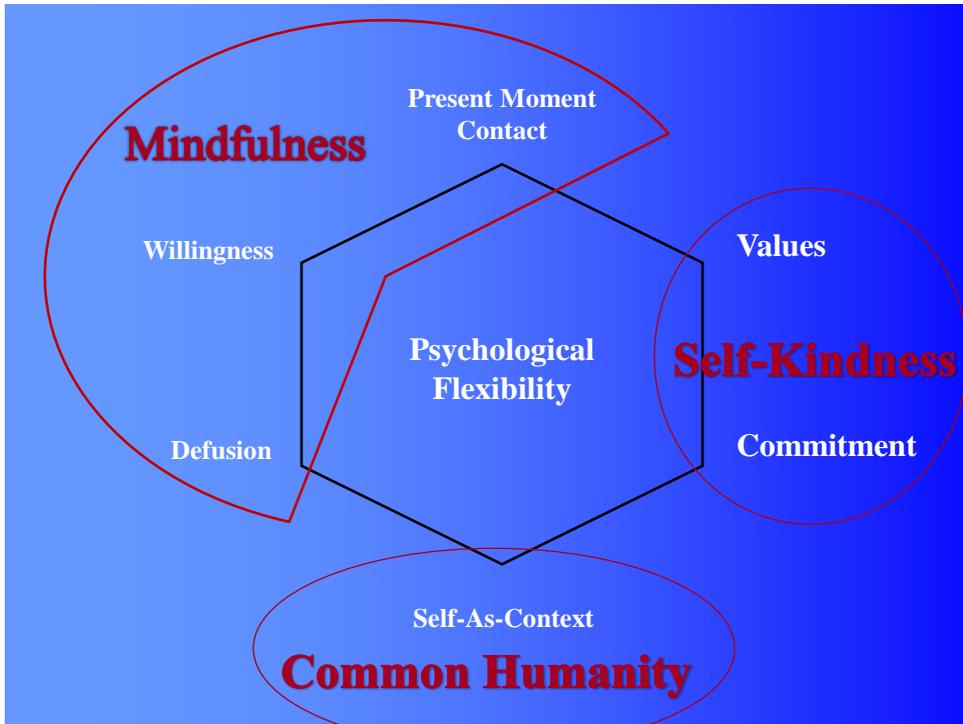
Dacher Keltner on the evolution of caretaking



## Where does *self*-compassion fit in this?

### Self-compassion

- ▣ Fundamentally about a self-to-self relationship of caring, kindness, and warmth
- ▣ Responding to our own behavior in the same manner in which you would wish to respond to a beloved friend, relative, pet, etc.
- ▣ Moving from fight, flight, freeze to tend & befriend in our relationship with our “self”.



Self-compassion break

“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

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## Small group exercise

- 1) Complete measures on your own
- 2) Discuss in small groups: What did you notice about yourself? Did you get any ideas about how you might want to treat yourself differently?

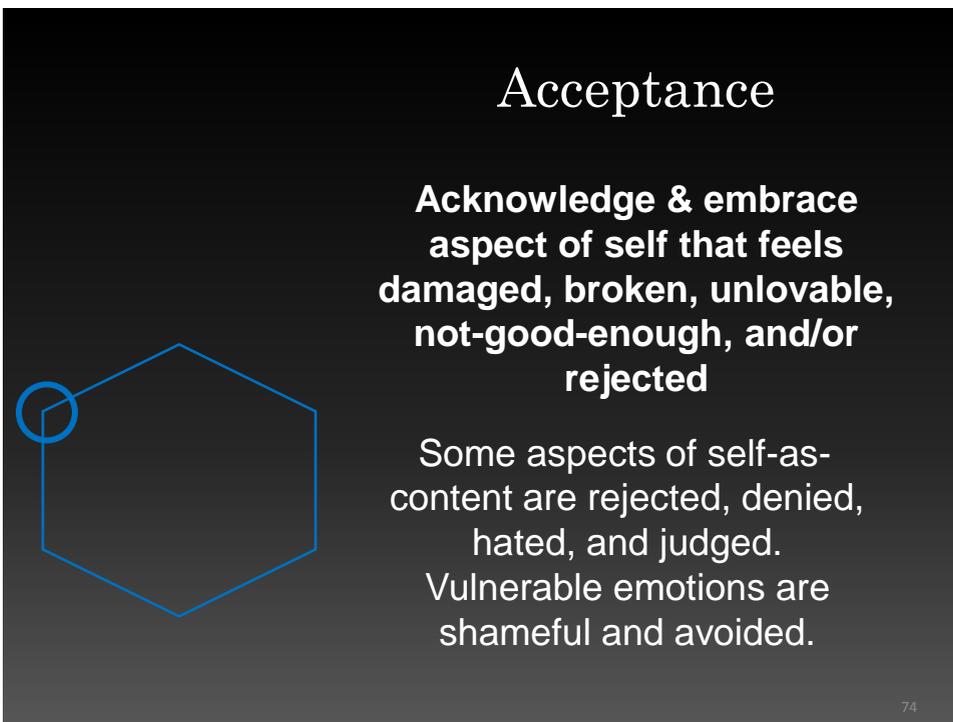
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## Present Moment

Build awareness of self-criticism/self-attack and its effects

Clients often do not even notice their self-evaluations, nor do they track the effects of this way of relating to themselves



## Acceptance

**Acknowledge & embrace aspect of self that feels damaged, broken, unlovable, not-good-enough, and/or rejected**

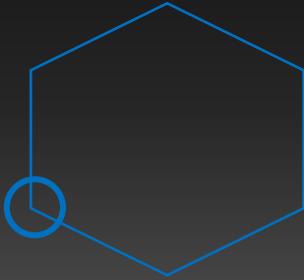
Some aspects of self-as-content are rejected, denied, hated, and judged. Vulnerable emotions are shameful and avoided.

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## Defusion

**Develop distance,  
distinction from self-  
attacking thoughts**

Clients typically see critical  
view of self as normal, earned,  
or needed for motivation.

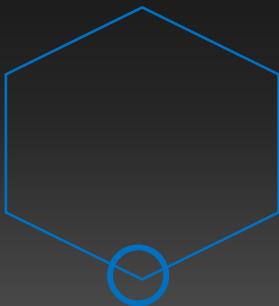


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## Self as context/ flexible perspective taking

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

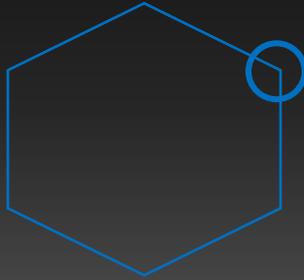
Shame/self-criticism is  
fundamentally about fusion  
with stories we tell about self  
and other



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## 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

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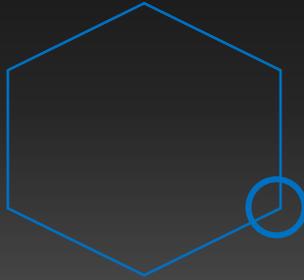
We easily confuse the yearning to live a life that matters with the drive to be extraordinary

## 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



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### 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.

