

ACT with Compassion: Deepening Your skill in working with highly self-critical and shame prone clients

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Yesterday's content

- How shame and self-criticism work
- Overview of ACT approach to shame
- Self compassion and affiliative behavior

Lots of inside-out learning

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Today's Outline

Part 1: Case conceptualization and sequencing

Part 2: ACT model of self and practice with
perspective taking work

More practice in therapist role

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Part 1: Case conceptualization and sequencing

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Case conceptualization

Goals of case (re)conceptualization:

1. Develop a de-blaming platform from which to view problems
2. Build ability to notice and track criticism/shame
3. Help therapist understand client's core criticisms
4. Form core of therapy contract
5. Identify current/past relationships and experiences that serve as resources for future exercises

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4 areas for case conceptualization

1. Develop a shared functional analysis
2. Identify key events and relationships contributing to shame and self criticism
3. Identify key events and relationships involving connection, caring, and compassion
4. Assessment using standardized measures

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Develop a shared functional analysis: Step 1: Where does shame/self-criticism occur?

Often, key self-criticisms and shame do not happen during the events that the client is focusing on (for example panic attacks), but may happen either before or after that event. Places to look for self-criticism include:

- after a perceived failure
- after failing to control some behavior
- after making a mistake
- when trying something new
- when entering social situations
- when withdrawing from others
- when isolated and alone

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Develop a shared functional analysis: Step 2: What function does the self-criticism serve?

Identify main functions of self-criticism.

- Motivation to avoid feared outcomes (mostly avoidance based)
- Self-punishment or destruction (more fusion based)

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Identifying events & relationships contributing to shame/self criticism

- ▣ **Key events:** sexual or verbal abuse, neglect, physical abuse, or bullying.
- ▣ **Key attachment relationships:** discuss qualities of these relationships - warmth/caring, criticism, aggression, anger, criticism, high standards.
- ▣ **Be patient.** This process may be highly aversive, and so it may take some time to unfold.

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Function of identifying events & relationships contributing to shame/self criticism

- ▣ Core focus is developing a coherent, non-shamed-based narrative for why the person responds in the way that they do and why they feel so inadequate and/or self hating.
- ▣ Developing therapist empathy and understanding of what can often be interpersonally difficult clients
- ▣ Identifying relationships/events to potentially revisit later in therapy during exposure work
- ▣ Provides initial opportunity for clients to re-view their experiences with more compassion via the eyes of the therapist who is validating and offers a compassionate perspective.

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Identifying events & relationships involving connection, caring, and compassion

- ▣ Teachers, mentors, or coaches
- ▣ Family members or attachment figures
- ▣ Friends
- ▣ Religious/spiritual experiences
- ▣ People and animals that the person was able to feel kindness, compassion, and warmth toward, at least at times.
- ▣ Periods of life where the person felt like they fit in or were valued, such as at a summer camp, on a particular vacation, or during certain activities

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Identifying events & relationships involving connection, caring, and compassion

- ▣ Later these are used to form the kernel of the development of a more kind and compassionate perspective on the self.
- ▣ Contacting and describing moments and relationships containing warmth and love can be just as difficult and scary as reporting on experiences of being criticized, shamed, abused, or bullied.
- ▣ Sometimes the developing relationship with the therapist will be the only keystone they have

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Assessing using standardized measures

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
- ▣ Fears of Compassion Inventory

Other measures here:

<http://www.actwithcompassion.com>

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Assessment

Forms of Self-Criticism and Reassurance Scale (FSCRS)

- ▣ Inadequate self subscale (self-doubt)
- ▣ Hated self subscale (self hatred)
- ▣ Reassuring self subscale

Implications for treatment:

	Self-doubting clients	Self-hating clients
Therapy relationship	Can move more quickly into exposure to shame	Need more time developing sense of safety in relationship before exposure to shame
Emotions in reaction to self-compassion exercises	More likely to respond with warmth/affiliative emotions	More likely to respond with fear, contempt, and self-judgment
Pacing	Can move faster toward practice with self-compassionate response	Need to take it slowly because self-compassion more likely to evoke fear and self-judgment
Response to vulnerability	More likely to respond to vulnerability with compassion	More likely to respond to vulnerability with pity or contempt

Self-criticism and shame

Self-criticism can be a means to reduce shame and keep one safe, but unfortunately it can also serve to further feed it

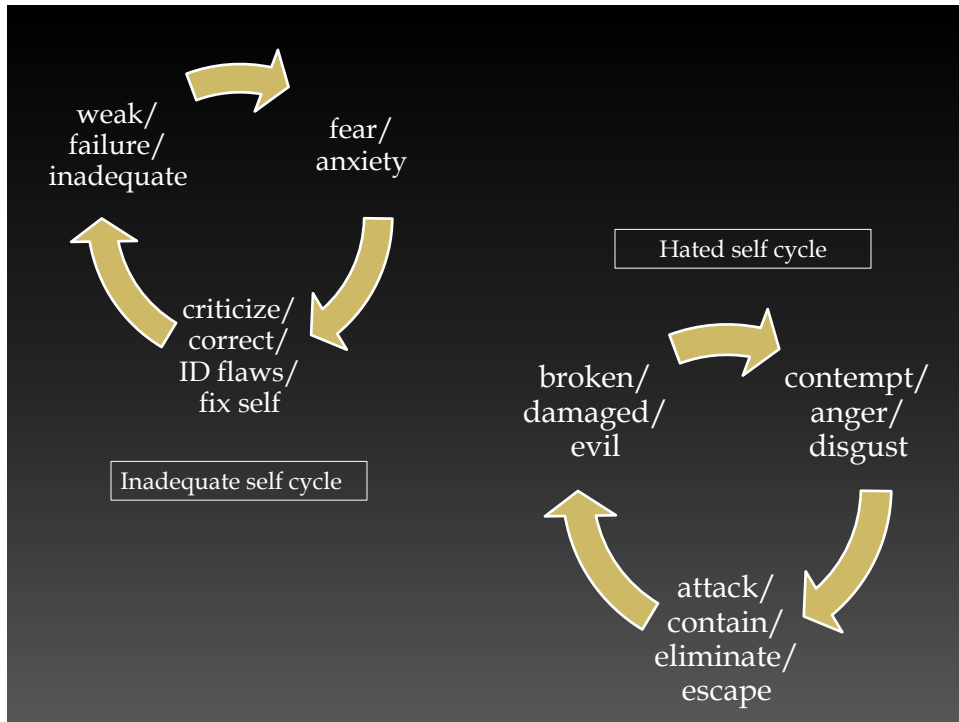
“What we feed grows”

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Two major functions of self-criticism

- ▣ Self-correction – attempts to protect the person from problematic consequences (including shame)
- ▣ Self-hatred – attempts to punish or destroy the “bad self” as we might expel or eliminate a disgusting or worthless object

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Small groups discussion:

Think about a client you have who is struggling with shame:

- ▣ How can you tell they are experiencing shame?
- ▣ What stimuli elicit shame?
- ▣ What kinds of behavior does this client engage in to avoid shame in session?
- ▣ What do you think the function of their self-criticism is?
- ▣ How does avoiding shame get in the way in their lives?

Progressing beyond conceptualization

- ▣ Begin exposure/perspective taking work
- ▣ Introduce other ACT strategies as needed to address sticking points in exposure
- ▣ Work to increase caregiving and affiliative repertoires

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Progressing beyond conceptualization

- ▣ Early sessions usually focus on developing initial awareness of self-criticism and shame during daily life
- ▣ Use language that facilitates perspective taking (e.g. voices, parts, sides, dialogue, conversation)
- ▣ Begin to orient to the idea that a part of the self is putting down, scaring, or constricting another part of the self

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The six core ACT processes can be organized into 3 main strategies:

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

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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)

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2. Increase repertoires involving prosocial values (e.g., kindness and compassion)

Develop and activate caretaking response on part of client

- ▣ Exploring/constructing 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
- ▣ Taking perspective of caring others

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In high self-critics, compassion and warmth-focused imagery and exercises often evoke fear, not warm, affiliative emotions.

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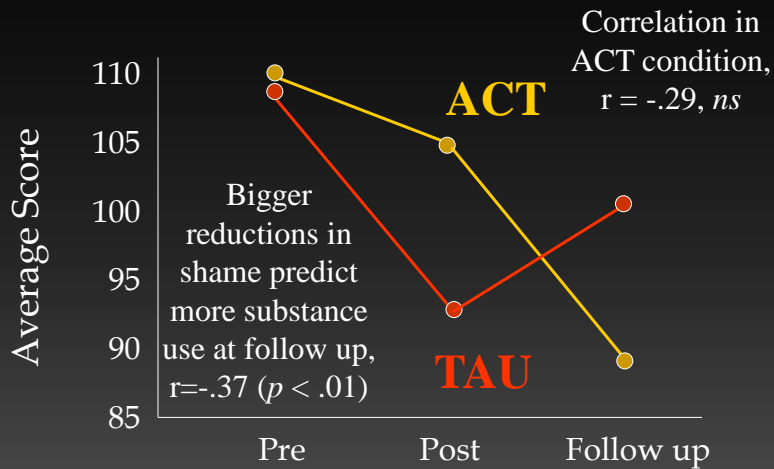
Therefore, treat compassion-focused meditations like in vivo exposure

- ▣ Set expectation that this will not be easy
- ▣ Use graded exposures, starting with shorter and easier
- ▣ Provide strong rationale for why this important and link to values
- ▣ Provide structure and support for practice
- ▣ Problem solve barriers to doing these tasks

Exposure to rather than elimination of shame

Quick reductions in shame may sometimes be problematic.

Shame Outcomes in addiction clients



Luoma et al. (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.

- ❑ Exposure to shame is a core treatment component.
- ❑ Clients need to learn to experience and accept the emotion of shame without needing to avoid or escape it.

3. Reduce dominance of shame in organizing behavior thru compassionate exposure

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

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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)
- ▣ Self-criticism often functions as a way to avoid shame

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**Anxiety is to fear as
self-criticism is to shame**

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Exposure to shame

Exposure isn't simply recontacting the cues that elicit shame

To be helpful, exposure needs to happen inside a context for learning

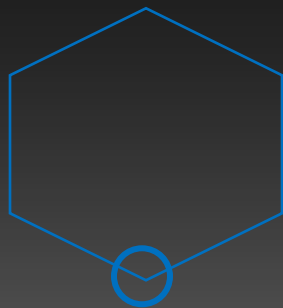
Perspective taking interventions provide one such context

**Part 3:
ACT theory of
self and
perspective
taking**



**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

To understand shame, self-criticism, and self-compassion, we need to have a model of the self

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Shame is a “self-conscious” emotion

- Requires a sense of “I” in order to have something to evaluate

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From an ACT standpoint, self is behavior

- In an important sense, there is no self, rather people are constantly selfing.
- “Self” and “I” are words/cues that have particular functions.

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3 Selves in ACT

Self as content → Story

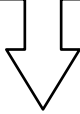
Self as process → Contacting the present

Self as context → Flexible perspective taking

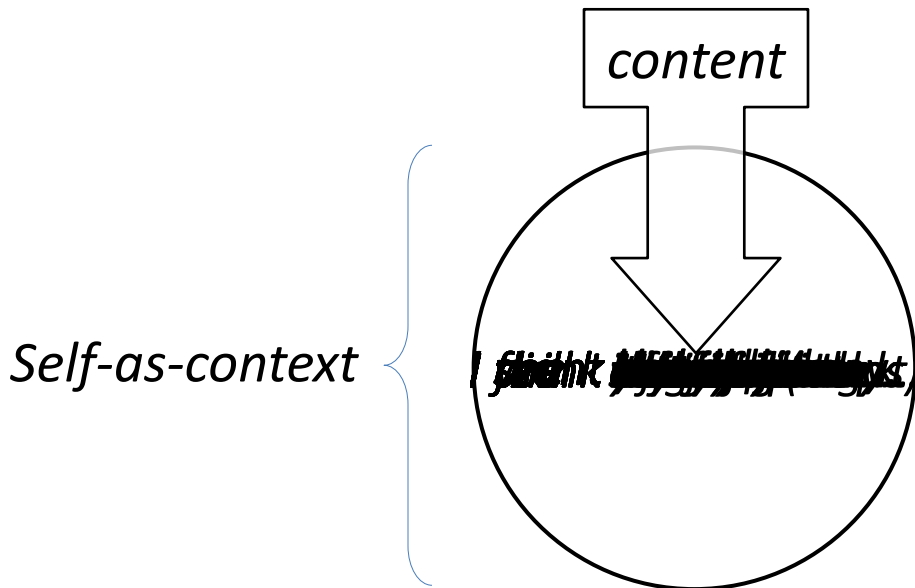
Only one thing is consistent.

I am ~~blissful~~ ~~happy~~ ~~in~~ ~~the~~ ~~best~~ ~~of~~ ~~worlds~~.
 I feel ~~so~~ ~~good~~.
 I think ~~that~~ ~~the~~ ~~world~~ ~~is~~ ~~so~~ ~~good~~.
 I want ~~to~~ ~~be~~ ~~so~~ ~~happy~~ ~~and~~ ~~free~~.
 I see ~~the~~ ~~best~~ ~~of~~ ~~the~~ ~~world~~.
 I did ~~that~~ ~~best~~ ~~of~~ ~~the~~ ~~world~~ ~~thing~~ ~~that~~ ~~is~~ ~~possible~~.

The context where the answer occurs



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The same training that results in the possibility of compassion, empathy, and transcendence also results in shame and self-criticism

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Hey!
Remember that thing you
did once that you're ashamed
of now?
Sincerely,
Your Brain



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Empirical evidence supportive of the idea that perspective taking and shame are connected

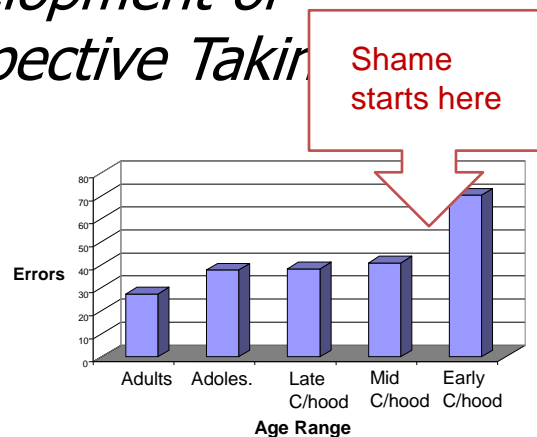
Research on development shows that shame develops later than other more basic emotions (e.g., anger, sadness, surprise, disgust)

- 2nd yr: Children begin to develop perspective-taking
- 3rd yr: Appearance of shame

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Development of Perspective Taking

McHugh, Barnes-Holmes, & Barnes-Holmes (2004)



- Deictic relational framing (I-You, Here-There, Now-Then) ability correlates with data from Theory of Mind studies

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Shame disrupts perspective taking

- Individuals describing a shame-inducing situation are less likely to express empathy for others in the situation (Tangney et al., 1994)
- Experiences of shame are related to difficulty in taking another's perspective on an event (Leith & Baumeister, 1998)
- In a shame-induction study, participants were less likely to feel empathy for a disabled student (Tangney & Dearing, 2002)

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Three kinds of perspective taking frames from RFT

Person

I/YOU
WE/THEM

Place

HERE/THERE

Time

NOW/THEN

- ▣ Words like I and YOU do not define perspective-taking frames; they are cues that often control perspective-taking
- ▣ These frames are contextual cues that underlie the ability to take and communicate perspective

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Let's start with interpersonal frames

<p style="text-align: center;"><u>Person</u></p> <p style="text-align: center;">I/YOU WE/THEM</p>	<p style="text-align: center;"><u>Place</u></p> <p style="text-align: center;">HERE/THERE</p>	<p style="text-align: center;"><u>Time</u></p> <p style="text-align: center;">NOW/THEN</p>
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Every frame has it's opposite

I	You
Self as process	Other as process
Self as content	Other as content
Self as context	Other as context

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High self-critics typically had relationships with caregivers characterized by lack of warmth, lack of safety/protection, criticism, and/or neglect

- ❑ The result may be a relatively complete lack of caregiving repertoires and associated emotions like compassion, sympathetic joy, warmth, and sympathetic pride
- ❑ Alternately, they may be able to engage this repertoire with others, but fusion and avoidance impedes application of these repertoires to oneself
- ❑ Other as content may be consistent with these experiences

Evidence this is true

- ❑ Secure attachment is associated with higher self-compassion
- ❑ Recall of parents as rejecting or overprotecting is significantly related to both inadequacy and self-hating self-criticism
- ❑ Greater early memories of warmth from caregivers are associated with less self-criticism

Two major ways of responding to threat

Tend & befriend – caring/affiliation repertoire

- ▣ Turn to each other, protect the weak

Fight, fight, freeze – hierarchy repertoire

- ▣ If weak, hide or run
- ▣ If strong, attack

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The hierarchy lens

Shame is intimately connected to rank/hierarchy

High self-critics tend to view relationships through a lens of hierarchy/power.

- ▣ Top dog/bottom dog, dominate/submit

Thus, cues related to shame/evaluation evoke these ways of relating and cues around hierarchy can evoke shame. In this situation, the client will interact with the therapist through a lens of hierarchy and it is likely to be reinforcing to either submit or to dominate the conceptualized other (i.e., the therapist)

Implications for therapeutic alliance

Relentlessly friendly compassionate/warm/flexible/kind

- ▣ This may be the first time the client has a chance to experience a kind and warm perspective on difficult topics
- ▣ Therapist needs to have a well developed repertoire of affiliative/soothing behavior

Non-hierarchical – we are in the same boat

- ▣ Important to model what it means to relate in a non-hierarchical manner, to relate in terms of affiliation (warm vs cold, close vs distant)
- ▣ Useful to have stories about shame/self-criticism to tell (that you can tell without getting bogged down in shame)

Wholeness – Assumptive stance that clients are not broken

- ▣ Refuse to have therapy be about fixing them

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Don't play the hierarchy game

Persistently respond in terms of warmth, friendliness, kindness. The point is to model tend and befriend, creating a new other as content and modeling a way for client to respond to themselves.

Client tries to dominate or play small:

- ▣ If this were a small child that you loved, how would you respond?
- ▣ If this were your best friend, how would your best self respond?

And don't forget yourself. You need support too. If you were to be a friend to you too, how would that affect how you'd respond?

Empathy exercise

Let's focus on spatial frames

Person

I/YOU
WE/THEM

Place

HERE/THERE

Time

NOW/THEN

Use of chair work to facilitate perspective taking

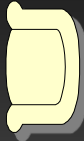
- ▣ Use physical space to create psychological distance/distinction
- ▣ Moving between chairs or locations in the therapy room can facilitate a new psychological perspective.
- ▣ While sitting in a new, distinct position, help the client notice what's different from that shift in perspective.

Examples of use of “third chair” perspective

- ▣ “When you look at this from another perspective, does it feel the same? Different? Do you see yourself the same way when you take this different perspective?”
- ▣ “Notice you are over here, and these two sides of yourself are over there. Notice that these are two experiences that you have, from time to time. Is it OK to be a person who has experiences?”
- ▣ “Notice that self-critical part of you over there. Are you solely that part? Or are you the one who notices it? Notice this other side of yourself. Are you solely that part? Or are you the one who notices it? Notice that these are both within you. You are like the container that holds both of them. You are not the same as them.”

Chairwork as a framework for exposure and flexible perspective taking

Vulnerable self

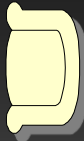


Compassionate self



Critical self

Vulnerable self



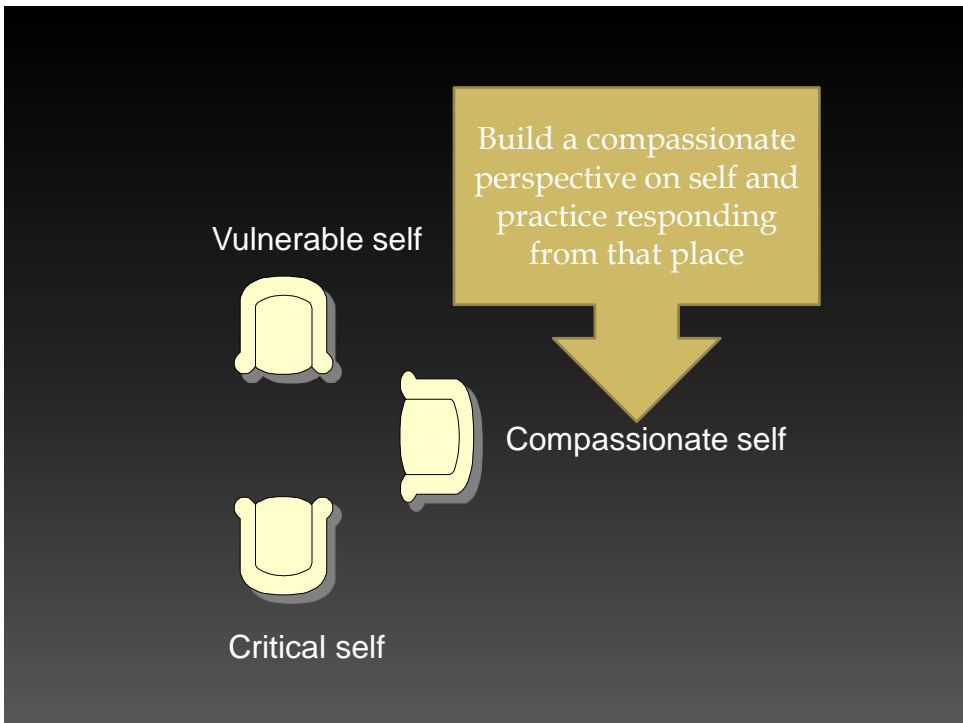
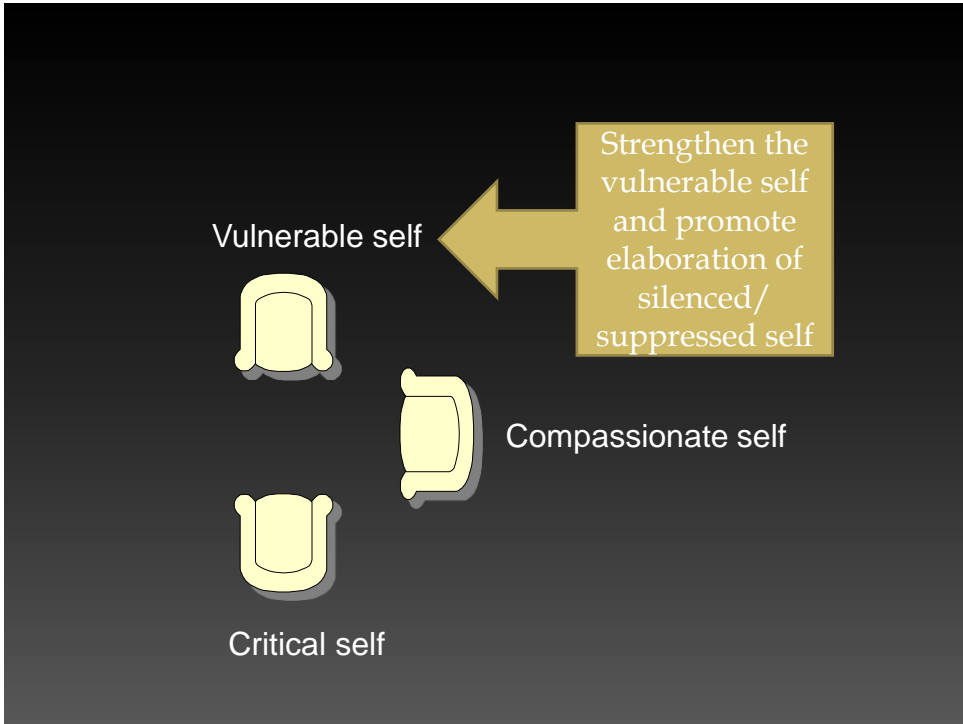
Compassionate self

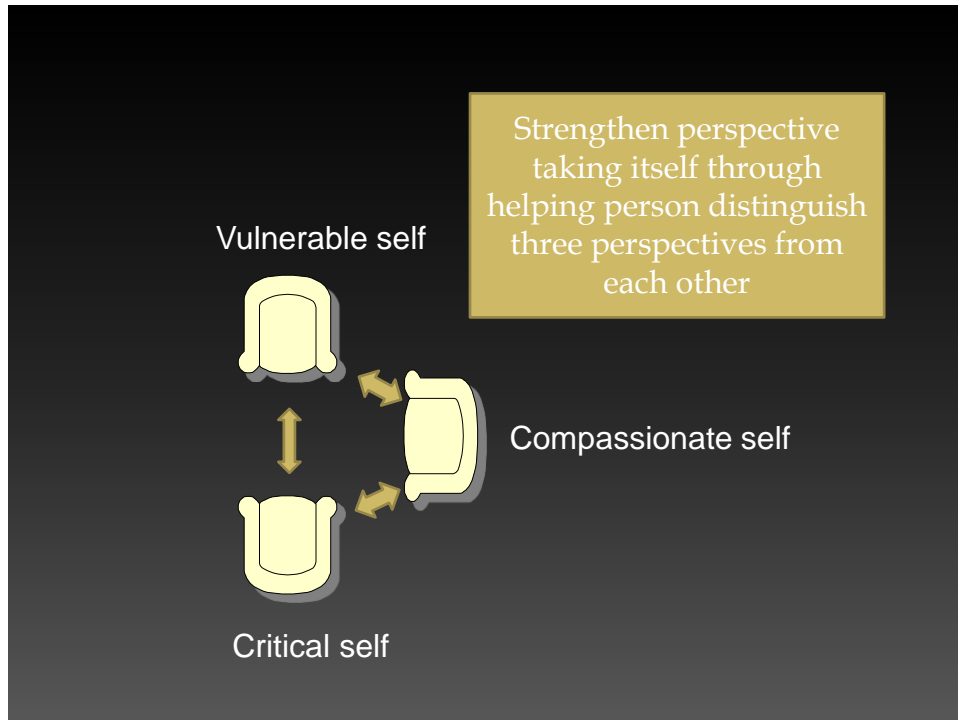


Critical self

Client spends too much time in this perspective







Evoked and elaborate the vulnerable perspective

Open up to and give voice to suppressed and avoided emotions/needs/values from the side of them that is being judged/rejected/suppressed or condemned by their internal critic. Examples might include:

- ▣ “What do you need from the critic?” [talking to vulnerable self chair] “Can you tell the critic what you need from him/her?”
- ▣ “What’s it like inside to hear those criticisms? Those are very harsh words. How do they affect you?” [and explore felt reaction]
- ▣ “Can you tell your critic what it’s like to have him/her say these things to you?”
- ▣ “What are the costs of the things the critic says to you? What might you be able to do if you weren’t so harshly judged or controlled by this critical side of you?”

Evoked and elaborate a nurturing/caregiving repertoire

Build a compassionate/kind/caring perspective toward self. Help client imagine a warm, caring, or compassionate perspective. Examples might include:

- ▣ “Imagine you were holding yourself, like you might hold a newborn baby, what did you wish for him/her?”
- ▣ “If your best friend was watching this interaction, what would they say? Would they be kind, gentle? Would they listen? Would they offer support, caring?” “How is that similar or different from the way you normally act? How would you want to be with yourself if you got to choose?”
- ▣ “If you were a therapist for a couple that acted this way, what would you think of them? What would you want for them? For each individual in the couple?”
- ▣ “If you were me and you heard what you are saying right now, what would you be feeling?” [often followed by therapist eventually disclosing their actual reactions]
- ▣ “Imagine your daughter were in that chair over there, feeling the way you are feeling now...how would you feel toward her?...what would you say to her?”

Chair work practice

1. Identify the conflict you are starting with (criticizing side vs experiencing/feeling side)
2. Enact harsh self-attack in the session so you can evoke the shame (or other forms of submission/defeat)
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

Your practice

Use space to create a sense of distance and to discriminate and build new perspectives

A thing worth doing....

is worth doing poorly at first.

Be Smokey, not Dalai (even though she's adorable)

SMOKEY



DALAI



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Let's practice

What to do in therapist role:

- ▣ Start with discussion about what the person's self critical thoughts are
- ▣ Use spatial frames to create a sense of distance and to discriminate and build new perspectives

Debrief:

- ▣ "Client" provides feedback on their experience in the exercise
- ▣ "Observer" shares what they felt worked, followed by constructive feedback. Try to keep the focus on the ACT model, not other theories.
- ▣ Open discussion

Let's focus on temporal frames

Person

I/YOU
WE/THEM

Place

HERE/THERE

Time

NOW/THEM

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Change perspective change in time:

- ▣ “If you could time travel and visit yourself in 10 years in a similar situation, what would you want to see happen?”
- ▣ “Knowing that tomorrow, [client’s name] is likely to be feeling pretty critical of himself, what could you do now that would make things better for him tomorrow? How could you take care of that guy?”
- ▣ “Tomorrow, remembering how you feel right now, what do you think you will be thinking?”
- ▣ “How long have you been struggling with this? How far back does it go?” [and then lead them through an exercise where they imagine interacting with a younger self struggling with the same problems]

Let's practice

What to do in therapist role:

- ▣ Start with discussion about what the person's self critical thinking is
- ▣ Use temporal frames to shift perspective in time , e.g.:
- ▣ Have the client imagine themselves in the future, e.g., imagining what would happen in three weeks, three months, three years if they were to continue their current pattern of living. Interact with that future self.
- ▣ Identify a memory that is likely to elicit shame. Have the client observe themselves in that memory. Help them come imagine how they, as an adult, would like to treat that younger person in that memory. Would they like to be a friend, a guardian, a guide, a confidant, or a safe refuge for that young child?
- ▣ Have them imagine interacting with a younger version of themselves that is experiencing the same struggle that they are judging now

Debrief:

- ▣ "Client" provides feedback on their experience in the exercise
- ▣ "Observer" shares what they felt worked, followed by constructive feedback. Try to keep the focus on the ACT model, not other theories.
- ▣ Open discussion

This is a community process

- ▣ There are many people around the world interested in shame and stigma and working on it from an ACT perspective
- ▣ You don't need to be perfect or know everything to do something about this. There's so much to do and so much to learn. There's room for everyone and what they have to contribute.
- ▣ If you want to join us, we're here to help. Please contact me and I'll help you connect.

www.actwithcompassion.com

What are your next steps?

Deliberate Practice

Identify a specific target of achievement

Break it into pieces

Repetition of each piece with a focus on mastery

Informative Feedback

Immediate indication of whether performance is effective or ineffective



WHAT COULD DELIBERATE PRACTICE LOOK LIKE FOR YOU?

Exercise in pairs:

1. what will you take away from this workshop?
2. Committed action related to this workshop: make one commitment

Common sticking points

Problem: Client has little awareness of self-criticism as thinking

Try: Building an awareness of criticism as a process of thinking versus seeing themselves purely through a self-critical lens.

Common sticking points

Problem: Client has little contact with pain/shame caused by self-criticism

Try: Building an awareness of costs or consequences of self-criticism.

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Common sticking points

Problem: Client has little empathy toward their own distress associated with shame/self-criticism

Try: Building out an alternative perspective which is kind, compassionate, and caring.

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Common sticking points

Problem: Client has a hard time contacting or describing emotion in session

Try: Helping the person develop distance from the self as content or building acceptance/contact with the present moment around emotions

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Common sticking points

(Not a) Problem: Client has shown some resilience and is ready to stand up to the self-critic

Try: Helping the client to further articulate the new, more resilient perspective.

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