

USING IMAGINAL PERSPECTIVE TAKING EXERCISES TO ADDRESS SHAME AND INCREASE SELF-COMPASSION

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Disclosures

Both presenters receive income related to providing psychotherapy training services through Portland Psychotherapy and with contracted organizations.

How are you feeling?



Outline

Part 1: The important of shame

Part 2: Relevant background

Part 3: The 3-step process



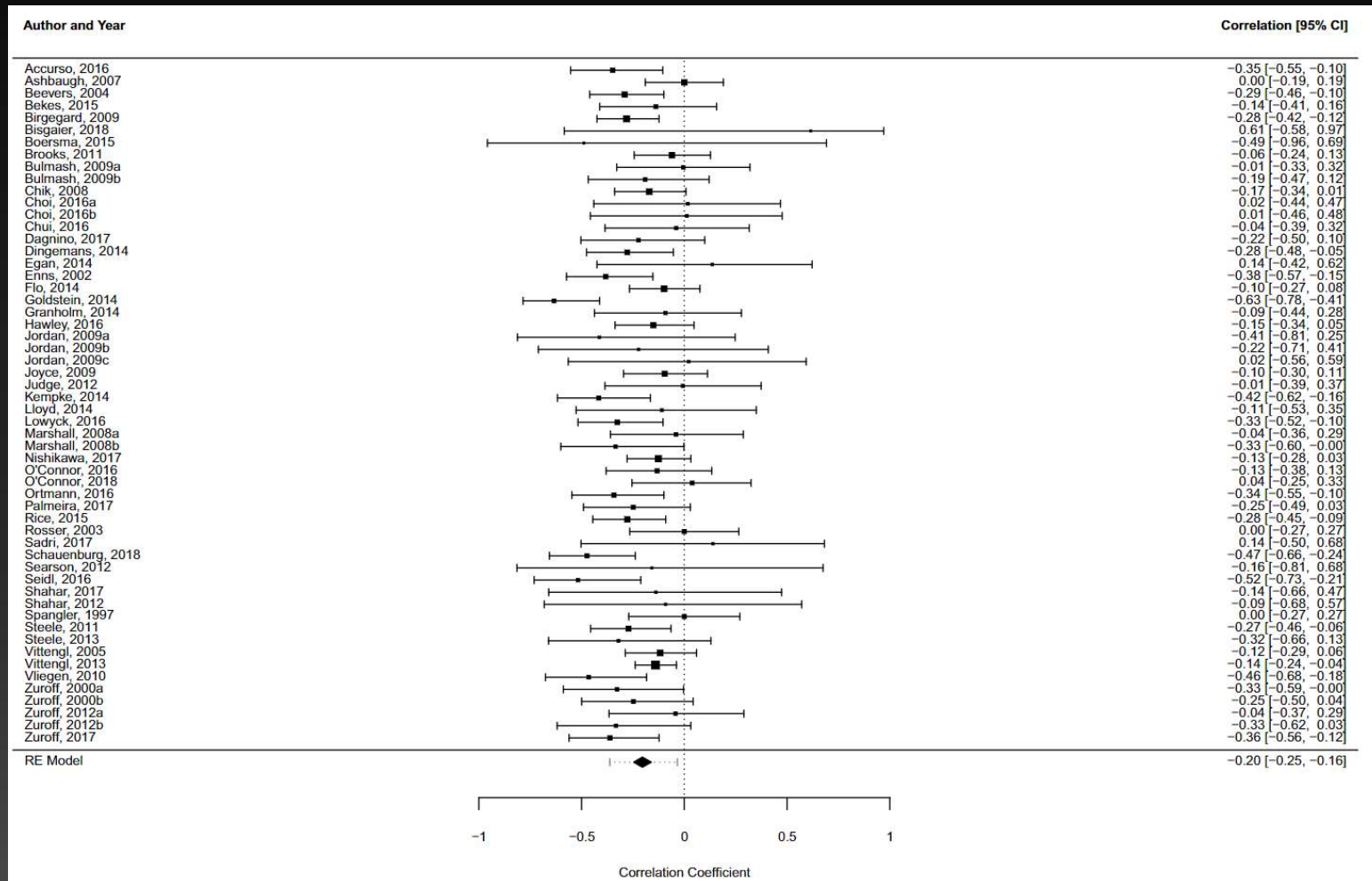
Shame is transdiagnostic

Shame is an important contributor to:

- ▣ Social anxiety (Swee et al., 2021)
- ▣ PTSD (Leskela et al., 2002)
- ▣ Suicide risk (Lester, 1998)
- ▣ Substance use disorders (Dearing, Stuewig, & Tangney, 2005)
- ▣ Poor immunological function (Dickerson et al. 2004)

And much more.....

Average correlation between self-criticism and psychotherapy outcome: $r = -.20$



Löw, A. C., Schauenburg, H., & Dinger, U. (2019). Self-criticism and psychotherapy outcome: A systematic review and meta-analysis. *Clinical Psychology Review*, 101808.

Shame memories

Shame memories are associated with:

- ▣ Social anxiety (Matos et al., 2013)
- ▣ Paranoid ideation (Matos et al., 2013)
- ▣ Depression (Dinis et al., 2015; Matos & Pinto-Gouveia, 2014)
- ▣ Traumatic memory characteristics (e.g., intrusiveness; Matos & Pinto-Gouveia, 2009)

Why work with episodic memories?

- ▣ Episodic memories are highly experiential because they include the person's lived experience, sensory details, thoughts, and emotional reactions.
- ▣ Re-entering an episodic memory involves a kind of mental time travel in which the person can re-experience the past in the present moment and allow new learning in the same way as might happen if the therapist could be there for the actual event.

Relevant influences

Theory	Influence
ACT/RFT (little kid exercise, RFT, deictics)	Deictic strategies to control perspective taking, the use of frames of comparison
Imagery rescripting	Simple, 3-stage structure
Emotion-focused therapy	Role of need questions, signs to tell if you are on track
Memory reconsolidation/inhibitory learning theory	Importance of expectancy violations

Both memory reconsolidation/inhibitory learning theory hold that effective exposure involves:

- a) Activation of relevant learning through presentation of cues
- b) Expectancy mismatch

Activating relevant memories

The fear cue you are exposing people to is real or perceived negative evaluation, rejection, ostracism

Expectancy is that if my authentic self is revealed, I will be negatively evaluated, rejected, and ostracized

The occurrence of shame indicates this expectancy has been met (by oneself, a real person, or an imagined observer)

Thus, signs of strong shame are an indicator of a relevant memory

Empathic Perspective Taking

3 steps

Step 1: Contact/experientially inhabit the shame memory

Step 2: Contact/experientially inhabit a compassionate perspective

Step 3: Facilitate a dialogue between the two perspectives

Preparation

Keep in mind:

- ▣ The goal isn't really to work with the specific memory that is being targeted. That's just the vehicle for change.
- ▣ The goal is to work with their shame-based conceptualized self and how they respond to the emotion of shame (and social fears in general) in their daily life. The memory is just a place to practice and learn.

Identifying shame memories

Looking for memories that involve shame (or similar emotions such as intense embarrassment, problematic guilt, or humiliation), that are:

1. Central to the person's autobiographical narrative, or
2. Intrusive (has trauma-like qualities)

Identifying shame memories

Discuss events:

1. That contributed to their current sense of shame/self-criticism (www.actwithcompassion.com/june_compassion_tool_of_the_month)
2. That continue to haunt them (e.g., past betrayals, abuse, or bullying)

It's often better to select events from childhood, when possible:

- We are more likely to be compassionate to a child vs adult (or teen)
- Childhood events often more formative and interconnected with more aspects of the person's conceptualized self and learning history

If therapist has a sense that client may be able to access a compassionate response, then more recent or intense memories might work

Identifying possible compassionate perspectives

- ▣ The most important thing is that they can actually contact a perspective that has at least some felt compassion/warmth/safety.

In order of preference

1. Self in during a moment of love, compassion, kindness, safety, when you are at your most loving or patient, etc.
2. Older, wiser self
3. Someone caring from their lives
4. Someone they don't know that they can imagine as caring
5. Imagining what the therapist might say
6. Having the therapist be the one who actually says it

Step 1: Enter the shame memory

Help client re-enter the memory in imagination and experience it from the age they were at the time (“put yourself behind the eyes of the person you were then”).

Like in prolonged exposure (PE), we want clients to experience the memory, not just remember it cognitively. Ways to promote this are:

- Have client close their eyes
- Narrate the experience in first person, present-tense language.
- Coach them to attend to sensory details (what to you see, smell, hear, feel etc.,) emotions, thoughts, behaviors or urges.
- Use evocative reflections to heighten the experience

Moderate to strong emotion activation (shame or similar) is a good indication that a relevant & important memory has been chosen.

When memory is clear and emotion is activated, you can move on to step two.

Step 2: Contact the adult/compassionate perspective

Aim: Introduce a new, caring perspective and enact an intervention from that perspective.

By adopting an adult perspective viewing their younger self suffering, the client can experience and express a new emotional response in relation to the younger self, often of:

- ▣ connecting sadness
- ▣ compassion/care
- ▣ protective anger

Step 2: Contact the adult/compassionate perspective

Help them contact the adult perspective they will be using

Imagine being that person – what is it like to be that person? What do they feel, what are their attitudes, how do they treat others?

They might also imagine themselves in a time when they felt compassion or kindness or imagine the perspective of someone they have experienced as kind or warm. Try to inhabit that.

Step 2: Contact the adult/compassionate perspective

Have the client imagine entering the previous scene, now from this new perspective.

Ask what they see, feel, think, are inclined to do from this new perspective.

Have them act that out in imagination.

Offer suggestions and assistance, but let the client's inclinations and language guide the way.

If they are unable to offer a compassionate perspective at all, you can offer it yourself.

Step 3: Facilitate the dialogue between perspectives

Switch back to younger perspective in the memory (child perspective)

- ▣ Replay what the adult did
- ▣ Have them feel what it is like to receive that
- ▣ Ask if there is anything else they would want or need from the adult

Have adult respond to the need

Repeat until the client feels they have their needs met in the moment (ideally – doesn't always happen)

Importance of expectancy violation

The compassionate self provides the expectancy violation.

The person expects that revealing their authentic self will result in negative evaluation, rejection, and ostracism (and this is what happened in the memory)

The compassionate self violates that expectancy and cares for the person, protects them, and shows they are valued

This happens by meeting the “need” of the self in the shame memory – the visceral sense of the need being met is the indicator that the expectancy has been violated (i.e., the person got what they needed, not what they feared)

Shame is the emotion we have when we feel we’ve been devalued.
Expressing a need and having it met communicates that we have value.

Model

Case conceptualization

Every experiential exercise in ACT should also feed your case conceptualization. What does the client's response the exercise tell you about:

- ▣ How fused they are with shame and self-critical viewpoints?
- ▣ Their ability to contact a more compassionate perspective on themselves
- ▣ Their values are in relation to themselves
- ▣ What kinds of practice/actions would help the client move toward more flexibility in this domain?

Debriefing the exercise

Provides the client an opportunity to verbally track what happened in the exercise to determine how it might guide future efforts

Debriefing the exercise should stay close to the client's experience

Possible general exploratory questions:

- *What are you feeling right now?*
- *What was your experience in the exercise?*
- *What parts feel the most present or stand out to you?*
- *If you're willing to share it, I want to understand what it was like from behind your eyes. Walk me through it.*

Questions for Step 1:

- *What was it like to relive that experience? [Chance to bring empathy & validation to whatever experience shows up]*

Debriefing the exercise

Questions for Step 2:

- *How did you feel toward that child in that painful situation?*
- *What did you do as an adult for that child? What did say or do for them? What was it like to do that?*
- *What parts felt satisfying, unsatisfying, complete, or incomplete? Is there anything else you wish you had done or would want to experiment with?*
- *Did you try anything new that emerged naturally or surprised you? How did it feel?*
- *From the perspective of the adult, how did you understand what was happening? Did you see it differently from how the child saw it? If so, how?*
- *Does it feel any different to hold the one narrative versus the other? If you were writing the story of this event from this perspective, how would you describe what happened to this younger person?*

Debriefing the exercise

Questions for Step 3:

- ▣ *As the child, what did it feel like to have that adult there doing what they did? How did it feel in your body?*
- ▣ *Did anything feel difficult or hard about receiving the older self's intervention? What got in the way?*
- ▣ *Is there anything else you wished you did, or your older self did that would have helped you feel more supported? If so, what?*
- ▣ *What would it have been like for your child self to have had someone like this there with you at that time? How much of a difference would that have made?*
- ▣ *What might this tell you about how you want to be with yourself out in the world when you're feeling like that younger person in the memory?*
- ▣ *What does this experience say about how you'd want to respond to yourself in difficult moments?*