Working with Shame

PRACTICAL TIPS FOR ACT THERAPISTS

By Dr. Russ Harris
SHAME VERSUS GUILT

Many trauma clients struggle with guilt, shame, or both. There is no agreed definition of an ‘emotion’, but the term usually refers to an experience comprised of a rich & complex ‘mixture’ of thoughts, feelings and sensations.

‘Guilt’ typically refers to an uncomfortable emotion that we experience when we feel like we ‘have DONE something bad’ – moved away from our core values, acted unlike the sort of person we want to be.

‘Shame’ typically refers to an uncomfortable emotion that we experience when we feel like not only have we done something bad, we ARE bad; so it includes a lot of fusion with harsh negative self-judgment: “I am a bad person”.

Simplistically speaking:

Guilt = I’ve DONE something bad.

Shame = I AM bad.
BE WARY OF DOGMA ABOUT SHAME VERSUS GUILT

Many of us are taught during our basic training in therapy, counselling or coaching that ‘guilt is motivating’; it helps people identify what they’ve done wrong and motivates them to atone or amend or get back in touch with their values, and behave more congruently. At the same time we’re taught that ‘shame is demotivating’ – it makes people ‘shut down’ and avoid dealing effectively with their issues.

Well, there is some basis for this, but it’s a gross over simplification. After all, one of the key insights in ACT is that no emotion is good or bad in and of itself; it always depends on the context.

In a context of fusion/avoidance, any emotion can be unhelpful, harmful, toxic or life-distorting; and in a context of mindfulness and values, any emotion can be helpful or life-enhancing.

Guilt and shame are no exceptions. Guilt can be demotivating, and shame can be motivating; it depends on the context. If we respond to shame mindfully, and explore the values ‘buried beneath it’, it can be motivating. We’re going to focus first on shame, then on guilt.
IMPORTANT QUESTIONS ABOUT SHAME

In working with any ‘problematic emotion’ in ACT, it’s essential that we know how the emotion is problematic for the client. (Remember, in ACT, no emotion is inherently problematic; it only becomes so in a context where the degree of fusion with or experiential avoidance of the emotion is great enough to interfere with a rich and full life.) So we want to know what important aspects of life is the emotion getting in the way of? Without this information, it’s hard to a) motivate the client to learn defusion/acceptance skills to handle the emotion in question, and b) provide a rationale for our work.

So we want to ask these vitally important questions (which I hope you recall from your case formulation worksheet):

If shame were no longer an issue for you…

- What would you stop doing or start doing, do more of or less of?
- How would you treat yourself, others, life, the world, differently?
- What goals would you pursue?
- What activities would you start or resume?
- What people, places, events, activities, challenges, would you approach, start, resume or contact - rather than avoid or withdraw?
DECONSTRUCTING

An emotion only becomes “problematic” (i.e. interfering with a rich and meaningful life) in a specific context: of fusion, avoidance, and unworkable action.

In ACT, we aim to change such a context to one of defusion, acceptance, and values-guided action (i.e. a context of psychological flexibility). In this new context, the emotion is no longer “problematic”.

To help us in this work, it’s often useful to “deconstruct the context” into “three elements”. We can then work with these “elements” one at a time. Note: we don’t do this in any specific order – we work flexibly, moment to moment, depending on what seems most relevant, useful, or likely to work for this client.

In a context where shame (or any other emotion) has become problematic, we can expect to find all of the following elements:

1. Fusion
2. Experiential Avoidance
3. Unworkable Action
FUSION & SHAME

When working with shame, we expect to find fusion with:

**The Past** – especially rumination and the reliving of painful memories.

**The Future** – especially a lot of anxiety about the possibility of negative evaluation/ hostility/ rejection by others (especially if these others were to discover the ‘truth’ about the client’s ‘shameful past’).

**The Self** – extreme fusion with harsh negative self-judgment: “I am bad, broken, disgusting, unworthy, hopeless, undeserving of happiness etc”.

**Reason-Giving** – all the reasons why I can’t or shouldn’t even try to change. Especially look for: “Because in the past these shameful things happened, I can’t change/ I’m broken/ I can’t have relationships / I don’t deserve a better life etc.”

Of course, we can find plenty of other types of fusion too, but these ones often tend to predominate in shame.
EXPERIENTIAL AVOIDANCE & SHAME

When working with shame, we expect to find most clients are very keen to avoid or get rid of:

- Unpleasant sensations/feelings of shame in the body. These are often very similar to, or combined with, sensations/feelings of anxiety or dread – e.g. tight chest, churning stomach (In more dissociative clients, we may of course just find ‘numbness’.)

- Unpleasant cognitions, especially harsh self-judgments, shame-evoking memories, and anxieties about negative evaluation or rejection by others

- Uncomfortable urges to do self-defeating actions (e.g. to take drugs or alcohol, to self-harm, to socially isolate)

- Other cognitions to do with resentment/injustice at self or others, or hopelessness/futility – and other feelings and sensations that tend to show up in association with such themes. For example, if fused with hopelessness/worthlessness, clients may notice feelings of lethargy, heaviness, tiredness.
UNWORKABLE ACTION

Unworkable actions ‘triggered’ by shame can vary enormously. Especially common are:

• Avoiding or withdrawing from important/meaningful people, places, events, activities and situations that trigger shame.

• The ‘usual suspects’: behaviours that humans commonly do to avoid, escape or get rid of pain – e.g. drugs, alcohol, cigarettes, food, addictive behaviours, distraction, etc.

• Conflict with, criticism of, aggressiveness towards, or shaming of others.

• Self-defeating changes in body posture.

**Remember:** in ACT, a behaviour is only considered ‘unworkable’ in a context where it interferes with creating a rich and meaningful life. Used moderately, flexibly, wisely, most of the strategies above are not unworkable; but when used excessively, rigidly or inappropriately, they readily become unworkable.
WORKING WITH SHAME

Working with shame in the ACT model can involve any or all of the following:

- Body posture.
- Defusion (including noticing & naming).
- Acceptance (including normalizing, validating & expansive awareness).
- Contacting the present moment (including grounding & centering).
- Self-as-context (including noticing how shame changes over time).
- Values.
- Committed action.
- Self-compassion.
- Exposure.
- Urge-surfing.
- Acting flexibly with shame.
- Insight into how shame developed, and functions it has had both past and present.

(Note: in ACT, insight is not an end within itself but rather a means to facilitate defusion, acceptance, self-compassion).
BODY POSTURE

Shame is often (but not always) accompanied by characteristic changes in body posture. These can include (but are not limited to):

• Hanging the head down.
• Limited eye-contact (e.g. looking at the floor or out of the window instead of at the therapist).
• Downcast or ‘hangdog’ facial expression.
• Slumped posture – drooping shoulders and arms, slumped spine.
• Fidgeting uncomfortably when talking or thinking about anything shame-related.
• Covering eyes with a hand, or holding head in hands.

Note: In some clients, shame will at times trigger aggressive behaviour – in which case we will likely see changes in body posture that typically accompany aggression.
DEFUSION & SHAME

Defusion – from self-judgment, self-blame, painful memories, fear of negative evaluation by others and/or rejection by others etc.

Remember, two simple first steps for defusion (or acceptance) are ‘noticing & naming’. We can ask the client to notice what her mind is saying, or notice how her mind is beating her up, or notice how her mind is judging & blaming her, or notice how her mind is so quick to assume that other people will judge, criticize or reject her.

We can also ask him to non-judgmentally name his thoughts and feelings - e.g. “Here’s shame” or “Here’s my ‘I am BAD’ schema” or “I’m having the thought that I’m BAD” or “I’m noticing self-judgment” or “I’m having thoughts that other people will judge me” or “Here is my mind trying to scare me”, “I’m having a feeling of shame” or “I’m noticing a feeling of shame”, or “I’m having a shameful memory” etc.

If we segue from noticing and naming to acceptance, the emphasis is on allowing and making room for whatever feelings, sensations have been noticed and named. If, however, we segue more into defusion, the emphasis is on cognitions, rather than feelings and sensations; and the aim is to ‘see more clearly’ what cognitions are: strings of words and pictures.

Note: It’s wisest to avoid zany defusion techniques (like ‘thanking your mind’ or ‘singing your thoughts’) in working with shame – at least in early sessions - because they can easily backfire and invalidate the client.
LEARNING HISTORY & SHAME

We can help defusion, self-acceptance & self-compassion by looking at the client’s learning history that lead to such shame.

For example, did the client’s caregivers or abusers or assailants say things that fueled shame (e.g. ‘You deserve this’, ‘You’re a slut’, ‘You brought this on yourself’, ‘You should be ashamed of yourself’)?

In cases of abuse in childhood by a caregiver, we might discuss the following: A child unconsciously needs to maintain a positive view of her caregivers, no matter what they do wrong, because they are the child’s life support system. If the child consciously acknowledges that her ‘life support’ is a source of threat & danger, this is terrifying. Thus when caregivers are abusive, the child’s mind will often automatically and unconsciously blame the child for it: ‘It’s my fault’. This helps protect the child from the terrifying and painful reality of her caregiver(s).

After such work, we can refer to ‘I am BAD’ narratives as “old programming” and use this for defusion: “Here’s some old programming showing up”
PAST FUNCTIONS OF SHAME

It can be useful with clients to look at how shame has functioned in the past in ways that were, in some way, helpful to or protective of the client. (I.e. examine the reinforcing consequences of shame). These may include some or all of:

**Reducing punishment or hostility:**
If you are obviously ashamed, then in some contexts, this will lessen the punishment, hostility, criticism, judgment of others.

**Eliciting support or kindness:**
If you are obviously ashamed, then in some contexts, this will elicit sympathy, kindness, support or forgiveness from others.

**Avoiding pain:**
Often, ‘in the grip of’ shame, people avoid all manner of people, places, situations, events and activities that ‘trigger’ difficult thoughts, feelings and memories. So in the short term, shame helps them to escape or avoid pain. A common example: the downcast eyes of shame helps many clients to avoid the anxiety of eye contact with others – anxiety usually fueled by a fear of negative evaluation, rejection, or hostility.

**Sense-making:**
Shame helps people to ‘make sense’ of their experience: “These things happened because I am bad”. As we saw in the last slide, this can enable some children to make sense of abuse in a way that spares them from the terrible reality of her caregivers.

This kind of psychoeducation or insight can play a useful role in normalizing and validating shame, which promotes acceptance, and readily segues into self-compassion.
PRESENT FUNCTIONS OF SHAME

If we've looked at past functions of shame – to normalize and validate the experience – it's important to then highlight the present functions. While shame may still have some of the ‘beneficial’ functions it has had in the past, in the present it clearly now also has some life-draining functions. Aside from the obvious – it’s a very unpleasant feeling – the other detrimental functions of shame can be readily elicited by the questions on slide 3.

Once we have this information, we might say something like, “So in the past, shame has actually helped you in some ways – such as X,Y,Z – but in the present, it’s getting in the way of you being the person you want to be and doing the things you want to do, such as A,B,C. So would you be willing to learn some new skills here – so you can handle shame more effectively, reduce its impact on your life, take away its power, so you can start doing A,B,C again?”

Having established this rationale/motivation for learning ACT skills, we can frequently refer back to it. Especially when the work gets challenging or the client lacks motivation.

*Note: we don’t HAVE TO explore past functions of shame – it’s the present functions that matter. However, it can be useful to do so, for normalization & validation, which can in turn facilitate acceptance, self-acceptance, and self-compassion*
PAST & PRESENT FUNCTIONS OF SHAME: DEFUSION

If we’ve looked at past and present functions of shame we can use this information for defusion.

The client might try noticing and naming his shame, along these lines:

“Aha. Here you are again, shame. I know you’re trying to help me or protect me, like you have in the past. But I don’t need that sort of help any more. Now I’ve got my values to help me.”

Ideally, then, the client would mindfully reconnect with her values, while defusing from the thoughts/memories and accepting the feelings/sensations of shame.

Another variant:

“Aha. Here you are again, shame. Thanks for reminding me to practice self-compassion.”
‘NOT YOUR FAULT’ & SHAME

Often, when clients are fused with self-blame, we as therapists feel the urge to say “It wasn’t your fault” – especially for victims of child abuse.

However, such interventions are often ineffective; the client may disagree or debate with you, dismiss or deny your comment, go along with it intellectually but have no deep resonance with it, or simply disbelieve you.

Indeed, if the client has been in therapy before, or has a supportive network of friends/family, she may well have been told this kind of thing many times before. So while it is not “wrong” (from an ACT perspective) to do this, there are alternative ways of tackling self-blame in the ACT model, which are likely to be more effective – especially “inner child” imagery and rescripting.

In ACT, “inner child” work usually takes the form of interactive experiential exercises. Typically the therapist guides the client to vividly imagine herself, as she is today, traveling back in time to comfort and care for a childhood version of herself that is suffering. Often this is linked to an explicit memory of childhood trauma, abuse or neglect. The therapist coaches the client to act compassionately towards the child self – offering comfort, solace, kindness, support and wisdom. In particular, the adult self is actively coached to tell the child self the truth about the situation she is in; e.g. in an abusive situation, to understand that she (the child) hasn’t done anything wrong, it’s the adults who are at fault. The client tells the child everything necessary for her to understand and make sense of the situation, and to see that she is not to blame for what happened.

The exercises usually end with the adult self compassionately hugging or holding the child self, and/or taking her to a safe place. These deeply emotive experiential exercises are usually far more effective in helping clients to let go of self-blame and recognize their own innocence, than telling them “it wasn’t your fault” and trying to justify this with logic and reason. For an example of inner child imagery, download this script (an extract from The Reality Slap).

(By the way, I’d never use the term “inner child work” with a client, because it has negative connotations for many people, especially therapy veterans. I’d simply say, “Would you be willing to do an exercise with me to help you with this issue?”)
ACCEPTANCE & SHAME

Acceptance of the unwanted feelings, sensations, thoughts and memories that comprise shame, often begins with validation & normalisation.

We acknowledge that shame is a common and natural response for people who’ve been through trauma – and the “I’m BAD” narrative is universal.

From there, it’s easy to segue to ‘noticing, naming & allowing’ the various thoughts, feelings, sensations and memories that make up shame.

And from there, we can use any combination of acceptance techniques we prefer.

Expansive awareness often comes in useful too: not to distract from shame but to discover there’s a lot of other stuff here in this moment as well as shame.

And we can also utilise shame – to help connect with values, or as a reminder to practise self-compassion.
PRESENT MOMENT & SHAME

Contacting the present moment includes:

• Grounding and centering and ‘dropping anchor’ – essential skills to develop early in any client overwhelmed by any emotion.
• Engagement, connection & expansive awareness.
• Body posture – noticing body posture and the effects of it, and experimenting with changes in body posture to promote engagement, centering, grounding, connection, vitality etc.
• The initial noticing and acknowledging of thoughts & feelings that paves the way for defusion or acceptance.
SELF-COMPASSION AND SHAME

**Self-compassion:** as with any painful emotion, we can respond to shame with any or all of the ‘six building blocks’ of self-compassion:

1. Acknowledging pain,
2. Validating pain,
3. Accepting pain,
4. Defusion from harsh self-criticism,
5. Self-kindness in thought, word and action,
6. Connectedness with others.

We can then, if desired, reframe ‘shame’ as a reminder call to practice self-compassion.

For more about self-compassion from an ACT perspective, [download my free eBook on the topic](https://imlearningact.com).

I also highly recommend the textbook: The ACT Practitioner’s Guide to the Science of Compassion by Dennis Tirch, Benjamin Schoendorff, Laura Silberstein.
SELF-AS-CONTEXT AND SHAME

Self-as-context: you can use the ‘part of you that notices’ to step back and observe the various elements of shame – thoughts, feelings, sensations, memories etc.

You can notice that shame is not the essence of who you are; there is much more to you than these thoughts, feelings, memories.

We can help clients to notice how the thoughts, feelings, sensations and memories that together comprise shame, all continually change over time - whereas the ‘part of you that notices’ is unchanging. In doing this sort of work, it’s often useful to get clients to check in and gauge their level of shame 0-10 every few minutes throughout the session, and notice how it keeps rising and falling.

The stage show metaphor is very useful for this kind of work.
VALUES & SHAME

As clients become more flexible in the presence of shame – through defusion, acceptance, self-compassion, etc – it becomes possible, and often very fruitful, to utilise their shame to explore values. We might ask:

• How would you treat, and/or what advice would you give to a loved one who had been through similar events and felt the same way as you do?
• What does this shame tell you really matters to you? That you need to address, face up to, take action on?
• What does shame remind you about the way you ideally want to treat yourself/ treat others?
• What does shame tell you that: you’ve lost/ you need to be careful about/ you want to stand up for/ you deeply care about/ you need to deal with?
• What does shame tell you about the way you’d like the world/yourself/ others/life to be?
• Hopefully you can see that all these lines of exploration can readily segue into values and committed action.
COMMITTED ACTION & SHAME

From values, we can readily segue to committed action: instigating and reinforcing new, values-congruent repertoires of behaviour as an alternative to the old ‘shame-driven’ repertoires. This can include any or all of the following:

• Values-guided problem-solving.
• Values-guided goal-setting and action-planning.
• Mindfulness skills training, practice and application (e.g. defusion, acceptance, awareness, self-compassion, self-as-context skills) in the service of specific values and values-congruent goals.
• Other relevant skills-training in the service of specific values and values-congruent goals – especially training in relationship skills (e.g. communication skills, assertiveness skills, intimacy skills, empathy skills).
EXPOSURE & SHAME

Many clients experience problematic narrowing of behavioural repertoires in the presence of shame. In particular, many clients find their behaviour becomes organized around trying to:

a. Avoid the thoughts, feelings and memories that comprise shame, (experiential avoidance).

b. Avoid the situations, people, places, events and activities that trigger shame (overt avoidance).

Thus an important aspect of successful treatment is exposure. So in week 6, when we look at flexible exposure, you’ll see it is all relevant to and readily adaptable to any aspect of shame.

And remember, we do both interoceptive exposure - to ‘stuff inside the body’ such as thoughts and feelings - as well as overt exposure - to ‘stuff outside the body’, such as important people, places, events, activities, situations. We can think of this work as a ‘subset’ of committed action, because it involves taking action to establish (or re-establish) contact with important, meaningful aspects of life.
ACTING FLEXIBLY WITH SHAME

With any thought, feeling, sensation, emotion, urge, image, or memory, it’s useful for the client to experience he can act flexibly with it; he doesn’t have to wait until it’s gone, and nor does he have to let it control his actions (i.e. he doesn’t have to do what it ‘tells him to do’). He can act, guided by values, even with the feeling, sensation, emotion or urge present.

This is usually most powerful when done as experiential work, and least effective when discussed in an intellectual or didactic manner (where it often ends with either the client insisting it’s not possible, or intellectually agreeing with the concept but without any idea of how to do it).

One simple way to make this experiential for the client is to get her physically acting while the shame is actually present in session; e.g. get her taking control of her arms and legs – mindfully stretching, mindfully shifting position or changing posture, mindfully walking, mindfully eating, mindfully drinking, kind self-touching etc. The client then actually experiences that even with shame present, she can still exert control over her actions.
URGE-SURFING WITH SHAME

IN WORKING WITH SHAME, WE OFTEN ENCOUNTER URGES TO:

• Take drugs or alcohol.
• Self-harm.
• Withdraw socially.
• Retreat from important but challenging situations.
• Do any number of self-defeating behaviours that enable short term escape from pain.

WE CAN WORK WITH ANY URGE THROUGH ANY OR ALL OF THE FOLLOWING:

a. Defusion from the cognitive aspects (e.g. “I need it”, “I want it”, “I can’t help it”).

b. Acceptance of the feelings and sensations of the urge.

c. Dropping anchor, grounding and centering in the midst of the urge.

d. Mindfully controlling actions – e.g. breathing, body posture, stretching.

e. Self-compassion.

f. Expansive awareness: what else is here and now, as well as this urge?

g. Self-as-context: use the ‘part that notices’ to notice how urges rise and fall over time.

Formal meditative-style urge-surfing exercises – which incorporate acceptance, defusion, and contacting the present moment - can also be very useful for this kind of work.
SO MUCH FOR SHAME; WHAT ABOUT GUILT?

The strategies outlined in the slides above are relevant and useful for working with any emotion. How so? Well the ‘real problem’ from an ACT perspective is not the emotion itself – but rather the context of fusion, experiential avoidance and unworkable action; it’s only this context that an emotion becomes problematic.

Our aim in ACT is not to change the emotion itself but to change the context to one of defusion, acceptance, and effective, values-guided action. In this new context, the emotion functions differently; it may still be very uncomfortable or painful, but it no longer functions in a way that is toxic, life-distorting, or self-defeating.

We can work with guilt, anger, anxiety, fear, sadness, envy, jealousy, disgust, loneliness, and so on in much the same way as we work with shame. In each case we will identify fusion, avoidance, unworkable action and target them with the relevant therapeutic processes.

The specific thoughts, feelings, memories, sensations, urges, images, body postures, and unworkable actions will vary from emotion to emotion; but the core ACT processes we use to work with them will always be the same.

Shame is a huge topic, and we’ve only just scratched the surface in this eBook. Nonetheless, I hope I’ve given you some helpful ideas for how to use ACT in this challenging domain. I’m going to finish up with three quotes I find inspiring:

“Every saint has a past and every sinner has a future.”—Oscar Wilde

“The most terrifying thing is to accept oneself completely.” —Carl Jung

“To keep on trying in spite of disappointment and failure is the only way to keep young and brave. Failures become victories if they make us wise-hearted.” —Helen Keller

All the best,

Cheers, Russ Harris
Russ Harris
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