

Increasing Self-Compassion through Engaging in Cognitive Defusion

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Description of the Intervention

- The client has participated in exercises of Cognitive Defusion, an ACT-based intervention. This was done to increase the client's Self-Compassion.
- Cognitive defusion is a technique that encourages individuals to separate themselves from a thought so they may be guided by thoughts rather than dominated by them (Harris, 2019).
- Self-compassion is the act of having the same compassion for oneself as one would for others. This involves acknowledgement of suffering, a response to the pain, and realizing this is a shared human experience (Neff, 2020).
- Self-compassion is useful for those who have high levels of self-criticism or negative self-talk. These individuals could benefit from cognitive defusion by way of decentering or distancing (Gilbert & Proctor, 2006).
- The goals of the intervention are to 1. become aware of negative thoughts, 2. tune into the body and its messages and cues, 3. defuse or distance the self from the thoughts, 4. perceive thoughts as "mental events" needful of judgement and 5. acknowledge the moment & give oneself the care that is needed.

Brief Review of the Research

- Cognitive defusion is a strategy that is meant to challenge situations in which the client's thoughts become too rigid or too entangled with judgmental or evaluative thought (Pilecki & McKay, 2012).
- With cognitive defusion comes specific techniques that attempt to change the function of the thought rather than the form or content of the thought, thereby changing the client's relationship with their thinking and with themselves (Bonacquisti et al., 2017).
- Cognitive defusion is used to reduce the attachment to one's own thoughts as truths and to instead as "mental events" that can be acknowledged but not necessarily acted upon. As clients become distanced from their thoughts as truths, they can become more flexible in their thinking which enables them to have more control over their behavior (Donald et al., 2016).
- Individuals who report high, chronic levels of self-criticism may be a particularly relevant population that may benefit from cognitive defusion techniques such as decentering and self-compassion (Gilbert & Proctor, 2006). Self-criticism is related to a lifetime risk of depression and anxiety in adults (Lopez et al., 2015).
- Progression in self-compassion and cognitive decentering correlated with improvements in outcomes within the defusion condition, (Levin, et al, 2018).
- Self-compassion contains three factors: 1) self-kindness, which is treating oneself with understanding when facing difficulties rather than with cruelty and self-judgment, 2) a sense of common humanity, which is seeing one's failures as part of the human condition rather than isolated experiences, and 3) mindfulness, which is having a balanced awareness of the present experience instead of over-identifying with painful thoughts and emotions (López et al., 2015).

Clinical Problem Addressed

- Client is a 20-year-old, White, cisgender, heterosexual female. She is a college student and studying political science. She has recently moved home from living on campus to be closer to family during this time.
- The client was presenting with symptoms of anxiety and panic attacks.
- Symptoms of anxiety include excessive worry with difficulty controlling the worry, restlessness, being easily fatigued, irritability, muscle tension and an impairment in the client's social and personal life.
- Symptoms of panic attacks include derealization, heart palpitations and difficulty breathing.
- Diagnoses are Generalized Anxiety Disorder 300.02 (F41.1) with Panic Attack Specifier.

Conceptualization of the Intervention

- The client was experiencing somatic symptoms of anxiety and panic and attributing this to a physical illness. This has since been disproven by the client's primary care doctor and other specialists.
- Client reports thoughts related to low self-worth and high self-criticism. Difficult experiences were internalized and thought to be deserved by the client.
- She has high expectations of herself both socially and academically. The client is very academically successful and identifies school as a driving force and not a significant stressor.
- Cognitive defusion was conceptualized to be helpful for this client because of recurring thoughts of criticism.
- Additionally, the client was feeling alone in this experience, therefore self-compassion was perceived to be helpful.

Implementation of the Intervention

- The client participated in exercises of Cognitive Defusion. In session one, I prepared the client with psychoeducation of ACT and a discussion about self-compassion. The client disclosed that she had recently purchased the Self-Compassion book by Kristin Neff before beginning therapy.
- In session 2, the client participated in the exercise of "unhooking". This is a strategy to reduce the impact of difficult thoughts or feelings.
- In session 3, the client practiced the exercise, "I'm having the thought..." This allows separation or distance from difficult thoughts.
- In session 4, the client participated in an exercise of self-compassion. This involved physical touch and a guided meditation exercise.
- Session 5 was a wrap-up and reflection of previous exercises.
- Self-compassion was measured after each session for 5 consecutive sessions using the self-compassion scale.

Outcome Measurements

- The measure used was the Self-compassion scale- short form (SCS-SF) created by Dr. Kristin Neff.
- The items measure cognitions and emotions associated with compassionate and uncompassionate responses to feelings of personal inadequacy and general life difficulties (Neff & Kiraly, in press).
- The assessment measured the client's Self-Compassion after participating in several exercises of cognitive defusion with the counselor in training.
- The scale measures shame and self-criticism by rating statements such as "When I fail at something important to me, I become consumed by feelings of inadequacy" and "When I'm feeling down, I tend to obsess and fixate on everything that's wrong". These statements will be measured on a Likert scale 1-5, almost never to almost always (Neff, et al, 2011).



References

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