

2015 Kansas Counseling Association Conference

Shame on You!

Understanding shame's impact and
how to work with it clinically

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<http://www.mnucounseling.com/shame>

Objectives

- ❖ Provide a definition of shame;
- ❖ Discuss the difference between shame and guilt;
- ❖ Describe the emotions of shame;
- ❖ Outline the differences of shame within various cultures;
- ❖ How to recognize shame within therapy;
- ❖ Review shame and psychotherapy; and
- ❖ Provide examples of assessments and different shame models.

Definition of Shame

“Shame is the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging.”

—Brene Brown, *I Thought It Was Just Me: Women Reclaiming Power and Courage in a Culture of Shame*

Shame vs. Guilt: Is Shame Good?



Difference between Shame and Guilt

Shame

Involves a focus on the self
"I did that horrible thing!"

The **more painful** emotion
"The core self is at stake"

Can lead to **worse behavior** or
paralysis

Believing **we are** a mistake

Guilt

Relates to specific behavior
*"I **did** that horrible **thing**!"*

The **less painful** emotion
"Condemnation of specific behavior"

Can be a **positive motivator** of
change

Recognizing **we made** a mistake

Emotions of Shame

- ❖ Intense and overpowering
- ❖ A sense of being bad, worthless, or contemptible
- ❖ Powerlessness, shrinking, feeling small, being exposed, wanting to disappear
- ❖ A moral emotion



Multiculturalism and Shame

What does shame look like in different cultures?

Why is cultural context important?

How do we handle cultural shame in the counseling session?



Shame and Different Cultures

“Men cannot live without shame. A sense of shame is the beginning of integrity.”

–Mencius (Chinese Philosopher)

Cultural Contexts of Shame

Individualistic

Emphasis a *"independent"* concept of self

External influences have more influence on concept of self

Feeling bad about the self is **not normal** and expected

Happiness is different from shame and anger

Collectivistic

Promotes an *"interdependent"* concept of self

Both internal and external influences on concept of self

Feeling bad about the self **is normal** and expected

Anger is different from happiness and shame

Handling Cultural Shame in Counseling

1. **Differentiate** the various types of shame and guilt in different cultural settings

2. **Understand** that consequences of shame are due to different self-construal's and the conceptions of the self

3. **Measure** the physiology and behavioral components of shame and guilt

4. **Examine** the development of shame and guilt across cultural contexts

5. **Remember** within each culture exists a variation in models of shame and guilt

Low Self-esteem	Self-injurious Behavior	Depression
Social Phobia	Generalized Anxiety Disorder	Bipolar Disorder
Eating Disorders	Borderline Personality Disorder	PTSD

Shame within Therapy

“Although it is rarely mentioned in standard clinical training texts and articles, shame is ubiquitous in clinical settings.”

–Dearing & Tangney





Sources of Shame

- ❖ The disposition of shame-proneness
- ❖ Therapy itself
- ❖ Transference
- ❖ The therapist

Unintentional Shaming by Therapists

Focusing on or reifying a psychiatric diagnosis

Using a "one-size-fits all" approach

Certain, but wrong, interpretations

Correct interpretations experienced as invasive or
implying inadequacy

Example of Therapist Shaming



Shame is Contagious

- ❖ "Shame is contagious--therapists can catch it from their clients.... Shame-prone clients are apt to inadvertently shame therapists (projecting their own shame onto the therapist.)"
- ❖ "Because shame is incongruous with the role of therapist, we think that mental health workers may be further vulnerable to the double whammy of "metashame"-- feeling ashamed of being ashamed!"

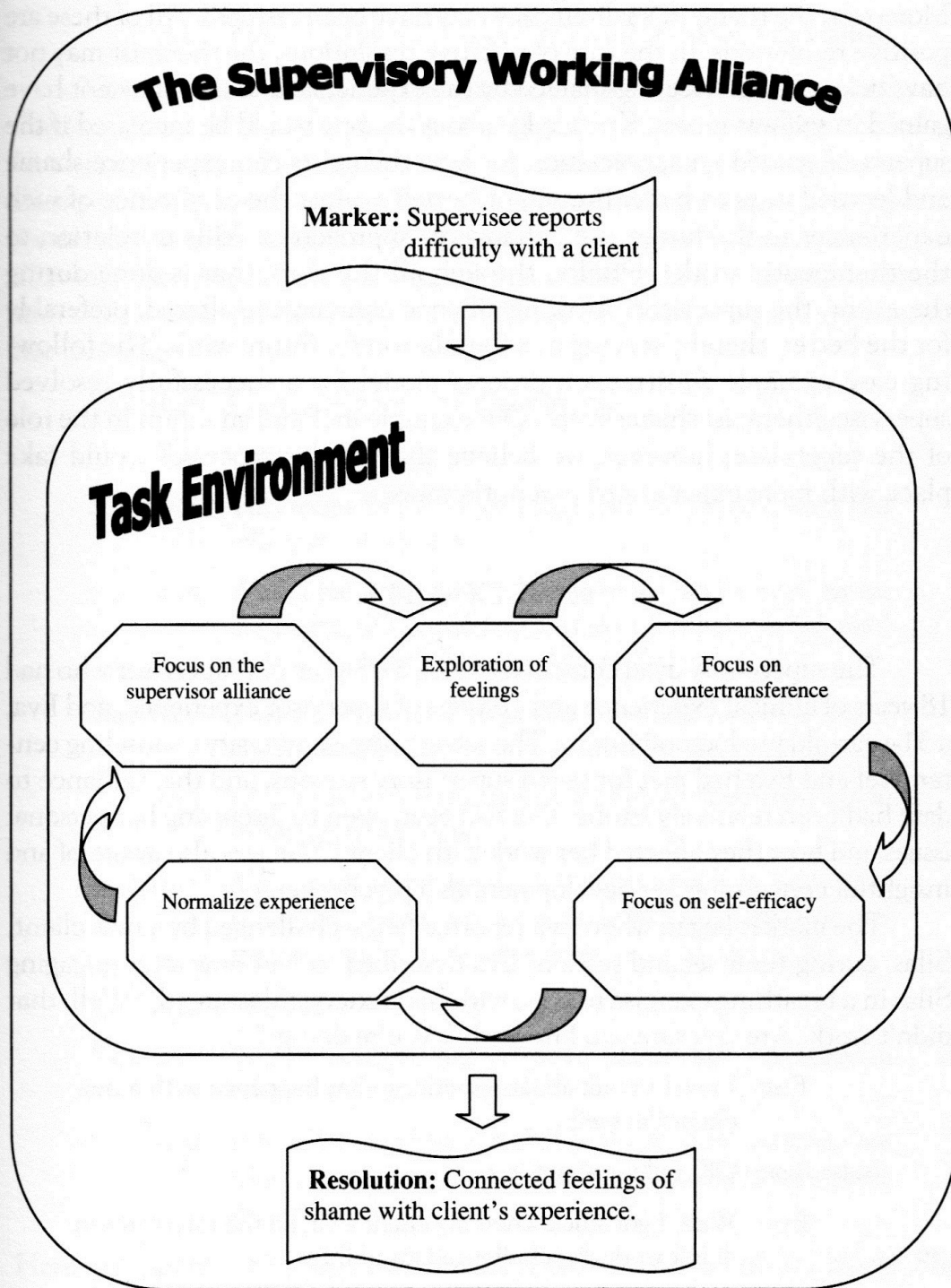


Figure 13.1. Working through therapist shame. Adapted from *Critical events in psychotherapy supervision: An interpersonal approach* (p. 12), by N. Ladany, M. L. Friedlander, and M. L. Nelson, 2005, Washington, DC: American Psychological Association. Copyright American Psychological Association.

The Supervisory Working Alliance

Marker

Supervisee reports difficulty with a client

Task Environment

Alliance ~ Feelings ~
Countertransference ~ Experience ~
Self efficacy

Resolution

Connected feelings of shame with
client's experience

Common Indicators of Shame

- ❖ Slumped posture
- ❖ Lowered head
- ❖ Covered face
- ❖ Blushing



Feelings of Shame

Ridiculous	Foolish	Silly
Stupid	Dumb	Humiliated
Helpless	Weak	Inept
Small	Inferior	Unworthy
Trivial	Shy	Uncomfortable
Embarrassed	Vulnerable	Disrespected
Worthless	Idiotic	Dependent

S

Self-deprecating comments

H

Hesitation

A

Avoidance of here-and-now

M

Mumbling

E

Emotional withdrawal

Assessment of Shame

- ❖ Difficult to assess directly
- ❖ Measures assess emotional *states* or emotional *traits*
- ❖ Assessments for children, adolescents, and adults



Scenario-based Measures

Respondents choose a response after presented with a
common scenario

Conceptually more consistent with current shame and guilt
notions

Test of Self-Conscious Affect-3 (TOSCA)

Children: (TOSCA-C)

Adolescents: (TOSCA-A)

TOSCA-3 (Adults)

You wake up early one Saturday morning. It is cold and rainy outside.

a.) You would telephone a friend to catch up on news.

(not likely) **1**--2--3--4--5 (very likely)

b.) You would take the extra time to read the paper

(not likely) 1--2--3--4--**5** (very likely)

c.) You would feel disappointed because it is raining

(not likely) 1--2--**3**--4--5 (very likely)

d.) You would wonder why you woke up so early

(not likely) 1--2--3--**4**--5 (very likely)

TOSCA-A (Adolescents)

You wake up early on a school day

a.) I would eat breakfast right away

not at all likely--unlikely--**maybe**--likely--very likely

b.) I would try to do some extra chores before starting the day

not at all likely--**unlikely**--maybe--likely--very likely

c.) I would feel like staying in bed

not at all likely--unlikely--maybe--likely--**very likely**

d.) I would wonder why you woke up so early

not at all likely--unlikely--maybe--likely--very likely

TOSCA-C (Children)

You wake up very early one morning on a school day

a.) I would eat breakfast right away

not at all likely--unlikely--**maybe**--likely--very likely

b.) I would check over my homework before I left for school

not at all likely--unlikely--maybe--likely--very likely

c.) I not would feel like getting out of bed

not at all likely--unlikely--maybe--likely--**very likely**

Shame Strategies



- ❖ General Interventions
- ❖ Compassion Focused Therapy
- ❖ Connections



General Interventions

"Counseling is an inherently shame-managing process"

-Tangney & Dearing, 2011



Relational Validation

Supportive

Affectively Attuned

Fully validating

Empathic

General Interventions

Access and Acknowledge Shame

Verbalize the shame event to reduce the pain

Educate on the distinctions between guilt and shame

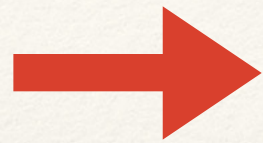
Reflect and **Empathize** with the client and normalize their feelings and the shame itself

Accept, Tolerate, and **Hold** the shame to provide an opportunity to manage the emotion

How to stop the shame spiral



General Interventions



Shame Regulation

Self-Soothing or **Distraction** techniques: bath, music, walk in nature

Meditative Practice and **Self-Acceptance**

Mindful Non-Judgment: learning to "stick to the facts"

Self-Compassion: for the self and for others

General Interventions



Transformation of Shame

Cognitive-Affective Transformations: shame into guilt, cognitive reevaluations, "explore the exceptions"

Modifying Behavior: DBT - "opposite action," act "as if" they are not ashamed

More Techniques

Recording Sessions: second chance to process more objectively

Two-Chair Dialogue: dual roles of condemner and condemned

Interpersonal Coping: reframing; support network

Group Therapy: normalize; desensitize

Compassion Focused Therapy



"Compassion is not a virtue - it is a commitment. It's not something we have or don't have - it's something we choose to practice."

Brown, 2007

Compassion Focused Therapy

Dr. Kristen Neff: 3 Elements of Self-Compassion

Self-Kindness:

Understanding,
not punishment

Sense of Common Humanity:

Everybody
goes through
this

Mindfulness:

Neither
ignoring nor
exaggerating
feelings of
failure

Skills of Compassion

- ❖ **Direct attention in helpful ways:** in the context of a failure, bring to mind past successes or helpfulness of others
- ❖ **Focus on the emotional tone of thoughts:** take the perspective of a compassionate person - how would they talk to someone they really cared about?
- ❖ **Face painful feelings and memories:** the courage to treat oneself kindly
- ❖ **Imagery:** imagine being a compassionate person; reflect on voice tones; create compassionate expression; imagine oneself to be wise and kind

Connections - *Brene Brown, 2009*

- ❖ Group modality currently used with populations of substance abuse, residential psychiatric patients, high school students, women and men in state prisons
- ❖ Provides interpersonal strategies for developing resilience
- ❖ Anchored in shame resilience theory

Connections


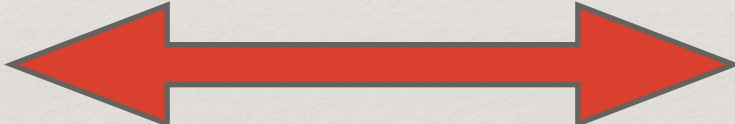

A 12-Session
Psychoeducational
Shame-Resilience
Curriculum



Revised and Expanded

Brene Brown, Ph.D., L.M.S.W.

Shame Resilience Model

<p>SHAME</p> <p>Fear Blame Disconnection</p>	<p><i>Shame Resilience</i></p>  <p>0---3--6--9--12</p>	<p>EMPATHY</p> <p>Courage Compassion Connection</p>
<p>USING SHAME SCREENS</p>	<p><i>Recognizing shame and triggers</i></p>  <p>0---1---2---3</p>	<p>AWARENESS</p> <p>Understanding</p>
<p>REINFORCING INDIVIDUALIZING PATHOLOGIZING</p>	<p><i>Practicing Critical Awareness</i></p>  <p>0---1---2---3</p>	<p>DEMYSTIFYING CONTEXTUALIZING NORMALIZING</p>

Shame Resilience Model

SEPARATING

Insulating

Reaching Out



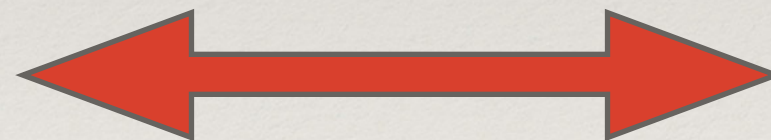
0---1---2---3

**SHARING OUR
STORY**

Creating change

**SHUTTING DOWN
ACTING OUT**

Speaking Shame



0---1---2---3

**EXPRESSING HOW
WE FEEL AND
ASKING FOR WHAT
WE WANT**

Shame Resilience

- ❖ "The ability to recognize shame when we experience it, and move through it in a constructive way that allows us to maintain our authenticity and grow from our experiences." - *Brene Brown, 2007*
- ❖ **Worksheets** - Associate shame with emotional and physical traits; identifying unwanted identities
- ❖ **Letter Writing** - Reaching out and speaking shame

My shame symptoms include:

I know I'm in shame when I feel _____.

If I could taste shame, it would taste like _____.

If I could smell shame, it would smell like _____.

If I could touch shame, it would feel like _____.

Exploring Triggers and Vulnerabilities

Our unwanted identities dictate our behavior every day. It's worth it to figure them out and get real about them. Often, you'll see that the perceptions you want to have and want to avoid are totally unrealistic.

To get at shame triggers, figure out how you want to be perceived around a specific identity. So for example, with regards to motherhood, one might want to be perceived as calm, knowledgeable, educated and not perceived as overwhelmed, stressed out, unable to balance career and mothering, too ambitious. When we write these down and look at them, we understand the perceptions that make us vulnerable to shame. In the process, we learn a lot about ourselves.

To start, pick a shame category (body, work, motherhood, parenting, etc.) Then, answer the following questions.

3 - 5 Ideal Identities

I want to be perceived as:

- 1.
- 2.
- 3.
- 4.
- 5.

3 - 5 Unwanted Identities

I do NOT want to be perceived as:

- 1.
- 2.
- 3.
- 4.
- 5.

Looking at your list of unwanted identities, answer the following questions next to the identity:

1. What do these perceptions mean to us?
2. Why are they so unwanted?
3. Where did the messages that fuel these identities come from?

Looking at your list of unwanted identities, complete the following sentence:

If you label me and reduce me to this list of unwanted identities, you will miss the opportunity to know that I'm complex and that I have many strengths, including:

- 1.
- 2.
- 3.

Strategies of Disconnection

1. We have learned to move away by withdrawing, hiding, silencing ourselves and secret-keeping.
2. We have also learned the strategy of moving toward. This can be seen when we attempt to earn connection by appeasing and pleasing.
3. We have developed ways to move against. These include trying to gain power over others, and using shame to fight shame and aggression.

Reference: Hartling, L., Rosen, W., Walker, M., and Jordan, J. (2000). Shame and humiliation: From isolation to relational transformation (Work in Progress No. 88). Wellesley, MA: The Stone Center, Wellesley College. To learn more about the work being done at the Stone Center and the Wellesley Centers for Women, visit www.wcwonline.org.

I use the strategy of “moving away” when:

I'm most likely to “move away” with:

I use the strategy of “moving toward” when:

I'm most likely to “move toward” with:

ANY QUESTIONS?

Don't be ashamed to ask!



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