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

<table>
<thead>
<tr>
<th>Shame</th>
<th>Guilt</th>
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<tbody>
<tr>
<td>Involves a focus on the self</td>
<td>Relates to specific behavior</td>
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<tr>
<td>“I did that horrible thing!”</td>
<td>“I did that horrible thing!”</td>
</tr>
<tr>
<td>The more painful emotion</td>
<td>The less painful emotion</td>
</tr>
<tr>
<td>“The core self is at stake”</td>
<td>“Condemnation of specific behavior”</td>
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<tr>
<td>Can lead to worse behavior or paralysis</td>
<td>Can be a positive motivator of change</td>
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<tr>
<td>Believing we are a mistake</td>
<td>Recognizing we made a mistake</td>
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</table>
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

<table>
<thead>
<tr>
<th>Individualistic</th>
<th>Collectivistic</th>
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<tbody>
<tr>
<td>Emphasis a &quot;<em>independent</em>&quot; concept of self</td>
<td>Promotes an &quot;<em>interdependent</em>&quot; concept of self</td>
</tr>
<tr>
<td>External influences have more influence on concept of self</td>
<td>Both internal and external influences on concept of self</td>
</tr>
<tr>
<td>Feeling bad about the self is <strong>not normal</strong> and expected</td>
<td>Feeling bad about the self is <strong>normal</strong> and expected</td>
</tr>
<tr>
<td>Happiness is different from shame and anger</td>
<td>Anger is different from happiness and shame</td>
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</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Low Self-esteem</th>
<th>Self-injurious Behavior</th>
<th>Depression</th>
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<tbody>
<tr>
<td>Social Phobia</td>
<td>Generalized Anxiety Disorder</td>
<td>Bipolar Disorder</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>Borderline Personality Disorder</td>
<td>PTSD</td>
</tr>
</tbody>
</table>
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 inadequancy
Example of Therapist Shaming
"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!"
The Supervisory Working Alliance

Marker: Supervisee reports difficulty with a client

Task Environment

Focus on the supervisor alliance

Exploration of feelings

Focus on countertransference

Normalize experience

Focus on self-efficacy

Resolution: Connected feelings of shame with client’s experience.


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

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Feeling</th>
<th>Feeling</th>
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</thead>
<tbody>
<tr>
<td>Ridiculous</td>
<td>Foolish</td>
<td>Silly</td>
</tr>
<tr>
<td>Stupid</td>
<td>Dumb</td>
<td>Humiliated</td>
</tr>
<tr>
<td>Helpless</td>
<td>Weak</td>
<td>Inept</td>
</tr>
<tr>
<td>Small</td>
<td>Inferior</td>
<td>Unworthy</td>
</tr>
<tr>
<td>Trivial</td>
<td>Shy</td>
<td>Uncomfortable</td>
</tr>
<tr>
<td>Embarrassed</td>
<td>Vulnerable</td>
<td>Disrespected</td>
</tr>
<tr>
<td>Worthless</td>
<td>Idiotic</td>
<td>Dependent</td>
</tr>
</tbody>
</table>
Self-deprecating comments

Hesitation

Avoidance of here-and-now

Mumbling

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)
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**

<p>| | | | | |</p>
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</thead>
</table>
| a.) I would eat breakfast right away |   |   | maybe | likely
| not at all likely | unlikely |   | likely | very likely |
| b.) I would try to do some extra chores before starting the day |   | likely | very likely |
| not at all likely | unlikely | maybe | likely | very likely |
| c.) I would feel like staying in bed |   | likely | very likely |
| not at all likely | unlikely | maybe | likely | very likely |
| d.) I would wonder why you woke up so early |   |   | not at all likely |
| not at all likely | unlikely | maybe | likely | very likely |
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
"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
# Shame Resilience Model

<table>
<thead>
<tr>
<th>SHAME</th>
<th>Shame Resilience</th>
<th>EMPATHY</th>
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</thead>
<tbody>
<tr>
<td>Fear</td>
<td>0---3--6--9--12</td>
<td>Courage</td>
</tr>
<tr>
<td>Blame</td>
<td></td>
<td>Compassion</td>
</tr>
<tr>
<td>Disconnection</td>
<td></td>
<td>Connection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>USING SHAME SCREENS</th>
<th>Recognizing shame and triggers</th>
<th>AWARENESS</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>0---1---2---3</td>
<td>Understanding</td>
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<tr>
<th>REINFORCING INDIVIDUALIZING PATHOLOGIZING</th>
<th>Practicing Critical Awareness</th>
<th>DEMYSTIFYING CONTEXTUALIZING NORMALIZING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0---1---2---3</td>
<td></td>
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</table>
# Shame Resilience Model

**SEPARATING**

<table>
<thead>
<tr>
<th>Insulating</th>
<th>Reaching Out</th>
<th>Sharing Our Story</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 --- 1 --- 2 --- 3</td>
<td>Creating change</td>
<td></td>
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**SHUTTING DOWN ACTING OUT**

<table>
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<tr>
<th>Speaking Shame</th>
<th>Expressing How We Feel And Asking For What We Want</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 --- 1 --- 2 --- 3</td>
<td></td>
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Arrows indicate the movement towards resilience and change.
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.


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!


References


- Images provided by Google Images

- Videos provided by YouTube