

THERAPISTS GATHERING - FEB 2020



UNDERSTANDING SHAME AND IT'S ROLE IN THERAPY

Presented by Niharica Shah



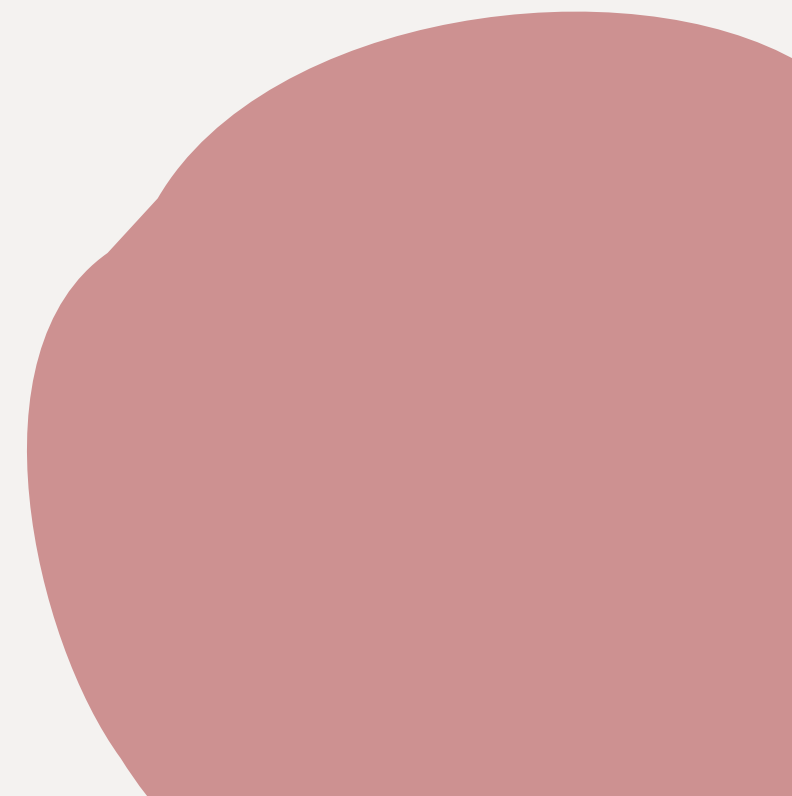
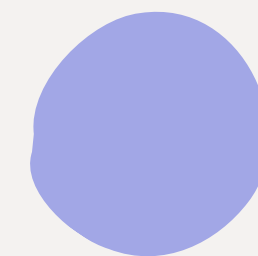
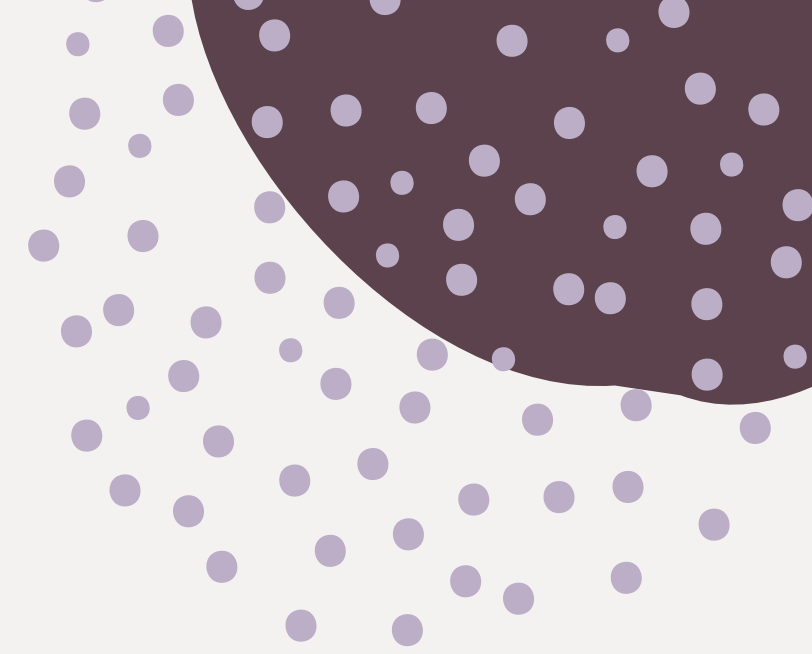
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Today's Discussion

TOPICS

- Shame - Definition and Understanding
- How Shame walks into the Therapy Room
- Some Noteworthy Points about Shame
- Recognising Shame in Clients
- Recognising Shame in MHPs
- Top Tips on Tackling Shame in Therapy
- Resources for further Learning





Shame

DEFINITION

Dr. Brené Brown defines shame as "an intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging". Shame is a focus on self, not on action.

THE SHAME GREMLIN

- Shame is highly co-related with Depression, Anxiety, Suicide, Bullying, Addiction, Aggression, Eating Disorders, Violence, and a number of other conditions.
- Shame = blame + disconnection + fear.





How Shame walks into the Therapy Room

BROUGHT BY THE CLIENT

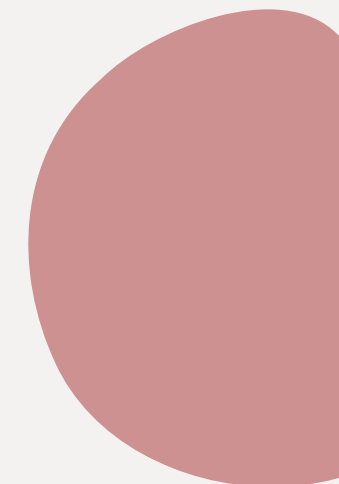
Shame born of experiencing psychological and behavioural problems, past experiences, or symptoms of mental illness.

BROUGHT BY THE THERAPIST

The challenge of providing therapy, with all its uncertainty, can result in shame in a therapist who, rather than being an example of psychological health, brings to the therapeutic encounter very human limitations and vulnerabilities.

BROUGHT BY THE THERAPEUTIC INTERACTION

Shame operates everywhere in therapy because clients are constantly concerned about what part of their inner experience can be revealed safely and what part must be kept hidden. Clients' struggles with shame may start even before the therapy begins.

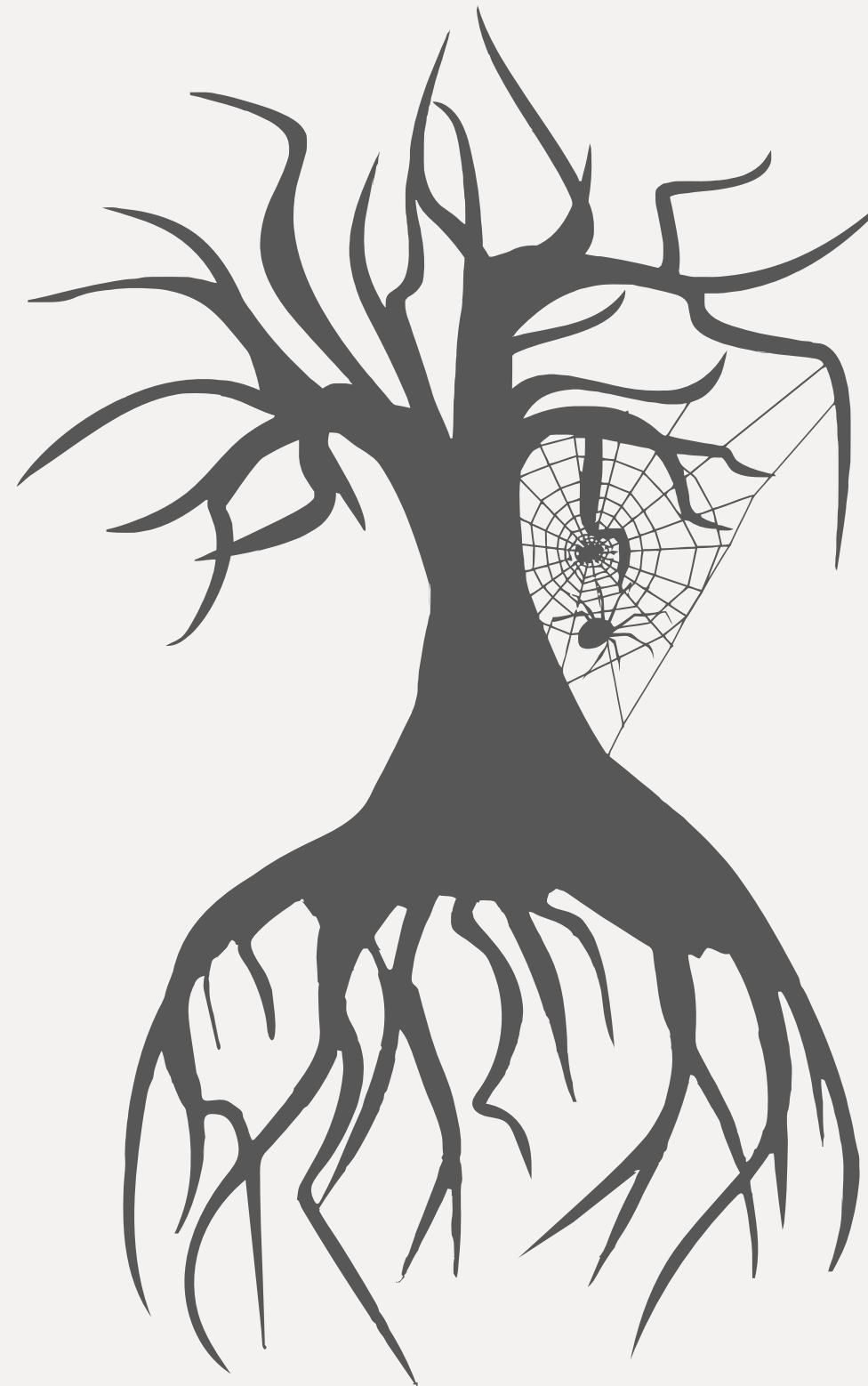


Common Causes of Shame



INTERNAL

- Harsh inner critic
- Personal belief and value systems
- Ideal self vs Real self
- Self-blame
- Low self-esteem
- Constant comparison with others - 'better than me'



EXTERNAL

- Cultural, religious, and societal beliefs and values
- Parents, caregivers, teachers, mentors narrative
- Inherited inter-generational shame
- Dysfunctional or abusive family members
- Situational -> generalised
- Trauma and abuse
- Rejection, isolation, neglect



Some Noteworthy Points

- Shame is often overlooked, or even actively avoided in the therapeutic process.
- Shame can come disguised as not only anger and rage, but also envy, contempt, and expressions of pride and grandiosity - all of which are defensive reactions to the experience of not-enough-ness.
- “Therapists need to be attuned and responsive to nonverbal as well as verbal indicators of shame-related experience in the session.
- The trick, of course, is to probe carefully without accidentally provoking additional feelings of shame.

Recognising Client Shame



ART

<https://www.saatchiart.com/art/Painting-SHAME/728212/2195576/view>

NON-VERBAL INDICATORS

- Slouched / slumping posture
- Avoiding eye contact
- Hiding face
- Rigid posture
- Mumbling / tapering voice
- Rapid speech
- Nervous laughter

VOCABULARY

Ridiculous, foolish, silly, idiotic, stupid, dumb, humiliated, disrespected, helpless, weak, inept, dependent, small, inferior, unworthy, worthless, trivial, shy, vulnerable, uncomfortable, awkward, or embarrassed.

Recognising Client Shame



REACTIONS

- Confusion of thought
- Hesitation
- Soft speech
- Mumbling
- Silences
- Stammering
- Long pauses
- Rapid speech
- Tensely laughed words

OTHER REACTIONS

- Becoming angry
- Becoming anxious
- Going blank
- Refusing to reveal
- Give non-specific responses and talk around the subject
- Tightened voice
- Pushing away or withdrawing

Recognising Therapist Shame



HOW WE MAY FEEL / BEHAVE IN THE SESSION

Avoiding subject / redirecting from subject

Focusing on other feelings like guilt/envy/etc.

Dismissing client experience

Trying to justify client experience or actions

Tense muscles / rigid posture

Shortness of breath

Actively distancing from client story

Feeling not (skilled/capable/worthy/etc.) enough



Tackling Shame in Therapy

Top Tips

- Break the silence - talk about the elephant in the room.
- Learn to recognise shame when it isn't obvious - aggression, arrogance, self-sabotage, perfectionism, addiction, etc.
- Remember that not all shame is toxic. Some can be helpful.
- Reduce your own blind spots - acknowledge your own shame in your safe spaces.
- Using creative interventions to understand how shame functions in clients.
- Bringing in compassion-focussed exercises to build shame resilience and facilitate integration of different parts of the self.



WORDS TO PONDER

"OUR JOB AS THERAPISTS IS TO MEET OUR CLIENTS IN THEIR SHAME-FILLED MOMENTS, OVER AND OVER WITH EMPATHY, UNTIL IT FEELS SAFE FOR THEM TO SHOW EMPATHY TO THEMSELVES."

NIHARICA SHAH





Resources for Further Learning

- Brown, B. (2006). Shame resilience theory: A grounded theory of women and shame. *Families in Society*, 87(01).
- Brown, B. (2004). *Women and shame: Reaching out, speaking truths and building connection*. Austin: 3C Press.
- Rizvi, S. L. (2010). Development and preliminary validation of a new measure to assess shame: The Shame Inventory. *Journal of Psychopathology and Behavioral Assessment*, 32(3), 438-447.
- Sanderson, C. (2015). *Counselling Skills for Working with Shame*. London: Jessica Kingsley Publishers.
- Tangney, J. P., & Dearing, R. L. (Eds.). (2011). Working with shame in the therapy hour: Summary and integration. In R. L. Dearing & J. P. Tangney (Eds.), *Shame in the therapy hour* (p. 375-404). American Psychological Association.
- <https://www.therapyinphiladelphia.com/tips/how-to-share-your-shame-in-therapy>