Transforming Shame Experiences through Therapeutic Interventions

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Abstract

Shame is a deep-rooted emotion which is experienced as negative and threatening across cultural contexts. Psychologists such as Freud, Breuer, and Jung worked with different interventions to manage and transform shame and to understand its meaning for the individual. The aim of this article is to define shame as a health resource; acknowledge the contribution of shame to meaningfulness, personal growth, and development; learn about selected interventions to transform shame; and reflect on shame with regard to future research and practice.

Keywords: shame, transforming shame, healthy shame, PP 1.0 and PP 2.0, therapy, therapeutic interventions

"Shame!"

Shame is a well-researched emotion which is deep-rooted in the individual as well as in collective societies (Marks, 2011). It is an emotion which is often associated with negativity and self-condemnation (Lotter, 2012), negative introspection, and self-evaluation (Qian, Liu, & Zhu, 2001). Shame has been studied with regard to many different aspects and across the scientific disciplines, from psychology to sociology, theology, cultural studies, and neurosciences (Vanderheiden & Mayer, 2017). However, although shame has been studied increasingly over the past century, Marks (2010) highlights that it is still a tabooed emotion which is easily ignored or avoided. However, avoidance rather leads to toxic and unhealthy shame than to shame as a health resource or than to a positive anchor to grow and develop.

Werden (2015) provides a well-written overview on shame and its exploration throughout various disciplines whereby the author emphasises that, traditionally, shame has mainly been studied from a psychoanalytical and psychotherapeutic viewpoint (Freud, 1961). Wurmser (2010) emphasises that the first attempts to see shame as a resource and in a positive way were undertaken by Lewis (1971) within the discipline of psychology.

During the past several years, research studies have started to focus on the positive aspects of shame in more depth. The positive or even healthy aspects of shame have been shown, such as by Marks (2010), who indicated that the experience of shame is important for developing a coherent self-experience. To explore the positive side of shame, the negative as well as the positive aspects of shame need to be acknowledged and addressed to develop a healthy self-worth and to transform shame experiences for the greater good. Masters (2016) pinpoints that healthy shame can empower individuals to take healing action or other manageable steps forward to transform shame, for example, by expressing their remorse. However, to transform the experience of shame is a challenge across cultures (Vanderheiden & Mayer, 2017; Mayer & Vanderheiden, 2019).

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In this article, it is argued that shame is usually defined as a hidden and ignored emotion and that it needs to be redefined to address and to transform it to contribute to individual and collective growth, meaningfulness, and transcendent development. Specific therapeutic approaches and interventions are needed to transform shame towards a healthy resource.

The article refers to Wong (2019), who highlights that a development from shame to wholeness is a key to transforming shame from a negative towards a positive emotion. Wong (2011) shows that an existential positive psychology perspective is supportive in transformational positive psychology perspectives. Thereby negative and positive aspects need to be explored, worked through, and integrated to finally transform shame towards a sustainable positive emotion. This article supports Wong's (2011, 2019) perspective.

In the following, the article will shed lights onto transforming shame into a health resource and specifically with regard to creating meaningfulness. Further, selected therapeutic approaches and interventions will be presented to provide an overview on options regarding how shame can be transformed constructively in therapeutic settings.

Transforming Shame: Shame as a Health Resource

Since emotions have been identified as key players in meaning-making in the life of individuals and in collectives (Lewis, 1992, 2011), it has been suggested that shame needs not only to be understood from its negative implications, but also from a positive psychology perspective and thereby with regard to its positive implications (Vanderheiden & Mayer, 2017). Vanderheiden and Mayer (2017) have affirmed that shame should be explored with regard to its impact on health and well-being in terms of how an individual and/or a group can develop and grow through shame experiences in a positive way. Since Wong (2017) has argued that shame should not only be viewed from a "traditional" positive psychology perspective, here called PP 1.0, but should rather be seen in the context of second wave positive psychology (also known as PP 2.0), Mayer and Vanderheiden (2019) have taken this discourse further and have reiterated that shame needs to be explored according to Wong's suggestion, taking PP 2.0's dualistic nature into account: shame's healthy and unhealthy sides and its intra- and inter-personal dark sides need to be explored in depth. Wong articulates further that an emotion such as shame can only be experienced as a healthy emotion when all of the polarities and controversial aspects of shame are actively and consciously acknowledged. It is argued here that this can happen on different levels, such as intra-personally, inter-personally, and with regard to the experience of shame within the social context, such as in a community or an organisation. No matter on which level shame is acknowledged, the emotion needs to be accepted in its entirety with its positive and negative aspects. If this is the case, it can contribute to the creation of meaningfulness and personal growth and development.

Shame, Meaning(fulness), Personal Growth, and Development

Meaning is viewed as a participative process to construct inter-subjective worlds and realities of common sense (Berger & Luckmann, 2011). It is assumed that human beings strive for meaning, purpose, and wholeness (Ransome, 1996) and that status, social interaction, and connectedness play a crucial role for individuals to create meaning in their lives. Meaning is further defined as a construct which carries information and is filtered through the individual and collective perception. The meaning of life is differentiated from a meaningful life, whereby the meaning of

life provides information about life as a construct, while the meaningfulness of life is rather associated with the impact a life has through its meaning-making (O'Rourke, 2005).

Exploring shame with regard to meaning and meaningfulness is relevant, since shame and meaning are connected through the creation and interpretation of meaning of, for example, thoughts, feelings, and actions. This evaluated meaning is then measured against a (moral) stance which provide indication for the meaningfulness, qualitative, and/or quantitative impact of thoughts, feelings, and actions in life in the context of shame.

Meaning and meaningfulness in life gain relevant aspects in the context of PP 1.0 and PP 2.0. Whilst in PP 1.0, meaning and engagement play a role in the context of exploring positive emotions, in PP 2.0 the former's interventions are expanded by focusing on virtues, meaning, resilience, and well-being. Meaning is, however, a core aspect in both waves of positive psychology and refers to the creation of the world through coding and decoding information which are created through social interaction. A negatively ascribed meaning to an action or a thought might then result in shame, whilst a positively ascribed meaning to a thought or an action might result in, for example, pride. How meaningful this experience of the thoughts, actions, and emotions are, however, refers to the ascribed impact of the experience of the thought, action, and feeling. Meaningfulness is thereby described as a motivational component in the life of an individual or group and adds as a central point to the life-orientation of an individual (Antonovsky, 1979). The creation of meaningfulness is strongly connected to one's belief-system (Griffiths, 2009) and, according to Mayer, Surtee, and Barnard (2015), meaningfulness refers to subthemes of inter-connectedness, spirituality, and transpersonal orientations which foster health and well-being, as well as coping mechanisms, if evaluated by the individual and/or group as positive.

Shame needs to be reconsidered in the context of PP 1.0 and PP 2.0 and particularly with regard to meaning and meaningfulness. PP 1.0 and PP 2.0 interventions both aim at creating meaning, meaningfulness, and engagement in life by transforming the negative (shame) into the positive (shame) through the exploration of meaning (and self-reflection) and the ascription of meaningfulness (and worth).

Interventions to transform a shameful, negatively experienced situation might be self-induced and automatic and can be based on self-reflection and in-depth intra-psychological explorations. However, in organisations they can also be implemented through leadership, management, and organisational strategies, and/or interpersonal, collegial relationships (Mayer & Tonelli, 2017). In parallel to these strategies, shame can also be transformed through therapeutic interventions. This will be discussed in the following.

Working with Shame in Therapy

Lewis (1971) was the first to point out that working in therapy with shame is an important task. Transforming shame, however, is easier said than done. As has already been noted above, the successful transformation of shame towards becoming a health resource and providing meaningfulness and guidance in an individual's or group's life needs—according to PP 2.0—requires taking both the negative and positive aspects of shame into account. This means that shame and its exploration might lead a person towards the shadow aspects (Jung, 2009) of his/her personality and it might require courage and knowledge to work through the shame to finally transform it (Mayer, 2017).

Hilgers (2013) spotlights that shame and particularly shame conflict (intra- and inter-personal) can be managed in therapy. If shame is overlooked or bypassed in psychotherapy, this

can become a major cause of failure (Morrison, 1998). To make the work with shame a success in therapy, Brennen, Robertson, and Curtis (2017) emphasise that

> … having a safe space to acknowledge shame and vulnerably share one's experiences with shame is beneficial to overcoming shame and building resilience. From the perspective of clinical, psychological practice, this suggests that regardless of the particular modality of therapy, seeking help from a practitioner who is accepting and non-judgemental of the person, as well as their feelings of shame, would be helpful in promoting individual level resilience. (p. 220)

Thus, the therapist always needs to take the counter-transference of shame into consideration (Hilgers, 2013). Additionally, therapists need to note that while treating shame in therapy can be very supportive to developing the individual, Sedgwick and Frank (1995) have highlighted that the relegation of shame into the therapeutic setting might lead individuals to increasingly avoid talking about shame in their own daily interactions and other settings.

Further, recent research has shown that individuals who would otherwise consider psychotherapeutic advice do not consider therapy due to fear of discrimination, stigmatisation, and shame which the authors suggest to be a universal (not a culture-specific) phenomenon (Siegel et al., 2017). Twenty years earlier, Lee and Wheeler (1996) had already argued to take shame in therapy into account to break down destructive cycles and restore intimate processes with regard to different contexts in which shame is experienced, as well as by members of different groups, such as women, gays and lesbians, father-son relationships, or individuals with chronic illnesses; the authors had already challenged the ways of seeing shame and working with shame, redefining the relationship between client and therapist and their relationship. Swan and Andrews (2003) emphasise that shame in therapy is often connected to a lack of disclosure, because clients associate shame with generating disgust in others and therefore refrain from opening up the topic. However, other authors, such as Schoenleber, Sippel, Jakupcak, and Tull (2015), assert that particularly the work on feelings and experiences of shame might be a key to coping mechanisms, for example, relating to post-traumatic stress.

Sinha (2017) has largely reviewed the literature on shame and psychotherapy and describes a recent surge in clinical interest to reconceptualise problems which have been referred to as problems of anxiety and which are now being redefined as problems of shame. In this context, the appreciation of the manifestations of shame in psychotherapy should help to connect and understand the clients' experiences (Sinha, 2017). Sinha (2017) further on underlines that shame, shame experiences, and shaming play a crucial role in different psychological disorders, such as anxiety disorders, depression, anger, alcohol dependence, trauma, borderline personality disorder, suicide, and eating disorders, in which shame causes a "break in the social matrix and results in disconnection" within the self and within the relationship to others which might need to be rebuilt during therapy (p. 259).

Interventions to Transform Shame in Therapy

Dearing and Tangney (2011) provide guidelines on how to work with shame in therapy, thereby highlighting that the foundation to working with shame in therapy needs high levels of openness, trust, and self-reflection.

Targeting shame in therapy directly is believed to lead to improved health and well-being in clients (Sinha, 2017), however it might even be challenging for the therapist to detect shame issues since they are often hidden. Scheff (2012) indicates that the narration on shame experiences might lead to a retraumatisation of shame and its connected feelings which would be

counter-productive. Dorahy, Gorgas, Hanna, and Wiingaard (2015) emphasise that clients find it most helpful when the therapist, on the one hand, stays focused on the shame issue, but, on the other hand, does not focus on it for an extensive period of time. The therapist, however, is expected by the client to provide support in managing the negative emotion most effectively. Sinha (2017) concludes that—for a therapist to work most effectively with a client on shame issues—the therapist should facilitate a space for the expression of shame which is non-judgemental and accepting in nature. Additionally, clients need to understand in therapy that the activation of support systems to transform shame are a crucial point in therapy: to learn to overcome isolation and withdrawal which are often associated strategies in negating shame (Van Vliet, 2008). Nkosi and Rosenblatt (2019) suggest that, in the context of shame and positive therapy, support groups should be established to help individuals manage shame and gain control over their personal priorities and direction in life. By using support groups, but also group therapy, meaning and meaningfulness might be established within the collective group through the transformation of shame through narrating shame emotions and sharing related feelings and experiences.

Sinha (2017) highlights that the therapist needs to be able to understand the shame the client experiences—not least with regard to shame and its contribution to its meaning and meaningfulness for the client—with an accepting attitude and that therapies need to enhance general emotional coping, the ability of the client to externalise and accept shame. Shame thereby needs to be viewed and understood as a complex issue which is recognised in the context of the individual and the lived situation.

Various therapeutic approaches have been described to contribute to managing shame, such as mindfulness-based therapies, like comprehensive distancing therapies (Zettle, 2005), acceptance and commitment therapies (Hayes, 2004), compassion focused therapy (Gale, Gilbert, Read, & Goss, 2014; Gilbert, 2009), dialectic behavioural therapies (Rizvi & Linehan, 2005). Jacob (2011) and Jacob and Seebauer (2014) emphasise that schematherapy can support the transformation of shame by integrating emotional, behavioural, and cognitive methods. Nel and Govender (2019) describe in their work on battered women that interventions which take religious aspects into account and are linked to person-centered therapy, narrative therapy, and brain working recursive therapy enable women to work through their shame experiences. Malik (2019) adds to the understanding of shame as a complex issue by pointing out that shame needs an eclectic approach which can draw on various therapeutic approaches, such as psychotherapy, Gestalt therapy interventions, or dialectic behavioural therapy.

Mayer (2017) indicates that interventions based on positive psychology perspectives can support the transformation of shame. Thus, the work with the shadow has major relevance: by accepting the shadow parts of the identity, by acknowledging them emphatically (Perry, 2015), shame aspects might be indirectly acknowledged and accepted as well. Based on this general acceptance of shadow aspects, the positive parts of the shadow can—in accordance—be explored which support the transformation of shame from a toxic, negative emotion towards an acceptable emotion which introduces the value of the shadow and displays the value of shame for personal growth and development (Mayer, 2017). The work with archetypes in therapy might provide an interventional foundation to explore archetypical patterns in group development processes or group therapy and give an opportunity for individuals to narrate shame experiences themselves, listening to the experiences of shame in others and sharing them with the group or keeping silent about them (and working with them intra-psychologically). Additionally, Oosthuizen (2019) and Gilbert (2019) reflect on the development of self-compassion through mindfulness-based

approaches, self-compassion, and other therapeutic interventions when working with shame. Geldenhuys (2019) suggests a neuropsychotherapeutic approach which supports the previously mentioned approaches.

Mayer (2019a) emphasises that working with dreams is an appropriate intervention to transform shame experiences, using, for example, techniques such as social dream drawing. By applying dream analysis, social dream drawing, but also by using body-related therapeutic interventions, such as constellation work, shame can be transformed on different levels (Mayer, 2019b). Active imagination, a technique implemented and explored by Jung (Mayer, 2019c), can also be supportive in transforming shame. The aim of several of these interventions is to understand shame within its individual and/or systemic context. Thus, the interventions work not only on the conscious level, but also on the unconscious level to transform shame and help to create (new) meaning relating to shame and its meaningfulness for the individual.

Mayer (2019c) and Baumann and Handrock (2019) have described the relevance of positive psychology and imaginative therapy in transforming shame towards a healthy shame experience primarily by referring to PP 1.0. Positive psychology can build an underlying theoretical paradigm in various therapeutic approaches and provide therapist and client with a focus on the positive and its meaning within therapy.

This discussion on PP 1.0 can be taken further by focusing on PP 2.0. Regarding PP 2.0, the aspects of meaning and meaningfulness particularly need to be approached in transforming shame in therapy and practice. The core element of constructing meaning can become a focus when working with shame. Meaning-centered therapy (Wong, 1998) focuses particularly on exploring meaning and the therapeutic relationship in therapy and counselling. Within the therapy, personal meaning is viewed as the central construct to empower the individual through the personal quest for meaning, fulfillment, and coherence (Korotkov, 1998) and to create meaning out of raw and perplexing life experiences. It is suggested that, to construct meaning, negative and positive aspects of shame need to be considered and explored to then evolve to a higher value of shame in the context of positive meaning. Meaning is not only explored in meaning-centered therapy, but can become an underlying quest within any therapy and it is suggested that the meaning of shame, once addressed, can be explored in depth in any therapy by using various interventions.

Conclusions and Recommendations

Shame is a complex emotion to deal with in therapy, one that requires a high degree of self-reflection by both therapist and client, with mutual trust, openness, and willingness to change, as well as a context and culture-specific approach. It also requires the therapist to be able to use various intervention techniques, drawing from different therapeutic approaches.

Most of the work on therapies and interventions on managing and transforming shame need to be understood from a context and culture-specific point of view, and the work with shame always needs to be seen and understood from within its context (Vanderheiden & Mayer, 2017; Mayer & Vanderheiden, 2019). The meaning and meaningfulness of shame in therapy are both, context- and culture-related, and their exploration with regard to shame can be anchored in the approached of PP 1.0 and especially PP 2.0. This will ensure the exploration of the negative aspects of shame to the necessary extent, which allows the exploration of the meaning of positive aspects of shame.

To explore the value of shame and its bright side, shameful experiences need mindful interventions and the ability of the therapist to work with the topic in favour of the client to reach

the best outcome for the client to transform shame. The exploration of meaning and the meaningfulness of shame in an individual's life can strongly contribute value in the therapy to transform toxic into healthy shame.

Future research on shame should explore and evaluate therapeutic interventions and should take their effectiveness and applicability into account. Thus, meaning and meaningfulness as parts of core therapeutic interventions should be studied in the context of understanding and transforming shame from a toxic towards a healthy emotion. Interventions should be studied in different therapeutic settings and be compared.

Therapeutic practice should take the findings of shame research into account and heighten the awareness of shame in therapists and clients, the creation of meaning and meaningfulness and approaches of PP 1.0 and PP 2.0 to transform shame in context.

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