

## **Transforming Shame Experiences through Therapeutic Interventions**

Claude-Hélène Mayer, Ph.D.<sup>1</sup>

<sup>1</sup>University of Johannesburg

### **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, PP1.0 and PP2.0, therapy, therapeutic interventions

### **“Shame!”**

Shame is a well-researched emotion which is deep-rooted in the individual as well as in the collective societies (Mayer, 2019a, 2019b; Mayer & Vanderheiden, 2019). Shame can be defined as a universal human feeling which is, however, strongly influenced by its historical, social and cultural relativity (Magyar-Haas, 2020).

It is an emotion which is often associated with negativity and self-condemnation (Lotter, 2012), negative introspection and self-evaluation (Qian et al., 2001; Porter et al., 2019), as well as a vulnerable self (Magyar-Haas, 2020). 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 (Geldenhuis, 2019).

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 psychotherapeutical viewpoint (Freud, 1933/1961). Wurmser (2010) accelerates that later the first attempts to see shame as a resource and in a positive way were undertaken within the discipline of psychology, as by Lewis (1971).

During the past years, research studies have started to focus on the positive aspects of shame in more depth (Schaumberg & Skowronek, 2022; Vanderheiden & Mayer, 2017). The positive or even healthy aspects of shame have been indicated, such as in Marks (2010), who mentions 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 experience 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 (Mayer & Vanderheiden, 2019).

In this article, it is argued that shame is usually defined as a hidden and ignored emotion and that shame needs to be redefined. When redefined, shame can be transformed into a growth factor and it can contribute to individual and collective growth, as well as meaningfulness and transcendent development. Specific therapeutic approaches and interventions are needed to transform shame towards a healthy resource, as described by Mayer et al. (2021) as well as Sosin et al. (2022).

The article refers to Wong (2019a) who highlights that a development from shame to wholeness is a key to transform shame from a negative towards a positive emotion. Wong (2019b) 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 (Wong, 2019a). Further, Wong (2017) has pointed out that a PP2.0 perspective aims at transforming negative emotions and in particular shame through compassion, empathy and increased awareness of the vulnerability and frailty of all humans. Shame can thereby be viewed as a guiding emotion which requests awareness and consciousness regarding how to lead a meaningful life (Wong, 2011). Further, Wong (2011, 2016, 2020a) suggests that individuals need to explore the dark, painful and negative aspects of life and existence, which might often be connected to shame, and deal with them in a radically accepting way to improve well-being and the lived-through experience. This article supports Wong's perspectives.

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 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 PP1.0, but should rather be seen in the context of the positive psychology wave two (described as PP2.0), Mayer and Vanderheiden (2019) have taken this discourse further and have reiterated that shame needs to be explored according to Wong's (2017) suggestion, taking PP2.0'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 (2017) 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 the community or the organisation. No matter on which level shame is acknowledged, the emotion needs to be accepted in its entity 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 which 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 the life as a construct, while the meaningfulness of life is rather associated with an impact a life has through its meaning-making (Ho, 2023).

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, the 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 PP1.0 and PP2.0. Whilst in PP1.0, meaning and engagement play a role in the context of exploring positive emotions, in PP2.0 the PP1.0 interventions are expanded by focusing on virtues, meaning, resilience and well-being. Meaning is, however, a core aspect in both of the positive psychology waves and refers to the creation of the world through coding and decoding information which are created through social interaction. A negative ascribed meaning to an action or a thought might then result in shame, whilst a positive 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 the belief-system (Griffiths, 2009) and according to Mayer and colleagues (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 PP1.0 and PP2.0 and particularly with regard to meaning and meaningfulness. PP1.0 and PP2.0 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).

More recently, Paul has more clearly articulated PP2.0 in terms of Existential Positive Psychology (EPP) (Wong, 2021, 2023; Wong et al., 2022). For example, Wong and colleagues (2022) stated the need for a paradigm shift:

In this chapter, we propose a paradigm shift towards existential positive psychology, which integrates the dark (negative psychology) and the bright (positive psychology) sides of life to provide a more integrative and comprehensive model of wellbeing. We explore the dialectical interaction between these poles of human experience, with a particular emphasis on the importance of embracing and transforming suffering for cultivating sustainable wellbeing.

In our latest paper (Wong & Mayer, 2023), we point out the inadequacy of PP1.0, because even the most valued positive emotion of love is inextricably linked to suffering:

We believe that the main obstacle to understanding the meaning of love is the deeply entrenched misconception of equating love with happiness as a positive emotion. At present, there is a growing trend of seeking divorce for the sole reason that the

relationship no longer brings happiness, even though the spouse is as good as they can be given that no person is perfect. (p. 4)

We need a paradigm shift because all things in life or nature exist in opposites, and wellbeing depends on transforming the negatively and navigating a dynamic balance between positive and negatives as way to achieve durable wellbeing.

Wong (2019a, 2019b) has pointed out that to overcome pain and suffering, one has to agree to say “yes” to life and move forward, face an uncertain future, endure the pain and darkness, stand up for one’s own belief, fight against injustice and oppression, pursue an idea and pursue the own life goals. An important aspect of the meaning-focused transformation of shame can be found in research on existential gratitude and appreciation of life as a gift (Jans-Beken & Wong, 2019), emphasising the dynamic balance of dialectical and paradoxical principles. These principles need courage to address the painful issues of negative trauma, wisdom to navigate the polarities of life in order to find an adaptive balance. Furthermore, Wong (2019b, 2023), also mentions that not only Western societies, but also cultural perspectives and cultural psychology movements need to be factored in for global wellbeing.

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. It has been accentuated previously that 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 PP2.0 - to take the negative and the 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 (2006) spotlights that shame and particularly shame conflict (intra- and inter-personal) can be managed in therapy. However, thereby, the therapist always needs to take the counter-transference of shame into consideration. 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 et al. (2017, p. 220) 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.

However, thereby, the therapist always needs to take the counter-transference of shame into consideration (Hilgers, 2006). Further on, therapists need to pay attention that treating shame in therapy can be very supportive to develop the individual, while Sedgwick and Frank (1995) highlight that the relegation of shame into the therapeutic setting might lead individuals to increase avoiding talking about shame in daily interactions and other settings.

Further, recent research has headlined that individuals who would 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 & 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, gay and lesbians, father-son relationships, or individuals with chronic illnesses. In this manuscript, the authors 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 and colleagues (2015), assert that particularly the work on feelings and experiences of shame might be a key to coping mechanism, 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 being redefined as problems of shame. In this context, the appreciation of the manifestations of shame in psychotherapy should help to connect and to understand the client's experiences (Sinha, 2017). Sinha (2017, p. 259) 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 rebuild during therapy.

### **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 re-traumatisation of shame and connected feelings which would be counter-productive. Dorahy et al. (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 in the context of shame and positive therapy, that support groups should be established to support individuals to manage shame and to gain control over their personal priorities and their directions 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 at 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 living situation.

Various therapeutic approaches have been described to contribute to managing shame, such as the mindfulness-based therapies, like comprehensive distancing therapies (Zettle, 2005), acceptance and commitment therapies (Hayes, 2004), compassion focused therapy (Gilbert, 2009; Gale et al., 2014), dialectic behavioural therapies (Rizivi & Linehan, 2005). Jacob (2011) and Jacob and Seebauer (2014) emphasise that Schema-Therapy can support the transformation of shame by integrating emotional, behavioural, and cognitive methods. Nel and Govender (2019) describe in their work on battered women those interventions which take religious aspects into account and which 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. Thereby, 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 the shame 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 archetypal 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 share them with the group or keep silent about them (and work 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 therapeutical 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. Thereby, 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 PP1.0. Positive psychology can build an underlying theoretical paradigm in various therapeutic approaches and provide the therapist and the client with a focus on the positive and its meaning within therapy.

This discussion on PP1.0 can be taken further by focusing on PP2.0. Regarding PP2.0, it can be highlighted that particularly the aspects of meaning and meaningfulness 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 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 to construct meaning, negative and positive aspects of shame need to be taken into

account 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, 2021). 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. Given the recent developments in PP2.0 or EPP, I propose that future research and interventions need to focus on the enormous positive potentials of transforming painful emotions, such as shame and guilt.

According to Glegg (2020):

Carl Jung said that 90% of the shadow is pure gold. It occurs as shameful and negative because we perceived our shadow traits as unwelcome in our families and later in our peer groups. We repressed and stifled them until eventually they became negative. Starved of love and light, the traits rotted and degenerated. Yet the shadow has energy and continues to pulse fear and shame into our experience. Functioning as a subconscious rudder for our lives, we call it fate.

Shadow work through Jungian analytical psychotherapy is an effective way to bring the repressed unconscious shadow into our consciousness and transform it into creative and spiritual energies of personal growth. Wong's integrative meaning therapy (Wong, 2020b; Wong et al., 2021), which focuses on meaning transformation as well as dialectic interactions and self-transcendence.

The new paradigm considers the deepest suffering as the strongest roots or foundation for the highest potential for positive transformation. Thus, what used to be ignored or repressed, now become a gold mine for personal and collective transformation and flourishing.

Future research on shame should explore and evaluate therapeutic interventions and should take their effectiveness and applicability into account. Thereby, 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 therapist and clients, the creation of meaning and meaningfulness and approaches of PP1.0 and PP2.0 to transform shame in context.

### **Acknowledgements**

Thanks to Paul Wong and Elisabeth Vanderheiden for the research cooperation on shame and positive psychology during the past years.

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