Understanding the Shame-Based Identity: Implications for Clinical Practice

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Abstract

Shame-based individuals have difficulty coming into and maturing in their identities. Fear is often a hindering factor in these individuals' ability to make healthy decisions for themselves. Clients who come into therapy will probably be unaware of the concepts of shame and shame-based identity yet shame may very well be the underlying reason why they are having difficulty.

The objectives of this paper are to explore how a shame-based identity can form, identify the situational manifestations of shame and fear in individuals, identify measures that can be used to obtain data about a client's presence of shame, and discuss tools for translating this information to the client.

Key words: shame, identity
# SHAME-BASED IDENTITY

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>2</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>3</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>5</td>
</tr>
<tr>
<td>Shame-Based Identity Versus Situational Shame</td>
<td>6</td>
</tr>
<tr>
<td>Differences Between Shame and Guilt</td>
<td>6</td>
</tr>
<tr>
<td>The Shame Cycle In Action</td>
<td>8</td>
</tr>
<tr>
<td>How a Shame-Based Identity Forms</td>
<td>12</td>
</tr>
<tr>
<td>The Five Life Tasks and Shame</td>
<td>15</td>
</tr>
<tr>
<td>Friendship</td>
<td>15</td>
</tr>
<tr>
<td>Occupation</td>
<td>18</td>
</tr>
<tr>
<td>Love</td>
<td>20</td>
</tr>
<tr>
<td>Self</td>
<td>23</td>
</tr>
<tr>
<td>Spiritual</td>
<td>26</td>
</tr>
<tr>
<td>Mental Disorders that Can Result From Shame</td>
<td>28</td>
</tr>
<tr>
<td>Borderline Personality Disorder</td>
<td>29</td>
</tr>
<tr>
<td>Dependent Personality Disorder</td>
<td>32</td>
</tr>
<tr>
<td>Avoidant Personality Disorder</td>
<td>35</td>
</tr>
<tr>
<td>Other Possible Disorders</td>
<td>37</td>
</tr>
<tr>
<td>Narcissism</td>
<td>39</td>
</tr>
<tr>
<td>How Do You Know When You Have a Shame-Based Client?</td>
<td>41</td>
</tr>
<tr>
<td>Instruments That Measure Shame</td>
<td>45</td>
</tr>
</tbody>
</table>
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Understanding the Shame-Based Identity: Implications for Clinical Practice

This researcher believes there is such a thing as healthy shame. In a society with laws, when someone has participated in an activity that a society has deemed inappropriate, a healthy result would be that person feeling shame as an emotion (i.e. in the situation of one who has molested others or one who has stolen money from vulnerable people). One may also feel guilt and/or remorse about committing that crime. The focus of this paper is not on situational shame, whether deemed as a healthy or unhealthy response. Instead this researcher will concentrate on the widespread issue of people who are shame-based and not aware of their shame (these individuals can also be described as shame-prone individuals). This type of person is one who believes at the core he or she is bad, worthless, and/or defective. A person like this may have a sense of his or her low self-esteem but is probably unaware of what has contributed to his or her bad feelings and how shame has formed their identity. Tragically, the long-term ramifications of being shame-based can result in situations such as one living his or her life in fear, allowing others to dictate what his or her life consists of, and if the person has children - shaming his or her children unknowingly.

Differences Between Shame and Guilt

There can be much confusion about the terms of shame and guilt. The terms tend to be used interchangeably in conversations and the average person probably cannot identify the differences between the two concepts. Guilt is the emotion that results when one behaves in a way that is different to his or her beliefs and values (Bradshaw, 1988, p.17). Fossum and Mason described a person feeling guilt in this way: “A person with guilt might say, 'I feel awful seeing that I did something which violated my values.' Or the guilty person might say, 'I feel sorry about the consequences of my behaviors'...While guilt is a painful feeling of regret and responsibility
for one's actions, shame is a painful feeling about oneself as a person.” (as cited in Bradshaw, 1988, p. 17)

“Shame involves an evaluation of the self”....and the person feels as if they are a 'bad person'....”it is an overwhelming feeling characterized by a sense of being 'small' and worthless in the eyes of both the self and others.” (Niedenthal, Tangney, & Gavanski, 1994, p. 586) So the person believes and sees self as worthless and defective. “Shame involves feelings of fairly global self-condemnation...guilt involves a much more articulated condemnation of an unacceptable behavior (or failure to act), somewhat apart from the self.” (Niedenthal et al., 1994, p. 593) Lewis (1971) explains the difference this way: the experience of shame is directly about the self, which is the focus of evaluation. In guilt, the self is not the central object of negative evaluation, but rather the thing done or undone is the focus. In guilt, the self is negatively evaluated in connection with something but is not itself the focus of the experience. (p. 30). The person in a guilt experience can focus on a negative behavior and is “more likely to recognize and have concerns about” the other person that the behavior might have impacted whereas in shame, the person's focus is “ego-centric” but also can worry about the other person's evaluation of them (Tangney & Dearing, 2002, p. 82).

This researcher appreciated Bradshaw's (1988) “Shame-Guilt Contrast Table” in which he contrasts toxic guilt, healthy guilt, toxic shame, and healthy shame in seven areas. In the area of felt sense Bradshaw describes these differences: with toxic guilt one is very serious, feeling that a mistake cannot be made, and that it would be tragic if a mistake were made; whereas with toxic shame one feels that he or she is a mistake, no good, and worthless. (p. 18) The difference here is one not wanting to make a mistake versus one being a mistake. Both mindsets can be disabling, though.
VanVonderen (1989) describes shame in this way, “shame...is not just a feeling, though we often speak of it that way ('You ought to feel ashamed of yourself'). Shame is the belief or mindset that something is wrong with you. It's something you can live with and not necessarily be aware of it. It's not that you feel bad about your behavior, it's that you sense or believe you are deficient, defective or worthless as a human being.” (p. 16).

In summary, guilt feelings result when one perceives that a behavior was unacceptable and shame is where one feels or believes he or she is unacceptable and flawed. A person can feel the occasional situational shame, but usually one who is shame-based will get triggered by situation after situation, or triggered by person after person. The shame-based person's focus will be on self in a shame reaction and there will be an attitude of self-condemnation, whereas one who feels guilt will focus on the behavior – usually how they wish it could be undone or thinking they should do a certain behavior).

The Shame Cycle in Action

The cycle starts when a shame-based person becomes a parent and starts influencing their child. Shame-based parents mediate their own levels of shame when they initiate psychological control with their children (and this initiation is done subconsciously because the parent is needy and vulnerable within self). Psychological control is different than behavioral management because the former involves controlling the child through “invasion of the child's inner self” and the latter is telling the child what to do, imposing limits, and so on (Mills, Freeman, Elgar, Walling, & Mak, 2007, pp. 359-360). Steinberg said that in psychological control there is the absence of psychological autonomy (as cited in Barber, 1992, p. 71) and “a developing individual is in need of both psychological autonomy and behavioral regulation. Deprivation in either area appears to place children at risk for problems.” (Barber, 1992, p. 71) Erikson also
commented on autonomy: [If one has] “relatively more shame than autonomy, then you feel or act inferior all your life – or consistently counteract that feeling (as cited in Evans, 1969, p.20)

In psychological control the boundaries are blurred or porous between persons; in this case with parent and child, the parent does not recognize that the child is psychologically separate, unique, (Barber, 1992) and entitled to have desires, needs, and opinions that are different than the parent. Fisher (1985) notes that when someone struggles with shame, the person can feel isolated, but if that person has a child, the isolating feelings can decrease with the natural identification that happens with their child; this identification and connection is seen as an “unparalleled opportunity” to decrease shame and feeling isolated. Thus, there is difficulty in this parent then allowing the child to have a separate identity because that is seen as a rejection to self. Furthermore, Fisher says that without intervention, “a mother who feels fundamentally ashamed will raise a shame-based child, truly a child in her own image.” (p. 104)

This researcher will focus on at least two types of psychological control that can contribute to a shaming environment for a child. Mills et al (2007) highlight these types as: ”overprotective parenting (e.g., encouraging dependence, constraining behavior) and critical/rejecting parenting (e.g., withholding love, making the child feel unlovable)” (p.360). When a shame-based parent feels helpless (e.g. whether or not their self is acceptable or where they might be rejected by others) the child becomes “the object of their own self-blame” which leads to anxiety and hostility toward the child (p. 370). The parent's anxiety can result in overprotective parenting and the parent's negative feelings toward the child can result in critical/rejecting behaviors (pp. 370-371).

Constanzo and Woody said that:
Intrusive psychological control can limit the child's opportunity for self-discovery, disrupt the individuation process, and transmit anxiety to the child. Thus children who are overcontrolled psychologically may lack the confidence and the very impulse to deal with the external world and may withdraw to fend for themselves psychologically. Such children appear to be at great risk for internalized problems. (as cited in Barber, 1992, p. 72).

Other manifestations of parents' control include “refusal to communicate, threats of separation, blatant 'shaming' or love withdrawal” (Ferguson and Stegge, 1995, p. 185) and “expressing disgust, teasing,” and showing “conditional approval” (Tangney & Dearing, 2002, p. 152).

One specific parenting behavior in a family that can contribute toward a shaming environment is when parents give person feedback. Kamins and Dweck (1999) give examples of person feedback as “You're a good girl or boy” or “I'm very disappointed in you”; and examples of process feedback as “You must have tried really hard” or “Maybe you could think of another way to do it”) to a child (pp. 8 and 15) in their study. Kamins & Dweck (1999) discovered that with person-centered feedback children believed themselves to be less good, less smart, etc after an error. Additionally, when these children had a setback, they were more likely to display helpless reactions in that setback, had trouble brainstorming positive remedies for the setback, and believed the setback could not be changed. The children also displayed beliefs that they could determine badness of self and others on the basis of a failure, and that badness was an enduring characteristic (p.22). Other studies by Mueller and Dweck show that children that were given praise after a success (such as the child being intelligent) were more likely to blame their future failure on something internal, like their lack of ability (as cited in Kamins & Dweck, 1999, p. 22).
These findings above are important to keep in mind when a shame-based parent responds to their child. The parent may give person praise (i.e. when the child displays traits that make the parent look good or when the child is desiring to do the activities the parent likes) but if the child is interested in something the parent does not like, or initiates a behavior that makes the parent look bad, the parent can respond by ignoring the child, berating him, or showing anger and the child can easily conclude that he or she is bad. Fisher (1985) comments:

If a parent indicts “Bad girl!” often enough and without explanation or modification, the girl will inevitably come to understand herself as bad. The more the parent is immersed in shame, the less will the parent feel, and therefore impart, the distinction between the bad child and the bad acts... (p. 102).

Family rules set up by parents can govern what behaviors are desired from the children. Wilson (1992) highlights five unspoken family rules present in a shame-bound family that govern family behavior. One of these rules is to be numb. Shame-bound parents teach their children to numb emotions, and to be numb to personal boundary violations (because in the parent's family of origin, they were taught the same things) (p. 20).

Another rule Wilson (1992) highlighted was that the unspoken family rule is to be good. To a child, this means be “perfect”. Shame-bound parents are too wrapped up in their pain and cannot attend to a child's needs very well; thus for one to be considered “good” these conditions had to be met: “(1) have no personal needs of your own (2) have no critical (or even separate and different) thoughts and (3) know how to everything correctly without being taught” (pp. 20-21). For more on family dynamics within a shame-bound system, Wilson (1992) and Harper and Hoopes (1990) have invaluable tables in their books that this researcher commends to the reader.
Lastly, something to keep in mind is that with the presence of shaming behaviors in a home, a child's personality can make him or her most susceptible to the impacts of shaming at home. Barber (1992) noted says that shyness in a child can help protect a child in an environment where they are exposed to externalizing problems like drug use and delinquency but a child's shyness exacerbates negative impact on a psychologically controlling environment (p. 75). A shy child tends to be inwardly focused and non-assertive so they have limited defenses against controlling behaviors whereas an aggressive and impulsive child would be more resilient to a highly controlling environment because they might better be able to fight for their self within the family (p. 75). Other factors that will influence the impact of shaming on the child are: “the degree of exploitation, its consistency, the degree of parental awareness of what they are doing, and the presence or absence of alternative sources of genuine support” (Loader, 1998, p. 51).

**How a Shame-Based Identity Forms**

If a child gets the message along the way that their worth is decided by someone else, this impacts identity formation. Erikson said:

It [Identity] begins way back when the child first recognizes his mother and first feels recognized by her, when her voice tells him he is somebody with a name, and he's good. He already then begins to feel that he's somebody, he's an individual. But he has to go through many stages until he reaches the adolescent identity crisis...Mixed in with the positive identity, there is a negative identity which is composed of what he has been shamed for, what he has been punished for, and what he feels guilty about: his failures in competency and goodness. Identity means an integration of all previous identifications and self-images, included the negative ones....identity formation is really a restructuring
of all previous identifications in the light of an anticipated future (as cited in Evans, 1969, pp. 35-36).

Erickson also said that trust is the foundation of self-identity and that trust can “only develop from the reliable experience of 'good enough (unashamed, unshaming) mothering.” (as cited in Fischer, 1985, p. 105)

This researcher has already mentioned the lack of boundaries between the child and the shame-based parent; but as the child grows, the boundary between self and others is fragmented, which allows “for a continuous interchange of identities” (Fisher, 1985, p. 105). The shame of the child will then confirm and be the foundation of one's identity (“I am bad”) but will be heavily influenced by others' opinions along the way.

When an adult who is not shame-based looks at a shame-based adult, the person might argue that if indeed poor parenting happened in one's childhood that resulted in a child growing up being shamed, cannot that adult child just “decide” that they are worthwhile and feel better about self, essentially just “getting over it”? Pinto-Gouveia and Matos (2010)'s data suggest that early shame experiences are registered as “emotionally textured memories in the autobiographical memory and can then become the foundations for negative self-relevant beliefs (in which one evaluates the self the same way others have: As flawed, inferior, rejectable (p.286) and [these memories serving as foundations] increase shame-proneness (Gilbert as cited by Pinto-Gouvei and Matos, 2010, p. 286). “The autobiographical traumatic memory is central to one's life story and personal identity” and “shame memories can be seen as threat memories, that tend to have more powerful emotional pull than non-threat memories” (Pinto-Gouvei & Matos, 2010, p. 282). Indeed:

When early shame experiences function as anchoring events for our sense of self-identity,
as turning points in our life narratives and as cognitive reference points for the organization of other memories and for generating future expectations, they shape not only our negative perceptions of the way we exist in the minds of others (external shame) but also our own negative personal judgments of our characteristics, feelings or fantasies (internal shame). (Pinto-Gouveia & Matos, 2010, p. 281)

So the early memories of shaming experiences carry much weight in the formation of one's identity. The shame-based person will then live their life not only seeking out information that matches how they see self (“I am worthless and defective”), but their internal filter does not allow different opinions to come through thus their defective feelings are constantly reinforced by their perception that others know they are worthless as well.

The shame-based person's attitude toward the world is mistrusting and they generally feel vulnerable (“What are you going to do to me if and when you find out how bad I am?”). And because they believe their badness defines them, generally either a shame-based person then under-performs or over-performs in life (or does both quite consistently). With under-performing, the person feels they do not have ability to carry out the task (or be in relationship, etc) and does not have the ability or vision to reach their potential. With over-performing, the shame-based person can be quite conscientious but plagued with the compulsion that they must not make a mistake (in work, relationships, etc) or, they try to become “everything to everyone” so as to keep others from seeing their badness. Shame and the effects of shame are hugely problematic. Additionally, most likely a person who is shame-based might not have any comprehension that shame is plaguing them.
The Five Life Tasks and Shame

Adler originated the three life tasks of Friendship, Occupation, and Love/Intimacy. These can be considered the main problems or tasks of life. And mastering all three tasks is required to be considered healthy (Carlson, Watts, & Maniacci, 2006, p. 13). Two more Life Tasks of Spirituality and Self were added by Mosak and Dreikurs in 1967 (Dreikurs & Mosak, 1967; Mosak & Dreikurs, 1967). This researcher will discuss the issues a shame-based person might struggle with as it relates to each life task.

**Friendship**

The friendship life task involves one's relationships with family and friends. With one's family of origin, a person may have difficulty with finding and keeping interests that are their own, as the family of origin might try to deter the family member from liking things or participating in activities that the family does not. The shame-based person might have trouble saying no to family members, standing up for self, and can be easily manipulated or guilted. This type of person probably struggles with sharing too much information with family members which could be a sign of enmeshment and lack of boundaries. Or he or she might not share much personal information with the family of origin because the person is ashamed of their position in life and feels like a disappointment to the family.

With friends, this person also might struggle with sharing information. Even when the person really needs help, he or she might not voice their need out loud as “appearance management” is usually a top priority (Wilson, 1992, p. 19). Appearance management was learned from the family of origin when he or she was growing up. The child most likely got shamed if he or she displayed to the public something other than a happy, well-functioning, successful (etc, etc) family. In most cases, the parent is concerned about what others say about
them and worried about negative evaluations. They see their child as an extension of themselves and so the child has to be something he or she is not to keep up the parent's facade because the parent is deeply afraid of judgment coming back at them.

Also, in their families, the child's shame-based parent is likely wrapped up in their own shame issues so that he or she cannot discern or meet a child's emotional need. Unfortunately, the attitude in these types of shame-based families is the hidden truth that the child exists to serve the parents’ needs, and the child's needs are secondary. Certainly children are not encouraged to voice their need but even if a child had found the courage to voice a need—physical, emotional, or relational, the child most likely would get a response of annoyance, frustration, or negative outbursts because the parent's attention is on self. Thus, the child then learns that he or she does not matter, does not have the right to have a need and then voice that need.

The shame-based person might not have the courage to be vulnerable or may not have the social skills necessary to keep friends. According to Lutwak and Ferrari (as cited in Lutwak, Ferrari, & Cheek, 1998) shame is related to “fear of negative social evaluation.” (p. 1028) So a person is fearful that others will evaluate him or her negatively, thus the person does not have much ambition to seek out people since shame-based persons believe others will inevitably reject them.

He or she might also struggle in any friendships because the person constantly compares self to others, and the person feels he or she loses out in whatever capacity the comparison is in. Because the person believes they are defective and less than another, he or she will look for evidence that proves they are bad or unfavorable compared to another. For example, the person may compare aspects like attractiveness, warmth of personality, intelligence, number of friends,
success in a job, etc. with a friend and always be the unfavorable one. The person may wonder why that person is their friend because he or she thinks it is obvious to all that he or she is not as attractive, does not have a winning personality, etc. So the shame-based person might assign motives to the other person's desire for a friendship and try to figure out why that person is their friend. The shame-based person may have these questions: (a) Are they just trying to be nice? (b) Does their religion tell them they need to love the unlovable? (c) Are they being nice to me when I'm around, but then talking behind my back when I am gone? and so on. This type of over-thinking can result in the person feeling anxiety, especially when present around other people because the person really is not at ease, and is trying to figure out what others are thinking about them.

Social interest might be of great difficulty because this type of person has trouble looking outside of self to help others because of their shame. Tangney (as cited in Lutwak et al., 1997) said that shame was negatively related to empathy (p. 1028). So greater amounts of shame in one's life gets in the way of someone being able to empathize with another because he or she is preoccupied on his or her defects. Tangney & Dearing (2002) give an example of this self-preoccupation:

20-year-old Pat described this shame-inducing situation: “I was sitting with a group of friends, one of whom was telling jokes. He started telling very rude racist jokes (about blacks, putting them down). Although I realized this was inappropriate, I did not make the effort to tell the person and was eventually taken in by the jokes. I did not realize that a friend of mine who is black and with whom I participated in a 'racism workshop' was sitting at the table directly behind us and had heard every single word. When I noticed her, I felt the greatest shame.” When asked what he was feeling and thinking and what he
did, Pat responded: “The feeling was unbearable - guilt and shame - thinking of what she must think of me and that I deserve it. I hated myself...I just said hello to the person (the black friend) and said nothing more...I most likely blushed. I must have looked shocked at seeing her. I left alone - not with the group.” When asked how the other person reacted, Pat indicated: “She wouldn't say anything, I guess pretended like she didn't hear (just so she wouldn't embarrass me!)” Note that there was no mention of how his black friend might have felt upon hearing the racist jokes - no notion that the friend might have been hurt or distressed by the event. Instead Pat's focus is on Pat - not only how Pat felt about himself, but also on how the black friend might be evaluating Pat. Pat is so wrapped up in his feelings of shame that he is, for the moment at least, incapable of taking his friend's perspective except as it relates to feelings about Pat. (pp. 83-84)

The shame-based person might have an awareness that they have hurt someone, but the person focuses in on the negative characteristics of the self like: “I am such a horrible person (for having hurt so-and-so)” (Tangney & Dearing, 2002, p. 83). Indeed the lack of an empathy response can hinder the growth of friendships.

Furthermore, the shame-based person feels they have nothing to offer another person because their self-esteem is low especially in the areas of self-perceived intelligence, decision-making ability, independent functioning, physical attractiveness, and overall believe they are flawed. So essentially the pair in a friendship is not in a reciprocal relationship because the shame-based person is limited in their ability to give empathy to the other person.

**Occupation**

The occupation or work life task pertains to how one contributes to the world. This contribution could be through a job with pay or from a volunteering experience. Movement in
this area is important because a person can feel a sense of accomplishment and see positive results from their skills in action.

Shame-based persons that do have a job may give up easily in their tasks if they compare themselves to others' achievements. In one's occupation or work, a person might feel the need to prove something, feeling their self-worth is constantly on the line. The person might struggle with perfectionism as in this example by Underland-Rosow (1995):

John was plagued with the need for perfection. If he was not right, he felt worthless; so being right took on huge importance. Because he was terrified of trying anything new, his job was a source of great stress because he worked in a rapidly changing technological field. He was often in great conflict with his supervisor, in part of because of his open hostility whenever he feared the exposure of any inadequacy. John reported, “Any mistake became monumental. Shame would overwhelm me. I would feel like I was under a microscope with everyone intently looking at what was wrong with me. I tried to hide - and when that didn't work, I attacked the person who brought up the mistake.” (p.48)

Avoiding making mistakes can be very important to shame-based individuals because “mistakes are seen as the ultimate evidence of worthlessness. A mistake is not viewed as an isolated event, but it is generalized to describe the entire self: I am a mistake.” (Sheehan, 1989, p. 3)

Even for those that are not seeking perfection like John, others who are shame-based still can unravel under criticism but they secretly expect it as he or she had many experiences with criticism in childhood. Conversely, they might not be able to accept compliments from their boss or co-workers if those parties believe that the person is doing a good job. This type of person
SHAME-BASED IDENTITY

believes that either the appraisal is not accurate ("if only they knew the truth about me") or that the words are said to manipulate or control them.

If a shame-based person does not have an activity that helps them contribute to the world, then perhaps his or her fear is getting in the way. Perhaps it is their fear of rejection, fear of failing, fear of trying something new, or fear of displaying an interest they have that might be contrary to others' points of view. This person might also have increased shame because they do not have a job or activity to occupy his or her time.

Love

The intimacy or love task consists of finding a partner. Sexual activity may be involved, but sometimes not. This task is the one of the three that some individuals may have great difficulty in because they may never find someone to love in an intimate way since the presence of shame blocks efforts for intimacy (Goldberg as quoted in Lutwak, Panish, & Ferrari, 2003, p. 911). There are those that feel so inadequate that they will not make themselves available to find a partner, or are not optimistic that they will find love. They also do not feel like they have anything to offer since shame is positively related to negative ideas about self (Lutwak and Ferrari as cited in Lutwak et al., 1997, p. 1028).

For those that find themselves in a love relationship, shame-based persons use avoidance and distancing (Burggraf as cited in Lutwak et al., 1997, p. 1033). When faced with a conflict or issue, this type of person wants to run away and deny that there is a problem. They are afraid to have the conversation with their loved one because they assume all parties involved think he or she does not get a say and needs to comply, as shame forces people to comply with the demands made on the person (Underland-Rosow, 1995, p.74). The person is also afraid they will be berated for the person they are. Even when the problem is legitimately the partner's fault, the
shame-prone person has trouble stating a case to confront the partner because he or she assumes that they themselves are somehow to blame and are evaluating the issue inaccurately, i.e. “I should be more loving, more open-minded, more caring, more supportive, etc. I have to change because I am the problem.” The shame-based person becomes the judge and shamer, turning the shaming statements inward. “I isolate myself from others in order to figure out what I did or didn't do right. I obsess, ruminate, and block out the present. I feel ashamed, no good. I now hear clearly that accusing, still small cunning voice inside me that says, 'You'll not measure up' (Underland-Rosow, 1995, p. 79).

As mentioned above, shame distorts truth and gets in the way of one truly assessing the situation. Something else that happens with the love task is that shame-based persons have a hard time being real with their partner. Mellody & Freundlich (2003) say:

People who doubt their own truth can never be real to their partner. They are always watching the partner so that they can adapt to the partner's evaluation of the truth. 'No, tell me what you think of the situation,' is a favorite reply. They become who they think the partner needs them to be. Their real self never turns up in the relationship, and the partner begins to feel that they are isolated from one another” (p. 33).

While Mellody & Freundlich were not specifically talking about shame-based people in the above example, their statements do describe what can happen in the love relationships of those afflicted with shame. The partner can end up resenting the shame-based person because he or she will figure out they are dealing with a fake person, and may wonder what is real in the personality with which they fell in love. Then when the partner reacts to the shame-based person, this can trigger a further shame-spiral. The shame-based person thought that in becoming the person they thought their partner wanted, their partner would be pleased. Since the partner is
ultimately upset by the “imposter”, this creates more confusion in the shame-based person’s sense of self.

Love relationships are also negatively impacted by the lack of empathy the shame-based person has. If the partner wants to share something that is bothering them, even when it is an issue outside of their relationship like something about the partner’s job or family, the shame-based person most likely will not have an open, “you can tell me anything about what is troubling you” mentality. The shame-based person is usually defensive, and is in self-protection mode. This type of mentality makes it hard for the partner to open up because he or she eventually learns that they will not be heard or receive comfort so they will eventually stop talking about things that are important. The shame-based person might then observe that their partner does not talk anymore, and then will assume the change is because they are defective as a person (instead of seeing that it is their responses to their partner's communication that is driving the partner away)

Also in relationships, because of inadequacy feelings, shame-based persons can couple up with the first person that shows interest, even if ultimately that new partner is a bad match for them. These individuals are so disabled by shame they might end up striving to extreme measures to get and or keep their partner pleased; accept abuse in all forms; or allow themselves to be controlled by their partner.

Shame-based persons will be triggered by their partners, especially if unaware of their shame issues. Many times the partner might say something and the person will feel judged, criticized, or questioned. Or, the partner does not even have to say something as the shame-based person's baseline is that of feeling “monitored by the other within” and they “view himself or herself through the eyes of others outside the self” (Lewis as cited by Fisher, 1985, p. 105). So
the shame-based person can be triggered just by being in the presence of their partner because they assume the other person is being critical of them and that the partner does not approve of them. If the shame-based person senses that he or she is not accepted, and feels a critical judgmental attitude, that person will feel frustration because he or she desperately wants to be respected as a human being, and to have a relationship that is different than relationships from their family of origin. Unfortunately, this person does not like or respect self so even when the partner does respect them, no amount of compliments and attention can be enough to fix the wounds inside. The cycle will continue until the person finds the courage to look within and increase their self-esteem.

Self

The self task can be described as how one experiences self or is able to get along with self. For mental health, it is important that one can be at peace with who he or she is. However with shame, “one experiences oneself as untrustworthy” and “has an adversarial relationship with himself” (Bradshaw, 1988, p. 10). Dreikurs & Mosak (1967) said that most people have “an 'I' which observes the 'Me'; we watch ourselves whether we do right or wrong, blaming ourselves for our shortcomings and mistakes and taking pride in our victories, mainly over ourselves” (p. 52). With shame-based persons, the “I” is a constant negative judge to “Me” and very rarely are they able to take pride in successes.

As discussed previously, these individuals have a hard time revealing who they are in relationships, “but more significantly, he will guard against exposing himself to himself” and will “disown” themselves (Bradshaw, 1988, p.10 and p.3). Bradshaw explains that in the exposure of the inner “failure” part of self to self, that self becomes something to be hated; the painful experience can be likened to “internal bleeding” (Bradshaw, 1988, p. 10). So to escape
from self-attack, disowning of the self can occur, which interrupts a healthy self-concept forming (Loader, 1998). Additionally, it is common to see the self splitting into two or more “caricatures of the self” (Kaufman as cited by Loader, 1998, p. 54). These non-complete selves are “competing for expression” (Loader, 1998, p. 54). You have the part of self that is looked down upon or detested; this part of self was probably in an area in which a parent criticized the child. Or, in the case of parents ignoring their child's needs, the child will try to figure out why mom or dad do not like them and so they will find a part of them (their appearance, the fact that they are not smart, etc) to blame it on. This part of self becomes the part they hate. The child will try to split off from that bad part and be or display the other part(s) of self.

Splitting and disowning can happen when the child is not affirmed that it is okay to have separate opinions, desires, and needs apart from the parents' opinions, desires and needs. When opinions, desires and needs are not affirmed or validated, the child will try to disown the part of them that is wanting to individuate. Linehan (1993) gave some examples of validation:

In the optimal family, public validation of private experience is given frequently.

For example, when a child says she is thirsty, parents give her a drink (rather than saying, “No you're not. You just had a drink”). When a child cries, parents soothe or attempt to find out what is wrong (rather than saying, “Stop being a crybaby!”) When a child expresses anger or frustration, family members take it seriously (rather than dismissing it as unimportant). When a child says, “I did my best,” the parent agrees (rather than saying, “No, you didn't”). (p. 3)

Additionally, because of the striving to disown or split from the bad part of self, these individuals probably will not have a lot of insight on their behavior and feelings, and the relationship between them. They might not even want to keep a journal because that would
involve having to think about their thoughts and feelings and then self would be exposed.

Admitting raw emotions and then exposing them on paper is like tattling on self because the person does not feel or think that those feelings, thoughts, and behaviors are legitimate or okay to have. Bradshaw (1988) says, “to be shame-bound means that whenever you feel any feeling, any need or any drive, you immediately feel ashamed” (p. 12). So this researcher interprets Bradshaw as stating there is a causal relationship between the feeling, need, or drive existing and then shame is the result. Then usually there is much denial or covering up of the feeling, need, or drives to hide their existence both from others and the self.

Another thing Dreikurs & Mosak (1967) noted is that people sometimes respond in situations with ambivalence, but that ambivalence really is “always a self-deception, but self-deception with a purpose.” (p. 53) With shame-based people, there is a lot of ambivalence because they usually are torn on how to respond in a situation. He or she cares very much about what others think and those opinions are sometimes opposite of each other so those opinions weigh heavily on their mind. But also, because the shame-based person is so used to deferring decisions to others - sometimes happily or unhappily – the person is usually secretly afraid of taking charge of their life. Thus, having ambivalence helps the shame-based person continue to be an observer of his or her life (and also allows him or her to blame others when he or she is not happy, when there are problems, etc.) Being afraid to do something for their life and resenting others’ role in your life creates a double bind situation. The only way out of that bind is to do something different than giving in to others' opinions/decrees on their life or being afraid to speak up about what they want to do.

There are several reasons why a shame-based person has fear of taking responsibility for his or her life. First, one may not feel that he or she has the ability to make such a decision since
they have deemed themselves as incompetent or not very bright (and this was reinforced in the child's family of origin). A second reason could be that they feel they cannot live with themselves if they acted on a desire of theirs because they do not have confidence that the decision will turn out okay. Or perhaps they have acted on a decision from what they want to do so rarely that they simply do not know what they want and their desires, likes, and preferences have gotten buried deep within.

**Spiritual**

This last life task consists of how one finds meaning in life or how one finds “his place in the cosmos” (Adler as cited in Mosak & Dreikurs, 1967 p. 16). In this task, one has to wrestle in some way with these subtasks: (a) relationship of the individual to God, (b) deciding what to do about religion, (c) understanding his or her place in the world, (d) addressing the issue of whether there is life after this life, and (e) and deciding if life has meaning to it (Mosak & Dreikurs, 1967). In religion you might see someone displaying righteousness and piety, which can be a mask for shame. “The off-shoots of pious righteousness are perfectionism, judgment and blame.” (Bradshaw, 1988, p. 219) Bradshaw (1988) also says that “for a shame-based person 'spiritual awakening' is impossible until the 'externalization' work is done” (p. 217). This researcher interprets Bradshaw's meaning is that until the “lower self or ego” is whole or no longer wounded, one will feel alienated from God and not have intimacy with God. Bradshaw explains in his book, Healing the Shame that Binds You (1988) about three stages: recovery, uncovery, and discovery, and that by working in these stages, one can find a new authentic self who then can have serenity with self and intimacy with God.

If one agrees with the theory that shame keeps one from truly experiencing God, the issue
of shame is approached differently in world religions. Thurston (1994) pointed out that in Christianity believers espouse that in Jesus' crucifixion:

He became the very embodiment of shame (e.g., his physical posture of extreme exposure and vulnerability on the cross; the crown of thorns with the mocking sign, 'This is the king of the Jews'). In the ultimate paradoxical gesture of divine love, Jesus became shame so that he might save us from the shame of separation from God. (p. 71)

Welch (2012) says: “What is the way out of shame? Knowledge that leads to belief. Belief that leads to trust: trust in Jesus, [comma added] trust in his words, [comma added] trust in his promises.” (p. 64)

So a person who is shame-based and a Christian, who continually struggles with his or her “badness” might be able to reconcile it with Christ's goodness, thus coming to some inner peace about worthiness and worthlessness. Or, something else that might be evident, is that perhaps even though the person has a mental awareness that he or she does not have to feel so bad about self – because they believe Christ died for their sins - they consequently still feel bad, and cannot find a way to break the shame-based patterns with which their lives are governed, and so the result is that they can feel even worse about self.

In Buddhism, there are mental afflictions or kleshas. This researcher assumes that shame and/or having a low self-concept would be put in this category (note: destructive emotions overlap with the idea of mental afflictions) (Goleman, 2003, p. 91). The Dalai Lama (Goleman, 2003) said:

there are two types of mental afflictions: afflicted intelligence, which is more cognitive, and emotional afflictions such as attachment, anger, and jealousy. The distinction
depends on whether the distortion stems mainly from a skew in thoughts and ideas or from emotional biases. (p. 91)

He goes on to say (Goleman, 2003):

One can't make a distortion go away simply by reprimanding it. Rather, one needs to bring in reason; to counteract a distorted view, one has to bring in unafflicted intelligence to counteract afflicted intelligence. You need to counteract it with something that ascertains the nature of reality - not simply with an impression, a desire, or a prayer. These afflicted views have arisen through a process of thinking, and so you may be quite confident they are true. Therefore, they need to be counteracted by the application of right insight so that the certainty you were holding previously can be undermined and shattered. (p. 91)

This researcher interprets that in Buddhism, the problem of shame can be alleviated both through self-acceptance and through a type of cognitive restructuring resulting in one coming closer to the truth and reality of who one really is. Regardless of where a shame-based person stands on spiritual issues whether with Christianity, Buddhism, agnosticism, or with any number of spiritual beliefs, it is important for the therapist to keep in mind that the person's shame issues can be helped or exacerbated by spiritual principles. A therapist would serve the client well by not ignoring this cosmic issue.

Mental Disorders that Can Result From Shame

There are many possible mental health diagnoses that can result from shame, some of which this researcher will later describe. If there is no intervention, traits of a shame-based person that make up a personality style can turn into a personality disorder. There are several
personality disorders that can potentially develop, but this researcher will highlight the most probable three personality disorders.

**Borderline Personality Disorder**

A person with shame usually struggles with allowing him or herself to acknowledge and feel emotion because this area was neglected in their family of origin. A disorder in which a person has trouble with his or her emotions is borderline personality disorder. The person struggling with borderline without intervention does not have the coping skills to deal with intense emotion because (a) he or she is not able to identify the emotion because feelings were not acknowledged in the family of origin and (b) he or she lacks the ability to self-soothe in those intense times nor can usually ask for help. So the person might escalate in their distress to something really big, like self-harm or suicide, because that mode of action is in their mind a legitimate way to fix his or her pain but also, they learn that the threat of self-harm seems to get others' attention. The American Psychological Association Diagnostic and Statistical Manual of Mental Disorders (2000) 4th ed., text rev. Borderline Personality Disorder Criteria 5 is:

“Recurrent suicidal behavior, gestures or threats, or self-mutilating behavior.” (p. 710). Other criterion for Borderline Personality Disorder that relate to a shame-based person's struggle in the display of emotion are in Criteria 7: Chronic feelings of emptiness and Criteria 8: “Inappropriate, intense anger or lack of control of anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)” (American Psychiatric Association, 2000, p. 710). Rusch et al. (2007) authored a study that showed a link between shame and anger-hostility in those that had borderline personality disorder. Fisher (1985) said that “shame underlies anger as the major affective state” in BPD (p. 1).
Note: if a shame-based person is threatening self-harm or suicide in their adult years, it is possible that as a child or teen they might have threatened those same things out of desperation because of a sensed emotional deficit or emptiness within themselves. But it is this researcher's understanding that the presence of early attempts of self-harm is not the norm in an adult with BPD.

Other issues that a shame-based person struggle with is an unstable identity and weak interpersonal relationships. The person does not feel he or she has rights and boundaries and will constantly change to be someone they feel another person wants them to be. The person is never seemingly putting energy into those things he or she likes to do because either those activities are not known to the person or the person is spending great lengths involved in things that others want them to be involved with. These displays relates to Criteria 3 for Borderline Personality Disorder: “Identity disturbance: persistent and markedly disturbed, distorted, or unstable self-image or sense of self” (American Psychiatric Association, 2000, p. 710).

It has already been mentioned that shame-based individuals struggle with giving too much power to others in their relationships. This characteristic can be displayed in Borderline Personality Disorder since the person with BPD is constantly viewing the other person in the relationship as “they can do no wrong/they are trustworthy/I need that person in my life” which can then very quickly swing to the other side of the pendulum where that other person now “cannot do anything right/they are deceitful/I have no need for that person and I must get away.” Criteria 2 for Borderline Personality Disorder would be applicable here: “A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation” (American Psychiatric Association, 2000, p. 710).

The following are the Diagnostic Criteria for 301.83 Borderline Personality Disorder:
A pervasive pattern of instability of interpersonal relationships, self-image, affects, and control over impulses beginning by early adulthood and present in a variety of contexts, as indicated by at least five of the following:

1. frantic efforts to avoid real or imagined abandonment.  Note: Do not include suicidal or self-mutilating behavior covered in criterion (5);

2. a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation;

3. identity disturbance: persistent and markedly disturbed, distorted, or unstable self-image or sense of self-attack;

4. impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).  Note: Do not include suicidal or self-mutilating behavior covered in criterion (5);

5. recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior;

6. affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days);

7. chronic feelings of emptiness;

8. inappropriate, intense anger or lack of control of anger (e.g., frequent displays of temper, constant anger, recurrent physical fights);

In summary, this researcher finds that shame-based individuals' behaviors could meet five criteria of Borderline Personality Disorder.

**Dependent Personality Disorder**

Another personality disorder that might result from unresolved shame is the Dependent Personality Disorder. A shame-based person usually struggles with making decisions for themselves. They defer decisions to others and will take on the opinion of the voice that is the loudest at the moment. Frequently you might find the person doing one action, then rescinding what he or she has already done because people are unhappy with one move they make and then doing the opposite to please someone else. The *DSM-IV-TR* (2000) 4th ed., text rev., Criteria 1 of Dependent Personality Disorder applies here: “Has difficulty in making everyday decisions without an excessive amount of advice and reassurance from others.” (p. 725)

Other characteristics shame-based persons might display are procrastination and difficulty in starting things. He or she believes that they do not have the ability, intelligence, etc. that is needed for the project. Sometimes encouragement from others can help but usually they default to the stance that “no one understands why this is so hard for me” and feel they are a better assessor of their abilities than others. Criteria 4 from the Dependent Personality Disorder applies here: “Has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy).” (American Psychiatric Association, 2000, p. 725)

Lastly, this researcher has already mentioned that shame-based persons usually blame themselves for most problems, especially in relationships. But there are times when they disagree with others but they do not want to say anything and so just stay quiet. These persons might have had many occasions where there was a disagreement and it was very uncomfortable
for them. Shame-based people view things through a “shame-grid”; when those persons that are not shame-based disagree, the situation is just disagreement, whereas with a shame-based person in a disagreement, that person thinks that there is something wrong with self and that the other person thinks they are wrong (VanVonderan, 1989, p. 23). The absence of speaking up in a disagreement by a shame-based person could be due to not feeling they have a right to disagree, that they are questioning their view of reality (“maybe I am not understanding things like I should”) or overly being people pleasers. In Dependent Personality Disorder, the inability to speak up is due to a fear of loss of support from the other person; Criteria 3: “Has difficulty expressing disagreement with others because of fear of loss of support or approval” (American Psychiatric Association, 2000, p. 725)

Another way in which a shame-based person might be prone to this disorder is if the parent did everything for the child and never fostered skills toward independence. And at the same time, making statements like “I have to do this for you because you aren't_____ (fill in the blank).” So in this type of scenario the child grows up secretly wanting their autonomy but believes that because of a defect in themselves, they will not survive on their own and cannot be trusted. An example of how a parent can shame a child into dependent behavior can be seen below from Kinston:

John was an eight-year-old boy, referred to child psychiatry by his paediatrician [sic] during an admission to hospital for asthma. This was John's tenth admission and the paediatrician [sic] had noticed that his asthma quickly improved one he was on the ward. The referral was prompted by John's admission to his doctor that he liked being in hospital and “having a bed to himself.” At home John slept with his mother, an arrangement she felt was necessary in case he had an asthma attack. When this issue
was brought up by the child psychiatrist, John again expressed the wish to sleep in his own bed, and that he would be able to alert his mother if he needed to. This complaint elicited a response from mother that went something like this: “I'm shocked that you should say this John and rather disappointed in you. I only let you sleep in my bed so I can watch over you in the night, and there aren't many mothers who would be prepared to do that for their child. If you want to sleep in your own bed, then do so but don't blame me if something terrible happens.” John buckled during this onslaught, hanging his head, and apologising [sic] to his mother before bursting into tears. It proved impossible to hold any constructive conversation with mother about this issue, with her also accusing the psychiatrist of “putting silly ideas in his head” when she was only doing what any good mother would do. (as quoted in Loader, 1998, p. 51)

The following are the diagnostic criteria for 301.6 Dependent Personality Disorder (American Psychiatric Association, 2000):

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. has difficulty in making everyday decisions without an excessive amount of advice and reassurance from others;

2. needs others to assume responsibility for most major areas of his or her life;

3. has difficulty expressing disagreement with others because of fear of loss of support or approval. Note: Do not include realistic fears of retribution;
4. has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy);
5. goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant;
6. feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself;
7. urgently seeks another relationship as a source of care and support when a close relationships ends;
8. is unrealistically preoccupied with fears of being left to take care of himself or herself.

(p. 725)

This researcher believes that a shame-based person could meet at least four of the criteria above and without intervention, the personality style of these individuals can turn into a full blown personality disorder.

**Avoidant Personality Disorder**

A third personality disorder that a shame-based person might be prone to developing is the Avoidant Personality Disorder. A shame-based person usually feels inadequate and never wins in the sizing up comparison game with others that goes on in their minds. They usually assume people are judging them negatively but the worst judgmental voice they hear is that from inside. This shame-based person does not want to try going to a work party or start up a conversation with a neighbor because he or she feels they will embarrass themselves and that others will ridicule them for their lack of personal attributes that make someone likable. *DSM–IV–TR* (2000) 4th ed., text rev. Criteria 6 of Avoidant Personality Disorder applies here; “Belief that one is socially inept, personally unappealing, or inferior to others.” (p. 721) Much of the
time they might avoid things situationally or relationally to avoid feeling or being rejected. They might be very sensitive to criticism even though they probably would have received much criticism growing up in their family of origin. Both Criteria 1 and Criteria 4 of Avoidant Personality Disorder are relevant to such sensitivity and fear. Criteria 1: “Avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection” and Criteria 4: “Preoccupation with being criticized or rejected in social situations” (American Psychiatric Association, 2000, p. 721).

The diagnostic criteria for 301.82 Avoidant Personality Disorder are:

A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by at least four of the following:

1. avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection;
2. is unwilling to get involved with people unless certain of being liked;
3. restraint within intimate relationships due to the fear of being shamed or ridiculed;
4. preoccupation with being criticized or rejected in social situations;
5. inhibited in new interpersonal situations because of feeling of inadequacy;
6. belief that one is socially inept, personally unappealing, or inferior to others;
7. is unusually reluctant to take personal risks to engage in any new activities because they may prove embarrassing (American Psychiatric Association, 2000, p. 721).

This researcher believes shame-based people struggle with at least three criteria of the Avoidant Personality Disorder. A shame-based person's fear of rejection and overall feelings of
inferiority might lead to the Avoidant Personality Disorder in shame-based individuals if there is no intervention.

Schoenleber & Berenbaum (2010) found that shame-proneness in individuals predicted Avoidant Personality Disorder and Dependent Personality Disorder and that shame-aversion helped predict both of those disorders with the addition of Obsessive Compulsive Personality Disorder. They found that those that had high levels of shame-proneness when measured by the Test of Self-Conscious Affect (version 3) (TOSCA: Tangney, Wagner & Gramzow, 1989) and had more symptoms in Cluster C Personality Disorders.

**Other Possible Disorders**

Besides the above mentioned personality disorders, there are also other psychological behavioral manifestations of shame. Erickson (as cited by Tangney, Wagner, & Gramzow, 1992) said that when issues arise from Stage 2 (autonomy vs. shame and doubt), issues relating to “paranoid ideation, compulsive behaviors, a defiant shamelessness, rage toward the self, or a combination of these characteristics” can result (p. 16).

Kaufman (as cited by Loader, 1998) identified six categories of mental health disorders which are at their core “shame-based syndromes”. The six categories are: “compulsive disorder (addictive, eating, sexual abuse and physical abuse); schizoid, depressive and paranoid syndromes; phobic syndromes; sexual dysfunction syndromes; and splitting syndromes (including multiple personality, borderline and narcissistic personality disorders; and sociopathic and psychopathic syndromes)” (p. 55). Murray, Waller, & Legg (2000) discovered that internalized shame that results from a poorly functioning family can influence the development of bulimia. Dutton, van Ginkel, and Starzomski (1995) discovered that shaming experiences were more important contributing factors than experiences of physical abuse alone as it related to
abusive personalities in adults. Experiences of shame and guilt build the foundation for an abusive-prone personality but modeling of the abusive behavior had to be present as well for the adult abusiveness to develop (p. 128).

Another disorder that can result from shame is addiction. In particular, shame is conducive to addiction. Underland-Rosow (1995) described one of her client's experiences below:

A driving force behind this [relationship avoidance] as well as her addictions was shame. The addictions kept her from being overwhelmed by shame. To escape experiencing shame, she would use and do anything to avoid all feeling, and especially to avoid looking at her life honestly. Her greatest fear was that if she did honestly face herself she would find 'no one there.' She saw herself only as her addiction.” (p. 31)

Another one of Underland-Rosow's (1995) clients also struggled with shame:

John saw shame as a major motivator in his life. He saw himself cycling between addictive behavior and shame. In the past, when he experienced shame, he buried the feeling in one of his addictions (sex, food, or work). This usually worked to take the focus off the shame for a while. However, after a period of addictive “acting out,” he would experience increased shame about his out-of-control, addictive behavior, which simply added to his underlying feelings of inadequacy and worthlessness. The cycle was endless.” (pp. 49-50)

In this researcher's interpretation, addictions are used as a coping strategy to help when living with shame. Indeed, addictive behaviors are not only the result of internalized shame but also are contributors to the shame that is already present (Cook, 1988).
Narcissism

It could be that in therapy, a therapist will mistakenly focus on the displays of narcissism but miss the underlying shame that could be present. This researcher will touch on some of the similarities and differences between shame displays and narcissistic displays. Shame-based persons and narcissistic persons are both aware of the imperfect self and are responding subconsciously to early wounding. Both are inwardly focused – although the shame-based person will operate with others in an inferior position, and the narcissistic person will operate with others in a superior position. Both types usually do not have the skills to share intimacy with another person and lack empathy. They both also generally want to avoid responsibility for self.

The differences between the displays of a shame-based person and a narcissist are that with narcissism, one rejects the flawed parts of self and blames others or projects any perceived defect onto others especially when the flaw becomes evident in front of others. This is also when he or she might become aggressive or show rage. Nevertheless, denial is at work, and then an inflated self is the result. Indeed, “the vulnerable and imperfect self is defended against with grandiosity” (Morrison as cited in Thurston, 1994, p. 71). In a shame-based person, one can obsessively think about the imperfect parts of self or desires to forget about those flawed areas by turning to other things. Often times you may see a person trying to forget about their flaws using defenses to reduce the feeling of shame that then can easily turn into an addiction as the result. Also, the shame-based person tries to hide flaws from others, but assumes that others know their weaknesses. These flaws are accepted as part of one's defectiveness and in a sense wears that wherever they go since the person has come to the conclusion that they are more bad than others; whereas with a narcissistic person, they have a self-confident aura about them and
believe people should be admiring them and giving them special privileges (Sperry & Mosak, 1996).

Another difference is that a person with narcissism can exploit others and “use others to indulge themselves and their desires” (Sperry & Mosak, 1996, p. 297) while shame-based persons may assume that others will exploit them because they do not know very much or because they are not liked, which results in them taking on the role of the victim most of the time (Harper & Hoopes, 1990).

Research has identified two types of narcissism: overt or grandiose and covert or vulnerable narcissism (Dickinson, Pincus, & Wink as cited by Bosson & Prewitt-Freilino, 2007, p. 413). Explicit self-esteem is described as “conscious verbalized evaluations of the self” and implicit self-esteem is described as that which “is elicited automatically by stimuli that prime the self” (Bosson & Prewitt-Freilino, 2007, p. 410). Explicit self-esteem is “conscious, controlled” and implicit self-esteem is “automatic, uncontrolled” (Epstein; Fazio; as cited in Bosson & Prewitt-Freilino, 2007, p. 410). In overt narcissism, the person has “high explicit self-esteem, subjective happiness” (Rose as cited by Bosson & Prewitt-Freilino, 2007, p. 413) “and low levels of shame” (Gramzow & Tangney; Watson et al., as cited by Bosson & Prewitt-Freilino, 2007, p. 413). However in covert narcissism, the person has “low explicit self-esteem, unhappiness, and shame-proneness” (Bosson & Prewitt-Freilino, 2007, p. 413).

Narcissism can develop when parents are not involved with their child's emotional needs, or are not present. The child can learn implicitly that they are not worth anything (and that becomes their self-concept), but then may get reactions from the world that they do have some good qualities from successes that occur so they go after “self-enhancement strategies” (Bosson & Prewitt-Freilino, 2007, p.414). Or, narcissism can develop when parents overindulge the child,
teaching him or her that their wish was their command, telling the child to “grow up and be wonderful for me” (Sperry & Mosak, 1996, pp. 296-297) but then when they go into the world, they realize that they fail and that they really are not that special (Bosson & Prewitt-Freilino, 2007, p. 414); thus their explicit self-esteem does not match with their internal self-concept. In these situations shame can develop because the “grandiose standards instilled by overvaluing parents can foster a pattern of disappointing outcomes that become difficult to blame on external, specific, and unstable causes” (Bosson & Prewitt-Freilino, 2007, p. 412) and to mediate the feelings, the person will exploit and manipulate others - note: this manipulation and exploitation most likely was learned from their parents (Sperry & Mosak, 1996). In summary, therapists would benefit from keeping in mind that shame can be present in some narcissistic clients and the issue of shame can be an important focus of clinical work with them.

**How Do You Know When You Have a Shame-Based Client?**

There are a couple methods for obtaining data to measure shame. One method is gathering data through informal means. The shame-based person will exhibit certain patterns of behaviors that will tip you off that he or she might be experiencing shame. Retzinger listed these “visual markers” for shame: (a) Hiding behavior 1) the hand covering all of parts of the face; 2) gaze aversion, eyes lowered or averted. (b) Blushing. (c) Control: 1) turning in, biting, or licking the lips, biting the tongue; 2) forehead wrinkled vertically or transversely; 3) false smiling; or other masking behaviors (as cited in Scheff, 1995, p. 397). Harper and Hoopes (1990) highlighted other behaviors that might be exhibited: looks of contempt, staring into your eyes to deal with one's discomfort of direct eye contact, or by showing a frozen face with no variation of expression (152). Laing stated that the person might have a curved body or bowed head to help self become smaller, or be sweating (as cited in Lewis, 1971, p. 37).
Another informal way one can gather information is through listening to the person's words. The person can display his or her inward shame issues by using words that are verbal indicators for shame. Retzinger identified the key words as: alienated, confused, ridiculous, inadequate, uncomfortable, and hurt (as cited in Scheff, 1995, pp. 396-397). If you notice a pattern of the person using several of these words or their synonyms in a short period of time, the person can be shame-based. Feeling alienated, confused, ridiculous, inadequate, uncomfortable or hurt can trigger a shame reaction; and when the person is shame-based, it is possible that he or she will get triggered again when describing that situation to someone else.

Fischer and Tangney (1995) originated that there is a prototypical script for shame that involves an antecedent, response, and a self-control procedure (p.10). The antecedent would be the flaw or unacceptable aspect of the person that is evident, such as with the situation of someone saying something that is dishonorable. Then there is a witness to that situation who judges the person negatively – so in the case of our example, you might have an outside person that heard the dishonorable things said OR that judge can be the person themself that showed the flaw). Then, the response of the shame-based person comes – typical responses are of the person hiding, feeling defective, turning away from the other person, etc. Lastly, there is a self-control activity in which the person who displayed the flaw may blame another for what transpired, try to change it, etc. This script is one that you can be listening for as another indicator of the shame present in one's life (p.10).

Retzinger highlighted other items that might be noticeable while someone is talking that might indicate shame. These observations are: “oversoft; rhythm irregular; hesitation; self-interruption (censorship); filled pauses (-uh-); long pauses ( ); silences; stammer; fragmented speech; rapid speech; condensed words; mumble; breathiness; incoherence (lax articulation);
laughed words; monotone” (as cited in Scheff, 1995, p. 397). Additionally one might notice these habits in adolescents in therapy: “superficial ease, shallow conversations, silence”, or 'being on their best behavior'; or they might act out to release anxiety through action and movement (Gorsuch as cited in Anastasopoulos, 1997, p. 114).

Lastly, to avoid feeling shame, people will use a defensive stance to help protect them; Loader (1998) provides a list of concepts and definitions below of these defense mechanisms:

1. Contempt - an attitude of cold superiority where one automatically looks down on the other, insulating the self against any possibility of shame;
2. Power over others - protects against shame by keeping the other in a weakened position whether this be via a hierarchical structure or by physical threat;
3. Self-deprecation – actively taking the one-down position in social relationships protects against finding oneself placed in this position;
4. Striving for perfection - attempting to avoid the possibility of shame by always getting it right;
5. Withdrawal – withdrawing into oneself and withdrawal from social contact protect against shame by minimizing the risk of exposure;
6. Denial - the last bastion of protection is the exclusion from awareness of the experience of shame, which can lead to apparent shamelessness. (pp. 45-46)

Loader (1998) also goes on to say that if those defenses are not effective in protecting against experiencing shame, and the person feels overwhelmed, then a person can have these reaction in some typical ways. His concepts and definitions are listed below:

1. Hiding away – shame is always accompanied by the urge to hide away and
this may literally happen if the possibility exists.

2. Shame-rage – shame can be reacted to by anger, which may be directed at the shamer or at some stand-in figure or object. Anger can be used to reestablish self-esteem by creating fear and submissiveness in the other.

3. Transfer of responsibility - the individual may try to shift the responsibility for the event that has provoked shame onto another person (e.g.”you made me do it”). This works best when the other person is in a dependent position, as with an employee or a child.

4. Humour [sic] - shame is dissipated by humor and the quick-witted may be able to react by making a joke of what has happened, or even by poking fun at the shamer.

5. Brazening it out - the individual may purport not to care and to deny the experience of shame. This again can lead to an apparent attitude of shamelessness.

6. Mortification - finally the individual may react with defeat and self-abasement ("I could have died"), accepting himself as a failure as a human being and unworthy of respect or love. (p. 46).

Certainly recognizing one of these defenses or responses in someone's storytelling does not guarantee that the person has shame issues, but it can be a red flag that something deeper is going on. These previous defensive stances and reactions can be a shame-based person's baseline, and the person may not have the awareness that certain defenses are employed consistently to avoid feeling the discomfort of shame. The therapist can identify the defensive positions to the client, and the common reactions when the defensive stances do not work. This can be helpful in the client's recognition of shame within self.
Other patterns that can be displayed that might be evident right away or after a few sessions lie in the area of a person's thoughts. Harper and Hoopes (1991) authored an “Assessment Checklist for Identifying a Shame-Prone Individual” and thought patterns is one of five sections on their checklist. They list items such as someone who consistently focuses on the negative (and is evidenced in the fact that intentions of others and self are distorted or they use mind-reading that hurts everyone) and one who shows subjective reasoning who does not do well with testing their logic with reality (p. 147).

**Instruments That Measure Shame**

This researcher chose to identify four tests that measure shame. The first three tests measure dispositional shame and the fourth differentiates between “characterological and behavioral shame” (Tangney & Dearing, 2002, p. 29). One test that can be used with clients is the Internalized Shame Scale (ISS: Cook, 1987). After many revisions, the latest test now has 30 questions (Tangney & Dearing, 2002). Cook's test measures internalized shame which is defined as an “enduring chronic shame that has become internalized as a part of one's identity and which can be most succinctly characterized as a deep sense of inferiority, inadequacy, or deficiency (Cook as cited in Tangney & Dearing, 2002, p. 29). This test can be used for clients 13 years old and older, can be administered in 15 minutes, and measures feelings in these areas: worthlessness, inadequacy, alienation, and inferiority. The test helps narrow the shame feelings that are present in depression, substance abuse, or anxiety issues (Angus & Associates, 2006). The tests will direct the person to rate how often they feel and experience an item, and then has to rate the items numerically from a 0, never to a 4, almost always. (Cook, 1987) An example of an item on this measurement (Robins, Noftle, and Tracy, 2007) is: “I would like to shrink away when I make a mistake.” (p. 447)
The second measure, which is the most widely used test of the four is the Test of Self-Conscious Affect (TOSCA; Tangney, Wagner & Gramzow, 1989). This test has 16 situations from day-to-day life to measure common reactions, directing the responder to rate 1, not likely to 5, very likely. The test measures both shame and guilt (Orth, Robins, & Soto, 2010) as well as externalization, detachment, pride in self, and pride in behavior (Woien, Ernst, Patock-Peckham, & Nagoshi, 2001, p. 317). Most of the responses one can pick from will reflect global responses like one feeling inadequate or incompetent (Andrews, Qian, & Valentine, 2002). The most recent version is the TOSCA-3 for adults but there also is the TOSCA-A for adolescents, and TOSCA-C for children (Tangney & Dearing, 2002). An example of an item on the adult measurement (Robins et al., 2007) is:

“You are driving down the road and you hit a small animal. (A) You would think the animal shouldn't have been on the road. (B) You would think: 'I'm terrible.' (C) You would feel: 'Well, it's an accident.' (D) You'd feel bad you hadn't been more alert driving down the road.” (p. 449)

The third test is the newest of the four which is the Shame Inventory (Rizvi, 2010). The inventory is a list of 98 items where the person circles any that he or she has experienced. Then for those circled, they then are asked to give a numeric rating to rate the intensity of the amount of shame they feel now as they think about the event, from 0, no shame to 4, extreme shame (also one can mark an X if the situation did not happen to them or does not apply). Examples of a few of those listed are: was rejected; missed a therapy session; was adopted; cried in front of others, and so on (Ritzvi, 2010, pp. 445-446). The inventory leaves room for three items in which the client can write in past situations in which they feel shame that might not be accounted for on the list.
In the research version of the test, Rizvi had this definition of the shame at the beginning which helps with reducing any confusion about the term: “Shame is a negative and painful feeling in which the entire self is viewed as bad and/or worthless...Shame is different from just generally being upset or distressed, because it relates to how you feel about yourself.” (Rizvi, 2010, p. 444) A therapist could use that description to read to the client before administering the clinical version. This researcher observed that this self-report test seems like it would be extremely helpful for a therapist because it measures current shame that the client is feeling about past events. As the therapist works with the client on their shame, the same items could be retested later to see if the numerical ratings decrease over time.

The last test is the Experience of Shame Scale (ESS: Andrews et al., 2002). The measure focuses on eight shame areas such as manner with others, abilities, bodily shame, etc. The test's 25 questions hone in on how one thinks about self, how one feels about self, and if one has changed their behavior in regards to one of the eight shame areas (i.e. behavior like hiding that part of self, or trying to avoid others because of that part of self). The responder is directed to rate each item on whether he or she has experienced the situation at any time in the past year, with a 1, not at all going up to 4, very much (Andrews et al., 2002). An example of an item on the measurement (Robins et al., 2007) is: “Have you tried to conceal from others the sort of person you are?” (p. 450)

There are a few more published tests that a therapist could use (Robins et al., 2007), but this researcher has concluded that more tests need to be developed and hopes that modifications to the current tools continue. Once the therapist is trained on any or all of the tests this researcher listed, the quantitative data will no doubt prove to be helpful in assessing the client's amount of shame present.
Helping the Shame-Based Client See the Shame in Themselves

Once the therapist has deduced that the client is shame-based through objective or subjective tests, informal observation, and information gathering from client report, the goal becomes then to modify the client awareness of what is going on within self - seeing their lack of empathy; lack of depth in relationships, and so on. This modification of awareness can be achieved through a mirror feedback system. There are several methods that a therapist can use such as:

- Having the client fill out the Self-Compassion Scale (SCC; Neff, 2003). This self-report is 10 questions and easy to score. The test can also be accessed by the client on the author's website (Neff, n.d.). This researcher likes how the test can be a non-condemning vehicle for showing the client how they are or are not being kind to self.

- Having the client participate in art measurements (such as Draw A Person, House-Tree-Person, Kinetic Family Drawings, or the Bridge Drawing). If trained on these tests, the therapist can provide guidance in interpretation of what the client's drawings represent or show.

- Filling out a genogram with the client (or giving instructions to the client on how to fill one out). Depending on what the therapist thinks would be most helpful, a variety of genograms in addition to the traditional family genogram could be appropriate, such as a time-line genogram, multicultural genogram, sexual genogram, intimacy genogram, gendergram, or spiritual genogram (Connolly, 2005)

- Asking the client (if he or she is a parent) a few applicable questions from the “Parenting Evaluation Quiz” (Wilson, 1992). If the person is shame-based, the effects of shame will be evidenced in their parenting. It is 25 question quiz where the parent rates an answer
from 1, almost never to 4, almost always. Examples of these questions include asking about feeling undeserving of the child's love or feeling not qualified to be a good parent (pp. 21-25).

- Using cinematography with the client to show movie clips that display shame reactions or a shamer in action. Seeing shame on the screen might help a client connect with a shaming experience they had and realize it was not an isolated event.
- Giving the client a handout of brainstormed examples of shaming (or reading examples from a book that are good examples of shaming)

Note: in the explanation of shame to the client, both the therapist and client would benefit from a discussion contrasting shame and guilt so that there is no confusion about the terms. And as previously mentioned, the therapist can educate the client on defensive stances and common reactions to feeling shame. Perhaps it might be helpful for the therapist to give a definitions list to the client, instructing him or her to brainstorm. This insight work can be done either in session or outside session for homework. Ideally, the client would identify situations where he or she knows they react in that way. For example, for withdrawal: “I always withdraw when I am with my co-workers”; for humor: “I make a joke of it to those around me whenever my mom insults me in public”; or with striving for perfection: “I do this when I work for hours trying to make dinner for my spouse so that I can avoid criticism.” When the person becomes familiar with the defensive stances, and the reactions that might happen if the defensive stances do not protect against shame, he or she can start catching self in the behaviors.

**Concepts to Keep In Mind When Working With Shame-Based Clients**

If the therapist knows that he or she will be meeting with a shame-based individual (perhaps they have been given a heads-up from another therapist or a family member of the
client) then the typical joining behaviors that one might do with other clients might not be
effective in this case. Behaviors like shaking hands, taking someone's coat, or asking if the client
found the office okay might backfire since it is probable that the client will have suspicion and
be reserved (Harper & Hoopes, 1990, p. 216). The therapist should keep in mind that “they fear
exposure of their ineptness, doing something wrong, being found out” (Harper & Hoopes, 1990,
p. 216) so their displayed suspicion makes sense.

Take for example the case of “Marilyn” from Harper and Hoopes (1990). Marilyn came
in to the therapy session confident and well-groomed, with a strong handshake. Marilyn made
some comments about being in the business field, graduating at the top of her master's class, and
was involved with several national companies as a consultant. The therapist after a few minutes
commented on Marilyn's accomplishments and her intellect, which then left her silent. The
therapist pondered what had just happened since most clients would have found those comments
affirming. After that, Marilyn never looked at the therapist directly the rest of the session,
keeping her eyes on her hands, slouched down a bit, and her hair was hiding most of her face.
After the therapist asked what was said that was upsetting, Marilyn then became more
withdrawn. Eventually, she did comment that everyone only appreciated her IQ. (p. 4)

Below is the dialogue taken from the early part of the initial session between the therapist
and Marilyn. This researcher includes the entire excerpt by Harper and Hoopes (1990) to display
Marilyn's consistent shame reaction:

Therapist: (pleasantly) How long have you lived in this area?
Marilyn: (with a quick look and a suspicious voice) Why do you want to know?
Therapist: I was just curious as to what brought you to (name of city)?
Marilyn: What do you mean by that?
Therapist: Well, I just wanted to know.

(long period of silence)

Therapist: What brings you to therapy, Marilyn?

Marilyn: As I told you over the telephone, I have been to many different therapists over the last seven years. I have tried many different kinds of medication, and none of it has helped. I am weary of fighting my depression, so I thought I would try one more time. Other people get help. Why can't I?

Therapist: So tell me what you would like to have happen in therapy at this time.

Marilyn: (quickly, in a rather terse, hard tone) What do you mean by that?

Therapist: I would just like to know what your expectations about our relationship are...

Marilyn: (interrupting) What do you mean, my expectations?

Therapist: (calmly and rationally) People usually have some notion of what they hope to accomplish by coming to a therapist.

Marilyn: So you think I have preconceived notions?

Therapist: I just assume that you probably thought about what coming here today would be like, and I was curious about what you thought. What is it that you are feeling here with me now?

Marilyn: (quietly, with a small lessening of stress in her posture) I don't know. Everything inside of me just gets so confusing.

Therapist: (in the same quiet tone) Your feelings get all jumbled up inside and they seem hard to sort out.
Marilyn: (in a very defensive tone, with more rigidity in her posture) What do you mean?

Therapist: (calmly) I'm hoping to better understand how you feel.

Marilyn: (defensively) Why?

Therapist: Because I care...

Marilyn: (interrupting) How can you care - you haven't even met me before today.

Therapist: (firmly and compassionately) I am still interested in how you feel.

Marilyn: Isn't there something you're not telling me?

Therapist: Well, no, I don't think so. I am just trying to understand you better (leaning slightly forward and looking at her intently).

Marilyn: What do you mean by that? (a quick look at the therapist and then dropping her head)

Therapist: I'd like to get to know you if I am going to be your therapist.

Marilyn: What do you mean, “get to know me”? (a slight raise to her voice) (pp. 5-6)

Marilyn wanted to know why the therapist wanted to know the answers to the questions asked of her; she was suspicious. She also had come into the session believing she was defective and was expecting that the therapist would be figuring that out as well. In fact she had “ascribed motives” to what the therapist said and thought (p. 6). This type of thinking is common with shame-based persons.

The therapist may not know if shame is an issue for the client ahead of time. In that case, the therapist can notice what kind of reactions that come from any joining initiatives – if the client shows discomfort, the therapist can assess if the discomfort is more than just being
nervous. If the client is overly suspicious, he or she may be shame-based or there might be something else going on.

Harper and Hoopes (1990) list helpful guidelines for therapists that will be working with shame-based clients in the early stages. Two of their keys points are: that therapists should be patient and give information to clients about therapist behavior, and therapists should encourage clients to ask about anything the therapist does or says. Shame-based persons misread situations because they are looking for information to reinforce the ideas they feel to be true about themselves. The therapist can check with the client and ask how he or she is interpreting something said or a behavior (p. 217). Also when the therapist encourages the client to ask about something that they say allow him or her to have a different type of experience than what he or she has with others. In this encouragement process, the therapist shows respect to the client (whereas the clients usually feel like people do not respect them because they are bad). But, know that if the encouragement to ask questions comes too early in the process, the client can feel like they are under the therapist's "watchful eye" (Harper & Hoopes, 1990, p. 218).

Two more guidelines Harper and Hoopes (1991) give is: the therapist can give normalcy and credibility to anything that clients do in session, and to acknowledge that clients have reasons to believe they are "bad". Comments can normalize any feelings the client feels, but also the therapist can affirm that there is not a standard for what is normal; this piece can be helpful because shame-based persons might see the word "normalcy" as another way to punish self (that they should be acting like everyone else but they are not). With the therapist tuning in to the client's internal reactions, and affirming those over time, the client can hopefully learn that having emotions can be okay and that the therapeutic relationship is a safe place to express those emotions (p. 218).
Over time, the client ideally will learn how and why shame patterns develop and how shame manifests in his or her everyday life. Also, as the therapist learns the particulars for the person (such as their shame triggers, in what life tasks he or she lacks courage, etc) the therapist can validate the person in how he or she is feeling, stating that him or her experiencing that particular feeling makes sense because of their background (i.e. “It makes sense that you feel this way with your boss, considering that your mother never validated any of your opinions or desires. You learned that your opinions and wants were not going to be respected so now you do not speak up around your boss”). But in the early stages of therapy, the therapist probably will not have this depth of information so the validation of feelings and experiences will be more generalized.

Another thing therapists should keep in mind is that a client may ask to be punished. When the client figures out that the relationship with the therapist is positively different than other relationships in his or her life, the client may ask that the therapist punish him or her. This may be asked in a joking way, or the client may just ask, “Can't you just yell at me? I did x-behavior and I'd feel better if you just got mad. “ The client is not used to receiving positive regard, encouragement, and being asked, “What do you want to do?” - so not getting punished in a relationship could be very strange and uncomfortable for the client. Erickson (as cited in Stevens, 1983) said:

…[there is] literally a part of ourselves standing watch over the rest of ourselves and confronting us with detestable self-images. We thus learn to look down upon ourselves as unworthy and guilty, and are apt to do so with such cruelty that we sometimes feel relieved only when punished. (p. 46)
Personal Reflections for Future Work

It is alarming for this researcher to think about the possible number of current therapists that are not aware of the differences between one feeling ashamed situationally as an isolated event and one having shame that makes up his or her personality. This researcher brought up the subject with therapists in her personal sphere and several of those therapists identified confusion around the areas of why someone feels shame and how to work with someone who had shame issues. Further education in this shame area is needed amidst current and future therapists so that people struggling with enduring shame can be identified when they enter into therapy. Then specifically tailored therapeutic interventions for shame can be used with these clients.

Based upon the knowledge gained from the aforementioned research, this author hopes to work with shame-based clients in the future. This author suspects that this type of work may be longer and more arduous than work with other clients since the shame patterns have been set from so long ago, and the beliefs about self are immobilizing. Regardless, this author believes that working on the presence of shame with the client will not only impact the issue that the client came into therapy with initially, but this shame work will also impact the rest of his or her life. This author looks forward to next researching the specifics in the stages of therapy with a shame-based client. (This subject matter on what to do and when with a shame-based client was too huge to address in this literature review). This author is overwhelmed, excited, and humbled by the prospect of walking alongside a shame-based person’s journey, and is hopeful that her current and future knowledge on the topic can impact both clients and therapists.

Thoughts for Therapy

In conclusion, there are many therapeutic orientations in which a therapist can work with shame, and many goals that a therapist can work on with the shame-based client. A few goals
that this researcher brainstormed might be helping the shame-based client (a) to recognize his or her inherent self-worth (b) to recognize the shaming patterns in their family of origin that helped form identity (c) to encourage a new perspective to love self, rather than judging self (d) to see what has influenced their decision-making thus far, and encourage healthy decision-making for themselves for their future. The topics of the origination of shame-based identity, manifestations of shame in various contexts, methods for assessing and measuring shame, and tools that could be used to communicate with the client have been discussed previously. This researcher hopes that this work of cited references has helped the reader become more informed about shame. And it is in this researcher's opinion that when a therapist is equipped with the understanding of shame's operation, while at the same time providing positive regard and encouragement, a shame-based client can undergo a powerful, transformative change which can impact generations to come.
References


