BREAKING THE SHACKLES OF SHAME

CHARLES SMITH METELLUS

A Research Paper

in

The Department

of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

for the Degree of Master of Arts

Concordia University

Montreal, Quebec, Canada

SEPTEMBER 2015

CONCORDIA UNIVERSITY

School of Graduate Studies

This research paper prepared

By: Charles Smith Metellus

Entitled: Breaking the Shackles of Shame

and submitted in partial fulfilment of the requirements for the degree of

Master of Arts (Creative Arts Therapies; Drama Therapy Option)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality as approved by the research advisor.

Research Advisor:

Stephen Snow, PhD, RDT-BCT

Department Chair:

Yehudit Silverman, MA, R-DMT, RDT

September, 2015

ABSTRACT

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CHARLES SMITH METELLUS

Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging (Brown, 2012, p.41). It can be classified as *toxic shame*, which occurs when shame exceeds healthy boundaries to engender self-hatred, despair, and worthlessness (Bradshaw, 2005; Brown, 2012); and *healthy shame*, which teaches us about our limits (Bradshaw, 2005, p.18). This paper will describe the nuance between the two and provide the historical and psychological depiction of shame at large. A drama therapeutic framework on the matter will also be established.

ACKNOWLEDGEMENTS

Dr. Stephen Snow, my advisor, thank you for believing in my project and nurturing a vision for my future. Shea Wood, you accompanied me long after I was no longer your pupil. You've been a guardian angel during this research.

Philippe Adib, I appreciate your sitting down with me to bounce off my research ideas. JJ Loh, thank you for dreaming fearlessly and calling me to do the same. Your presence and your empathy lift me up. Kossi Efu, there are no other words to put it: you actually deserve to walk on stage with me to get my diploma. Thank you for loving me the way I am and yet calling me higher by your example. Mike Dupont, thank you for having my back. I will never forget those hourly accountable phone calls you gave to make sure the work was done. Karen Gold, how precious your support and proofreading of my paper are to me! Patrick Kelly, you are very dear to my heart. You came to my rescue in times of distress. Caleb McDonnell, you heard me cry, at times, and witnessed some of my fits of rage along the process. Thank you for your hugs. Dennis James and Vincent Grondin, you are awesome brother's keepers. So are you, Kevin and Mireille Kaze! Hélène Desforges and Melange Birulio, thank you for believing in me. We form an amazing trio, don't we? Kimberly Hunter, your love, friendship and prayers carried me along throughout. Gianna, I am so blessed to have you as my baby sister.

Mom, you are a great woman of tremendous drive. I am so proud to be your son. Thank you for fostering a zone in which Gianna and I were able to actualize ourselves into fulfilled and happy adults.

God, you made the completion of this research possible. You made a miracle out of my life and gathered a support team behind this paper. The best is yet to come.

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Chapter 1. Introduction

Interest in the Subject

I am interested in the topic of shame because shame is something I struggle with on a daily basis. Although this research does not take a phenomenological approach to the subject, exploring my personal relationship with my shame and the theory of shame has brought a lot of healing to my soul.

Thomas Moore (1992), an accomplished scholar in theology, musicology, and philosophy, has lectured in North America and Europe on archetypal psychology, mythology, and the imagination. He has written about his fields of expertise and lived in a Catholic religious order for 12 years as a monk. He claims that it is impossible to define the soul in a precise fashion:

> Definition is an intellectual enterprise anyway; the soul prefers to imagine. We know intuitively that soul has to do with genuineness and depth, as when we say certain music has soul or a remarkable person is soulful. When you look closely at the image of soulfulness, you see that it is tied to life in all its particular good food, satisfying conversation, genuine friends, and experiences that stay in the memory and touch the heart. Soul is revealed in attachment, love, and community, as well as in retreat on behalf of inner communing and intimacy. (pp. xi-xii)

I took a few lines of this document to mention and highlight the word “soul” because I have used it a few times while writing about the concept of shame. The goal of this research paper is to create a theoretical foundation for holistic healing. I want to help

people to attain inner equilibrium and to do so, spirituality is a common route. Moore goes on to say:

> In our spirituality, we reach for consciousness, awareness, and the highest values; in our soulfulness, we endure the most pleasurable and the most exhausting of human experiences and emotions. These two directions make up the fundamental pulse of human life, and to an extent, they have an attraction to each other. (p. 231)

I am fascinated by the juxtaposition of those two above mentioned directions. These existential feelings and emotions, although fleeting--some would say come from providence--are things that a person can't grasp. Some might call it magic.

> The soul doesn't necessarily benefit from long, hard work, or from fairness of any kind. Its effects are achieved more with magic than effort. Just because you have worked a long time and are fair about it doesn't mean you will have the benefits of soul you want. (p. 123)

"Just like Magic" happens to be the title of an article written by Sheila Rubin (2015), a prominent figure and pioneer in dealing with shame through drama therapy. Her work provided a foundation for this research. She generously accepted to hold a Skype interview with me, sharing her and her husband's groundbreaking work. Indeed, Rubin and her husband, Bret Lyon, tour around the world in order to train therapists and assist professionals in helping their clients to overcome their shame. They have created a workshop plainly entitled "Healing Shame" in order to educate mental health professionals in identifying shame and dealing with it.

When, last March 2015, Sheila Rubin granted me an interview, we discussed her lifelong project of studying shame and how drama therapy can heal it. Back in 1992, Rubin completed her drama therapy training at CIIS, the California Institute of Integral Studies (S. Rubin, personal communication, March 13, 2015). Her final master's project culminated in the writing and acting of a self-revelatory performance which recounted her experiences living with a mother suffering from Schizophrenia. Typically, the purpose of a self-revelatory performance is to bring healing to the performing artist, in which case the shame relates to the actor rather than the audience. That being said, an expected outcome is that the audience will identify with the performing artist and live the healing experience through them as well. Renée Emunah (1994) declares that self-revelatory performance, a kind of therapy and a form of theatre that builds on the works of Grotowski, Artaud, The Living Theatre, and other theatre directors and companies that have pushed away boundaries, converts universal painful life experiences into art, and offers adequate aesthetic distance from the pain. Carey (2006), the president of the New York branch of the Association for Play Therapy and adjunct professor of play therapy at Hosftra University, states: "Aesthetic distance is defined as the point at which the client can have access to his feelings and also maintain an observer stance" (p.58). Insufficient distance from shame can flood a client with tremendous fear. Rubin (2015) suggests that the drama therapist's role is to smoothly direct the client until the right amount of distance leads to an epiphany. He or she then discusses the restoration of an interpersonal bridge between the therapist and his client: a bond which ties two individuals together (Kaufman, 1992, p. 13), given that the interpersonal bridge had been previously ruptured. Rubin argues that her approach makes this restoration possible. The drama therapist

guides the client into reinventing a personal narrative that will salvage the client's human dignity, says Rubin (2015).In her own self-revelatory performance, Rubin found validation from the audience and it allowed her to recover from the pain she experienced in the context of her relationship with her mother and her deep experience of shame.

When I was in my first year of graduate school, I was longing for validation. At that time, a professor of mine invited me to watch a TED Talk video of Brené Brown who is a shame researcher currently based in Houston, Texas, where she conducts research at the University of Houston. Brown is a trained Social Worker who has spent the last 12 years researching vulnerability, courage, worthiness, shame and empathy. Her 2010 TED Talk on shame and vulnerability went viral and gave her many more public speaking opportunities. Her work has had a tremendous influence on my research. The day I watched that TED talk, I felt as though it was the first day of a new life, figuratively speaking. I later discovered that several of my closest friends who attend the same church as I do are fans of Brené Brown. On a daily basis, we spoke about her work and we adopted her vocabulary to describe and illustrate whatever we were going through. It transformed my life.

Once I discovered Brené Brown and her research, I realized that her work was deeply touching my heart because I was trapped in shame and eager to be free of it. I thought that perhaps I was healed because of that insight. That being said, the more I read in the context of this research, the more I understood that the healing process is painstakingly long and requires tremendous patience from everyone. Nevertheless, the more I conducted this research, the more hope filled my heart. My hope is that my

research will be an effective way for me to connect with other fellow humans in the same boat as myself, and assist them in overcoming shame.

What drew me to shame? Do I know shame so well that I would be ready and able to share my experience with it? Now a few years and many readings later, it has become clearer: fundamentally, shame is the first teacher to have rigorously taught me about life. Shame shaped my character. My research revealed to me that my shame can be my friend rather than my enemy. To borrow Bradshaw's (2011) words:

> Healthy shame is an emotion that teaches us about our limits. Like all emotions, shame moves us to get our basic needs met. Healthy shame keeps us grounded. It is a yellow light warning us of our essential limitations. Healthy shame is the basic metaphysical boundary for human beings. It is the emotional energy that signals us that we are not God, that we will make mistakes and that we need help. Healthy shame gives us permission to be human. (p. 18)

I will discuss further the idea of healthy shame later in this document. In the meantime, it is good to know that healthy shame or a healthy amount of shame may be like a compass to us.

My relationship with my shame is a chaotic yet comfortable one, which is my paradox. So comfortable that I was not even aware of it. Up until this research, my shame remained mostly hidden to me. Now that it is exposed, it has been useful to my project. Although I consider myself to be a very privileged man, conducting this research clarified the fact that there are shame triggers in my life that need confronting. I am quite grateful for this research because it helps me realize that I need tools to recover from my own toxic shame. Toxic shame is the excess of healthy shame. Bradshaw (2011) explains:

> Instead of the momentary feeling of being limited, making a mistake, littleness, or being less attractive or talented than someone else, a person can come to believe that his whole self is fundamentally flawed and defective. Such a person does not have his healthy guilt, moral shame, available to him. Internalized or toxic shame lethally disgraces us to the point where we have no limits or boundaries. We are no longer perfectly imperfect, we are totally imperfect (p.27).

My question is how can I make my shame become the friend that I need to help me appreciate the perfection of my imperfection? In other words, how can I make my shame help me to be authentic? Brown (2010) states:

> Authenticity is the daily practice of letting go of who we think we are supposed to be and embracing who we are. Choosing authenticity means cultivating the courage to be imperfect, to set boundaries, and to allow ourselves to be vulnerable. Exercising the compassion that comes from knowing that we are all made of strength and struggle and nurturing the connection, and sense of belonging. That can only happen when we believe that we are enough. (pp. 68-69)

How can I help others with their shame through drama therapy which is soon to be my profession? How can drama therapy teach us that we are enough?

When I started to write my research paper, I hardly felt that I was enough. I was going through a lot of shame and isolation. I numbed my feelings of frustration with several compulsive behaviours: frantic listening to music, Netflix and YouTube watching and eating the same flavoured pizza day after day, among other unhealthy habits. Brené Brown (2010) addresses numbing in relation to shame and vulnerability in the above-mentioned 2010 TED Talk video:

> We are the most in-debt, obese, addicted and medicated adult cohort in U.S. history. The problem is—and I learned this from research—that you cannot selectively numb emotion. You can't say, here's shame, here's fear, here's disappointment. I don't want to feel these. I'm going to have a couple of beers and a banana nut muffin. I don't want to feel these. You can't numb those hard feelings without numbing the other emotions. You cannot selectively numb. So when we numb those, we numb joy, we numb gratitude, we numb happiness. (p. 81)

According to her, if, one day, I want to feel the relief and the happiness of completing this research paper, I will have to face the discouragement, the frustration, the shame and the pain that I feel sometimes when I write.

Why do I feel pain when I write? I feel pain because I love doing things in corporal expression--that's how I learn best. After all, I am a performing artist. At times I might consider myself borderline hyperactive. Whenever I sit down to write, I feel restless and anxious; I am in turmoil. I struggle to find a way to channel my energy into producing a written document; that in itself is a shame trigger for me. That shame accentuates the panic I feel, as I then look for ways to quell my anxiety and find inner peace. In so doing my work is delayed all the more.

Procrastination is a means of avoiding the pain that does not take me very far. People have written countless documents aimed at helping people overcome procrastination, but the deeper problem I wanted to see resolved was my shame. The only hope I saw lay in humbling myself several times with friends in order to expose how powerless I was before writing this paper, or in simply making it plain as day and

laughing about it; exposing the quirky "hide and seek" nature of the human tendency to hide our own weaknesses. I am grateful that this paper gave me no choice but to face my shame and better myself, and for the courage this paper may instil in my soul. Shame brings people to spiritual bankruptcy and it is time to take a stand against the darkness. It is with great delight that I offer you this paper on shame and its strategies of isolating individuals. I want to help people break from its shackles. Fasten your seatbelt, bear with me, embrace discomfort, and dive without knowing. My research so far has helped me to realize that learning about shame is extremely worthwhile.

Basic Definition of Shame

Brown (2012) proposes that shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging. Brown (2010) adds: “Shame keeps worthiness away by convincing us that owning our stories will lead people to think less of us”. Potter-Efron & Potter-Efron (1989) suggest:

> It is more than a feeling. It is a set of physical responses (such as looking down or blushing) combined with predictable actions (such as hiding or withdrawing from others), uncomfortable thoughts (such as I am a failure in life), and spiritual despair. Our definition of shame is that it is a painful belief in one’s basic defectiveness as a human being. (p.2)

Goldfarb (2007) echoes: “It is a painful emotion which responds to a sense of failure to attain some ideal state. In shame one feels inadequate, lacking some desired type of completeness or perfection” (p. 5). Kaufman (1992) is an alumni from Columbia University and the University of Rochester, an author with a Ph.D. in clinical

psychology. He provided significant insight on the topic of my research and believes that shame disrupts the interpersonal bridge to another, where the person experiences a feeling of complete loss of union with the loved one. Similarly to Bradshaw, Kaufman illustrates the dynamic of shame in the midst of dysfunctional family systems, childhood sexual abuse, and the recovery of addiction. On the matter of the interpersonal bridge, Kaufman goes to say:

> The bridge in turn becomes a vehicle to facilitate mutual understanding, growth, and change. These vital processes are disrupted whenever that bridge becomes severed. The interpersonal bridge which spans the gulf between strangers conveys to each person that the relationship is wanted by the other. Each feels wanted as a person in his or her own right. (p.13)

Kaufman (1992) claims that shame secludes an individual in his inner self. It locks the person into a sombre zone of poisonous self-centeredness preventing any possibility of reaching out to others: "Shame is an impotence-making experience because it feels as though there is no way to relieve the matter, no way to restore the balance of things. One has simply failed as a human being" (p.9). Shame is an agonizing feeling which is powerful if not overcome. It may have both a physical and emotional impact on those who experience it. Shame is universal and transcends every culture all together. In that regard, Kaufman (1992) says:

> Cultures can be examined in order to identify their characteristic sources of shame, particular targets of shame, and the various culturally patterned remedies for shame. In addition, the degree to which any given culture fosters the identification of the individual with the group, in contrast to differentiation from

> the group, will significantly influence the patterning of shame, even the experience of shame. (p.222)

Shame is triggered by an outside stimulus just like any other emotion such as anger and fear. That being said, it may take over someone's personality and be triggered autonomously. This phenomenon is called internalization of shame (Bradshaw, 2011):

> When shame is completely internalized, nothing about you is ok. You have the sense of being a failure. There is no way you can share your inner self because you are an object of contempt to yourself. When you are contemptible to yourself, you are no longer in you. To feel shame is to feel exposed in a diminished way. When you are an object to yourself, you turn your eyes inward watching it and scrutinizing every minute detail of behaviour. This internal critical observation is excruciating. (p. 75)

Internalization of shame is progressive. It engages its victim in a spiralling of thoughts which convinces the individual that he or she is defective and worthless. The person's sense of trust in others is significantly disrupted (Johnson, 1994, p. 175).

The more we hide and deny our shame, the bigger it gets; the more we expose our shame and share it with others, the smaller it gets. As Brown (2012) suggested:

> Shame derives its power from being unspeakable. That's why it loves perfectionists—it's so easy to keep us quiet. If we cultivate enough awareness about shame to name it and speak to it, we've basically cut it off at the knees. Shame hates having words wrapped around it. If we speak shame, it begins to wither. (p. 32)

Need for the Research

I want to specialize in treating shame with drama therapy processes. Now that I have done a lot of work to grow in resilience toward my own shame, I feel compelled to help others with theirs.

While Sheila Rubin has contributed significantly to the field by linking shame and drama therapy, a comprehensive view of the way shame has been viewed and treated historically in psychotherapy and drama therapy will provide the foundation for developing future approaches including one of my own. I am not certain to what extent other researchers have investigated the history of psychotherapy and drama therapy in their research, but my intent is to make those the basis of my conclusions from a theoretical standpoint.

Statement of Purpose

This research seeks to address how shame has been discussed in literary history and psychology. It aims to review the creative arts therapies' approaches to addressing and healing shame in order to inform future practice. As stated in the previous section, we will focus on theoretical analysis and whatever experimental data has already been analysed by previous scholars.

Having said that, the aim is to use this research paper as a stepping stone towards further, in depth, experimental field study of my own clinical endeavour with shame through drama therapy.

My Research Question is: How has shame and its treatment been viewed historically in psychotherapy, most importantly in drama therapy, and how can this

historical context inform new approaches to addressing and treating shame in drama therapy?

Methodology

This document is a historical-documentary paper (Concordia University, Research Handbook, 2015, p. 7). I set an integrated narrative about shame based on critical analysis and synthesis of sources. I delineated interrelationships between shame, toxic shame and healthy shame in an historical context. Subsequently, I explored contemporary sources and present-day issues on shame. The purpose of writing this paper is to investigate the psychology of shame and also how drama therapy has dealt with it clinically. This paper consists of a literature review on shame and discussion of it.

Indeed, in the past several months, I have reviewed literature in a variety of relevant fields (social sciences, psychology, and drama therapy) in order to understand how shame has been discussed historically in this literature. I gathered documents that allowed me to better understand different concepts surrounding shame such as toxic shame, healthy shame and vulnerability. I also conducted an interview with a professional in the field of drama therapy to understand how she views and treats shame in her practice. The following research paper will summarize and synthesize the literature for the purpose of answering the research question.

Chapter 2. Literature Review: Social Sciences and Psychology Sources

General Overview of Shame

Typically, a shame victim does not want to talk about their feelings. Such individuals can be skillful enough to conceal their shame during therapy. It is less threatening for a shame victim to discuss their anger, or sadness, or any other feelings than shame. DeYoung (2015), a founding faculty member of the Toronto Institute for Relational Psychology, maintains a private clinical and supervisory practice in Toronto. She explains:

> We all know clients who are unhappy in their lives but who seem determined never to make contact with what they feel most deeply. They avoid vulnerable connectedness with everyone, including us, because feeling vulnerable means feeling shame. For them, shame is simply intolerable; the last thing they want is to give it light or air. Their therapy conversation allows no teachable moments about shame, no links to childhood vulnerability felt here and now, no curious playfulness about alien parts of self. For these clients, defences against feeling shame have become their way of being in the world. (p.193)

And yet: “Shame is a messenger, telling us that something is wrong in our lives that we must change. We need to pay attention to that message and then take action that will help us live a better and more meaningful life" (Potter-Efron & Potter-Efron, 1989, p. 132).

Helen Block Lewis of Yale University, one of the first psychologists to seriously study this issue believes that the therapeutic recognition of shame is the key to successful

treatment (Johnson, 1990, p. 301). Lewis felt that shame was a fundamental aspect of the patient-therapist relationship (Goldfarb, 2007, p.8).Such an individual has a hard time connecting with others and is condemned to isolation. As mentioned earlier, shame is a very strong feeling manifested by physical cues combined with actions and deceptive thoughts. Bradshaw (2011) commented:

> Internalized shame causes you to focus on a particular group of automatic thoughts to the exclusion of all contrary thoughts. This preoccupation creates a kind of tunnel vision in which you think only one kind of thought and notice only one aspect of your environment. (p. 154)

Moreover, shame generates spiritual despair as per Potter-Efron & Potter-Efron (1989):

> The shamed person encounters a spiritual crisis at his very core. Does he have any right even to exist? Is he some dreadful mistake that nobody would claim? Would even God forsake him? Is he unworthy of love? When shame is strongest, many people would answer yes to each of these questions. (p.16)

Not only do our thoughts betray us in shame episodes, but our bodies do as well. Indeed, in shame situations we are deeply exposed against our will. Our body becomes independent from our will. Forgetting about speech, we are taken aback. Above all else we seek to embrace the flight response and run for our lives in a personal retreat. We feel our bodies getting smaller whereas people around us are growing bigger and bigger. To shrink in our insides is a defence mechanism in order to protect us although it doesn't

seem like it when we experience shame because we feel like young children, which is humiliating (Potter-Efron & Potter-Efron, 1989, pp. 12-13).

In shame episodes, the average individual feels despicable and they resent the episode to the point of fleeing it at all cost (Brown, 2007, pp. 6-7). Once we are in shame, we cannot escape it nor pretend it does not exist. We tend to amplify it until we insult ourselves. We become pregnant with self-hatred which, unfortunately, traps us to even discredit any compliment or positive comment we might receive from others. DeYoung (2015) states:

> Lewis began to write about the excruciating pain of shame when she discovered that failed psychoanalytic treatment can very often be traced to a failure to face shame in treatment. Shame disappears in treatment precisely because it is so very painful to bring to awareness, and especially so when shame becomes part of the treatment relationship. Client and therapist can together bypass shame on a regular basis. Instead of feeling the emotional intensity of shame itself, a client may turn either to obsessive self-hatred or to obsessive thoughts about what went wrong in interactions between self and others, including the therapist. Pursuing these themes may seem like genuine emotional work to both client and therapist. But the real emotion of shame is much more painful. So we all avoid it. That's the point Lewis drives home. (p. 46)

What motivates people to behave in such ways? An individual ensnared by shame, is convinced that others would resent them if the masks they're wearing slip to unveil their real selves. To keep shame a secret is a desperate move that is effective over the short term. It is more comfortable to think, "If others knew how bad we are, they

would resent us," or if someone made a compliment, to think, "It's because they are making fun of us."

People may react to shame in paralysis or in physical weakness. They may also escape, withdraw, critique or burst into a rage. Another alternative to respond to shame is to adopt perfectionism which is extremely taxing. Some put on a mask to conceal their authentic selves. They may go on to pretending that everything is fine by smiling a lot and pleasing others. Worse, they are desperate enough to pretend to showcase self confidence in order to convince others they are on top of things. (Potter-Efron & Potter-Efron, 1989, pp. 15-16)

Shame transcends geographical and cultural boundaries by the way it manifests itself (DeYoung, 2015, p. 40). A manifestation of shame that is obvious to all is looking down to avoid eye contact with others. This is shame's strategy, it allows the shamed individual to avoid becoming too angry, happy, or involved with the other individual. It is biochemically a cause of depression (Bradshaw, 2005; Brown, 2012; DeYoung, 2015; Potter-Efron & Potter-Efron, 1989).

To grow up shameful is extremely damaging. It can leave deep scars. Sadly enough, adults who grew up in a shameful environment may end up carrying their shame with them (Bradshaw, 2005, p. 106). They may marry and start a family with the heavy risk of transmitting their shame to their children (Potter-Efron, 1989, p. 82). Toxic shame erodes the soul and engulfs a person's human dignity.

Many people are involved in shame-based relationships and entertain them. Shame-based relationships have two categories: the first a one-sided relationship where

only one member shames the other, the second a two-way shaming where both parties mutually and regularly shame each other.

People with the deepest shame will have to display patience with their healing journey. Indeed, recovery is long. Hope is the ultimate counterpart of despair generated by shame (Bradshaw, 2005; Brown, 2012; Potter-Efron, 1989). The problem with facing a shame-based person is their loss of interest in themselves. Potter-Efron (1989) suggests that rushing the healing process by pushing shame away too rapidly will fuel shame instead of reducing it. It is crucial to accept that shame is a part of ourselves and has the potential to contribute to a better life if only we could learn to sit with it. To respect ourselves requires respecting our shame (Brown, 2012, p. 37).

Shame involves a number of different emotional responses, primarily fear of exposure, distress, hurt, and self-protective rage. Shame would also seem to violate trust and security, elements so crucial in forming and maintaining relationships. As Kaufman (1992) would put it, shame makes the interpersonal bridge impossible to maintain, widens the gap between the two individuals, and severs their relationship.

A person who becomes an object of contempt may consider themselves offensive. The blamed child or adult may be subjected to reading facial cues of contempt such as the sneer and the raised upper lip from significant people. Significant people who display those facial cues, generate shame in the most powerful way. Additionally, they manifest contempt by overly and perpetually criticizing others. This could be a difficult context for children who are unfortunate enough to have such a person for a parent because they are guaranteed to be continually subjected to shame (Bradshaw, 2005, p. 36). The child's own peer group may also generate shame through mockery. The child registers the

following messages: “I am despicable, I do not belong.” Along with contempt come instances of overt and covert humiliation (Kaufman, 1992, p. 23). Children have no other choice than to comply with bigger and stronger caregivers. The power differential between caregivers and children is potentially humiliating for the little ones. High expectations can also present a source of shaming for children. Parents who nurture great visions for their child, such as excelling at a particular activity or skill, will likely pressure the boy or girl to consistently improve. Whenever expectations are placed upon a child, implicitly or not implicitly, the child may realize that there is a real possibility of failing to meet those expectations (Brown, 2012, p. 168). Such a realization may activate a self-consciousness that would cause them to watch themselves inwardly with heightened scrutiny. The only way out of this excruciating experience is the permission to do our best. Indeed, to know that whatever we do is good enough maximizes chances of success (Kaufman, 1992, p. 25).

Lingering shame puts a strain on human relationships. Adolescence heightens the likelihood of the activation of debilitating self-consciousness. How so? The adolescent boys and girls start to search to make contact with the opposite gender. Is there any more vulnerable spot to be in than that of attempting male to female relating? Perhaps, even more so in the “shamefulness” of homosexual relating at this age, so highly stigmatized. Many adolescents overcome such a level of exposure. Others never get over it (Kaufman, 1992, p. 30).

Why do peer groups carry such influence over us? Why do our families exert such power upon us? These questions are certainly relevant to the understanding of shame. My research leads me to conclude that, in the context of family, we look to others to quench

our thirst for connection. This is why we give so much power to others. We are needy. Our needs empower us through reaching out but they also potentially beget shame. (Bradshaw, 2005, p. 72).

Difference constitutes another cultural shame trigger. Oftentimes, one is expected to be popular by imitation and, if this is not possible, to at least conform (Bradshaw, 2005; Brown, 2012; Nathanson, 1992). The implicit solution is to seek authenticity. One must resolve to assume being different (we all are different to some extent!) and accept being seen as different. It is easier said than done however. Ultimately, though, this is the solution, and as difficult as it may be to put into practice and make a reality, one must find creative ways to make this possible.

Social pressures will force one's hand to shy away from the ultimate solution (authenticity), but creative measures may allow a striving individual to achieve it despite the odds. For example, is it possible to be different and not attract the resentment and/or jealousy of others while being different? Are there tactful attitudes that can be practiced to help people resist resentment of difference (Bradshaw, 2005; Kaufman, 1992)? Are there ways to turn names and insults that highlight those differences on their heads (Bradshaw, 2005, p. 164)? Difference may project an image of deficiency, as perceived by others, but is it possible to gain perspective and see that image of deficiency as it truly is, a backdrop of paper tigers?

The concept of shame has shifted over time. Nathanson (1992) affirms that “the very word shame has represented quite different inner experiences over time” (p. 433). For instance, we have been celebrating the cult of physical beauty for ages, but we do not show off our body the same way as our grandparents. In our current age, we display

much more skin and, with exceptions, it is no longer shameful to stare at other people's body parts. When someone else is watching us with allure and respect, most likely we will feel safe and be delighted to be seen naked (Nathanson, 1992, p. 431). Emotion labels are used differently from a contemporary of our age to a contemporary of a different era. Nathanson (1992) went on to say that certain emotions have mutated in meaning over the course of history (p. 444).

No matter how shame differs in different historical period, it always weighs in with the same capacity to poison the human psyche. Its strategies are numerous, let's talk about a few of them.

Unhealthy Defense Mechanisms against Shame

Having said the above, I believe that there are contexts where shame is not necessarily the product of a close connection. For example, a stranger may reproach a child. In such a case, the child may feel shame, and there was no strong connection between the two individuals. That would lead me to believe that shame is an instinct which is a product of how our world is designed (be it by natural evolution or by special creation, depending on what one believes). From that perspective, it would seem that shame is more of a mechanism that we were born with which ensures that people can observe signs of their own wrong behaviour, allowing for harmony when this energy is put to good use (conscience, morals, values, ethics) (Bradshaw, 2005; Brown, 2007; DeYoung, 2015; Nathanson, 1992).

When trying to deal with shame, a typical tendency is to use bandages rather than fixing the root problem. This would be called an extrinsic motivation for success against

shame (Kaufman, 1992, p. 104). Unfortunately, this inevitably fosters competition and generates hostility and fear.

In America, a related cultural archetype that fits this shame-triggering description is the self-made man. (Kaufman, 1992, p. 32) This archetypal figure among others such as the pioneer, the cowboy, and the detective mirrors how we take pride in independence. To achieve is not enough. To do it alone is much better! According to those archetypes, vulnerability is no longer a sign of richness but instead depicts a clear sign of inadequacy. This is where shame enters the equation, with messages like, "Crying is for wimps," or "Suck it up" (Brown, 2012, p. 13). Shame on us for making a mistake.

Here is another example of an extrinsic motivation for success against shame. At times, one might attempt to validate oneself against external standards. In this kind of situation, there are two parties: the one setting the goal and the one seeking to achieve it. For the one setting the goal, the question becomes "What is the intention and approach of the person setting the goal, even if that person is the shame-victim himself?" If the intention and approach are non-constructive or ill-intended, there is a weakness in the proposal. On the other hand, for the one looking to achieve the goal, the question becomes "What is the attitude and interpretation when faced with the goal?" If the person feels that the goal is there to hurt them, or if they misunderstand the purpose of the goal, this also presents a weakness in the proposal (Brown, 2012, p. 41). If a weakness presents itself from either party, there is a chance that the person facing the goal, if and when failing at said goal, may suffer an inferiority complex and consequently lose self-esteem. Alternatively they may succeed now, but on such weak grounds a failure is bound to occur, in which case the shaming effect occurs, only later. (Brown, 2012; Carnes, 1992;

DeYoung, 2015). That is another manifestation of shame. From then on, we activate shame every time we fail at a new enterprise. The pressure to win the competition for success is antithetic to our ability to practice compassion and vulnerability, and the cycle continues until a new approach is employed.

These three cultural and societal guidelines handicap us individually: 1) to compete for success at all costs, 2) to be independent and self-sufficient, and 3) to strive for conformity and/or popularity (Kaufman, 1992, p. 32). Who can compete for success, be independent and self-sufficient, while striving for conformity and/or popularity? It is not possible and here is why: points 1 and 2 are in conflict because, to be successful, a person typically needs to collaborate successfully with others and thus being purely self-sufficient can't lead to the expected success (depending on one's definition of success). Next, points 1 and 3 are in conflict because ruthlessly competing for success would lead to resentment and scorn from others. Finally points 2 and 3 are in conflict because being independent naturally leads to one to being different. Therefore these three guidelines can't all be put into practice at once: it is an illusion. Rather, these ingredients are part of the recipe for shame.

Healthy Defense Mechanisms against Shame

This is why our shame remains a taboo topic (Kaufman, 1992, p. 33). The best antidote to our shame is to acknowledge and recognize it: it’s the only way to redeem it.

Shame can leave a deep emotional impact on us. However, redemption from shame impresses our soul in far greater ways. Here is an example of de-shaming in a relationship. Take Paul and John: Paul has previously inflicted shame on John by

forgetting a hangout time they both planned on spending together. Later, Paul, whom John acutely values, shows vulnerability (Brown, 2012, p. 120) and openly exposes his imperfect humanness. In doing so, Paul carries John beyond the shame Paul initially inflicted upon John (Kaufman, 1992, p. 34). Indeed, Paul took a risk. This risk offers John a tremendous growth impact which outshines the shame experience Paul launched in the first place. This is the healing process, thus the severed interpersonal bridge is restored. Such a process promotes the reaching of a self-affirming identity (Kaufman, 1992, p. 97).

Only light reverses the damaging effect of shame. Nonetheless, fear of exposure and unhealthy defence mechanisms render such reversals slow and agonizing. Vulnerability requires absolute courage from the self. The self must let go of the deep impression's comfort zone of feeling unredeemable and despicable. We need extra help to rescue our inner value (Potter-Efron & Potter-Efron, 1989, p. 139). Progressively, the internalized shame is brought to consciousness. The therapeutic process is a tremendous opportunity for the shame-wounded person to encounter a remedial emotional savoir-faire.

In order to better understand the essence of the unhealthy and healthy defense mechanisms to counteract shame, it is good to categorize them in two compartment: the first one, toxic shame; the second, healthy shame.

Toxic Shame

When shame exceeds healthy boundaries, it becomes toxic. It engenders self-hatred, despair, and worthlessness. It erects walls in the midst of relationships. Shame

paralyzes people who are convinced that their core being is hopelessly and inherently defective (Bradshaw, 2005; Brown, 2012). Such a mind frame sets people up for powerlessness, which is often accompanied by rage.

Goldfarb (2007), a clinical psychologist who sent me her dissertation on shame, referred to toxic shame as pathological shame: “Pathological shame is an irrational sense of defectiveness—a feeling of having been born on the wrong side of the boundary” (p. 8). I would argue that the human race *is* defective. We need to look no further than the amount of wars, atrocities and abuses of global natural resources to see how defective humanity really is. On an individual scale, in my life and most of the people I rub shoulders with, there is a deficiency and imperfection in behaviours. The common saying is "Nobody's perfect." With that in mind, I would argue that the pathology is not a sense of defectiveness. Rather it is a hopeless perspective on the said defectiveness that leads to pathology (Bradshaw, 2005; Brown, 2012; DeYoung, 2015). I would even go so far as to say that considering humans perfect or without defect leads to pathology (mostly lack of humility and authenticity, e.g. hypocrisy). For that reason I would agree with the second part of the Goldfarb quote, being "a feeling of having been born on the wrong side of the boundary." It is that feeling which is pathological, because we are all born on the wrong side of the boundary, ergo we are all defective. Thus feeling on the wrong side is a fallacy since we are all on one side: defective. (Bradshaw, 2005; Brown, 2007; DeYoung, 2015)

According to Kaufman (1992): the internalization of shame occurs when shame is no longer a mere feeling among many which is triggered by a stimulus-event at various times and then vanishes. When internalized, shame is experienced as a permanent

sentiment of being defective: The message is: “You are not good enough as a person” (Kaufman, 1992, p. 73). This thought spreads the shame gradually in such a pervasive fashion that it attains the realm of unconsciousness. This explains how shame becomes bound to the identity. Internalized shame differs widely from the simple emotion of shame. In internalized shame, other emotional symptoms are piling up: feelings of inadequacy, rejection or self-doubt, insidious guilt, and loneliness (Bradshaw, 2005; Brown, 2007, 2012; DeYoung, 2015). They are all expressed either consciously or semi-consciously. The self no longer needs an external stimulus to trigger the shame. One experiences shame regardless of the situation because of a deep-rooted feeling of unworthiness.

This can be simplified: thoughts of defectiveness reinforce each other, leading to the binding of shame to the identity. Kaufman (1992) named this the internal *shame spiral*. A shame-bound person finds his identity intertwined with shame. The eyes inwardly dissect the self. The shame feelings and thoughts stream in an endless whirlwind. The triggering event is recounted internally again and again, causing the feeling of shame to intensify. At this point, shame colors other neutral experiences that occurred before and will occur later, until finally the self maintains a constant state of self-shaming.

This kind of spiral of thoughts reminds me of the Obsessive Compulsive Disorder. From what I understand of the illness, there is a lack of a neurochemical signal which allows an individual to close one idea and move to the next. It could be that the *shame spiral* is a symptom of a neurochemical imbalance, and thus the individual could be

treated for OCD alongside their drama therapy (perhaps referral to a psychologist or psychiatrist would help).

The *shame spiral* is amplified if a heightened fear of exposure is present, which is one of the secondary reactions to shame. This may result in the splitting of the self also called the disowning process (Bradshaw, 2005, p.16). The self is disowned as a safeguard measure. The self feels the urge to distance itself from the intolerable sense of defectiveness that arises. This disowning happens when we register from society or our parents that our authentic self does not match their expectations. In order to reconcile their personal identity and those societal expectations, individuals must keep their inner self away and sever emotional ties with it. In this learned way of relating to oneself, performed to endure the unbearable experience of shame, the authentic self is denied until there is materialization of split-off parts of self (Kaufman, 1992, p.105).

Shame, initially induced interpersonally is now internally induced. This is called the internalization of shame. Shame, once internalized, can spread throughout the self, shattering the identity which is the core essence of our being. Our identity encompasses our worth, our adequacy, and our very dignity as human beings (Kauffman, 1992). Once internalized, shame is an endless nightmare (Kaufman, 1992, p. 8)

One *creative* way for the individual to seek relief from shame is rage (Bradshaw, 2005; Brown, 2007, 2010, 2012; Carnes, 1992; DeYoung, 2015; Kaufman, 1992; Potter-Efron & Potter-Efron, 1989). Although rage is harmful for the shame-experiencing individual and hurtful to the recipients of that rage, it protects the self in the very urgent moment of shame occurrence. The self shouts: “Keep away! Don’t look at me now that I

am suddenly alienated and defeated! Don't you get it: I am not good enough to belong!" (DeYoung, 2015, p. 60).

Healthy Shame

Healthy shame shapes character. It teaches humans about themselves and others within a brief episode. However, one needs to confront shame for it to become useful. Otherwise, the only outcome for an individual ensnared in shame, especially when it remains concealed, is fear and pain. A person who courageously faces their shame may therefore find a greater meaning to their journey on earth (Potter-Efron & Potter-Efron, 1989, p. 20).

A moderate amount of shame clearly indicates whether something is wrong or not and makes the world a better place. It reveals how healthy our connection is with other people and alerts us to the need to repair injuries caused to someone else. In that sense, good shame is a nice friend to have. A few studies have claimed that shame is never good. "Guilt" refers to feeling bad about your behaviour – something you did, and behaviour can be altered from learning (Bradshaw, 2005; Brown, 2007, 2010, 2012; DeYoung, 2015; Kaufman, 1992; Nathanson, 1992 Potter-Efron & Potter-Efron, 1989). "Shame" on the other hand, may refer to feeling bad about who you are – about your feeling of personal worthiness, and this is something that is much more difficult to change because you are ashamed of the actual person you are, rather than something you have done (Bradshaw, 2005; Brown, 2007, 2010, 2012; DeYoung, 2015; Goldfarb, 2007; Johnson, 1990, 1994; Kaufman, 1992; Nathanson, 1992; Potter-Efron & Potter-Efron, 1989, Rubin, 2015). It is a true friend who is trustworthy and brave enough to confront us

when we are jeopardizing our lives. No matter how painful it is to be truthful to ourselves, shame will not hesitate to speak up. When shame is healthy and good, its friendship is faithful especially when trouble comes our way. (Potter-Efron & Potter-Efron, 1989, p. 23)

Healthy shame educates: to experience shame builds character. The growing individual has the opportunity to develop inner strength and humility, both essential to cope with shame in the future. To flee shame will only shape individuals lacking the skill to healthily cope with it (Bradshaw, 2005; Brown, 2012; DeYoung, 2015). We all need to grow in healthy shame-coping skills and the most effective way to do so, if not the only way, is through a series of shame experiences within significant relationships which, over time, will make us become secure in our worth of connection (Bradshaw, 2005; Brown, 2012; DeYoung, 2015). Therefore, experiencing shame in a safe, people-building environment is paramount (Bradshaw, 2005; Rubin, 2015).There, we will let go of perfectionism and 'what will people think' thought patterns: we will embrace authenticity (Brown, 2007, 2010, 2012). Here is the hope: every relationship is restorable, no matter how deeply impaired it may have become. Mistakes in relationship are beneficial: they inflict growth pain to the persons involved and make them move on to higher level of wisdom if they will only seize the opportunity (Kaufman, 1992, p. 20).

Shame is inevitable. What matters is how we react in times of shame. We need to acknowledge and accept our shame in order to make it our ally (Bradshaw, 2005; DeYoung, 2015). Only when it is accepted as it is can the feeling of shame benefit us rather than curse us, because it brings to our awareness how we are handling our

relationships. It enriches our lives, therefore, because it helps us strive for healthy interpersonal relationships.

Personally, it was a source of bewilderment for me to come across this realization. At first, I thought my shame was detrimental to me, but now I see that my shame actually trains me to become a contributing member of society. That being said, only in moderation can shame be beneficial. It can break someone almost beyond repair if it is present in excess, but it can prevent someone from adequately showing empathy when shame is scarce (Potter-Efron& Potter-Efron, 1989, p. 28).

Potter-Efron (1989) claims that healthy shame operates in everyone as early as two years of age. At that age, a child gradually starts to separate his identity from the primary caregiver. An excessive amount of shame confuses this natural process. The child feels not worthy enough to own the right of separate life. Therefore, he spends his energy to become an extension personality of the primary caregiver out of dreading abandonment (Bradshaw 2005; Brown, 2007).

Psychotherapy Practices Adapted to Work on Shame Issues

Potter-Efron (1989) claims that a spiritual crisis awaits a shame victim. Such a crisis makes the victim feel less than human and isolated from others and God. Shame is often too painful to tolerate. There are ways, fortunately, to heal the wounds of our shame. Firstly, to understand shame is to know that it is inevitable and that it has its worth. Secondly, investing mental and physical effort can allow us to meet our goals (Potter-Efron & Potter-Efron, 1989, p. 140).

Shame embedded in family history fosters pain and has a strong grip. Nevertheless it can be healed. To do so, one must confront the harmful messages sent by loved ones that make an individual feel that they are deficient. It is time to let go of our "borrowed" or transferred shame in order to forgive ourselves at last. To heal the wounds of shame acquired from our families of origin takes time. It is a great investment of our feelings, thoughts, behaviours, and spirit (Bradshaw, 2005; Brown, 2007, 2010, 2012; DeYoung 2015; Johnson, 1994; Kaufman, 2012; Potter-Efron, 1989).

It is now established that shame from our family of origin may be healed. It is also the case for shame in current relationships. The starting point is to be aware of the way we shame others. It is then time to proceed to converting shaming behaviour into non-shaming behaviour. The goal is to fuel and protect relationships that are mutually respectful. Deeply shaming relationships can be redeemed if both members are willing to change, or at least one of them decides to put an end to the devilish cycle of shame. If, despite all efforts, some relationships do not reach a pattern of mutual respect, one may consider relinquishing the relationship as a protective measure (Brown, 2012; Potter-Efron & Potter-Efron, 1989).

To earn the client's trust requires tremendous time due to the presence of painful failures in the past. Gently but surely, the newly established interpersonal bridge teaches the patient healthy defense strategies and allows experiences of vulnerability and openness for both therapist and client (Kaufman, 1992, p. 141). The therapist's objective is to remediate the absence of protracted emotional validation. The validation shrinks fear of exposure and enables the client to actively face his internal shame processes, allowing

therapist and client to dig deep into those processes (Brown, 2010, p. 23). Indeed, the client learns that to feel shame is respectable and not shameful.

This kind of emotional validation is demonstrated in the 12 step programs, which have proven their efficiency in the treatment for shame (Bradshaw, 2005; Carnes, 1992; Johnson, 1994). Bradshaw (2011) explains that those steps restore the 4 fundamental relationships (as illustrated in the book of Genesis of the Bible) of the addict: with God (referred as Higher Power in the 12 step movement), with the self, with the brother and neighbour and, at last, the relationship with the world. Bradshaw (2011) admits that he is biased when he talks about the 12 step program because he owes his life to it. He struggled himself with alcoholism which eventually he overcame. Bradshaw (2011) reports that the first of the 12 steps advocates acceptance. Acceptance is an antidote to the toxic shame that fuels addiction. The interpersonal bridge is restored progressively through the practice of each step, empowering the addict to face and embrace his shame. Therefore, the addict comes out of hiding. The first step says: "We admitted we were powerless over alcohol, that our lives had become unmanageable" (Bradshaw, 2011; Johnson, 1994). At first, it is considered shameful to admit powerlessness before the disease of alcoholism. In the 12 step movement though, one's surrender with the group's support. To admit publically one's alcoholism is performing a rite of passage that breaks isolation and launches recovering addicts into the group. Initially, newcomers fear that acknowledging their condition will single them out from the group of "normal" people and therefore seclude them. Certainly, it is a total relief for them to be warmly welcomed by other shame-wounded fellows who can relate (Johnson, 1994, p. 176).

DeYoung (2015) takes a relational, psychodynamic approach to confront her client's shame. She draws on self-psychological, intersubjective, self-in-relation, interpersonal, and attachment theories (DeYoung, 2015, pp. 10-11).

DeYoung (2015) claims:

> If we want to do successful relational work with clients whose core problem is chronic shame, there's another prerequisite just as important as the first: we need to have faced and worked through our own chronic shame or shame-proneness. Why? First, because we need to be able to remain connected and gently fearless in the face of a client's intense self-loathing. We will have to tolerate our client's helpless, hopeless thoughts and resist the impulse to talk him out of his negative feelings. Just being present to his world of shame will be very difficult if we have not yet been able to tolerate our own feelings of shame. Second, when our own shame is aroused by our client's shame-defenses of blame or contempt, we need to be able to feel it, name it, and find where it lives in us. A good supervisor is priceless help in this process. But even the finest supervisor will be hard-pressed to help us make direct, useful contact with our shame if we have never before faced it in a sustained way. The ubiquity of shame provides one of the best arguments for the maxim "therapists have to do their own work." That is, therapists need to have been, or to be, in therapy themselves. This is especially true if we practice longer-term intensive psychotherapy, with all its potential for transference-countertransference entanglements. (pp. 115-116)

Therapists ought to be straightforward with their clients in regards to the parameters of the therapy contract. They are responsible for bringing to the clients'

awareness what they can expect and what is expected of them. Clarity prevents shame-prone clients from feeling a personal sense of rupture around misunderstandings (DeYoung, 2015; Kaufman, 2012). A shame-based client needs to know what the rules are about payment, including payment for missed sessions. In that context, any tiny detail is useful to the client: i.e. what happens if she leaves a phone message, and will her therapist respond to emails or texting (DeYoung, 2015, pp. 115-117)? The therapist earns the client's trust by sheer transparency.

On that note, let us restate the question of my research paper: How has shame and its treatment been viewed historically in psychotherapy, including drama therapy, and how can this historical context inform current approaches to addressing and treating shame in drama therapy?

Chapter 3. Drama Therapy Approaches to Healing Shame

The Effective Model of Clinical Practice Developed by Sheila Rubin

Rubin (2015) is always looking for resilience. "Where is it blocked?" she wonders. According to her, the emotion of shame is to blame for the blockage of resilience. No need to look further in her view: shame obstructs resilience.

In order to build a foundation on which to heal shame, Rubin builds her attachment with the client from the very first session. Cognizant of the power differential of the therapy situation, she will share some personal weakness or vulnerability to illustrate that she is the client's equal. She states to the client that she is just a little ahead in the healing process and that she is there to give some tips (Rubin, 2015, p. 232).

Furthermore, she highlights the client's bravery in coming to do therapy in order to counter-shame him or herself.

From a point of view of empathy, Rubin's work on resilience is similar to one of the techniques used by Kaufman (1992) called Active Imagery. How does it work? Although it varies from client to client or session to session, it always consists of a shared experience between the patient and the therapist. They both embark on a journey of exploration of their respective inner space. First, Kaufman leads both himself and the client on relaxing their bodies. Eyes closed, they wait together for a spontaneous visual image to emerge. Afterwards, they voice whatever they have respectively seen in their mind's eye (Kaufman, 1992, p. 158).

Active Imagery fosters an opportunity for the therapist to show empathy to the client who is desperately in need of it. The empathy platform within the therapeutic alliance is a safe place to rehearse how to set boundaries in the presence of other people when they are experiencing shame. Through empathic response, the therapist teaches the client how to secure a homecoming to the unity of the self (from shattered pieces and dissociation) (Bradshaw, 2005; Brown, 2007, 2010, 2012; DeYoung, 2015; Rubin, 2015). Insufficiently shielding one's self from others' emotional life makes shame-based people suffer greatly because the demands of others typically prevail over their own most basic emotional needs (Nathanson, 1994, p. 112).

Why, according to Rubin, is drama therapy efficient in counteracting shame? Drama therapy offers the client the possibility of externalizing his shame by bringing it into the realm of consciousness (Kellermann, 1992, p. 37). This process is done

respectfully and follows the pace of the client who eventually explores and reflects on the inner wounds and self-inflicted damages born out of pervasive shame (Johnson, 1994, p. 175). Drama therapy allows time travel back to the shame-activating event. The therapist and client revisit recent experiences of feeling shamed (at school, at work, or at home) and gradually reach out to earlier wounds all the way up to their family of origin (Rubin, 2015, p. 236). Drama therapy allows clients to process these thoughts at a certain distance in a sheltered safe place contained by the therapist. Therefore, the client gains insight from their exploration and can possibly let go of the threatening grip of their shame. In practice, drama therapy utilizes role play, which Jones (2007) defines as: "The process of someone playing herself, an imaginary character or a person taken from life experience within an improvisation" (p. 94). Drama therapy also borrows psychodrama techniques such as doubling and auxiliary ego (Rubin, 2015, p. 241). According to Kellermann (1992), doubling "is used to express verbally the hidden contents of a protagonist's communication" (p. 147). Kellermann (1992) added that: "the auxiliary ego is a therapeutic assistant who screens the patient's projections and contains her pain, grief and conflicting emotions" (p. 106). The purpose of these techniques is to safely explore the excruciating. Along those explorations, therapists and clients also work through their mutual attachments. This kind of effort grants the indispensable encounter that can restore the interpersonal bridge between therapist and client. A restored bridge allows for the re-enactment of scenes from real life experience of shame inducing events. Visual arts can also be helpful in exploring and healing shame. Rubin (2015) may ask her client to draw a picture of her strengths as a means of empowerment. The client may embody and

draw shame symbolically. Kaufman (1992) alleges that shame is to be confronted, "not avoided or denied" (Kaufman, 1992, p. 139).

Rubin (2015) suggests focusing on strengths while accompanying the client on the path of restoration. Since shame is insidiously internalized in the identity of the client, Rubin (2015) proposes the personification of shame to proceed to its externalization. This way, the client separates shame from other emotions. Moreover, the therapist can have the client project his shame in order to explore its origins. It is important that the client establish aesthetic distance from shame to work with it in a safe environment.

Ultimately, the client's objective is to find their true voice (Bradshaw, 2005; DeYoung, 2015; Rubin, 2015). The client's healing journey consists of a reconciliation with the inner child they abandoned due to their shame. Additionally, the shame must return to its source of origin. The therapist accompanies the client on her own healing journey which is extremely validating for the client.

Rubin (2015) develops a safe zone for her client who is struggling with shame. She honours the client's pain by witnessing it. This way, she supports and cares for them. In return, they are soothed from the burden of being estranged because of their shame. She fosters attachment with her client by seeing them from a positive angle to counteract their shame. She (Rubin, 2015) witnesses her client through seven levels:

> "I see you", "I hear you", "I feel you", "I understand you", "Tell me more", "Is this too much?" (When the client asks this, I say, "No, it's not too much, it is important because you are important"), "I'm curious about (fill the blank)." (p. 7)

Usually, Rubin (2015) uses these levels of witnessing when she directs self-revelatory performance. She claims that these levels are the fundamentals of a secure parent\child attachment that is needed for the actualization of every human being.

Rubin (2015) talks about another useful drama therapy technique called "finding the deeper story." Rubin essentially guides the client to dig into their underlying story. Questions like "what are the paradoxes of the family history?", and "how does the client perceive his own life story?" emerge. The quest for a deeper story may assist the client in achieving authenticity and creativity. The deeper story is the starting point for the recovering client to reach wholeness. The client's shattered selves, which were denied in the past, are now honoured by their courage to reminisce and revive them.

Other Creative Arts Therapies Treatment Approaches

David Read Johnson (1994), a keynote pioneer in drama therapy, gives an empowering account of what a healing journey may be like. According to him, the healing is channelled through selflessness:

> Empowerment also means carrying the burden of past abuse that we do not pass on to those who follow us: to support others, when we were shamed; to mentor others, when we were not mentored; to remain positive when what we experienced was negative. (p. 176)

Johnson (1990), not David Read but Lynn, agrees that selflessness begets empowerment: "Seeking to treat alcoholics has brought me face to face with my own codependency and toxic shame, and the need I have to rely on a Power greater than myself" (p. 299). That mindset has led her to become a creative arts therapist to work

with substance abusers and their families. Like Rubin (2015), Johnson shares her struggle through drama. She also uses art, dance and poetry to do so. Her vulnerability gives her struggling patients the permission to open up themselves with her (Johnson, 1990, p. 299). Needless to say, her patients' primary vehicle to express themselves are the arts, especially poetry.

Poetry therapy is at the core of the techniques Johnson (1990) uses:

> I use a method of poetry therapy taught by Arthur Lemer—a form of group psychotherapy that involves providing a wide range of written poetry and inspirational writing, and asking patients to make selections to read aloud to the group (Lemer, 1973). Recovering addicts in a 28-day inpatient treatment center could choose to attend the weekly poetry therapy sessions. Some of the favorite writers and poets of my alcoholic patients are Hugh Prather, Kahlil Gibran, Ann Sexton, Langston Hughes, Leo Bascaglia, Alice Walker, Gerald Jampolsky, Emily Dickinson, as well as many others. Dubious patients open books of unknown authors and, with Jungian synchronicity, find a poem that expresses their own emotional state. After several poems are read, everyone is asked to write about a theme that has emerged or their own present feeling. The creations are shared, usually with much mutual admiration and identification. (pp. 301-302)

Poetry therapy allows the patients to flee the grips of toxic shame, which essentially feeds on darkness (Bradshaw, 2005; Brown, 2012), in order to reach out to others, in other words, to come to the light. A recurrent theme in patients' poems and in their artwork is the one of transformation of darkness to light (Johnson, 1990, p. 302). Tremendous courage and time are required to come to the light (Bradshaw, 2005; Brown,

2007; Kaufman, 1992; Potter-Efron & Potter-Efron, 1989). Sometimes, a build-up of years of the unspoken had been stuffed in. It cannot be released overnight. Levy, a former fashion illustrator who later in life sought a training in art therapy says:

> My "Art and Expression" workshops allow me to introduce art as a language of the "unspoken felt" that I experienced so powerfully in my own therapy. Loss of control, loss of hope and unwanted aloneness are main psychosocial stressors while dealing with illness. Redirecting suppressed emotional conflicts by making art and subsequently sharing the process in words often demonstrates a powerful release of inner conflicts. Participants often make conscious decisions in art which can open new attitudes to fight the disease and/or increase quality of life. The therapeutic work I began—to explore and expose in the area of secrets, shame and dying—infused my art therapy workshops with a sense of my own personal confidence in taking risks. Art therapy has gently allowed me to go as far as I choose each time I risk an authentic statement. Each art expression helps me explore at a deeper level of self-identity to return to a new sense of being "real." Art therapy has been my gift to myself. (p. 137)

Lev-Wiesel, Peleg and Yaniv (2014) gave some thought on self-identity and its reconstruction. They examined the impact of the "Testimony Theater" project on Holocaust Child Survivors who performed their survival stories with youths (Lev-Wiesel, Peleg & Yaniv, 2014, p. 411). Since May 2005, the "Testimony Theater - To Tell In Order To Live" association had established educational projects that reunites Holocaust survivors with subsequent generations using expressive and creative arts therapies (Lev-Wiesel, Peleg & Yaniv, 2014, p. 413):

> The therapeutic educational model brings together Holocaust survivors and youths from the same community (often including the survivors' grandchildren) for weekly meetings over the course of 1 year (Dagan & Dagan, 2008). During the initial months, the groups gather to concentrate on group bonding, so that the group poses a safe place, enabling the sensitive survivor testimony process. In the second phase, testimonies are collected gradually in an ongoing process, in the presence of the third generation and with the guidance of a drama therapist, applying drama therapy techniques such as improvisation, role-play, play-theater, and playback-theater, in addition to other drama therapy exercises. During the documentation phase, the directors of the group write a play, which consists of chosen moments from the survivors' testimonies. The youths act the survivors' roles, while the survivors sit on stage, reading some of the lines from the play and watching the youths perform them. In the end of the process, a play is presented live, on stage, on several occasions in front of a large and diverse audience, which includes members of the community and family members of the survivors. (p. 413)

Lev-Wiesel, Peleg and Yaniv (2014) found that when arriving in the land of Israel, survivors of the Holocaust ended up struggling with feelings of shame and inferiority. These feelings impedes the establishment of their self-identity. Their identity became too infused in a collective identity of "Holocaust Survivors" (Lev-Wiesel, Peleg & Yaniv, 2014, p. 411). How does the "Testimony Theatre" restore their self-identity? It gives the Holocaust survivors the opportunity to take on the role of the teller. Such opportunity fosters a transition from a collective identity to a self-identity:

> This role enables Holocaust survivors to reconstruct their self-identity and find in it a positive, personal, and meaningful role. Consequently, we suggest that reconstruction of self-identity can occur when survivors take on a positive and empowering role, in the presence of others, within the context of an attentive, empathic, and nonjudgmental relationship. (p. 411)

Lev-Wiesel, Peleg & Yaniv (2014) claim that the role of the teller empowers Holocaust survivors them. It reshapes the perception of themselves. Instead of seeing themselves as helpless children, they see themselves as wise children with unusual survival skills (Lev-Wiesel, Peleg, Yaniv, 2014, p. 416).

Similarly, Levy (2006) faced her shame embedded in her ethnic background. Shame unfortunately prevailed in her Jamaican Jewish family background when she was growing up in New York back in the 1940s:

> By today's standard, it may be difficult to grasp the gravity of the family shame and the lies told to blur what was true when I was growing up. With each baby born from my father's side of the family, there was an eagerness to check the child's skin color. Today, I observe my friends of color chatter on about color of skin and body image. I marvel at their positive attitude in their language of skin tone and variety of hair styling. These conversations weren't available to me growing up. My cautious family knew life would be easier and more opportunities would be available if one was light-skinned. In my family there was a pattern of a weaving of half-truths. My mother hated my sister's "kinky" hair and my unhappy mother had awful names for my sister's hair and made daily attacks on her braids.

> My straight hair was wrapped in cloth strips to make Shirley Temple curls. (p. 136)

As an adult, Levy sought professional help through psychotherapy to deal with her shame. After years of talk therapy, a sense of frustration with her words made her realise that the unspoken had to be revealed by some other way. This is when art came in scene (Levy, 2006, p. 137). The use of art in her own therapy made Levy want to help others with the arts because of how therapeutic they had been. She became an art therapist and, by the 80's, she was facilitating art therapy workshops for cancer patients:

> Even without having had cancer myself, I was in more familiar company at the Wellness Community in Santa Monica: Cancer patients I worked with knew about keeping secrets for fear of being shunned because of having the disease. Exposure might cause them to lose a job, health insurance, friends or even a spouse. Pain of loss was the subject in every group. The pain of these potential losses was overwhelming until they met others in the same situation grappling to find their own solutions and a "new normal." (p. 137)

Levy (2006) grew resilient facing her shame thanks to the art. Art allowed her and her patient to connect with humanity in a genuine way:

> Now, because of my lighter skin and Jewish last name, I inform others of this truth rather than confront or hide from it. The distinction for me now is I am celebrated rather than feeling shame. I no longer feel different; I feel "unique." "Unique" is more freeing than feeling isolated and different. Now I am an example of the Jamaican motto "All in the one and one in the all". (p. 137)

What does dance/movement therapy have to say on the matter of feeling unique and reaching out? Milliken (2008) argues that dance/movement therapy addresses shame by exploring strength, self-control, pride, and joy in self-expression and participation in a group (p. 18):

> In dance/movement therapy shame is initially addressed by exploring its opposites: strength, self-control, pride, and joy in self-expression and participation in a group. Strength and self-control are worked on through a variety of movement tasks. For example, moving in synchronized, slow motion or working in pairs exploring leaning on and supporting each other. More complicated tasks require more collaboration, as in trust circles where the group must work together nonverbally to ensure that the person in the middle does not fall. These activities build confidence in the individual and provide more and more moments where he/she allows themselves to be seen by others—an essential ingredient in the healing of shame. Re-experiencing pride and joy is also crucial for the inmate as preparation for addressing shame. Dance/movement therapy groups are often a staging ground geared to build inner resources and rekindle in the inmate a sense of connection to others. It is in relationships that the individual can find the safety needed when he/she moves into working with shame experiences. (p. 18)

Milliken (2008) goes on to claim that a group experiences within a safe and respectful group may have the participants grow more spontaneous: “Playful interaction often engender a momentary but real joy,” she argues, “while the accomplishment of an improvised nonverbal skit on a theme is often the source of great pride on the part of inmates” (p. 18).

Chapter 4. Discussion

Summary

At the time that the Potter-Efron (1989) spouses started their research on shame, they found books and articles devoid of hope. According to these sources, shame was a hopeless battle because it represented a failure of being a self-actualized person.

Fortunately, over time, they came across writers who advocated for the positive value of shame. They claimed a more optimistic view of the purpose of shame. Not only can it be beneficial in moderate amount but it can also be healed if it exists in excess. Moreover, shame can be healthy. According to Bradshaw's (2011), healthy shame is an emotion that teaches us about our limits. Shame indicates us, like a yellow light, whether our basic needs are met or not, and reminds us that we are not God and that we need help. Essentially, healthy shame confirms our human hood (Bradshaw, 2005, p. 18). I also want to partake in this new positive perspective as I will develop my own therapeutic approach to working with shame. The learning I have experienced from my extensive literature review will set a platform for and inform the future development of my own individual approach.

On the other hand, toxic shame takes over the whole individual's identity. Consequently, the individual's eyes inwardly dissect the self. The shame feelings and thoughts stream in an endless whirlwind. Kaufman (1992) named this *the internal shame spiral*. The truth is, overall, shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging, as suggested by Brown (2012). As a drama therapist, I will work with the *shame spiral* by helping my future clients to find their true voice (Bradshaw, 2005; DeYoung, 2015; Rubin, 2015). I

will use my newly acquired set of drama therapeutic skills by taking my clients on the path of reconciliation with the inner child their shame made them leave behind (Bradshaw, 2005; Rubin, 2015).

My mission does not end here. In spite of my findings in psychotherapy and creative arts therapies contributing to the efficiency of therapy, it is crucial for me to be aware that as long as shame is not tackled in the context of therapy, no matter what the therapeutic goal is, my future clients and patients will be subject to depression and therapeutic failure. DeYoung (2015) explains that "for these clients, defences against feeling shame have become their way of being in the world" (p. 193). Secrecy and half-truth, which they master for the sake of survival, constitute ingredients of a recipe for isolation generated by shame. Sadly, it is the case everywhere in the world: shame transcends geographical and cultural boundaries by the way it manifests itself (DeYoung, 2015, p. 40).

Avoidance of eye contact with the therapist attests the clients' shame manifestation. The clients strategically dodge the possibility of becoming too angry, happy, or involved with the other individuals (Bradshaw, 2005; Brown, 2012; DeYoung, 2015; Potter-Efron & Potter-Efron, 1989). I now believe that my role as an emerging drama therapist is to show my future clients that no matter how painful shame is, it is also temporary if they do the work to heal it (Bradshaw, 2005; Potter-Efron, 1989; Rubin, 2015). It is only a matter of time before the isolation due to shame breaks. My role is to instill hope in my clients and patients that a possibility to return to the warmth of community awaits them. This research has already helped me to embrace my own imperfection. I now can show my future clients how imperfect humanity is and yet it is

worth connecting with it. My clients, like the rest of humanity will most likely be imperfect. It is my duty, I believe, to show them how wonderful their imperfection is.

As Brené Brown (2012) would put it, we are enough. Each one of us deserves a place in this world. The majority of us will need help to overcome our toxic shame. When brought into the light in the context of non-shaming relationships, shame looses its grip (Bradshaw, 2005, p. 11). It is a hard challenge but it still must be done: we need to allow others to reassure us that we will not be abandoned. We will have to put an end to the habit of attacking and shaming ourselves (Potter-Efron & Potter-Efron, 1989, p. 177). We will also have to confront others who keep nurturing our shame. Shame heals, but not overnight, because it needs to be replaced with honour, dignity, self-worth, and realistic pride rather than just ignored (Bradshaw, 2005; Brown, 2007; DeYoung, 2015; Potter-Efron & Potter-Efron, 1989). We need to show respect to ourselves and others, and to appreciate the beauty and goodness that lies in every human being, including ourselves (Brown, 2012; DeYoung, 2015; Rubin, 2015).

I am so grateful to Rubin (2015) for her awareness of how shame effects resilience, echoing Brown's work (2012). In drama therapy, Rubin sought answers to a significant question: "Where is the resilience blocked?" According to her, shame obstructs resilience. This is why Rubin (2015) builds her attachment with the client from the very first session. Rubin (2015) makes sure a bond ties her and her client together in order to establish an interpersonal bridge with her client (Kaufman, 1992, p. 13). She will share some personal weakness or vulnerability to illustrate that she is the client's equal (Rubin, 2015, p. 232). From a point of view of empathy, Rubin's work on resilience echoes one of the techniques used by Kaufman (1992) called Active Imagery which

consists of a shared experience between the patient and the therapist. First, Kaufman leads both himself and the client on relaxing their bodies. Eyes closed, they wait together for a spontaneous visual image to emerge. Afterwards, they voice whatever they have respectively seen in their mind's eye (Kaufman, 1992, p. 158). The therapist shows empathy to the client who is desperately in need of it. Therefore, a safe platform within the therapeutic alliance is formed and the client can safely experience shame while being witnessed. Through empathic response, the therapist teaches the client how to secure a homecoming to the unity of the self (Bradshaw, 2005; Brown, 2007, 2010, 2012; DeYoung, 2015; Rubin, 2015). I aim to use this approach in my future work.

Rubin (2015) is not the only creative arts therapist who fights shame. David Read Johnson (1994), a keynote pioneer in drama therapy claims the healing is channelled through selflessness. Another Johnson (1990), Lynn, agrees that selflessness begets empowerment (p. 299). That mindset has led her to become a creative arts therapist to work with substance abusers and their families. Like Rubin (2015), Johnson shares how she healed, herself, through drama. She also uses art, dance and poetry to do so. Her vulnerability gives her struggling patients the permission to open up themselves with her (Johnson, 1990, p. 299). Needless to say, her patients' primary vehicle to express themselves are the arts, especially poetry. Levy (2006), a former fashion illustrator who later in life sought a training in art therapy, faced her shame embedded in her ethnic background. Shame unfortunately prevailed in her Jamaican Jewish family background when she was growing up in New York back in the 1940s. The use of art in her own therapy made Levy (2006) want to help others with the arts because of how therapeutic they had been for her. She became an art therapist and, by the 80's, she was facilitating

art therapy workshops for cancer patients. Art allowed her and her patient to connect with humanity in a genuine way: “I no longer feel different; I feel “unique.” “Unique” is more freeing than feeling isolated and different. Now I am an example of the Jamaican motto “All in the one and one in the all” (p. 137). Her art therapy process healed her shame, so she could return to the community as a whole person. This will be a goal for my future clients in working with shame.

Lev-Wiesel, Peleg and Yaniv (2014) examined the impact of the “Testimony Theater” project on Holocaust Child Survivors who performed their survival stories with youths (Lev-Wiesel, Peleg & Yaniv, 2014, p. 411). Lev-Wiesel, Peleg and Yaniv (2014) found that when arriving in the land of Israel, survivors of the Holocaust ended up struggling with feelings of shame and inferiority, which impede the establishment of their self-identity (Lev-Wiesel, Peleg & Yaniv, 2014, p. 411). “Testimony Theatre” gives the Holocaust survivors the opportunity to take on the role of the teller. Such opportunity fosters a transition from a collective identity to a self-identity. Lev-Wiesel, Peleg & Yaniv (2014) claim that the role of the teller empowers Holocaust survivors them. It reshapes the perception of themselves (Lev-Wiesel, Peleg, Yaniv, 2014, p. 416). This kind of reshaping of perception will be another goal for my future clients.

Milliken (2008) argues that dance/movement therapy addresses shame by exploring strength, self-control, pride, and joy in self-expression and participation in a group (Milliken, 2008, p. 18). She goes on to claim that a group experiences within a safe and respectful group may have the participants grow more spontaneous. Safety and respect will be signature aspects of my future drama therapy confronting shame.

In spite of these findings, the development of effective therapeutic approaches to working with shame still must be developed. Also, a multitude of questions still need to be answered.

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Conclusion

In the past 50 years, there has been an emergence of formal study on shame, mainly in psychotherapy, neuroscience and social work. Rubin (2015) has made some excellent groundwork in the field of drama therapy, and we are seeing other drama therapists mention the topic of shame. That being said, there is still room for someone to follow in Rubin's footsteps and perhaps explore areas she has not been able to explore yet. To complement the value of my research study to heal the toxicity of shame deeply embedded in so many individuals, I intend on pursuing a thorough training in nurturing shame resilience in my future clients. Simply put, the next step is to become Sheila Rubin's pupil. This, I believe, will launch my subsequent contributions to this specific, clinically-challenging issue.

I feel compelled to make that effort in the field. I also feel compelled to offer my future findings to others who may carry the torch.

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