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# When "Perfect Fear Casts Out All Love": Christian Perspectives on the Assessment and Treatment of Shame

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## ABSTRACT

Shame reactions are often uncomfortable, even excruciating, for clients to work through in therapy. When not adequately treated, shame reactions can seriously disrupt the therapy process. This article seeks to equip Christian mental health professionals with practical strategies for effectively assessing and treating shame reactions. Theoretical perspectives on shame within a Christian context are also briefly discussed.

### **Shame: A Theoretical Overview**

The compelling relationship between shame and fear of intimacy has only recently claimed the attention of secular and Christian mental health professionals. Emerging research on shame suggests that it has been a neglected but pivotally important aspect of the human experience.

It is likely that shame has been overlooked as an area of study due to its very nature as an intensely aversive feeling state that motivates strong avoidance responses. Shame is often rooted in preverbal experiences and it binds up expressive language (i.e., we stop talking so as to avoid further exposure to shame). Thus, shame is embedded with powerful motivators to block its expression. Moreover, since even observing another person's shame almost invariably activates one's own shame feelings and memories, mental health practitioners have had a whole array of understandable incentives to avoid the study of shame (Kaufman, 1989). Indeed, "shame mobilizes more energy and effort in service of its concealment than any other experience" (Martin, 1980, p. 4).

Kaufman (1992), a pioneer in the study of shame, vividly captured its essence:

To feel shame is to feel seen in a painfully diminished sense. The self feels exposed both to itself and to anyone present. It is this sudden, unexpected feeling of exposure and accompanying self-consciousness that characterize the essential nature of the affect of shame. Contained in the experience of shame is the piercing awareness of ourselves as fundamentally deficient in some vital

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way as a human being. To live with shame is to experience the very essence or heart of the self as wanting. 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. So, "there is nothing I can do to make up for it." This is impotence. (p. 8-9)

According to Kaufman (1992), the origins of shame and fear of intimacy occur early in life. The experience of 'mirroring' acceptance in the early parent-infant relationship is essential for healthy interpersonal bonding to be possible in the child's later relationships. Kaufman refers to these bonds as "interpersonal bridges." When a parent shows rejecting disapproval to the child in the form of shame, the child experiences it as a rupture in this interpersonal bridge.

### **Assessing Shame Reactions: Behavioral and Cognitive Signposts**

When assessing shame reactions, it is useful to look for several key behaviors: eyes down and averted, head hung, shoulders slumped, face flushed, interrupted spontaneity of movement, stammering, soft voice, crying, and nearly always an attempt to hide or physically withdraw. The urge to hide from exposure when shamed was dramatically seen in a study by Brown and Garland (1971). After subjects were induced to do humiliating behaviors (such as suck on a pacifier), they turned down substantial monetary rewards that they would have been given in exchange for telling all their classmates that they had just engaged in this humiliating behavior.

Since shame is at its origin an interpersonal dynamic, it is clinically useful to assess the behaviors associated with a shamer (the person who provokes a shame reaction in another person): loud and fluent voice, pointing or shaking the forefinger, erect posture, facial look of disgust, mocking imitation of one's behavior or words, derisive (sharp) laughter, an aggressive physical approach that violates one's personal territorial boundaries, glaring eye contact, and ostracizing a person in front of a group.

While shame is primarily an affect (feeling state), shame reactions have been found to have a cognitive component as well. Clinical assessment of shame proneness therefore must focus on a person's inner cognitions or "self-talk." It has been found particularly useful to assess cognitions that people make in response to certain kinds of mistakes. These include errors of data, errors of judgment, white lies, procrastination, forgetfulness, lack of competence, impropriety, and failure to reach a stated goal (Bradshaw, 1988; Buss, 1980). Similar shame-inducing cognitions have been recently compiled by Cook (1990) into the Internalized Shame Scale (ISS). The items in this scale were "... developed specifically to measure enduring, chronic shame that has become internalized as a part of one's identity" (Harper & Hoopes, 1990, p. 143).

A common denominator in these shame-triggering cognitions is that in each instance the person is exposed as being imperfect. Feeling shame over such personal flaws will be discussed later in this article in a context of Christian issues in the counseling of shame reactions.

### **Therapeutic Treatment of Shame**

For the Christian counselor, providing treatment for shame must begin with clarifying one's values and one's understanding of the integration of psychology and theology. Consider, for example, the following diverse approaches that Christian counselors might take in working with shame in therapy: (a) help the client to

restore intimacy in relationships broken by shame; (b) encourage the client to recognize certain shame-based relationships as "dead," and then to bury the dead relationship; (c) use shaming responses therapeutically as a means of socializing the "shameless" client; (d) encourage the client to overthrow the tyrannical sources of shame in her or his life; and (e) seek to strengthen the client's ego (sense of self) to a point where she or he can freely choose her or his response to shame, unimpinged by fear of abandonment or engulfment by the hostile shamer.

The psychoanalytic model for treating shame has included the goal of promoting authentic responses to shame. This involves the client's responsibility to accept one's actual self as imperfect and finite (Martin, 1980). Doing so is especially difficult for the narcissistic client. Morrison (1989) saw shame proneness as essentially a reflection of the narcissistic personality organization, in which the vulnerable and imperfect self is defended against with grandiosity. This inflated self-presentation appears to be analogous to the Christian vice of pride.

Pride can make a person initially appear strong and invulnerable to others. However, the soft underbelly of pride is a vulnerability to feel painfully cut down to size by humiliation when one's foibles are exposed. Feeling humiliated usually brings on one of several knee-jerk reactions: (a) the compulsion to explain oneself (or make excuses) in an effort to vindicate oneself and to save face; (b) retaliation in anger (often by trying to humiliate the shamer); or (c) caving in to the shamer by withdrawing and feeling deflated.

In a counseling setting, the pride that "... goes before destruction, and a haughty spirit before stumbling" (Proverbs 16:18) is often accompanied by the client's attempts to change the beliefs and behaviors of the shamer. In other words, the shamed client often tries to restore the interpersonal bridge ruptured by shame through getting the shamer to take back the unkind words or deeds done to shame the client. The present author believes that it is at this point in counseling a shamed client that a core integration principle of Christianity and psychology surfaces. The psychological principle here involves the client's need to recognize that the only person whom the client is capable of changing is herself or himself. The Christian principle operating in tandem here is the paradox that we gain our selves by losing our selves. In other words, it is precisely by giving up our enslavement to saving face by changing the shamer that we gain true freedom and "the peace of God that passes all understanding" (Phil. 4:7).

Another way of framing the integration of psychology and Christianity in the treatment of shame involves our understanding of the life and death of Jesus. In his crucifixion, Jesus 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. Integrating Kaufman's (1989) theory of shame as rupturing interpersonal bridges between people, the atonement of Jesus restored the interpersonal bridge between God and humans.

Our fitting response to the shame that Jesus endured on the cross on our behalf is thankfulness and humility. "For by grace you are saved by faith ... lest any man should boast" (Eph. 2:8-9). Thus, for the Christian, the vicious cycle of pride and humiliation is hopefully replaced by the humility of authentic self-appraisal.

### **Practical Strategies for the Treatment of Shame**

Having dealt therapeutically with shame issues for a number of years, the pre-



sent author has compiled a series of proverbs and tips for responding to clients who exhibit unresolved shame issues. These practical strategies are offered with the hope that they will help other Christian counselors in the often baffling process of responding to clients who become entangled—at times even directly with the counselor—in shame dynamics.

\* If a client unexpectedly shows signs of a shame reaction during a session, consider suggesting: “Perhaps I just inadvertently shamed you? It would help me if you could tell me what you are feeling right now.” This intervention accomplishes several things. First, it helps the client to anchor her or his own often confusing shame experience. It also helps the client to find a language for a feeling which is often rooted in developmentally preverbal shame experiences. Additionally, the therapist’s intervention serves to “make the first move” to repair the ruptured interpersonal bridge, making it safer for the client to explore her or his painful shame feelings. Finally, the use of the word “inadvertent” in this intervention protects the counselor from owning an inappropriate degree of responsibility for the client’s shame reaction (Beere, 1989).

\* When the client is evidencing a shame reaction,, consider asking her or him, “How old are you feeling right now?” (M.F. Clark, personal communication, May 1990). Clients often report an inner regression to a much younger age when feeling shame. In particular, clients seem to regress to younger ages during which they had particularly traumatic shame experiences. Asking a client to tune into how old she or he is feeling during a shame reaction serves to access deeply rooted origins of shame-proneness. By reliving and working through early shame experiences, the client becomes better equipped to handle potentially shaming experiences in adulthood.

This intervention also serves to deal head-on with the almost universally shaming fear of acting like a child or baby. Often clients who have shame reactions feel additional humiliation over acting like a “crybaby.” Working through such self-shaming perceptions in the context of a counselor who is compassionate can provide a profoundly corrective emotional experience for the client.

\* Coach the client in learning to say (or even stammer), “I think I’m feeling ashamed [or embarrassed] right now” while in the midst of a shame reaction. This intervention serves as a way of freeing up the client from the immobility that shame induces. It is also useful for the person who is interacting with the client, communicating the sudden vulnerability that the client is feeling. The person can then be more able to offer a compassionate response to the client.

\* Be wary of using paradoxical interventions in counseling shame-based clients. Such persons seem to experience paradox as mocking them in a way that the counselor does not intend. Likewise, be careful about use of sarcastic comments, as this seems to bring on a similar shame reaction.

\* Appreciate the survival value of shame-induced avoidance reactions when preparing to challenge these defenses.

\* Anticipate shame-based reactions from clients when the counselor must cancel a session or arrive late to the session. Shame-based clients often experience such events as the therapist abandoning them by rupturing the interpersonal bridge, thus inducing shame. Sometimes the client reacts with anger at the therapist for inducing their shame reaction, and acts out both the rage response and hiding response to their shame by not showing up to the next scheduled therapy appointment. The counselor might consider heading off such acting out by processing the

client's reaction to the anticipated missed session before it happens.

\* Communicating empathy for clients experiencing shame is tricky due to the intensity and, at times, volatility of the client's affect. For some clients, offering words of hope or reassurance (e.g., "You are not defective; you have nothing to be ashamed about") contradicts their own experience as feeling humiliatingly defective. Instead, a compassionately stated, "You seem to see yourself as painfully defective, like there is something fundamentally wrong with you," seems to make such a client feel more truly understood. However, there are other clients for whom such an intervention would backfire. For instance, the present author made this response once to a schizotypal client who was having a shame reaction. The client then angrily blurted out, "So you're telling me that I'm defective. Thanks a lot." Due to her or his distorting the counselor's intervention, this client unfortunately experienced an even deeper shame reaction. It took several weeks for the counselor to earn the client's trust sufficiently to restore the rupture in the interpersonal bridge.

\* Be especially aware of clients who experience double-bind shame traps, as these can be particularly devastating experiences. This might include the client who is shamed for one response by one parent, while the only other possible response is shamed by the other parent. Similarly, be aware of situations in which a client is shamed and then has her or his avoidance response to the shame in turn shamed. Examples of this include a person humiliating the client under the guise of a practical joke, and then taunting the withdrawing client with, "What's the matter with you? Can't you take a joke?" Another example is a dynamic between parent and child in which the parent shames the child, the child then turns away (breaking eye contact with the parent due to feeling shamed), and then the parent angrily demands, "Look at me when I talk to you!"

\* Clients who were chronically shamed as children often report that their parents routinely shamed them while setting limits. As a result, you may find that your client's current attempts at self-discipline are sabotaged by self-shaming, punitive inner messages. By reworking early parental shame experiences with your client, you can help her or him disentangle feelings of shame from the "limit setting" process of discipline (Wilson, 1992). Your client can then hopefully begin to taste the paradoxical freedom and joy of self-discipline.

\* Metaphor can be delightfully therapeutic in treating shame because it does so in such a nonthreatening manner. For instance, the classic passage from *The Velveteen Rabbit* on "What does it mean to be real?" can have a touching capacity to help the shamed client feel more acceptable despite limitations and flaws.

\* Be respectful of cultural differences in the meaning of shame reactions. Modesty, discretion and privacy are all positive valences of shame which are highly valued in many cultures (Schneider, 1977). Such cultures might regard American mores (e.g., wearing bikinis on a public beach; discussing one's sex life on TV with Dr. Ruth) as shamelessly exhibitionistic. Thus, Christian counselors in the United States would do well not to inadvertently "Americanize" ethnically diverse clients by devaluing their culturally appropriate responses to shame.

\* Be attuned to gender specific ways that clients cope with shame. Kaufman (1992) has found that women tend to be shamed for showing competence and anger, while men tend to be shamed for showing more vulnerable feelings such as affection and tearfulness. This dynamic appears especially true for domestic violence couples: the wife is blocked from expressing anger and independence, while the husband is blocked from getting the more tender aspects of himself nurtured.

In counseling such a couple, it is useful to work through the shame issues of both victim and perpetrator, encouraging the wife to react to shame with more assertion of power while encouraging the husband to react with more authentic expressions of hurt and vulnerability.

\* For certain Christian clients, especially those of a Calvinist tradition, there seems to be shame-proneness to exposing one's foibles or even one's painful life experiences. In the Reformed theology of Calvin, one's prosperity and well-being are sometimes viewed as reflecting one's status as predestined to be one of God's elect people. Thus, exposing one's flaws could raise questions about the status of one's salvation. Unfortunately, the shame response of hiding one's pain over tragedies and character flaws deprives such people of the intimacy and social support which could be healing.

Likewise, it seems that Christians who uphold the Protestant work ethic are particularly shame-prone to the appropriate desire to play and relax. The Christian counselor would do well to explore such religiously based shame issues with the Christian client.

\* One of the most powerful responses that one can make to a shamer is to simply agree with the accusing statement, or at least agree that the shamer has the right to speak her or his point of view. Consider coaching the shame-prone client to respond to a shamer with, "You are certainly entitled to your opinion of me," or, "You know, it's entirely possible that you are right." Such a response is so powerful precisely because it is not what the shamer expects to hear. Anger or humiliated withdrawal are the expected "knee-jerk" reactions.

The essence of such a response to shame is detachment from the impulse to change the shamer's opinion or to punish the shamer. Simply agreeing with the shamer or allowing the shamer permission to state her or his point of view is equivalent to the martial art principle of simply stepping aside when attacked. The attacker then hits thin air and is thrown off balance by her or his own aggression. The Tai Chi principle of "water wisdom" views water as humble in seeking the most lowly places in which to flow, and yet as powerful enough to etch the Grand Canyon out of rock. "Water wisdom" embraces a core Christian principle in people finding true power through humility. The apostle Paul wrote, "My grace is sufficient for you, for power is perfected in weakness. Most gladly, therefore, I will rather boast about my weakness, that the power of Christ may dwell in me ... for when I am weak, then I am strong" (II Cor. 12:9-10). It takes maturity and inner strength to release oneself from the enslavement of trying to change a shamer.

\* Along with the power found in agreeing with the shamer's right to her or his opinion, gentle humor can have remarkably healing effects in shaming situations. This does not include sharp, derisive laughter (which carries a hostile, shaming edge to it). This rather includes the grace to see genuine humor in one's foibles. An example of this could be accidentally spilling a glass of water all over a friend while having dinner together at a restaurant. Instead of getting angry at oneself or withdrawing in humiliation (both internalized responses to shame), the person might tap the inner grace with which to burst into a rueful laugh, and lightly share a giggle with the friend while quickly moving to clean up the spill. We all know such moments in which embarrassment is transformed into an intimate moment through the release of laughing together. The present author believes that such a transforming moment is due to God's grace at work through the humility of a person who can accept and laugh over her or his foibles.

Overall, these counseling strategies offer ways to transform the distress of shame reactions into self-acceptance, freedom from the stranglehold of perfectionism, and increased authenticity in relationships. Through such treatment for shame in Christian counseling, clients will hopefully grow to embrace with humility the grace that transforms the disgrace of shame into a deeper capacity to share intimacy with others. Then, instead of "perfect fear [of shame] casting out all love," clients can experience the "perfect love that casts out all fear" (1 Jn. 4:18).

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