

**THE TRANSFORMATIONAL HEALING JOURNEY FROM UNIVERSAL  
SHAME: A PHENOMENOLOGICAL-GROUNDED THEORY INQUIRY**

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## Abstract

A phenomenological-grounded theory methodology was utilized to explore the transformational healing journeys of five Caucasian men in recovery from pervasive shame in their lives. An overview of several western approaches to treating shame are included, as well as two predominant Universal Developmental theories of shame and its link to the resolution of narcissism. During the thematic analysis of the interviews, thirteen themes were derived, which constituted a chronological depiction of the story of shame, as it unfolded in the lives of the participants. Additionally, an in-depth look at the families of origin, and the beginnings of shame in the participants' lives is presented, as well as a picture of how their lives are now, after recovery from their shame. Implications for counseling were addressed.

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## Chapter One. Introduction

Perhaps the most interesting observation to be made about shame is that although it has played a major role in both literature and culture for thousands of years, it was glossed over or grouped with other constructs such as guilt, by the psychological community until 1971, when H. B. Lewis and Heinz Kohut simultaneously released their publications on shame and self-psychology, respectively. Although Freud's early formulations of conflict and defense initially involved the study of shame, his attention soon shifted toward intrapsychic fantasy (Lansky & Morrison, 1997; Adamson & Clark, 1999). In recent years, shame as an individual construct has been receiving a great deal more attention, E.G. Bradshaw (1988), Harper & Hoopes (1990), Kaufman (1996), Nathanson (1992), Lewis (1995), etc.

Despite the exiguous early consideration of the psychological community however, we find much attention paid to shame in works of fiction spanning several thousands of years. Homer's *The Iliad*, for example, is purported to have been written as early as the 12th century B.C.E.

Various cultures have been founded upon shame-governed precepts. In particular, several ancient Asian cultures developed very rigid rules to avoid shameful conduct. For some, the consequences of committing a shameful act, or even experiencing defeat in battle, often led to execution or ritual suicide, such as was dictated by the Bushido code of feudal Japan (Turnbull, 1982).

Examples of cultural shame are also evident in literature dating even earlier than Homer. In the Judeo-Christian scriptures, the book of Genesis (believed to have been written by Moses between 1450 and 1410 B.C.) begins with the creation story, in which

the fall of the first created people, Adam and Eve, concludes with one of the consequences of their sin - knowing shame (Ignatius, 1966; Lewis, 1995). It is interesting that the writers of this story felt no need to define shame, rather simply acknowledging that it existed and was important, and that it was not a good thing. This suggests that those to whom the story was directed already had a good understand of the phenomenon. A number of nations whose cultures are organized around shame still prevail today (Kaufman, 1996).

We can see from our own experience that shame is generally seen in a very negative light. The significance of shame in our culture is suggested in that the mere utterance of the *word* shame may invoke such feelings as a sense of wrongdoing (wittingly or unwittingly), humiliation, or disgrace in the listener. Simply hearing the word shame directed toward oneself might prompt a hasty check that nothing is amiss with one's attire, or perhaps cause one to wonder if he or she has inadvertently behaved inappropriately. Even the dictionary definition of the word dwells more on the malignant aspects of shame than of its potential value: "a feeling of distress or humiliation caused by consciousness of the guilt or foolishness of oneself or an associate ... a state of disgrace, discredit, or intense regret ... a thing or action that is wrong or regrettable (Oxford, 2000, p. 951).

Interestingly, our culture also views the *lack* of self-awareness of shame as being disgraceful - that the individual without shame is incomplete, not truly human (Bradshaw, 1988). This is evidenced in the statement, "You have no shame", often directed at a person who has willfully done or said something that is considered socially unacceptable. In contrast with the dictionary definition, this imputation implies that to *have* shame is

paradoxically a positive attribute. These seemingly contradictory views of the virtue and vice of shame appear to suggest that there are good and bad variations of shame, or at least limits to which shame is healthy or desirable, and excesses after which shame becomes unhealthy, or undesirable.

The purpose of this investigation is to explore the experiences of five men who have suffered with or been debilitated by pervasive shame in their lives, and who have either resolved or gained an insight into their shame and begun a healing process. It is also an inquiry into the developmental origins and subsequent reinforcement of their shame and the areas of their lives in which healing was necessary in order for them to become whole. Lastly, it is an inquiry into how they came to this healing.

Before proceeding with this endeavor, however, it is necessary to lay a foundation of how shame is understood among the various western schools of psychology. As well, in order to complete the picture of shame, an overview of relevant eastern philosophy and spiritual tradition is included. The latter was directed by data obtained in the early stages of the investigation, which called for the undertaking of a secondary literature review focusing upon the transpersonal approach to shame. This is facilitated through outlining integral theorist Ken Wilber's model of development and healing, *The Spectrum of Consciousness* (Wilber, 1979, 1983, 1986a, 1986b, 1986c, 1993, 1996, 2000; Wilber, Engler & Brown, 1986), which is a synthesis of eastern & western views, and the work of leading transpersonal theorist A.H. Almaas (1988, 1998, 2001, 2002, 2003, 2004, 2008), with particular regard to his Diamond Approach to self-realization (2001).

### *How I Came to the Topic Under Study*

In the clinical setting, I was so frequently exposed to shame during my counselling and psychotherapy work that I felt compelled to return to this huge issue. Early on I became fascinated by how, even in elderly people, the shame issue can be one that reemerges throughout the life span. In recent conversations with my father, it almost seemed that he was looking for a healing experience of shame by expressing through the interpersonal bridge a desire for some resolution with myself.

During his career in the military and law enforcement, my father cut a substantial swath and I, as a young boy, cast him in a hero figure of unattainable proportions. In my experiences of finding my own way, I was myself exposed to the challenges of shame and its resolution. Later on we will look at the issue of bracketing biases, however, in light of my own experiences it is fair to say that I am somewhat of an implicated researcher.

### *Overview of the Thesis*

Within the scholarly literature there is an evident lack of consensus as to exactly what shame is, how it originates, how it grows out of control, and how to successfully treat it. This paper will therefore examine the views of shame in the literature and consider the outcomes of problematic shame. Wilber's model (Wilber, 1979, 1983, 1986a, 1986b, 1986c, 1993, 1996, 2000; Wilber, Engler & Brown, 1986) is useful for the purpose of viewing shame, with respect to how and when it occurs within individuals, and as an aid to contrasting the views presented. Additionally, the model suggests some of the various approaches for treating unresolved shame in individuals, with regard to the developmental period of its onset. In Chapter Two, a brief review of four predominant

western approaches to intervention strategies from among the literature has been included, followed by an overview of the transpersonal theories of shame, in particular Wilber's model (1979, 1983, 1986a, 1986b, 1986c, 1993, 1996, 2000; Wilber, Engler & Brown, 1986) and Almaas' Diamond Approach (2001).

Subsequent to the above, is a discussion of the research questions. The primary research question is, "What are the lived experiences among a group of five men along the healing journey from universal shame toward wholeness?" A secondary question is, "What are the common themes of these experiences?" Following this, the choice of methodology - a blend of classical phenomenology and grounded theory - and how it was utilized in this study is presented in Chapter Three. Chapter Four entails the analysis of the data, and concludes with a depiction of the participants' lives as they are today, having learned to overcome or cope with shame. Lastly, a discussion of the inquiry, including a summary of the research findings, implications for counselling, limitations of the study, and a conclusion follow in Chapter Five.

It is hoped that this thesis will provide a deeper understanding of the development, recovery and transformation of shame. As well, the writer hopes that an understanding of how and why problematic shame issues develop and persist will add to the fabric of shame literature and may help facilitate the process of finding effective approaches to their successful and lasting resolution.

## Chapter Two. A Review of the Literature

### *Western Developmental Theories of Shame*

#### *Introduction*

We will now turn to an examination of the issue of shame from a number of different perspectives. First, we will look at various conventional developmental perspectives specific to western schools of psychology. Following these, we will look at several universal theories of shame according to the transpersonal theories of Wilber and Almaas.

At the outset of the study, it soon became evident that there are a number of important, interconnected problems with shame that are not yet fully understood. The most obvious of these is the question, what is shame? Is it an emotion, an affect, or something else? Some other unanswered questions include, is everybody susceptible to shame and if so, to what extent? Do individuals experience shame in the same way? Equally important, is shame necessary to our survival or development? Or, is it something that has become outmoded, like the fight-or-flight response? Are there different kinds of shame, such as good or bad shame? How and when does it originate in people, and how does it become a problem? What are the difficulties that arise in people when shame becomes a problem? And finally, what difficulties are involved in treating the person who suffers from excessive shame? While it is beyond the scope of this work to provide an exhaustive treatment of the complexion of shame (there are already many excellent scholarly publications toward this end, e.g. Kaufman, 1996; Lansky & Morrison 1997; Lewis, 1971; Lewis, 1995; Nathanson, 1987, 1992, etc.), it is necessary to consider these questions while laying the groundwork for the investigation.

### *The Developmental View of Shame*

According to Mills (2005), in conventional psychology, the developmental theories of shame fall under the umbrella of three predominant theoretical positions: functionalist, cognitive-attributional, or object relational/attachment. Mills (2005) submits that the differences between the orientations are for the most part a matter of the emphasis each places on aspects of shame:

Functionalist theories focus on the adaptive function shame serves in regulating processes within and between the self and others. Cognitive theories focus on the appraisal processes that are the immediate "stimulus events" for the experience of shame. Object relational/attachment theories focus on the impact of early attachments on styles of regulating shame and the role these styles play in self and social development. (p. 28)

### *Functionalist Theories*

Functionalism, underpinned by Darwin's theory of evolution (Mills, 2005), advances the view that the functions of the body and mind, including the emotions, adjust to the environment in order to increase the chances of survival of the organism.

Lewis (1995) argues that the function of negative feeling-states such as shame or guilt is to deter the organism from breaching internal or external maxims. He points out the similarities in the messages sent by the brain in the emotions guilt and shame - that of discouraging wrong behavior - but underscores the intensity of the messages and their effect on the organism. The message from guilt is designed to alert the organism by inducing anxiety about the action committed or being committed, encouraging a modification away from inappropriate or unsafe behavior toward one more acceptable or

more safe. The shame-induced directive, however, is considerably more stringent and pertains to the self, as opposed to the behavior. Instead of stimulating modified behavior, the shame command simply shuts the organism down. Adaptations in behavior are obstructed, as the organism is itself, *by itself*, deemed defective or flawed. From the functionalist perspective, Mills (2005) denotes the functions of shame:

Toward this end, shame has three functions: behavior-regulatory (reducing exposure to evaluation by disengaging or distancing the self), internal-regulatory (focusing attention on social standards and self-attributes), and social-regulatory (communicating deference to others). The action tendencies associated with shame are to withdraw, avoid others, and hide the self (whereas in guilt they are to make reparation and punish the self). (p. 28)

Lewis (1995) further argues that, while shame should serve to modify behavior, the intensity of its subjective effect upon the individual may be so unpalatable that the message may be disregarded by the individual, in which case a shame response may not be effective in modifying the behavior.

### *Cognitive-Attributional Theories*

Helen Block Lewis, who is credited with revitalizing the study of shame, is predominantly recognized for her phenomenological differentiation of shame and guilt (Zarem, 2006). One of the first psychoanalysts to write about shame, Lewis argued that although guilt and shame are frequently enmeshed, they are phenomenologically different feelings and feeling-states (Zarem, 2006).

H.B. Lewis theorized that shame is entrenched in the need for belonging. She posited that the experience of being rejected by a loved one or caregiver is often

interpreted as a rejection of the total *self*, against which the individual is powerless (Lewis, 1971). While guilt induces feelings involving rejection due to undesirable behavior, and calls for appropriate reparation, shame induces feelings concerned with rejection due to personal undesirability. Although both are concerned with rejection, the ensuing attention to these emotions is different, producing different feelings, cognitions and changes in behavior (Lewis, 1971; Zarem, 2006). Whereas guilt is usually clearly understandable and induces anxiety toward making appropriate reparation, shame is deeply embodied and produces an intense physical response, involving accelerated heart rate, sweating, and blushing, accompanied by a feeling of being paralyzed and unable to escape the scrutiny of one's self, as well as that of others (Zarem, 2006).

It is the pairing of arousal of the autonomic nervous system and feeling helpless to escape the view of self or others (and the ensuing disequilibrium), which sets the mechanism of shame apart from that of guilt. This introduces a second important contribution from H.B. Lewis, that of the unfortunate and paradoxical dilemma of the disharmonious state of feeling shame about *being* ashamed (Lewis 1971; Lewis 1995; Zarem, 2006).

H.B. Lewis believed that the quandary of feeling shame about *being* ashamed might result in a suppression of shame. Based on this reasoning, she described two distinct shame-states: unidentified, or overt shame, and repressed, or by-passed shame, in which the affect of shame is not experienced directly as such by the individual. In overt shame, the individual is aware of the *feeling* of being ashamed (both autonomic arousal and the subjective experience of feeling helpless), but does not recognize the affect as

shame. Rather, the individual describes feelings of worthlessness or self-hatred (Lewis, 1971).

Interestingly, Lewis (1971) observed in her investigations that overt shame is more prevalent among women and that it transforms, manifesting instead as a symptom *or feeling* of depression. Conversely, in the by-passed shame pattern, according to Lewis (1971), the individual is not aware of the shame affect: “The person is aware of the cognitive content of shame-connected events, but experiences only a "wince," "blow" or "jolt" ... The ideation of by-passed shame involves doubt about the self's image from the “other's” viewpoint” (p. 197). There is often an attendant overt hostility with this ideation, and sometimes distinct retaliatory urges, however the ideation resolves into consuming, insolvable guilt dilemmas. This pattern, according to Lewis, tends to be more common among men.

Attribution theory examines the ways in which people use either external (global) or internal (self) attributions, or explanations, to attribute causality to their actions. The former assigns causality to an outside agent or force, the latter to factors within the person. For example, a student who received a low mark in a test may attribute the mark to having a 'bad' instructor (external), or to being 'stupid' (internal) (Coon, 1985; Meyers, 1989).

Michael Lewis (1995) has developed a cognitive-attributional model that incorporates some of H.B. Lewis' concepts. Lewis' model outlines the 'self-conscious emotions' shame, guilt, hubris, pride, embarrassment and shyness. Most importantly, the model differentiates emotional *states* from the *experience* of emotional states. Emotional

states may develop with little or no cognitive processing, while emotional experiences are conscious or unconscious evaluations of emotional states (Lewis 1995).

According to Lewis (1995), different kinds of self-attributions are attended by different emotions. Shame embodies blaming the *self* in its entirety, whereas guilt entails blaming a specific activity. Negative self-attributions, which focus on the whole self, evoke shame, while those focusing on a specific action evoke guilt. Shame can be activated by both internal and global negative self-attributions.

### *Object Relational/Attachment Theories*

*Object relations theory.* Object relations theory describes the relationship of the self or ego toward a chosen object. The term object, as it is used in object relations theory, was used by Freud, and refers to:

that which satisfies a need, or to the significant person or thing that is the object, or target, of one's feelings or drives. It is used interchangeably with the term *other* to refer to an important person to whom the child, and later the adult, becomes attached. Rather than being individuals with separate identities, others are perceived by an infant as objects for gratifying needs. (Corey, 2005, p. 75)

While Freud did study shame in his early formulations of conflict and defense, he abruptly turned away from it and instead directed his attention toward intrapsychic fantasy (Lansky & Morrison, 1997).

Object relations theory considers social connections to be innate biological needs. “Emotions related to social relationships are considered fundamental and foundational in development” (Mills, 2005 p. 32). According to Corey (2005):

Object relations theory is a form of analytic treatment that involves exploration of internal unconscious identifications and internalizations of external objects (aspects of significant other people). Object relations are interpersonal relationships as they are represented intrapsychically. ... Object relations theory helps us to see the ways in which clients interacted with significant others in the past and how they are superimposing these early experiences on present relationships. (pp. 75, 84)

Since the decades-long dearth of investigations into shame as an individual construct was allayed by Helen Block Lewis in 1971 (Lansky & Morrison, 1997), a great deal of scholarly research into shame has been produced by the Psychoanalytical school. Several developmental models of shame have come out of the object relations position (Mills, 2005).

*Attachment theory.* Attachment theory is the psychological concept of the tendency to seek closeness to another person and the secure feeling that results when that person is near-at-hand. The roots of the theory are in the observation of the behavior of animals. Similarly to object relations theory, attachment theory posits that human beings are social creatures and that we do not merely use other people to satisfy our drives (Meyers, 1989). Significant contributions to the understanding of attachment in humans were made by Bowlby (1982).

Kaufman (1996), who bases his model on affect theory, speaks of an 'interpersonal bridge', which is forged between the infant and parents out of "reciprocated interest and shared experiences of trust" (p. 32). A rupture of this bridge, resulting from "barriers to communion and shared positive affect with another" (p. 33), will activate

interpersonal shame. Kaufman maintains that repetitions of the sequence which caused the rupture, if not repaired, may lead to an internalized linkage or, “shame bind” (p. 60), in which the shame becomes internalized over the course of the child's development.

Also drawing upon affect theory, Nathanson (1987, 1992) corroborates Kaufman's (1996) model, suggesting the involvement of drives, in that shame may be activated from birth through breaches in the infant's bond with the caregiver. Nathanson defines *drive* as, “a pre-written program that acts as an information source by creating a wish or need” (1992, p. 118). He depicts the three affects - dissmell, disgust, and shame-humiliation as the “attenuators” of the drives and the affects, acting to limit other functions once they have been turned on” (P. 120). He continues:

It is called into action when the organism remains fascinated by whatever had triggered its interest or remains desirous of communing with whatever or whoever might next have been a source of the contentment, relaxation, or mirth associated with the affect enjoyment-joy. (p. 139)

While this may seem an unnecessary or illogical capacity, Nathanson offers the familiar scenario in which one has recognized an old friend from a distance and shouts a greeting, only to find when one gets closer that it is a stranger who merely resembles the friend. When our error is recognized, we manifest the affect Silvan Tomkins designated “shame-humiliation” (Sedgwick & Frank, 1995, p. 135), evidenced by the head drooping, the eyes being cast down, blushing, and for a moment perhaps becoming incapable of speech. Shame is activated by any experience that necessitates a sudden, but unsought, reduction in either of the affects 'interest-excitement' or 'enjoyment-joy' (Nathanson, 1992).

This concludes our brief examination of conventional western views of shame.

We now shift our focus toward the circumstances under which an individual is exposed to shame over the various stages of his or her life.

### *Sources of Shame Throughout the Life Cycle*

Kaufman (1996) identifies sources of shame throughout the succession of the developmental phases of infancy, childhood, adolescence, adulthood and old age. He submits that shame may develop at any point in the life cycle, but notes that, “there are obviously important differences between early childhood shame experiences and those that occur later, in adolescence and adulthood” (p. 34). Further, he describes a progression of overlapping interpersonal settings, encompassing, “family of origin, school, peer group, work, wider culture, and family of procreation” (p. 34), through which critical sources of shame can be experienced and re-experienced. An outline of Kaufman's discussion of shame origins throughout the developmental phases follows.

Occurrences of parental anger during early childhood are likely to rupture the interpersonal bridge between infant and parents (Kaufman, 1996) and activate the shame affect. Failure of the parents to restore the bridge, according to Kaufman, will, “intensify the rupture, leaving the child trapped in shame” (p. 35). Central to Kaufman's theory are patterns of interaction during infancy and early childhood, which he terms “shaming scenes” (1996, p. 58). These scenes, generated directly through the affect, imagery and language of the shamer, contribute to the organization of the self within the family context.

Additionally, Kaufman (1996) poses that, while most incidents of shame activation are inadvertent, shame may also be used purposively, as a means of controlling

a child. He describes a “shame-based family system” (p. 36), in which such patterns have become entrenched in the parents' memory and are reactivated and perpetuated intergenerationally. Within this shame-based family system, Kaufman notes, “it is the *scene* that subsequently becomes stored in memory inside the self” (p. 37). Kaufman describes a number of scenarios of parents' use of their own shame to control their child to illustrate this process, including telling a child he or she is an embarrassment, a disappointment, belittling a child, expressing contempt, transferring blame to a child, humiliation, disparagement, and unrealistic performance expectations, the latter of which can be delivered by peers and teachers, as well as by parents.

Kaufman (1996) underscores adolescence as a phase of “rapid magnification of shame” (p.42), during which Piagetian formal operational thought is achieved - thought itself becomes an object of thought. The transformations which take place during this phase expose the self not only to the view of others, but also of itself. “It is the self who is watching the self and it is the self who is judging the self” (p. 42). Formal operational thought, Kaufman continues, is not solely responsible for self-consciousness: “Affect is primary. And the primary affect of adolescence is shame” (p. 42).

The introduction of male-female relations during adolescence multiplies the avenues through which shame may take hold. Experimenting with newly developing emotional ties and intimacy present fresh opportunities of shame. Sexual functioning, Kaufman (1996) continues, “is disrupted by the slightest onset of shame, along with other negative affects, and sexual identity itself becomes both molded and distorted by shame. .... Now shame has taken on wider meaning: *inferiority*” (p.43). Yet another source of shame, which is especially impacting during adolescence, is that of culture. Identification

with their cultural group sets children up for shame when they fail to meet the standards of the group.

As development continues during adulthood and old age, so does susceptibility to sources of shame. Kaufman (1996) describes four broad classes of shame activators, which arise during adulthood, and indicates that “individuals who have seemingly managed to avoid serious crippling from shame during childhood and adolescence may become unexpectedly faced with shame, and subsequently defeated by shame, later in adulthood” (p. 47).

Powerlessness, according to Kaufman (1996), in any area of life that involves one's sense of personal security has a profound impact in the arena of shame. Loss of, or perception of loss of control through actual loss, failure, rejection, defeat, etc., Kaufman continues, activates the most primitive scene of helplessness, experienced at birth: “The adult is then immediately transported back into that original scene and relives it in the present with all its affect reawakened” (p. 47). Loss of employment, resulting in the feeling of being seen as inferior, activates shame (Kaufman, 1996). Being passed over for a promotion, which activates powerlessness and, subsequently shame, erodes one's dreams, motivation, self-esteem, and sense of purpose and identity.

Misfortune in our relationships, Kaufman (1996) argues, creates abundant opportunities for sources of shame. Failure in marriage or relationships, especially when recurrent, feeling discouraged or disappointed, can also trigger shame. Although the stigma has diminished in recent years, being divorced implies a public exposure of the self and therefore can likewise become a source of shame. Kaufman likens the aging process to that of adolescence, as a powerful activator of shame, in that it is rooted in the

body. With our cultural emphasis on youth and glamour, diminishment of beauty, physical ability and strength are experienced as a loss, Kaufman argues, which activates the shame affect. Decline in appearance, bodily function, and vitality present intensifying sources of shame as aging progresses. As the surrounding culture overvalues youth, that shame is magnified. Bodily decline is experienced as a loss, and loss activates the distress affect as well as the shame affect.

### *The Shame-Prone Self*

Despite the dissension among the conventional psychological schools, there is a merging of understanding, ironically in the culmination of the worst-case scenario of shame, in which an individual has become so inundated with reinforced shaming events that his shame governs almost all aspects of his life. This unhappy condition is referred to among the literature as the shame-prone self. From the perspective of their accordant culmination in this syndrome, a summation of the previous theories follows.

According to Mills (2005), there is consensus among the predominant theoretical standpoints that, under optimal conditions, shame is a natural, necessary facet of everyday life and is essential to healthy development. Excessive shame, however, is not healthy, and may have grim consequences for both mental and physical health. The process by which shame escalates out of control, leading to the development of a wide range of psychopathologies in both children and adults, is not yet clear among the research in conventional psychology.

Cognitive-attributional shame theorists (e.g., Lewis, 1971, 1995) argue that shame is “the affective state precipitated by internal, stable, global attributions about the causes of negative events” (Mills, 2005, p. 49). When shame-states persist over a protracted

period of time this global attributional leaning assumes the unstable proportions of a general cognitive style.

The object relations/attachment circle (e.g., Kaufman, 1996; Nathanson, 1987, 1992) considers shame an interpersonal or attachment emotion, which emerges when the relational bond is severed. Kaufman theorizes that shame becomes internalized through the magnification in the memory of governing *scenes* of recurring experiences that are linked to the shame affect as children develop. These shame 'binds' consist of self-evaluating beliefs that are drawn from the original event, and are accompanied by an image of the internalized other (usually the parent or caregiver), typically manifesting as an inner voice.

Once it has become internalized, Kaufman (1996) continues, the shame-prone individual may undergo an activation of shame simply through experiencing a drive or affect that is associated with the memory of a shaming event. It is now possible for the individual's thoughts and feelings of shame to activate and reinforce one another and involve other aspects of the self, in what H.B. Lewis (1971) termed a 'shame spiral'. The individual subsequently experiences shame globally, as an overwhelming sense of being flawed or defective as a human being. Ineffective compensatory coping mechanisms develop to protect the self, including denial, withdrawal, perfectionism, blaming others, self-deprecation and rage, ultimately culminating in the development of psychological disorders proportionate with the individual's governing scenes (Kaufman, 1996).

#### *Western Strategies for Intervention*

Among the literature examined, approaches to treating shame generally focus upon assisting the client to relive developmental shaming experiences in a safe, accepting

environment. In the selections discussed here (Bradshaw, 1988; Harper & Hoopes, 1990; Kaufman, 1996; Potter-Efron, 2002), the authors offer broad guidelines for therapy, due to the complexity of the nature of shame and its origins, but are somewhat indefinite, with respect to clear-cut strategies. There appears to be a general consensus, however, in that once a relationship of trust has been established, the patient's sources of shame must be brought to the surface, or re-experienced.

Bradshaw, in *Healing the Shame that Binds You* (1988), brings his personal experiences with shame and addiction to his work, speaking of externalizing our “lost inner child” (p. 116). Alluding to Kaufman's (1996) research, he describes the importance of re-establishing the 'Interpersonal Bridge', through sharing shaming experiences in the eyes of a non-shaming, significant other person. Additionally, he emphasizes the importance of working a twelve-step program and becoming “centered and grounded in a personally valued Higher Power” (p. 116), to restore self-love and acceptance, which heals the rupture of “toxic shame” (p. 120). According to Bradshaw, twelve-step groups have had “far and away the greatest success in healing shame-based people”, as he asserts that toxic shame is the “root of all addiction” (p. 121).

Kaufman (1996) also endorses the value of group therapy, as a complement to individual therapy, but cautions that individual clients need to work through the therapeutic process in a manner suited to themselves, not the therapist. Kaufman attests to the value of support and treatment groups in aiding the shame-afflicted patient to resolve the “inevitable secondary shame” (p.159) of the disorder itself. He stresses the importance of the therapist having a background knowledge of affect theory, imagery and language, as well as an understanding of the process of shame. A developmental focus,

Kaufman continues, returns internalized shame to the interpersonal governing scenes from which it originated, supporting the emergence of a competent, integrated and whole self, possessing a sense of inner value and affirmation.

Kaufman (1996) advances his view of the psychotherapeutic approach to shame as an “evolving integration of four central process dimensions” (p.159), involving a “Security-Giving Relationship” (p. 160), an “Identification Relationship” (p. 160), “Therapy by Metaphor” (p. 161), and “Reparenting” (p. 163). These are expanded upon below.

*Security-giving relationship.* This involves a reciprocal relationship of genuineness and honesty between the therapist and shame-based client, in which the therapist earns the client's trust. This modeling process offers tools for more effective living by affording the client an opportunity to “know an actual person from the inside” (Kaufman, 1996, p. 160), and over time promotes the development of security, dependence and independence, identification, and separation/individuation.

*Identification relationship.* In a similar manner, the identification relationship repairs the client's failed sense of identification, through disclosure of aspects of the therapist's life which have been successfully resolved, and simply being known when the client is experiencing shame during the therapeutic relationship (Kaufman, 1996, p. 160).

*Therapy by metaphor.* Kaufman (1996) submits that therapy by metaphor embodies the development of a mutual language between the client and therapist. A key factor in repairing the interpersonal bridge, the use of metaphor in therapy invokes imagery that may be shared by both parties. Additionally, it not only conveys understanding on the part of the therapist, but also reveals governing shame-scenes in the

client. Kaufman uses metaphor to name the parts of the real self that have been split off and also the false self and related scenes, as a means of bringing the client back to them when required in therapy.

*Reparenting.* The fourth essential feature of the therapeutic relationship required to repair shame, according to Kaufman (1996), is that of reparenting. This is not conceived as a technique, but an actual mirroring of development. Given the sources of shame, and the relationship failures from which it stems, therapy must create an analog of parenting:

I have told many clients that it is only to the degree to which they experience our relationship as real that they will become healed. Clients have asked if they could actually imagine me as their father. This is not technique, but a human relationship. (p. 163)

Kaufman (1996) submits that the reparenting process is as individual as the client, recounting examples such as having a surprise birthday party for a client whose parents had never allowed him one, giving another a teddy bear, etc. Kaufman states that both situations “produced an eruption of affect from governing scenes, which was then assimilated by reliving those deprivation scenes while integrating the new positive scenes” (p.163). Kaufman argues that the reliving of governing scenes of shame releases their associated affect, enabling the client to now create and internalize new scenes of healthy self-love and self-respect, laying the foundation for a “self-affirming identity, a competent self” (p. 163).

Expanding upon Kaufman's work, Harper and Hoopes (1990) argue that, although shame may not always be present, the early assessment of all clients for shame may avoid

delayed discovery later in therapy. The authors suggest a therapy team approach in the treatment of shame, utilizing a combination of the treatment modalities of individual, conjoint (in the cases of couples and families) and group therapy, as well as encouraging participation in support groups and experiential workshops. They recommend a family systems approach in working with shame-prone families, couples, and individuals.

Harper and Hoopes (1990) provide a lengthy discussion of pitfalls for therapists to avoid. They recommend that, as shame-prone clients are likely to have trust issues with everyone, the therapist should acknowledge that the client has no reason to trust them, but express a willingness to earn the client's trust. They encourage setting “a stage for exploration by clients” (p. 217), by explaining their own behavior and inviting the client to freely ask questions about anything the therapist does or says. This conveys an attitude of respect on the part of the therapist, deconstructing the mystery of therapy and allowing clients to experience a different relationship than they usually have with others.

Minding the fearful and untrusting nature often associated with shame-based clients, Harper and Hoopes (1990) stress the importance of ascribing normalcy and credibility to the feelings the client experiences in the session. Clients should also be validated for noticing their internal reactions as therapy progresses. The authors advise that when clients express beliefs that they are 'bad people', the therapist should acknowledge that the client may have reasons to believe this is so, but to take care to not inadvertently reinforce the belief.

Using humor in therapy sessions, according to Harper and Hoopes (1990) may be beneficial, although extreme caution is advised. Because of their distorted self-perceptions, and the enormous energy expended protecting themselves, shame-prone

clients fail to see the humor in common situations and may be inclined to see themselves as the brunt of attempts at humor. Therapists are advised to match humorous remarks with the client's style of humor to avoid triggering their client's shame and to sensitively teach the individual to use humor as a means of lightening their burden.

Potter-Efron (2002), in his work on treating shame and guilt in alcoholism, generally employs many of the strategies described above, in addition to challenging the client with a line of questioning intended to encourage clients to examine how the use of alcohol as a compensatory mechanism has helped or hurt them over the course of their lives. The author discusses how addicted shame-based clients are resistant to therapy due to the general tendency to hide their shame from the therapist, and suggests shame related issues may be the reason why so many clients drop out of addiction treatment. Potter-Efron argues that the healing of shame is a slow process, and therefore does not suggest the use of brief therapies with this population. He further cautions that, especially among clients who have experienced physical or sexual abuse, short-term therapy may open up these issues but not resolve them, leaving the client feeling totally exposed and abandoned.

Potter-Efron (2002) differentiates five sources of shame, which may be independent or overlapping: biochemical (e.g. the interaction of shame and depression), cultural, family of origin, current relationships and self. The author's approach to the treatment of shame is based upon a "Four Spheres Model" (p. 27) of Self, which embodies the Core, or nonjudgmental Self; the Comparative Self, which evaluates the individual's performance against something or someone else; the Defensive Self, which emerges to conceal less acceptable aspects of their being from others' and even their own

view; and the Presentation Self, in which the individual constructs compromises for the sake of social acceptance, from which to “develop specific therapeutic tasks and goals” (pp. 28, 71.).

Similarly to the strategies described above, Potter-Efron (2002) stresses that “the main element in healing a shame-based identity is in developing a caring relationship with someone trustable” (p. 175), in order that the client may, through the relationship with the therapist, construct a new template as a guide to restructuring other relationships.

This concludes our look at the western developmental view of shame and some of the various strategies for interventions. We turn now to examining some of the Universal theories of development and their relationship to the formation and resolution of shame.

#### *Universal Developmental Theories of Shame*

Initially, this review of the literature comprised only the shame theorists and treatment discussed previously. After conducting the research interviews however, a key observation came out of the universality of the shame experience. According to Charmaz (1994) and Dick (2005), grounded theory discourages an intense immersion in the literature until after conducting the research interviews, lest it influence the researcher. Additionally, grounded theory treats the Literature Review as part of the data (Charmaz, 1994; Dick, 2005), and the data collected identified the work of several transpersonal theorists as important in the recovery from shame in the lives of several of the participants. In light of this, the writer felt a return to the literature was necessary. Accordingly, we will now consider transpersonal theories of shame, in particular those of Ken Wilber and A.H. Almaas.

## *Wilber's Integral Theory*

### *Introduction*

Wilber, a leading western philosopher who calls himself an integral theorist, has charted out the development of human consciousness by integrating western and eastern schools of psychology and contemplative development. He offers this work in a model which he calls the *Spectrum of Consciousness* (Wilber, 1979, 1983, 1986a, 1986b, 1986c, 1993, 1996, 2000; Wilber, Engler, & Brown, 1986). Wilber's model is composed of ten basic structures of consciousness, superimposed over the three dimensions of subconscious, self-conscious, and superconscious, which he refers to as prepersonal, personal, and transpersonal development (Wilber, 1999).

In addition to providing a comprehensive integration of eastern and western perspectives, Wilber situates the various schools of western psychology within the model, distinguishing where each would be more suited to treating corresponding psychopathology. Wilber's model provides a instrument that is well suited for envisioning shame, from its inception through various approaches to treating unresolved shame issues in individuals, corresponding to the developmental period of their onset, to its complete resolution in the higher levels of consciousness development. A brief overview of the model follows.

Wilber (1983) submits that, while the levels of his model are ascending, the advancement from one to the next is not a successive process, but the developmental stage of the individual may overlap more than one level, in a manner similar to the integrated levels in Maslow's hierarchy of needs (Maslow, 1968). Additionally,

development may become arrested or hindered through some type of disturbance, such as inadequate parenting, trauma, etc.

Interestingly, Wilber proposes that the conflicting theories of western psychology are not necessarily wrong, or at odds with each other. Rather, that they are addressing different *levels* of consciousness. This approach allows us to accept and integrate the three major directions in western psychology and psychotherapy: orthodox egoic, including cognitive behaviorism and Freudian ego psychology, humanistic, including Gestalt and Bioenergetics, and transpersonal, including Jungian psychology, psychosynthesis, and the mystical traditions in general (Wilber, 1886b, 1986c).

Accordingly, Wilber's model assists the practitioner to discern the origin of a particular pathology as well as aids in determining the appropriate mode of intervention. This would be consistent with the notion of 'shame binds' (Kaufman, 1996; Bradshaw, 1988), in which the mechanism of shame is triggered to excess, due to the individual having become 'stuck' at some point during their development.

Lastly, in order to understand and utilize Wilber's model, a distinction must be made between western and eastern psychology. The eastern view of the mind and body is that they are one unit, while the western perspective sees the mind and body as being separate. This mind-body split and associated dualism, Wilber submits, is a "fundamental perspective of western civilization" (1979, p.6). If this is so, it follows that a shift in perspective may contribute to a degree of resolution (or prevention) of some of these disturbances.

*Wilber's Spectrum of Consciousness With Corresponding Pathology and Interventions*

Wilber's model, the spectrum of consciousness (1993, 1986a, 2000), is comprised of ten basic levels or stages of self-identity, which he terms 'fulcrums', through which the self, or psyche, ascends during normal development. In addition to providing an illustration of the development of consciousness, the model also provides a framework through which the therapist may seek to uncover issues underlying the symptoms which bring the client to therapy and subsequently effect an appropriate intervention. The relapse-prone phenomenon of addiction, for example, in which an individual retreats into the effects of a substance or process (such as alcoholism, gambling, sex addiction, etc.) in order to avoid the pain or shame associated with a past experience, is an example of this. Relapse frequently occurs when the individual begins to confront the issues underlying his or her addiction. Nixon (2005) has adapted an approach from Wilber's developmental model to treat clients in second-stage recovery from alcoholism: "Wilber's model allows for narcissistic, critical self, social identity, intimacy, existential, and psycho-spiritual issues to be integrated into the counseling process for long-term recovery" (p. 55).

The spectrum of consciousness (Wilber 1979, 1986a, 1986b, 1986c, 1993, 1995, 2000) affords the therapist or counselor a view of the spectrum of development of the psyche and "possible pathologies, as there are developmental issues at each stage" (Nixon, 2001 p. 59). This vantage point enables both the therapist and client to meet on common ground and to facilitate change and growth at a specific level, whether the disturbance is in the client's past or present experience.

The first six stages of Wilber's model (1993, 1986a, 2000) are a synthesis of western conventional psychological theories of development, including object relations

theory, Piaget's stages of cognitive development (Piaget, 1977), Loevinger's conception of ego development (Loevinger, 1976), and Kohlberg's stages of moral development (Kohlberg, 1981). The final four levels are transpersonal stages, synthesized from eastern and western contemplative spiritual development, including Christian Mysticism, Buddhism, Zen, Yoga, etc.

Wilber (1986b) groups the levels (fulcrums) of his model into three phases: the three prepersonal, or prerational levels (F-1, F-2, & F-3), the three personal levels (F-4, F-5 & F-6) and the four transpersonal levels (F-7, F-8, F-9, & F-10).

#### *Prepersonal (Pre-Ego) Levels*

The prepersonal levels begin in early infancy (about 4 months), where there exists only the physical self (the baby is still psychologically fused with the mother) and progress through the differentiation from prerational structures to the emergence of a rational, individuated self, possessing impulses and primitive thought processes. Fulcrums 1, 2, and 3 represent three general levels of personality development and organization (Wilber, 1986b). According to Wilber, general pathologies of the prepersonal stages are psychotic, borderline, and neurotic.

*Fulcrum 1: Sensoriphsical.* Development is bodily at this level, and is limited to the realms of matter, sensation and perception. Wilber (1986a) correlates this stage with the three Buddhist skandhas, Piaget's (1977) sensorimotor level, Aurobindo's (2001) physical-sensori, etc. As the first stage (sensoriphsical) is such a primitive level, patients do not respond well to psychotherapy, therefore intervention is generally of a basic and physiological nature. A shame implication at this level might be biochemical depression. An example of the corresponding intervention would be administering the schizophrenic

patient with neuroleptics, to first bring him out of the psychotic experience (Nixon, 2005).

*Fulcrum 2: Phantasmic-emotional.* This level represents the emotional-sexual stage - the birth of the emotional self (15-24 months). At this stage the emotional boundaries of self begin to develop through the emergence of a separated, individuated self. The lower, or image mind, is capable only of basic mental images (Wilber, 1986a). The infant is non-genital - that is, only able to differentiate between self versus other. It is not yet capable of differentiating between male versus female. Wilber (1986a) correlates this level with the fourth Buddhist skandha, and the dyadic libido. The self, at this stage, does not possess a libido; rather, it is a libidinal self.

Wilber describes disturbances at this stage manifesting in the failure to develop a sufficiently differentiated self. The world is perceived as merely an extension of the self, indicating a narcissistic personality disorder, or the boundaries between self and other are inadequate and confused, suggesting borderline personality disorder (Wilber, 1986c). It is here that shame has its earliest roots. An example of the shame implication for this stage is the core issue of “I’m not okay”, or, “I’m not good enough”.

Interventions at this level involve structure-building techniques, such as psychoanalytic therapy and object relations therapy, in order to help the individual “re-engage and complete the separation-individuation process” (1986c, p.128).

*Fulcrum 3: Representational mind.* This is the birth of the conceptual self, and entails the development of the intra-psychic representational self, when the self begins to awaken to its own gender identity and to those of the female-mother and the male-father.

Freudian psychology situates the development of the id, ego and superego at this point, with their accompanying intra-psychic conflicts, and the ability to repress emotion (1986a). The development of the representational mind follows Piaget's (1971) preoperational thinking, developing from the symbol stage (age two-four years) to the concept stage (4-7 years). The individual is capable of recognizing an object as an image and later as a symbol, which can also represent an object verbally. A 'concept' is a symbol that represents a class of objects or acts. Wilber (1986a) correlates this level with the development of the third chakra, in Yoga psychology.

Pathology at this level entails the associated Freudian psychoneuroses of anxiety, obsession, inhibition, guilt and depression (Wilber, 1986a). Here, conflicts shift from the interpersonal realm of F-2 to the intrapsychic arena, where the individual has repressed, dissociated, or alienated aspects of his or her own being. We see in representational mind the power of the introjected critical voice, which judges the person as being deficient in some tyrannical judge form. This shame issue actually is actually introduced at F-2, but it is here that the relentless judgmental superego begins its diatribe (Wilber, Engler, & Brown, 1986). Uncovering techniques, including psychoanalysis, most aspects of Gestalt therapy and Jungian shadow-integration therapy are used to bring unconscious aspects back into the individual's awareness, in order that they may be reintegrated with the central self (1986c).

#### *Personal Stages of Development (Ego Stages)*

The levels of development in this stage represent the mature ego developmental phase.

*Fulcrum 4: Rule/role mind.* Wilber's fourth stage of development follows the resolution of oedipal development and is the first personal ego stage (about six-seven years of age). This level signals the mind's emerging capacity to take the role of others (Wilber 1986c). This is a significant advance, as the individual begins to grasp how these roles apply to social belonging. The individual is also able to perform basic rule operations such as multiplication, division, hierarchization, etc.

Conflicts encountered at this level, including role and identity confusion, according to Wilber, are "much more cognitive than psychodynamic in nature and origin, because at this point the self increasingly is evolving from bodily to mental levels of the spectrum" (Wilber 1986c, p. 132). As problems at this stage are experienced as script pathologies centered around such issues as fear of losing face, losing one's role and breaking the rules, and family or social issues such as the roles and identities they become fused with. Here, the shame implication, common to adolescents, is the shame of not fitting in. Therapy is aimed at uncovering false scripts (including chemical dependence and other addictive processes). Interventions take a more cognitive approach, from such theories as transactional analysis, family therapy, cognitive therapy and narrative therapy (Wilber, 1986c, Nixon 2002, 2005).

*Fulcrum 5: Formal-reflexive.* This stage (about 11-14 years) represents the development of the mature ego (Wilber, 1986a). At this level of development the individual, possessing a highly differentiated, reflexive self-structure, in addition to being able to think about the world, is now able to think about thinking and needs to explore identity issues and the processes of philosophical contemplation (Wilber, 1986b). This introspective self is also capable of deductive reasoning, enabling the assumption of

pluralistic and universal views. Wilber correlates this level with Aurobindo's (2001) "reasoning mind".

According to Wilber, problems at this stage (which he summarizes as 'identity neurosis') involve structures that transcend previous levels of organization and present entirely new features and pathologies of their own (1986c). The shame implication at this mature identity level is the shame of being a 'loser' as one's fundamental identity, through contemplating the unpalatable notion that one is permanently a 'loser'. (This condition comes through quite clearly in the thematic analysis below.) Nixon (2005) claims that this is the level at which the "underlying, constricted identity of an addict [in recovery] can be challenged" (p. 61).

Wilber (1986c) contends that script analysis and uncovering techniques are no longer adequate to handle problems at this level and that, in this introspective modality, the therapist can engage the client's formal-reflexive mind in a Socratic dialogue. Once engaged, the formal mind "will gravitate towards its own view, the birth of which the therapist may Socratically assist" (p. 136).

*Fulcrum 6: Vision-logic.* This level, also called as the existential stage, represents the final level of the personal stages of development - the final level of ego development, and precedes the transpersonal levels. As such, it is the highest stage most conventional researchers generally recognize, and corresponds with Aurobindo's (2001) "higher mind". It is at this level that the individual confronts the reality of his existence - the process described by Maslow (1968) as self-actualization.

Wilber places this cognitive structure at a higher level than Piaget's (1977) "formal operational" stage: "...whereas the formal mind establishes relationships, vision-

logic establishes *networks* of those relationships” (Wilber, 1986a, p. 72). Wilber holds that this is the highest level in the personal realm, and also the highest level in the purview of conventional western psychology. Wilber also calls this fulcrum the existentialist stage, as an authentic journey toward a transpersonal state of awareness will lead the individual into a type of existential crisis through contemplation of existential truths, such as our mortality, the lies people tell themselves as they construct and reinforce false selves, and accept the responsibility for decisions and choices they have made.

Wilber (1996) stresses that, even with our expanding ability to envision and ponder ‘as if’ potentialities, the self is still propelled to ascend to a higher level of development. In the mature phase of this level of development the individual will actually be living a global perspective, as opposed to merely articulating it. This stage, Wilber continues, represents the integration of the mind and the body, where the self is becoming aware of both of these as experiences or events that arise and then pass away:

The observing self is beginning to transcend both the mind and the body and thus can be aware of them as objects in awareness, as experiences. It is not just the mind looking at the world; it is the observing self looking at both the mind and the world. This is a very powerful transcendence, which we will see intensify in the higher stages. (p. 191)

The challenge of the sixth fulcrum is overcoming the lies people have told themselves in the construction of their false selves, leading to the emergence of a “more authentic or existential self” (Wilber, 1996, p.193). Wilber sees the *Vision-Logic* period as teetering on the brink of the transpersonal realm - a time of striving toward, yet not

quite achieving, complete integration: “The whole point of the existential level is that you are not yet in the transpersonal, but you are no longer totally anchored in the personal” (p. 195).

According to Wilber (1986c), existential pathology may occur if the existential concerns of being-in-the-world overwhelm the newly-formed centauric self (Wilber, 1979), and freeze it's functioning. Examples of existential pathologies include existential depression, angst, fear of one's own finitude and death, etc. (Wilber 1986c). The shame implications at this level are existential in nature, and can range from the shame of a meaningless existence and deficient emptiness to the shame of aging in a youth-oriented western culture. Existential angst may occur when an individual comes into contact with their mortality. This can occur earlier than the so-called mid-life crisis and can persist for the remainder of the individual's life.

Wilber (1986c) suggests that interventions at this level should encourage grounding in authenticity and autonomy:

Authentic being, in other words, carries intrinsic (not extrinsic) meaning; it is precisely the search for extrinsic or merely external meaning that constitutes inauthenticity (and thus existential despair). Analysis of, and confrontation of, one's various inauthentic modes - particularly extrinsically-oriented, non-autonomous, or death-denying - seems to be the key therapeutic technique on this level. (p. 137)

The four remaining levels of Wilber's model (Wilber, 1979, 1983, 1986a, 1986b, 1986c, 1993, 1996, 2000; Wilber, Engler & Brown, 1986) are in the transpersonal realm. As personal ego levels are transcended by this point, so also are shame issues, because

shame is an issue of personal ego. Consequently, no further interventions will be discussed. It is important to note, however, that a person can regress to an earlier developmental level at any point in time.

### *Transpersonal Ego-Transcendence Stages*

The remaining four fulcrums, the transpersonal levels, delineate Wilber's position that consciousness can ascend beyond this existential crisis (Wilber, 1979, 1983, 1986a, 1986b, 1986c, 1993, 1996, 2000; Wilber, Engler & Brown, 1986). Wilber further contends that the transpersonal reality encountered beyond this level is not a suddenly emergent phenomenon, but that this spiritual aspect of consciousness has been present all along, within the foundational forms of awareness itself. This is supported below in the section on A.H. Almaas.

Following the tradition of Hindu and Buddhist thought, Wilber argues that we are unable to come to a realization of what he calls "Witness consciousness" (1996) until we achieve a requisite degree of mental and meditative capacity. This ensuing ever-present awareness of Witness consciousness is held to be a universal or transpersonal phenomenon. Somewhat analogous to Jung's (1964) belief in a collective unconscious, Wilber's premise acknowledges the possibility of an aspect of consciousness that is universal to all human consciousness.

While this may in some circles be considered conjectural, this step beyond the purview of conventional western psychology affords the opportunity to consider shame as a universal phenomenon, resulting from an innate yearning or drive of the self to reclaim its former stature. This would shed light on the prevalence of shame among human beings, and the ferocity and consistency of its symptomatology, often resulting

from what would otherwise seem to be relatively inconsequential slights upon the individual.

*Fulcrum 7: Psychic.* Wilber presents the psychic level, the first of the transpersonal modalities, as the “culmination of vision-logic and visionary insight” (1986a, p. 72). The psychic level correlates with the sixth chakra in Yoga psychology, and envisages the opening of the ‘third eye’. Here, the self wrestles with the death of the ego and with letting go of the reality of the mind, fostering an awareness that the self is not merely the body and the concept of self begins to lose its meaning and significance (Almaas, 2001; Wilber, Engler & Brown, 1986).

Maslow (1968, 1994) used the term *peak experiences* to describe sudden disappearances of the self, moments when self-actualizing individuals are closest to their ‘real selves’.

*Fulcrum 8: Subtle.* Said to be the seat of actual archetypes, the “subtle” level is referred to as the level of the "saints". Subtle refers to processes that are more subtle than gross, waking consciousness. At this level, subtle sounds, audible illuminations, and transcendent insight and absorption can be experienced and the self begins to experience a deeper, intrinsic connection with the archetypal presence (Wilber, 1986a).

*Fulcrum 9: Causal.* This level, according to Wilber (1986a), is “the realization of the unmanifest source or transcendental ground of all the lesser structures” (p. 79), and is referred to in various traditions, as the abyss, the void, and the universal and formless self.

*Fulcrum 10: Non-dual.* This is the final level of Wilber's model, the ultimate, or non-dual: “... the complete integration and identity of manifest Form with the unmanifest

Formless. ... Strictly speaking, the ultimate is not one level among others, but the reality, condition, or suchness of all levels” (1986a, p. 74).

This concludes our overview of Wilber’s model, the Spectrum of Consciousness (1986a, 1993, 2000), with corresponding pathology and interventions. We turn now to another leading transpersonal theorist, A.H. Almaas, and offer an overview of his Diamond Approach to the transformation of narcissism in self-realization (Almaas, 2001).

### *Almaas’ Diamond Approach*

#### *Introduction*

A.H. Almaas, the nom de plume of A. Hameed Ali, is Arabic for ‘diamond,’ the name Hameed has chosen for his way of working with people toward inner or self-realization - hence, the term “Diamond Approach” (Almaas, 1988, 1998, 2001, 2002, 2003, 2004, 2008). Almaas (2001) says his expansive inquiry into the nature of the self is, “in response to a need being felt in many quarters; a need for a spiritually informed psychology, or conversely, for a psychologically grounded spirituality.” (p.i).

According to Almaas (2001), before we can hope to gain deeper understanding of the truth about who we are, we must engage in a process that questions our assumptions of what we believe to be true about ourselves. Almaas argues that psychological methods and spiritual as well as some religious practices have in common certain ways of penetrating illusions, or inaccurate beliefs about ourselves, other people, and the world. Almaas subscribes to a growing body of researchers who believe that a deeper appreciation of the *nature* of the self would allow psychological inquiry to go farther, expanding its theoretical understanding of the self, and consequently its supportiveness in

healing and supporting human development. Similarly, he feels that spiritual tradition could be much more effective if it exploited the huge strides that self psychology and object relations theory have gained in the understanding of the nature and development of the egoic self.

Almaas (2001) maintains that his work, a system of creative critique and investigation, does not separate spiritual and psychological experience, as both bodies have contributed enormously to human understanding. Rather, “[It] incorporates elements of depth psychology - particularly those of ego psychology and object relations theory, and extends them into realms of the human psyche which are usually considered the domain of religion, spirituality and metaphysics” (p. i).

Almaas’ work pursues a deeper understanding of the human personality and the ego, our consciousness or psyche, and our potential to expand our capacity for experience and inner development. He points out that the Diamond Approach (2001) undertakes to dispel the belief in the dichotomy between the fields of psychology and spirituality, assuming a “fundamental view that encompasses both realms” (p. 10).

Almaas (2001) argues that, as human beings, we have a natural desire to be truly, authentically ourselves. Although this drive may be conscious or unconscious, we value the experience of being able to express ourselves spontaneously and authentically, rather than self-consciously, and from feeling a need to bolster the presentation of who we are with external identifications. When our sense of who we are is stable, and nonconflictual, Almaas continues, our enjoyment of interactions with others is increased, as is our creativity, our willingness toward generosity, kindness and sensitivity, and finally our self esteem.

However, Almaas (2001) continues, the moment we lose this sense of being centered in who and what we are, of being secure in our sense of ourselves, the situation disintegrates. When we feel insecure in our sense of ourselves, no longer centered in our sense of who and what we are, we become anxious and egotistically preoccupied with ourselves and how we appear to others, we crave an inordinate amount of approval, recognition, and admiration, we become excessively vulnerable to wounding and feeling insulted. Our sense of self becomes shaky, depending upon external feedback rather than our own inner strength. Our self esteem becomes weak and fragile, and we find ourselves feeling worthless, unimportant, and ashamed. Envy, anger and rage dominate our emotions, our generosity toward others disintegrates into derision and exploitation, and we begin to lose sight of our humanity. We try desperately to escape from this predicament, but have no success achieving any lasting change. It is noteworthy that the predicament described by Almaas in the second scenario above bares a remarkable similarity to the symptoms exhibited by individuals who suffer from excessive shame in their lives (Kaufmann, 1996; Bradshaw, 1988).

Almaas (2001) refers to the first state described above, that of being freely and spontaneously able to be ourselves, as describing many of the experiential characteristics of the state of self-realization. More specifically, he continues, “Self-realization is a manifestation of a certain human development, a development tantamount to the full maturation of humanness which a human being may attain or arrive at” (p. 5).

The second state, Almaas (2001) points out:

The condition of not feeling centered in oneself, or authentic and free enough to be oneself - involves many of the characteristics that are usually ascribed to

narcissism. These characteristics form a group of traits that define a syndrome, known in psychological literature as narcissistic disturbance, which is seen as a particular disturbance in the development of the self. (p. 5)

Lastly, Almaas' work is significantly underpinned by the phenomenon of narcissism - specifically, its development and resolution. His 'fundamental view', which encompasses the realms of both psychology and the focus of certain spiritual disciplines, asserts that the two have, "much to contribute to one another" (2001, p.10) in the exploration of the nature of the self. From this perspective, Almaas underscores the importance of narcissism and its role in self-realization:

This fundamental view has illuminated one clear truth about narcissism:

Narcissism is a direct consequence of the lack or disturbance of self-realization. It is the most specific consequence of this lack or disturbance, and can be completely resolved only through realization of all aspects and levels of the self. When one is self-realized, one is consciously identified with the most true, real nature of the self. (p. 10)

It is important to note that in the literature, narcissism is frequently referred to as the 'underbelly of shame'. This interesting association appears repeatedly throughout Almaas' work (1988, 1998, 2001, 2002, 2003, 2004, 2008).

According to Almaas (2001, 2008), most spiritual traditions teach that the barrier many people face to feeling free to be authentic to who we naturally are is due to consciously and unconsciously identifying with self-concepts which impede our experience of ourselves and our world. He maintains (2001) that while numerous psychological and self-help methods can help us to change our self-concepts and achieve

some degree of authenticity and satisfaction in our lives, “only an exploration of the actual nature of the self, beyond the details of its content, can bring us to realms of experience which approach more deeply fulfilling, fundamental levels of philosophical or spiritual truth” (p. 7). Almaas argues that, through utilizing the contributions of both psychology and spiritual tradition, rather than merely living through concepts of ourselves, it is possible to transform our experience from a superficial identification with ideas and feelings of who we are to an awareness of our actual ontological presence - through this awareness we are able to be authentically ourselves:

Among the many methods that shift the quality and depth of experience, those used by religious and spiritual traditions are more effective in contacting deeper dimensions of the self, with a more thoroughly developed understanding of these dimensions and their significance for living life than those used by the newer science of psychology. However, psychology has contributed powerful new knowledge about the human being that allows us to systematically work through the barriers to these deeper levels of self, especially the barriers to integrating these levels into one’s identity. In particular, the current understanding of narcissism is very useful for the process of inner realization, the process of learning to contact and appreciate the deeper levels of our nature and allowing these dimensions to actually affect our identity. (p. 8)

Almaas (2001) submits that the prevailing psychological theories of our time are only beginning to explore narcissism, and focus more on its pathological manifestations than does the Diamond Approach. However, these theories provide an extensive understanding of the development of narcissistic disturbance. Although they all address

the healthy development of the self, and attribute narcissistic disturbance to distortions or disruptions in the development of the self, a more comprehensive view of the underlying factors of narcissism is available among spiritual investigation:

[The] condition - self-realization - has been the concern, not primarily of psychological treatises, but of many of the world's spiritual teachings. Even though modern psychological theory addresses the healthy development of the self, which reveals the profound and intricate dynamics in this development, in order to gain a more balanced and complete appreciation of what underlies this condition it is also necessary to turn to the findings of the major spiritual teachings regarding self-realization. In addition, spiritual teachings communicate the subtlety and depth that is possible in human experience and development, levels of experience that can easily be overlooked if we content ourselves only with the psychological theories of the nature and development of the self. (pp. 5-6)

Thus, the Diamond Approach to self-realization enables a deeper glimpse into the truths of human nature than psychology ordinarily reaches, through situating many of the findings of modern depth psychology within a more comprehensive view of human kind, expanded through spiritual inquiry. Almaas claims that his approach “demonstrates that what is usually considered psychological investigation can arrive at dimensions of experience which have always been considered to be the product of spiritual practice or discipline.” (2001, p. ii)

Almaas (2001) maintains that, if pursued intently, psychological understanding that embraces an openness to human spiritual nature “will inevitably penetrate into the

realm of spiritual, religious or mystical understanding” (p. ii). In the course of such investigation, it will reveal that numerous types of psychological dysfunction are the result of spiritual alienation, and therefore cannot be entirely resolved by conventional psychotherapy.

Nevertheless, Almaas (2001) points out that his work should not be viewed as an adjunct to spiritual practice, but as a spiritual practice of its own. The Diamond Knowledge encompasses a systematic understanding of the domain of spiritual experience, the realm of *being* that can be articulated in the language of contemporary psychology. Almaas maintains that the domain of spiritual experience need not be expressed in vague terms that are symbolic or incommunicable. Through exploration of the relationships between the domains of psychological and spiritual experience, the Diamond Approach contributes to our understanding of the nature of ego structure and identity, supporting its inclusion among certain systems of psychological research and inquiry.

*Reality and the Dimensions of Self and Spirit*

Reality, in the Diamond Approach (Almaas, 2001), is understood to exist in three fundamental aspects: Being (God/Spirit), which is the “fundamental ground of all existence” (p. 343), the self, or soul (soul is the ancient western term for the self), which is alive and is seen not as a construct, but as an “actual real ontological presence” (p. 14), and the world, or cosmos, which is the outer manifestation of reality, the myriad familiar physical configurations of our perception.

*Being*, Almaas (2001) maintains, is the absolute and boundless nature of everything and everyone, and may be expressed as the sum of five interconnected

dimensions - the void, which is (2003), non-conceptual awareness (1998, 2001), dynamism (2001), pure being (2001, 2004), and divine love (2001). The *soul*, from the perspective of self-realization, is “simply our consciousness, free from the occlusive veil of past experience” (2001, p. 23) - that which connects the world with *being*.

Acknowledging that most spiritual traditions conceptualize *being* as universal, the Diamond Approach adopts a more personal manner of perceiving *being*, which Almaas calls *essence* (1998, 2001). Whereas *being* is the absolute nature of all reality, *essence* is our true nature, the “centre and source of an individual’s life and actions” (1998, p. 17), and the portion of *being* that forms the true nature of the soul (Almaas, 2004). Although the soul may be encountered as a living presence containing the sensitivity, emotions and cognitions, which we collectively call our self, Almaas (1998, 2001, 2004) maintains that *essence* is experienced as a conspicuous *presence* that can differentiate into certain qualities, which he calls *aspects*. These include our identity, or personalness, compassion, love, our will and our humanness, etc.

During the development of the soul as it learns to function in the world, Almaas (2001, 2004) submits, its connection with Spirit gradually fades as the ego, or personality, begins to accumulate fixed patterns of perception and behaviour. These patterns erode the individual’s connection with particular aspects of *presence*, resulting in the flawed development of the related aspect. The Diamond Approach involves cognitive and experiential exploration of the faulty structure, allowing the individual to see and penetrate the breach that resulted from development while disconnected from *presence*, and reclaim the missing aspect.

*Self and Soul Defined and Differentiated*

As stated above, Almaas uses the words *self* and *soul* interchangeably. While this is initially somewhat confusing, Almaas (2001) explains why and provides a working definition:

In order to pursue our exploration of self-realization, we must elucidate how we are using the word *self*. Our use of the word is unusual in that it refers to an actual ontological presence, not a construct. This emphasis is on the actual presence of what is here as the self, rather than on the content of the constructed aspects of the field of awareness, is a crucial aspect of our method of exploration and of our theoretical view.

In our view, the self is a living organism that constitutes a field of perception and action. This is what we call "soul." Fundamentally, it is an organism of consciousness, a field of awareness capable of what we call experience - experience of the world and of self-reflective awareness of itself. ... [although we] use the words soul and self somewhat interchangeably; the meaning of either word is always that defined above. Our understanding of soul is not that it is a split off or special part of the self that is more esoteric or ethereal or spiritual than any other elements. We use the word soul to describe the entire organism. This usage reflects the fact that the deepest perception of the self reveals that the entire Being of the self is of the same nature as that which, in conventional reality is relegated to the spiritual or the divine. (p. 13)

Before proceeding to the next section it is necessary to clarify one last element of the self, that of Essential Identity. Almaas (2001) states, "Essential Identity is one of the

pure forms in which presence manifests in the soul.” (p. 135). According to Almaas, when we know the Essential Identity - the Self of Essence, it is possible to see and understand the behaviors that express it. The soul, according to Almaas, is a primordial wholeness - the totality of a human being. It is recognized in self-realization as the experiencing consciousness, while in the dimension of conventional experience the soul experiences itself as an entity, which is the basis of how the self experiences itself as an individuality. As an individuality, the self, which has access to the realm of *being*, possesses and is able to experience the feeling of identity, which enables the self to directly recognize its own presence as existence. These primary experiences are the psychic structures of the normal self.

Almaas (2001) argues that the Essential Identity is present at the beginning of life. The infant is not physically developed enough to be conceptually aware of its Essential Identity, it simply is this self. He experiences identity, but he does not have an image of some thing called Essential Identity. Completely identified with the Essential Identity, he has no distance from it. “The feeling of identity is inseparable from the differentiated sense of existence. The child feels definite, distinct, singular, and unique.” (2001, p.145). This, Almaas attests, is the state of ‘no mind’, in which the mind is not occluded with representations, a characteristic of the experience of self-realization. “One is, but one is not reflecting on the isness” (p. 143).

The child is, however, aware of its emotions, expressions, physical sensations, etc., although these other levels of experience are somewhat external to the depth of the Essential Identity, the deep source of consciousness located at the essential depth of the

self. The child is aware of these ordinary experiences, but with some distance from them.

As Almaas (2001) expresses this:

[The child's] awareness of the Essential Identity is a nondualistic perception, and his awareness of all other categories is dualistic, involving the dichotomy of experience of subject and object. Thus, he cannot represent his sense of identity, but he can represent the rest of his experience. So he feels a definite sense of identity but at the same time he is aware of a delineated impression connected to himself. ...

Consequently, the child's experience includes a preverbal impression of the Essential Identity and at the same time an objectifiable experience of body and mind. This objectifiable experience of body-mind is what becomes represented in the self-representation, which is then present in his consciousness with the wordless, implicit experience of Self. Since he is not objectively aware of the Essential Identity, the child inevitably connects the feeling of identity to the representation. This explains how the infant comes to associate the representation with the category of self. The Essential Identity is present, and its sense of uniqueness and singularity helps his maturing perceptual faculties to differentiate his representations of himself from those of the object. And because the representation is related not only to the body, but also to a clearly felt sense of self identified with a specific feeling, it becomes a self-representation.

The final result is that the child internalizes a self-representation, an image or an impression, that is associated with a sense of self. The representation includes the feeling of identity, which characterizes or colors it. The infant

experiences the sense of identity as coexistent with, and in fact as an important part of, the representation or image connected to his body. So self-representations are always connected with, or imbued with, a sense of a differentiated and unique self, colored by a feeling of identity which gives it self-recognition. (pp. 143-144)

Almaas (2001, 2008) stresses that the self-representations in psychic structures are memories - the Essential Identity is not present within them. What is present in them however, is the *memory* of the feeling of self, connected with the Essential Identity. This is why self-representations possess the feeling of actual identity. These psychic structures are organized into a composite that has a sense of self, retained from the all of the memories of the sense of Essential Identity. This resulting false sense of self is influenced by all of the significant sensations, emotions, perceptions and images of the individual's history.

At the expense of its awareness with being, the self forms these superficial concepts, and structures of concepts, and then comes to identify with them, and to view the world through them. Almaas (2001) refers to this process as the "fall" into narcissism. It is, he argues, a mechanism that is neither tragic nor avoidable. Rather, according to Almaas, it is what self psychology and object relations theory describe as normal ego development. The formation and significance of narcissism will be covered in the next section.

### *Formation, Progression and Effects of Narcissism*

Narcissism, according to Almaas (2001), originates in early childhood and is a common factor in the psychological make-up of most human beings. It develops through the feeling of alienation that occurs as one begins to lose sight of one's Essential Identity

(one's *being*), identifying increasingly with comparatively superficial aspects of the self.

Almaas attributes this primarily to two capabilities of the self:

Two capacities of the self are particularly relevant to the development of narcissism as we understand it. The first is the capacity of the mind to form concepts and structures of concepts in response to experience. The second, is the capacity of the self to identify with different aspects of experience, particularly with images in the mind and with habitual emotional and physical states. (p. 15)

While the soul, in its natural state is spontaneous, open and free, the structures of concepts which the self comes to identify with are more opaque and rigid.

Perhaps the most significant characteristic of the soul, according to Almaas (2001), is that it is able to identify with the content of experience. As an “organism of consciousness that contains and cognizes all our experiences” (p. 24). Almaas continues:

It can take any impression, for example self image, and make itself believe that that impression is itself. It can also take a part of the psychological structure and believe it to be the whole of itself. Identifying with an impression or content of experience makes the self feel that it has an identity, and through this identity it then recognizes itself. Our personal history, constituted by our memories, comprises the basic content of our usual identity. This identification with the personal history provides a feeling of self-recognition, a sense of identity, or a sense of self. So in experiencing itself through the veil of memories, the soul not only loses sight of its primordial purity - its *essence* - but also identifies itself through and with this veil of personal history. (p. 25)

Almaas (2001) states that the self-representation influences the self by patterning its experience such that it now “knows itself as an entity with a separate individuality, which has an identity.” (p. 97). Almaas argues that although developmental psychology has extensively investigated the process of the self’s development as the self representation, there remains considerable disagreement and confusion regarding the conceptualization of self-experience, particularly the concepts of self-experience and the interchangeable usage of terminology, resulting in yet further confusion. Almaas differentiates four categories of self-experience: self (or soul), entity, individuality, and identity (p. 97). The self, as the totality of the human being, he argues, is able to experience itself directly as an individuality (experienced as a *feeling of identity*) because it possesses an identity. In self-realization the self, or soul, is the experiencing consciousness, while in the dimension of conventional experience, it experiences itself as an entity - a thing with distinct and independent existence. Almaas states that it is difficult to become aware of the actual soul directly because in conventional experience we are usually focused on the form of its manifestation.

According to Almaas (2001), the central aspect of self-realization is identifying with essential presence, the true identity of the soul. This, he explains is not the same as merely experiencing essential presence. Almaas holds that narcissism is “the condition that results when the self identifies with any content of experience to the exclusion of awareness of its fundamental Being” (p. 36). As such, narcissism is the predominant psychological issue that determines identity. The Diamond Approach encompasses the totality of the self, which includes the self’s identity with *being*. Almaas argues that this understanding reveals that even healthy ego structures are narcissistic, proportionate to

the degree of self-realization. Without this understanding of the nature of the self that includes dimensions deeper than the conventional, Almaas submits, the field of psychology is at a disadvantage by working with “very limited notions of the self, excluding the most significant dimensions of human experience by simply defining them away.” (p. 35), while the Diamond Approach is able to explore “the questions regarding narcissism with a precision not yet possible in prevailing psychological theories”.

Almaas (2001) states that the root of narcissism is the soul’s estrangement from its true nature, hence an understanding of narcissism is necessary in order to resolve the issue of identity. The development of the various essential qualities the soul is affected by numerous factors over the course of a child’s development - problems during the various developmental stages of the individual result in particular narcissistic disturbances. In addition to limitations in the development of the *being* of the self, these problems result in the marred development of the ego structure. Here, Almaas turns to the contributions of developmental psychology, which affords a more precise exploration of how these factors lead to the development of certain kinds of narcissism. Almaas delineates several of these.

Turning to object relations theory’s stance that all ego structures are based upon identification with impressions from the past, Almaas (2001) submits that the experience of ego can never be entirely free of narcissism:

The conventional dimension of experience, which is deeply patterned by these structures (whether healthy or pathological), includes an intrinsic narcissism.

Everyone knows that he has some measure of selfishness, self-reference, a need to be seen and appreciated, a deep wish for esteem and admiration from others, and

some distortion in his self-concepts. Although we are accustomed to thinking of these traits as normal, they are in fact narcissistic phenomena. They are universal to all nonrealized individuals. (p. 26)

Almaas (2001) refers to this condition of everyday life as *fundamental* narcissism. In working toward self-realization, this fundamental narcissism, which stands in the way of realizing essential presence, becomes increasingly exposed and may intensify for a time as it is confronted. Almaas points out that fundamental narcissism is the result of not knowing oneself on a deep level, and that it is much more pervasive than we usually allow ourselves to see.

Almaas (2001) explains that the degree of proximity *of the identity of the self* to the dimension of the essential presence is proportionate with the extent of the individual's narcissism, or the level of narcissistic disturbance. The severity of the narcissistic manifestations is influenced by how superficial the dimension of experience with which the self identifies is. Almaas says that what self psychology has termed the "narcissistic personality disorder" is essentially a severe form of fundamental narcissism.

Here, on this point Almaas' (2001) Diamond Approach departs somewhat from object relations theory, which he claims is erroneous with respect to the theory's assumption that identity is not present before the beginning of ego development:

Our understanding is that object relations theory has erred in conceptualizing the development of identity as beginning with self-representations and ending with the sense of self and identity. The implication is that identity does not exist at the beginning, but does exist at the end of ego development. Our understanding, based mainly on direct perception but also on observation and analytic

reconstruction, is quite the contrary: Identity exists at the beginning of ego development. The Essential Identity is present before the development of representations, and is what makes it possible for the self to have the sense of self-recognition.

The fact that the Essential Identity is a differentiated and unique quality allows the self to recognize itself but to recognize itself as a differentiated and unique existence, with a definite sense of identity. Even the earliest self-representations already include the feeling of identity. As the development of the self proceeds, the various self-representations coalesce into the overall self-representation, structuring the self in such a way that it retains the sense of identity. However, this final sense of identity is now based on the structure of self-identity. One believes by then that this structure is who one is, and is thus cut off from the Essential Identity (pp. 141-142).

Over and above everyday narcissism, Almaas (2001) identifies four types of narcissism.

*Oral narcissism.* This form of narcissism occurs as a result of disturbances during the earliest few months of life. Almaas (2001) states that Oral Narcissism may also result from disturbances occurring during the prenatal period, but indicates it generally develops during the autistic and symbiotic stages of ego development, as defined by Mahler (Mahler, Pine & Bergman, 1975). Almaas argues that the true self that is associated with oral narcissism is the nondual presence, or the unified dynamic soul. Lastly, Almaas advises that the manifestations of oral narcissism are generally primitive and when dominant, the individual will display severe borderline structural problems.

*Central narcissism.* According to Almaas (2001), is the stage which (Kohut, 1978) and other researchers feel to be the primary developmental stage in which narcissistic disorders originate. This stage roughly spans the period from seven to eighteen months, and may extend as late as the second year. In this form of narcissism, the true self, from which the soul becomes disconnected, is the Essential Identity. Narcissistic manifestations from this stage may be severe, although there are fewer borderline features and greater functional capacity than with oral Narcissism. It is characterized by “an intense need to be special, unique, and constantly mirrored” (Almaas, p. 44). Grandiosity and the idealization of ‘special’ others are traits specific to central narcissism.

*Individuation narcissism.* Almaas (2001) submits that this form of narcissism develops due to disturbances during the rapprochement phase of Mahler’s (1975) separation - individuation process, from the second up to the fourth years of life, is associated with the essential form, or true self, he calls the Personal Essence:

The narcissistic manifestations are colored by issues of separation - individuation, such as separation anxiety, protection of autonomy, longing for the merged perfection of the symbiotic stage, the rapprochement conflict, and the importance of object relations in the functioning of the self and for self-esteem (Almaas, p. 44).

*Oedipal narcissism.* According to Almaas, Oedipal narcissism is associated with the libidinal self or the passionate - erotic self, beginning in the fourth year and ranging as far as the fifth or sixth year. Disturbances originating during the oedipal stage of psychosexual development manifest in a heightened need of recognition and admiring

mirroring of erotic and affectionate love and other emotions, as well as support for gender identity and body aliveness.

Almaas (2001) stresses that he is not implying that any these forms of narcissism are specific to certain individuals or demographic settings. Rather, he asserts that all individuals suffer at least some degree of narcissistic injury in all of the developmental stages. Additionally, the specific characteristics arise during their corresponding stages of development, and those characteristics which are common to all forms of narcissism progress throughout early development, proportionate to the individual's overall history. Consequently, in more favorable circumstances, any of the four types of narcissism described above may take the form of fundamental, or everyday narcissism, while under less optimal conditions more severe forms may manifest, ranging from a narcissistic character disorder to paranoia, and some forms of schizophrenia. While one individual's narcissism may be dominated by the central form, another's may take the oral form, while all the forms may be equally present in yet another individual's personality. Almaas offers that this model of the spectrum of narcissism may shed some light on the divergence of the various theories of narcissism, in particular those of Kernberg and Kohut.

#### *The Relationship Between Shame and Narcissism*

The narcissistic reaction to the wounding to *essence* that happens in an early developmental phase results in the individual developing some sort of a narcissistic response that at its core has shame issues involved because there is the fundamental feeling of inadequacy and being unsupported. In effect, shame drives narcissism, as the process begins with the experience of 'I'm not okay', based on some sort of feedback

from the environment at an earlier age. The individual loses sight of his *essence* and, consumed by the shame of 'I'm not okay', believes himself to *be* the narcissistic response to that feeling of inadequacy. Hence, narcissism is shame-driven or, as is frequently stated in the literature, shame is the underbelly of narcissism. Consequently, in order to effect their healing, an individual would have to return to meet the shame core underneath their narcissism and collapse it (Almaas, 2001).

### *Self-Realization*

Although the eventual goal of the Diamond Approach is self-realization, the initial manner in which it proceeds is through the resolution of narcissism, which provides an innovative and useful approach to the treatment of many psychopathologies even if the individual or therapist is not aiming for self-realization or does not have this objective in mind. Almaas (2001) maintains that narcissism is a "very general, basic element of ego life" and consequently, the self of the average person is "deeply and fundamentally narcissistic" (p. 46).

The method involves inquiry and practices that lead the individual to realize, through direct experience, that his sense of identity - that whom he is taking himself to be - is not the real thing (Almaas, 2001, 2008). Rather, that it is an empty shell, an image, or collection of images. Self-realization begins when the individual achieves this understanding. Almaas believes that we are fundamentally whole, that we cannot separate our psychology from our spirituality, that the self is one, hence his efforts to dispel the dichotomy between a spiritual self and a psychophysical self.

Almaas (2001) holds that developing an understanding of the spiritual nature of the self will lead to an understanding of even the more severe forms of narcissistic

disturbance. Conversely, he holds that until self-realization is achieved, narcissism cannot be completely resolved. Without this understanding, he submits that the furthest that conventional psychotherapy can help an individual reach is to the level of fundamental, everyday narcissism. He argues that only spiritual development will make a real difference in efforts to reach further, addressing this fundamental narcissism. In this respect, the Diamond Approach contributes to both psychological and spiritual pursuits:

Our approach to self-realization in its relationship to narcissism allows two new possibilities. The first is that it allows us to understand and resolve narcissism at its fundamental roots. This is facilitated enormously by the greater access to essential nature permitted by this view. The mere conception of the existence of essential nature tends to open us up to perceiving it. The second possibility is that this approach provides us with a new way of working towards self-realization, the method of inquiry that includes psychological understanding. Traditional spiritual practices do not include the contemporary western understanding of self. This understanding of the self and its narcissism is a central part of our work, and can also be useful to those engaged in traditional spiritual practices (p. 46).

### *The Transformation of Narcissism*

According to Almaas (2001), the process of the transformation of narcissism involves the thinning away of the narcissistic structures of the self until they have become completely flexible and transparent to the essential presence. By inquiring into these structures and how they manifest in day-to-day living, the individual gradually becomes able to see them as ego structures and to stop being identified with them. The completion

of this process leads to the realization of Diamond Will, in which the self is able to experience itself patterned by essential presence.

Almaas (2001) explains that the process leading to the realization of the Essential Identity naturally applies increasing pressure on the conventional sense of self-identity, the central narcissistic structure. The increasing pressure causes the individual to try to find ways to bolster his sense of identity, but he is no longer readily able to turn to idealization, having seen through it. Almaas says that at this point, with his sense of self-recognition upset, the individual increasingly turns to mirroring selfobjects, generally through the mirror transference onto the psychotherapist. Almaas describes how the work proceeds:

Investigating this narcissistic transference in depth leads us to a thorough understanding of the sense of identity and its underlying structure. We become increasingly aware of the properties of the self-identity, which we have up to now taken for granted to be part of who we really are. This awareness begins to transform the self-identity, making it more flexible and realistic. So this structure becomes less and less opaque, until it is transparent enough to reveal the essential identity. This is the central process of the transformation of narcissism, which begins by observing and understanding the need to be seen and mirrored (p. 278).

Almaas (2001) states that, in our important relationships, we all have the need to be seen and appreciated by the other person. The mirror transference, the counterpart to the idealizing transference with the therapist, is a more profound reflection of this intensifying need as the patient's narcissistic constellation approaches consciousness.

Almaas (2001) explains that the need for mirroring originates in early childhood, when the soul, or self, lacks the capacity to see itself, and depends upon the parents to meet this need of the infant to come to know himself, in order for his soul to develop and grow. He describes optimal mirroring as being characterized by the pure spiritual qualities, “So optimal mirroring is celebrative, appreciative, admiring, empathic, attuned, understanding, and relational” (p. 283). This quality of mirroring, of course, is rarely available to the child, and rarer still is it consistently available. As is more commonly the state, when mirroring is available to the infant, it generally involves reflecting the more superficial aspects of the infant, rather than his true nature. This inadequacy, according to Almaas, “is the main environmental factor causing narcissism” (p. 284).

Influenced by their own histories, values, and narcissistic identifications, parents tend to selectively emphasize the physical, mental or emotional aspects of the child’s self that they delight in and ignore or downplay those which they don’t. In the case of the former, the child is encouraged, and enabled to see those manifestations of his soul that are admired, and reflect upon his experience of himself and what he is doing. These reinforced qualities of himself are then integrated into his sense of identity with a positive cathexis. As Almaas (2001) points out:

Mirroring, then, not only helps her see elements of her soul, but also confirms and establishes them as real and as her self. She is not hallucinating. Recognition confirms it, makes it real. Without the mirroring, it is difficult for the child to be herself, even if she is at a stage of development at which she can see herself. (p. 284)

Conversely, those qualities of the child that are discouraged, or simply not seen and reinforced by the parents, will hold little value to the child and she may even doubt their reality. These aspects of her self are simply not included in the sense of identity the child is constructing:

The manifestations of the soul that are inadequately mirrored remain in the dark recesses of unactualized potential. The child tends not to experience them as part of her self, or not value them. She might even view them as a threat to her connection to her parents. They do not become integrated into her sense of who she is, or if they do, the identification is conflictual. These elements of the self then fail to develop or become distorted. Thus, the development of the self as a whole lacks harmony and completeness, resulting in a general weakness of the identity (Almaas, 2001, p. 285).

Almaas (2001) stresses the importance of fulfilling the child's need, not only to be able to recognize herself in the manifestations of her soul, but also to see herself as precious and lovable. Consequently, the purpose of mirroring is threefold - to provide feedback and, much more importantly, acceptance and appreciation. So fundamentally important to the self is the need for mirroring that, if not satisfied, the child will actively elicit it, even to the detriment of the self. The child cannot help it.

According to Almaas (2001), the soul possesses an inherent yearning to experience the aspects of the self that have been excluded in the construction of the self-identity. In adults, this yearning is expressed in numerous ways, but particularly in the need for mirroring:

More accurately, it is an expression of the soul's need to see, recognize and integrate the unintegrated elements of her potential. It is an expression of the inherent movement of the self towards self-realization, filtered through the veils created by early mirroring inadequacy (p. 285).

This tendency continues to exert pressure throughout adulthood, as the normal need to be seen, when the individual feels their known aspects are not being seen, or when when they are narcissistically offended. Further, because we recognize ourselves through this identity, we experience a need for our self identity to also be seen.

Almaas (2001) points out what is seemingly a conundrum here, of why the self would need its identity to be seen when the identity was for the most part developed from integrated aspects of the self that were mirrored during development. Almaas' view is that this natural tendency is confounded by the instability of the incomplete self-identity. Although the normal sense of identity experiences a feeling of cohesiveness through mirroring, the feeling is short-lived. We recognize this continual need as our normal experience, and since the conventional dimension of experience is not capable of discerning the pressure exerted by unknown, undeveloped elements of the soul, the self-identity misinterprets this pressure toward development as the need to validate its own reality, and consequently appropriates this energy generated by the soul to settle itself. Almaas continues: "This is how life in the conventional dimension of experience becomes the living-out of patterns and programs established in childhood, rather than an expanding and deepening unfoldment of the soul's potential" (pp. 286-287).

Issues of central narcissism arise mostly as reactions to life circumstances that challenge one's narcissism. As the individual continues in the work of the Diamond

Approach, progressively deeper structures of the self are exposed, until the connection with *essence* has been established. Eventually, the individual comes to realize that development is incomplete because he is still identified with superficial self-representations instead of with the self's core. There is an increasing discomfort with the self-identity of the conventional dimension of experience. The consistent inquiry into our essential nature puts pressure on our self-identity, and spontaneously exposes the fundamental narcissism in our character.

Almaas (2001) has observed a general sequence of experiences of realization through which the individual progresses:

Each of these steps involves an arising awareness of a definite phenomenological element in the self-structure or an aspect of Being associated with elements of the true self:

1. Fakeness
2. The shell
3. The narcissistic wound
4. The great betrayal
5. Narcissistic rage, hatred and envy
6. Narcissistic emptiness, meaninglessness and pointlessness
7. Loss of orientation, center and self-recognition
8. Narcissistic shame
9. Narcissistic rejection object relation
10. Selfless inner spaciousness
11. Ego activity

12. Narcissistic depression
13. Helplessness and nondoing
14. Trust and the need for holding
15. The ego ideal
16. The holding loving light
17. The Essential Identity
18. Point-diamond, or essential self-recognition and resolution of the need for mirroring (p. 303)

Several of the above experiences having a more direct link to shame are expanded upon on below.

Working through the self-images that make up the self-representation reveals that the self-identity is nothing more than a “psychic structure patterned by images from past experience.” (Almaas, 2001, p. 303). The individual becomes aware that the sense of identity that he has been taking to be himself is in reality an empty shell, containing none of the fundamental truth or essence of his true existence. He realizes that he has been a fake - a phony - and has been selling himself out by creating a make-belief self in an effort to win the approval of others. This is the very foundation of shame, where the empty shell shame issues are not resolved. In other words, his phony self still has the shame inner core. Almaas explains that the awareness of the empty shell is “the direct awareness of the structure of self-identity when it is not being defended against” (p. 306). He continues, expanding upon the nature of the shell:

This shell, then, is simply the soul, structuring itself through the self-image. It is the self structured by the totality of all self-representations. It includes trying to

be a certain way in order to be recognized and loved, but it also includes any image through which we define ourselves. Thus, the shell exists at several levels, depending on what dimension of identity we are aware of. Any definition of ourselves through an image, or through any concept, will at some point be seen as a shell. The moment we know ourselves through the mind, we become a shell. Even an image of the Essential Identity itself can become part of the shell. Any image, arising from any experience, even the experience of self-realization, becomes a shell if it is used by the mind to define who we are in the present. Any memory of Essence, or any spiritual experience, becomes part of the shell if it is used for identity. The shell is the self produced by the mind. It is a mental structure and not beingness in the now. (p. 306)

Almaas (2001) argues that this understanding of the inauthenticity of the self and its universal association with narcissism is more fundamental than is put forth in the theories of depth psychology:

It demonstrates that phoniness is inherent to the life of ego. It is not only a quality of pathological narcissism or what is called the "false self"; it is intrinsic to the experience of the self in the conventional dimension of experience. The fakeness is simply more obvious in pathological narcissism because the shell is more exposed. (p. 307)

Lastly, Almaas stresses that the process of experiencing and acknowledging the empty shell is fraught with resistance, including the fear that looking too deeply may reveal that one truly is insignificant and unimportant - nothing more than just an empty shell - as well as activating the individual's shame.

*The Narcissistic Wound*

As the process of working through issues of narcissism continues, a phenomenon, which Almaas (2001) calls the narcissistic wound, is exposed. As stated above, any attempt to know ourselves through the mind results in identification with the shell, which is produced by the mind, as the self-identity. The dissolution of narcissistic structures increases the individual's awareness of his vulnerability, bringing about a greater reliance on the mirror transference in an attempt to maintain the familiar sense of self. Any disturbance of the mirror transference at this point, or perceived threat to the narcissistic supplies creates a disturbance in the narcissistic equilibrium. This exposes and threatens the integrity of the shell resulting in the individual experiencing a variety of responses, including heightened anxiety, an inexplicable feeling of dread, preoccupation with irrational fantasies of ill health or injury, etc.

The individual's sensitivity to feelings of not being admired and appreciated by the important people in their lives increasingly progresses from a sense of betrayal and insult to deep intolerable pain and anguish: "When investigated, rather than reacted to, this hurt reveals an emotional wound of staggering depth and profundity" (Almaas, 2001, p. 310).

According to Almaas (2001), the student literally feels wounded, both emotionally and physically, as though there were an actual physical cut or gash in the heart. The sensation of this physical pain is inseparable from that of the emotional distress, culminating in a single profound emotional rip. This gash, Almaas explains, is a cut in the shell, the structure of self-identity, as it begins to disintegrate from the loss of the mirroring. In the normal experience of identity, experiences of narcissistic injury are

defended against, however in the process of exposing the structures of self-identity these defences are not available, permitting this “tear in the being of the self” (p. 312).

According to Almaas, the narcissistic wound is connected with the original childhood wound of not being seen and admired, but at its deepest level it is the result of loss of connection with the Essential Identity. This wound is present and manifests in childhood, beginning the process of progressively sacrificing aspects of the true self in order to gain and preserve the approval and admiration of others.

The emotional and physical pain experienced in the wound through being separated from our Essential Identity is remarkably similar to typical descriptions of the effects of excessive shame. Indeed, the most commonly heard descriptor of shame – that of being ‘not good enough’ – is common to this description of the phoniness of the empty shell:

We usually experience embarrassment and shame when we begin to feel a narcissistic wound. Narcissistic hurt is a doorway to the insight that there is nothing to our conventional sense of self, that it is fake. We may feel ashamed of ourselves, deficient, worthless, not good enough, "found out" in our unreality. We might feel unimportant and worthless because we are empty of anything real and precious. Naturally, we defend against this wound (Almaas, 2001, p. 312).

Narcissistic pain is a portal to discerning of the fakeness of our conventional sense of self, hence the fervor of our defense against it being opened:

The wound first appears as a rip in the shell, in the structure of the self-identity, reflecting the loss of a certain way that we recognize ourselves, often involving the dissolution of a certain self-image. As we experience the wound more deeply,

we come closer to an awareness of the deeper loss, the severing of our connection to our Essential Identity (Almaas, 2001, p. 313).

According to Almaas (2001), as we allow ourselves to surrender our concept of self, to experience our vulnerability to this hurt *without* defending against it, we begin to experience the emptiness of the shell. This is the manifestation of the absence of any truth in our self-identity. We fear that if we continue, we will disappear, that we are leaving ourselves open to destruction. Almaas says this existential terror, which is unique to narcissism, sometimes experienced as the fear of death, is the “ultimate fear of disintegration and disappearing” (p. 315). If we continue to surrender and not resist, the tear will expand until the shell dissolves, bringing about the loss of our sense of identity, and affording a glimpse of the vast fundamental presence of the Essential Identity - the true self.

Lastly, Almaas (2001) stresses that simply experiencing going through the wound will not achieve successful resolution of the narcissistic constellation; it must be accompanied by an objective and precise understanding. This involves understanding how the wound is related to not receiving adequate mirroring:

Our insight usually begins with seeing the narcissistic issues as they manifest in our present life circumstances, but generally goes on to remembering or re-experiencing the original childhood hurt. We recognize that the hurt is due to losing sight of what is genuine in us, of our precious nature, because it was not supported and mirrored in our early years. We feel hurt that the people in our environment did not see us, did not appreciate our truth, and were not attuned to our true nature. We feel hurt because being ourselves was not appreciated by

those we cared about and depended on. As we become aware of this lack of mirroring and support for our true being, we might come to feel abandoned or forsaken (pp. 316-317).

### *The Great Betrayal*

Exploration of the narcissistic wound, beginning with seeing how narcissistic issues and their associated emotions manifest in the present, leads to an understanding of how and why narcissism appeared in our early lives (Almaas, 2001). Shame begins in early life, and torments the individual with an elusive, vague sense of something being wrong. Many shame-prone individuals report having felt for as long as they can remember that there was something wrong with them. As the individual begins to bring down the narcissistic structures of the false identity, the hurt of the wound begins to be experienced as a great sense of having betrayed the self:

Not being seen for what we truly are has led to a betrayal of this preciousness that is our essential core. We come to understand that we became false because the people in our early environment not only did not see and support our true self, but wanted us to be something else. They conditioned us to fit their idea of what we are or what we should be. The feeling of betrayal that accompanies our realization of this development is one of the ways we experience the narcissistic wound. We may experience the betrayal whenever we feel not seen or appreciated for who and what we are. (p. 318).

Initially, as this betrayal comes into our consciousness, we construe it as betrayal by the idealized or mirroring selfobject - either in the present by our spouse, children or friends, or in the past, by our parents, teachers, etc. Realizing the significance of this

betrayal may increase the pain of the wound, or we may respond with indignity, anger and rage at having been treated unfairly and abandoned: “We experience the disruption or absence of mirroring as a terrible betrayal, the most fundamental betrayal. This is why we call it the ‘great betrayal’. The most fundamental truth of the soul has been betrayed and abandoned” (Almaas, 2001, pp. 318-319).

In a bitter irony, our continued efforts to find ourselves through the resolution of our false selves lead to an inevitable and terrible conclusion: we have done this to ourselves. Denied by our parents and others the acknowledgement of being seen for who we truly are, we betrayed ourselves and pretended to be what they preferred in us and related to, and abandoned what they did not or could not see. In our desperate need for loving human relationship, we convinced ourselves that being our true nature meant living without “love, warmth, holding, security” (Almaas 2001, p. 319), a condition we could not endure:

Since our essence was the element they recognized or understood least, our essence was the central element we disowned. We ended up abandoning and hiding our most precious nature. We hid it finally even from ourselves; most of us eventually forget it altogether. (p. 319)

At its deepest level, Almaas (2001) maintains, the narcissistic wound is about having sold out. This ultimate betrayal, the origin of our disconnecting from our essential nature, set in motion our narcissistic vulnerability, leading us to choose the company and approval of others over our *essence*, to sell ourselves out, over and over again. For many, this becomes a life-long pattern, filled with unfathomable pain, sorrow, regret, guilt, self-loathing, and shame.

### *Narcissistic Shame*

The final experience of realization pertaining to the phenomenon under investigation is that of narcissistic shame. According to Almaas (2001), narcissistic emptiness and its associated reactions and feelings bring up the most painful of the affects, shame. As with the other painful reactions to emptiness, the defences against shame make it difficult to experience fully, and equally difficult to understand. Shame is a specific painful feeling of deficiency, in which the individual imposes self-judgements of being a phony - unable to be real, of being a traitor to oneself, and being too weak to stand up for oneself. The individual wants to hide, feeling that he is an impostor, that his whole life has been counterfeit and a colossal waste:

Narcissistic shame is an intense pain related to social failure, failure to be a true human being. It is a sense of being an inferior human being, exposed to social judgement in the midst of severe disintegration of the self. When experienced fully, the affect is very painful. The affect itself has a disintegrating effect on the self. (p. 334)

Almaas (2001) states that all of these self- judgements must be resolved before narcissism can be transformed. This, he continues, “is primarily a matter of understanding and disengaging from a particular object relation. This is the object relation between the empty and unreal self and a rejecting, critical, and hateful object.” This is a difficult process, as it involves learning to accept the sense of emptiness and phoniness *without judgement*, and to completely examine how it came about and how it works in one’s life, including aspects that one projects onto others:

If the student can achieve some openness to this experience, the shame and the feelings of worthlessness and deficiency are not so powerful. She can then experience the emptiness without rejection or judgement. This is necessary to experience the emptiness as it is in itself, free from the distortion of reactions and judgements. (p. 335)

### *Conclusion*

The study of shame apart from other constructs is relatively new. The purpose of this investigation is to understand the lived experience of both the development and the recovery and transformation of shame. Three developmental positions from conventional western psychology were examined, functionalist, cognitive-attribitional, and object relational/attachment, as well as the transpersonal theories of Wilber and Almaas.

## Chapter Three. Methodology

### *Introduction*

This study undertakes to contribute to the understanding of pervasive shame, specifically, the processes involved in a sample of men who are well along the path to recovery from this depth of shame. The objective of the inquiry is to present the lived experiences of these individuals and to analyze the constellation of meanings they attach to their perceptions, as they became aware of the role shame was playing in their lives. Additionally, the study will explore their ensuing experiences of healing and recovery.

This chapter provides a summary of the method of research and analysis chosen for the investigation and addresses the rationale underlying the decision. A general overview of the methodology is followed by a more specific description of the elements of the approach taken, as well as how they were applied.

An initial review of the literature indicated that the role of shame in life and how in certain individuals it seemingly escalates out of control to pathological proportions, is not fully understood. It is hoped that the stories of a group of men who have overcome or arrested the progression of shame of this magnitude will shed new light on the phenomenon. Accordingly, the primary research question is, “What are the lived experiences among a group of five men along the healing journey from universal shame toward wholeness?” A secondary question is, “What are the common themes of these experiences?”

Given the nature of the current investigation and the apparent absence in the literature of a central theory that might account for these commonalities, it follows that the appropriate methodological discipline to be utilized is best selected from among the

qualitative human science approaches. While there is little doubt that increased understanding of the hardships resulting from unresolved issues of shame is of value to the counseling profession, much work has already been done in this area and it is not the intent of the researcher to merely add to the depictions of suffering that already abound in the literature. A more practical contribution may perhaps be extracted from among the experiences of individuals who have recovered (or are in recovery) from their plight, winnowing out commonalities from within their accounts that may be of benefit to those who remain trapped in their shame and the therapists attempting to help them.

According to van Manen (2001), the discipline of phenomenology, “describes how one orients to lived experience” (p. 4) and works toward a deep understanding of both the nature of a phenomenon and the meaning it holds for the individual. It is therefore well suited for collecting and interpreting the data being sought in this investigation. However, a grounded theory-based analysis may lead to a more useful application of the data through the emergence of a central theory. On this reasoning, the writer adopted a blended strategy of phenomenology and grounded theory. Accordingly, the personal accounts of the participants’ journeys, elicited through in-depth interviewing, provided the foundation for the writer’s insights into the participants’ experiences and the meanings they ascribe to them.

The following sections provide an overview of the components and methods of phenomenology and grounded theory, followed by an account of the application of the blended approach utilized in the current study.

## *Phenomenology*

### *Outline of Phenomenology*

Phenomenology is a discovery-oriented, descriptive methodology of human science that deals with persons rather than subjects. In phenomenology, a person is perceived as a whole being, possessing past experiences, convictions, opinions, and values. As people live in a world of experience, imbued with social and cultural influence, phenomenology is concerned with the exploration and description of a phenomenon as it presents in the lived world, in order to find the meaning of the phenomenon for itself (van Manen, 2001). The researcher utilizing this methodology must maintain an attitude of openness, in order to permit unanticipated meanings to emerge from the data (Giorgi, 1997).

According to van Manen (2001), phenomenology does not generate new information, rather it interprets a meaning that is already implicit to lived experience as its truth. By peeling away the layers of social and cultural influences a person encounters in their lifeworld, phenomenologists strive to find the first meaning of a phenomenon within lived experience. "Phenomenology must describe what is given to us in immediate experience without being obstructed by pre-conceptions and theoretical notions." (p.184).

While the roots of phenomenology may be traced back for many centuries, the discipline as we now understand it is generally considered to have been founded by the German philosopher, Edmund Husserl (1859-1938) (Creswell, 1998; Osborne, 1990). The practice of phenomenology, as distinguished from a movement in the history of philosophy, involves the nondiscriminatory study of human structures of consciousness and the substance of experience from the first person point of view. As it is an experience

'of or about' some object, the salient structure of an experience is its intentionality - the directedness of experience toward things in the world (Moran & Mooney, 2002).

Phenomenology, according to Creswell (1998), "embraces the notion that reality is subjective as people inextricably connect objects with their consciousness of them" (p. 53).

Many of Husserl's fundamental concepts of phenomenology were influenced by his teachers, Franz Brentano and Carl Stumpf (Moran & Mooney, 2002). An important contribution of Husserl to phenomenology was the concept of 'intentionality', which he adapted from Brentano's teaching to his own understanding of human consciousness. While Brentano felt that mental states are fundamentally 'of or about' something (Albertazzi, 2006), Husserl furthered that, as conscious entities, we are not merely influenced by the objects in our world, we are also *conscious of* them. This includes not only physical objects such as ourselves and other people, but also abstract objects like ideas and numbers. Husserl maintained that a mental experience is a representation of something other than itself, thereby giving us a sense of something. Intentionality is the representational capacity of our consciousness to be 'of' or 'about' something. Husserl called intentionality the 'fundamental property of consciousness' and the 'principle discovery of phenomenology'. Van Manen (2001) defines intentionality as the inseparable connectedness of the human being to the world. Essentially, intentionality is the primary means through which phenomenology strives to overcome the subject vs. object dichotomy in modern philosophy (Creswell, 1998; Husserl, 1973; Moran & Mooney, 2002).

The intentional object in this study is the lived experience of the development of shame as well as the subsequent recognition, recovery and transformation of shame.

### *Elements of Phenomenology*

According to Creswell (1998), the psychological approach to phenomenological data analysis involves four specific steps:

1. The researcher first reads each description in its entirety, to gain a sense of the whole of the participant's story.
2. The author then separates the original interview transcriptions, extracting specific statements from each description. Those statements which serve to illuminate the phenomenon being studied are separated and removed (Creswell, 1998), and a list of these carefully scrutinized, in order to delete any that are completely redundant (Moustakas, 1994).
3. The remaining statements are formulated into meanings, and these meanings are clustered into themes, articulated in phenomenological concepts (Creswell, 1998).
4. The researcher synthesizes these themes into a consistent narrative description, ideally reconstructing the inner world of experience of the participant (Creswell, 1998). At this point the researcher should conduct a validity check with the participants, to ensure the essence of the interviews have been correctly captured (Moustakas, 1994).

Creswell (1998), in outlining the major procedural issues involved in using a phenomenological approach to data analysis, stresses the importance of grasping the philosophical perspectives of phenomenology, with emphasis on how people experience

a phenomenon. He underscores the importance of the concept of *epoche*, the process by which the researcher 'brackets' (suspends) his own preconceptions about the phenomenon under investigation, to preserve the integrity of the participants' accounts and determine the essence or *essentialness* of the phenomenon - that which makes a thing what it is (van Manen, 2001).

In a phenomenological approach, it is important to outline one's biases in order to demonstrate and maintain an awareness of them in the collection and analysis of the data. The interpretive school of phenomenology (phenomenological hermeneutics) would argue that we always come from a position of biases, prejudice and socio-historical consciousness, therefore a theory emerging from the data is out of the question (Gadamer, 1989). Classical phenomenology, however, would say it is possible to bracket or, suspend, biases and let the data speak for itself (Osborne, 1990). Based on this, the researcher is able to design research questions that will evoke the meaning that the participants ascribe to their 'lived experience' - that which is lived by a person at a given time, in a given place, embracing the totality of life (van Manen, 2001). The lifeworld, van Manen maintains, is the world as lived by a person - a whole being, having a worldview, interactions and experiences. It is within this lifeworld that a person has lived experiences. Lived experience within the lifeworld, van Manen continues, lies at the very heart of phenomenology, and "is the starting point and the end point of phenomenological research." (p. 36) without which there would not be phenomena to explore and interrogate. Thus prepared, the researcher is ready to begin the process of data collection, through in-depth interviews with the subjects of the inquiry.

## *Grounded Theory*

### *Outline of Grounded Theory*

While a phenomenological investigation is concerned with uncovering the meaning participants make of an experience or phenomenon, the purpose of a grounded theory study is to generate a theory or theories that relate to the phenomenon (Creswell, 1996). Grounded theory was 'discovered' by two sociologists, Barney Glaser and Anselm Strauss, in 1967 (Glaser & Strauss, 1967), and was developed as an alternative to the more deductive scientific methodology of the time. The method of study utilized by grounded theory is essentially based upon three components: concepts, categories, and propositions, or hypotheses. The theory is developed from the conceptualization of the data rather than from the actual data, therefore concepts are the key elements of a grounded theory analysis. Although both Glaser and Strauss continue to write about approaches to the theory, a falling out over differences of opinion about the coding strategies of the theory led to them continuing their writings independently (Creswell, 1998).

Grounded theory, with its roots in sociology, espouses the concept of *symbolic interaction*, which addresses the social actions and interactions of people, their common symbols and resultant understanding of one another (Charmaz, 1994). This is useful in the current study, in that it affords a means of apprehending the differing experiences and self-perceptions of the participants, while also allowing the researcher to envision their meanings in context as they are continuously constructed and reconstructed through social contact. "The researcher needs to understand behavior as the participants

understand it, learn about their world, learn their interpretation of self in the interaction, and share their definitions” (Chenitz & Swanson, 1986, p. 7).

The most significant feature of grounded theory, according to Creswell (1998) is the “generation of a theory closely related to the context of the phenomenon being studied” (p. 56). The researcher conceives and develops the theory, which is 'grounded' in data from the field and consolidates it toward the end of the study, making this an inductive approach, in that it moves from the specific to the more general. Typically, the researcher continues to collect interview data until data saturation has been achieved, in that continued collection of data fails to produce new information.

The data collection process in grounded theory is similar to that of other qualitative research methodologies and uses the same techniques. The theory differs in that data is collected and analyzed simultaneously, in order that concepts are identified during the research process, helping the researcher focus further data collection in what is referred to as *theoretical sampling*. Creswell (1996) describes a “zigzag” (p. 57) system, in which the analysis, or coding of the data overlaps with subsequent trips to the field, called the 'constant comparative method of data analysis' (Creswell, 1998; Glaser & Strauss, 1967). The participants to be interviewed, Creswell (1998) continues, are selected in such a manner as to help the researcher form the best theory.

In grounded theory the analysis of the data involves three distinct yet overlapping stages. These are open coding, axial coding, and selective coding. The features and applications of these will be discussed in the following section.

### *Elements of Grounded Theory*

According to Straus and Corbin (1990), a grounded theory is inductively derived from the phenomenon it represents and consequently must meet four fundamental criteria: fit, understanding, generality and control. *Fit* dictates that the theory must fit the substantive data. *Understanding* means that the theory must be intelligible to others who are involved in the area under study. *Generality* demands that the theory must be applicable in a variety of situations. Lastly, *control* requires that the theory should afford control, with respect to action toward the phenomenon.

The authors maintain that the primary objective of the theory is to interpret a phenomenon by identifying its key elements and categorize the relationships between these elements and the context and process of the investigation. More simply put, the objective is to go from general to specific without losing sight of what it is that makes the subject of the investigation unique. The grounded theory approach provides explicit systematic procedures to guide the processes of data collection, analysis and theory formulation, so that, with diligence, even a novice is able to apply them and conduct a rigorous qualitative research (Charmaz, 1994). The process begins with simultaneous involvement in data collection and analysis. According to Charmaz (1994), this allows the researcher's emerging analysis to shape the data collection procedure and fosters taking control of the data. "The early analytic work leads the researcher subsequently to collect more data around emerging themes and questions" (p. 500).

*Open coding.* Creswell (1998) describes a standard, systematic format in which the data analysis is conducted. This stage begins with the interviewer putting together initial categories of data about the phenomenon under investigation by segmenting

information collected from the interviews. These categories are further subdivided into properties that emerge from the data, as the researcher begins to assemble a general framework, or continuum, representing the possible extremes of the properties. This process is called 'open coding' (Creswell, 1998).

*Axial coding.* The next step is called 'axial coding'. Here, the researcher constructs a diagrammatic or verbal representation identifying a central element within the findings, depicting causal factors that influence it, and any specific actions or interactions that develop as a result. The context around the central element is noted, as well as any intervening conditions that may have an influence or effect upon it. Finally, the outcomes of these actions and interactions are added to the depiction. The end result is a visual representation of the relationships between the various elements embodied in the phenomenon under study (Creswell, 1998).

*Selective coding.* Selective coding involves the process of selecting and identifying the core category and systematically relating it to other categories. These relationships are validated, filled in and refined. Through an amalgamation of the categories developed in the axial coding process, the researcher identifies a "story line" (Creswell, 1998) conceptualizing the central phenomenon, from which provisional hypotheses are generated. The end result of the data collection and analysis procedure is the creation of a rational theory about the phenomenon under study and the effected population.

#### *Memo-Writing and Constant Comparative Methods*

Charmaz (1994) describes memo-writing as “the intermediate step between coding and the first draft of [the] completed analysis.” (p. 511). As stated above, the

analysis process in grounded theory is conducted simultaneously with data collection, usually beginning as soon as any interesting thoughts and categories begin to suggest themselves, and continued throughout the study. This early involvement with analysis is largely assisted through the researcher writing personal memos, even during the interview phase. In addition to helping the researcher focus the data collection procedure around emerging themes, Charmaz continues, the early use of memos helps the researcher keep track of what they think about early clusters of codes and avoid becoming bogged down with masses of jumbled data. As Stern (1994) puts it, “If data are the building blocks of the developing theory, memos are the mortar.” (p. 119). When wielding such large quantities of data it is easy to forget an unrecorded instant of inspiration, and possibly never regain the opportunity to discern the grounded theory secreted away in the data.

According to Charmaz (1994), grounded theory methods undertake to discover and define processes; therefore researchers look for patterns even when focusing on a single individual. Because of this emphasis on identifying patterns, participants’ narratives are used to illuminate points, rather than chronicle their life stories. Charmaz encourages researchers to include verbatim material in their memos, to preserve the more cogent examples of their ideas right from the beginning of their analysis, in order that the abstract analysis is more surely grounded in the data. The inclusion of verbatim material in the memos enables the researcher to expedite the transition from individual cases to defining patterns and categories, as the memos facilitate prompt and precise comparisons. Comparing the beliefs, experiences, and actions of one participant with those of another, termed *constant comparative methods* by Glasser and Straus (1967), is central to the grounded theory process. In addition to comparing data between participants, memos

may also be used to compare the same participant's responses over time, an application which is particularly useful in the current study to evaluate the degrees of success (or failure) of a participant's coping mechanisms with shame as he or she begins experimenting with methods of dealing with or overcoming their shame.

### *Theoretical Sampling*

As the researcher continues the process of developing and refining themes through the constant comparison process, the level of abstraction evolves from the concrete to the more highly theoretical. As the analysis procedure unfolds, the researcher gravitates toward making comparisons between categories and (eventually) between concepts, i.e. constant comparison of the “emerging data with the data that has already been collected, to sort similarities and differences. This use of memo-writing, according to Charmaz (1994), enables the researcher to clarify and rank the categories. Once the categories have been fleshed out, the researcher may then go back to previously interviewed participants and new ones alike and seek out information that is more focused toward the emerging themes. This process is called theoretical sampling, and enables the researcher to fill out the categories, discover variation within them, and explain gaps between them (Charmaz, 1994). The process of memo-writing leads directly to theoretical sampling. Conversely, theoretical sampling relies on comparative methods.

Charmaz (1994) recommends that the researcher not start theoretical sampling until later in the research process, in order to avoid prematurely closing the analysis before having defined all relevant issues and permitted important data to become visible. Theoretical sampling focuses upon material that is central to the research, through providing distinct definitions and clear descriptions of the parameters and properties of

the various categories. Memo writing during theoretical sampling is more specific and concise, according to Charmaz, as the researcher alternates between data collection and analysis, refining ideas and assumptions.

Finally, through the use of comparative methods to define the properties of the categories and the conditions under which they are linked to other categories, the categories may be raised to concepts in the emerging theory (Charmaz, 1994). At this point the researcher begins writing the first draft of the paper, using the memos, rather than an outline, as the base. The purpose of this, Charmaz continues, is to preserve the theoretical relationships of the categories and concepts as they are used to explain the data.

Charmaz (1994) states that many Grounded Theorists include only enough verbatim material to demonstrate the connection between the data and the analysis, giving more weight to the concepts than to the data itself. Charmaz' position on this is instead to include numerous quotes from the interviews, in order to preserve the essence of the human story for the reader, and to "demonstrate how [the] analysis is grounded in lived experience" (p. 516). As the current study employs a blended approach of grounded theory and phenomenological methods, the writer felt it was appropriate to also adopt this practice.

#### *A Return to the Literature*

Numerous grounded theorists recommend that only a perfunctory, initial review of the literature be conducted early in the study, or not at all, in order to avoid commencing the research with preconceived hypotheses, or to have previous reading influencing the analysis of the data (e.g., Chenitz & Swanson, 1986; Cutcliffe, 2000;

Stern, 1994; Strauss & Corbin, 1994, etc.). Dick (2005) suggests that at the beginning of an emergent study the researcher probably won't know which literature will become relevant and states that literature is not given a position of privilege over data in the grounded theory process. The researcher should access literature as it becomes relevant, treating reading as an element of the data collection process, comparing the literature to the emerging theory, in the same manner as data.

Charmaz (1994) recommends that a more thorough examination of the literature be conducted after the conceptual analysis of the data has been developed, in order that the researcher may compare their work and see how it fits in with other literature in the field. Having conducted a thorough review of the literature, Charmaz continues, the researcher then intersperses the findings among later drafts of the thesis.

We turn now to the blending process and how it was used in the thematic data analysis.

#### *Application of the Blended Methodology*

This investigation is a blended phenomenology/grounded theory study in which interviews were conducted with people who have gone through the experience and recovery from shame. An integrated methodological perspective and analysis was taken in the sense that phenomenology looks at the lived experience of the participants, while grounded theory looks to see what theory emerges from the data. Both of those aspects were integrated and effected. This study examined the phenomena as expressed in the transcripts and developed the themes that emerged from that which pointed to a certain emerging theory.

### *Sample Selection and Interview Data Collection Process*

*Recruitment of the participants* in the study was conducted initially by referral from mental health practitioners known to the writer and later utilizing a snowball method, which involved asking the participants themselves if they knew of other individuals who would meet the investigation criteria and might be interested in taking part in the study. A letter introducing the study is included in the appendices.

Participants were screened for eligibility and selected according to the following criteria: The individuals who were chosen had successfully overcome profound adversity stemming from issues of unresolved personal shame, which was brought under management through a protracted period of participation in counseling therapy and/or twelve-step groups. The writer felt that a minimum of two years attending introspective self-help groups or substantial involvement in counselling therapy would achieve adequate degree of recovery from a disorder or syndrome of pathological proportions. Several individuals whom the writer felt to have at least achieved an insight into their shame and who had begun or were well into a healing process were included in the sample.

Additionally, the participants who were selected were determined to be able to clearly convey the actuality of their experiences with shame, rather than simply express ideas about their experiences (Osborne, 1990). Participants were initially contacted by telephone, and screened as to their suitability for a research study of this nature. A sample of the initial screening questions is detailed in the appendix.

Seven participants were selected and interviewed, one of whom later opted to withdraw from the study. Due to a computer failure, the data from another of the six

interviews was damaged beyond recovery. The researcher transcribed and began coding the data as soon as possible following each interview. Having not acquired any new information after the seventh interview, other than variance in demographics, the interviewer concluded that data saturation had been realized and therefore ceased collecting data. The data from the first and fourth through seventh interviews is presented in this thesis.

#### *Data Collection and Interview Process*

The data for this study was collected by means of tape-recorded interviews with the participants, supplemented by field notes taken during the interviews. These notes included the demeanor of the participant during the interview, speech patterns, pauses, indications of emotion etc., to help the researcher more faithfully convey the participants' intended meaning during later interpretation.

After obtaining their informed consent, the participants were interviewed by the researcher for a period of approximately two hours, in a comfortable, non-threatening location of their own choosing - five in their homes, one in an office and another in a library study room. Throughout all of the interviews, the researcher periodically made verbal inquiries of the participants with respect to their level of emotional distress. At the conclusion of each interview, participants were encouraged to reflect upon the experience, and to make note of any recollections they may wish to add to their stories at a later time. All interviews were transcribed by the researcher, as soon as possible after each interview.

Wherever necessary, the interviewer conducted additional telephone interviews with participants who were seen earlier in the study, after new information critical to the

investigation was obtained from successive interviews, and to clarify and compare similarities among participants' accounts. Additionally, after having had time to reflect on the process, participants were asked if they had anything else they wished to contribute. All participants were offered a follow-up interview with the researcher for the purposes of presenting the hypotheses generated by the grounded theory analysis of research. Each was told they were entitled to receive a transcribed copy of their interview, as well as a summary of the findings of the study.

The interview questions (included in the appendix), while providing adequate structure for identification of consistent themes which may emerge, were posed in an informal Rogerian manner, in order to avoid inadvertently 'leading' the participants to substantiate hunches of the researcher (Osborne, 1990), yet keep them 'on track', with respect to the phenomenon under study. Participants were encouraged to freely and openly disclose their feelings, perceptions, and thoughts regarding the impact of shame in their lives, how they came to recognize it and work through it, and where they are in their lives today. Lastly, prompting was avoided unless it appeared that a particular participant had 'run out of steam' (Osborne, 1990, p. 84.).

#### *Data Analysis Process*

*Bracketing.* Before discussing the steps involved in the explicitation of the data, a word must be said about bracketing, and how it was employed in the current study. As mentioned above, in order to overcome the potential for bias on the part of the researcher when interpreting the data, the researcher must attempt to bracket, or suspend, any biases, prior judgements or preconceptions, etc. Bracketing is an emerging process, in the sense that it must be revisited throughout the collection and analysis of the data.

The researcher is a middle-aged male, coming from an eclectic Developmental-Humanistic theoretical orientation. It should be noted that prior to beginning this work, the researcher did not have a strong exposure to the realm of transpersonal psychology - this emerged from the analysis of the participants' data. In this respect, the second review of the literature is literally part of the data, as stated above (e.g., Chenitz & Swanson, 1986; Cutcliffe, 2000; Dick, 2005; Stern, 1994; Strauss & Corbin, 1994, etc.).

As closely as time permitted, the researcher transcribed each interview, verbatim, as soon as possible after the interview, in order to retain the spirit in which each participant's story was recounted, and not lose any of the richness of the individuals' accounts. Whereas several steps in the data analysis procedure are common to both phenomenological and grounded theory approaches, the researcher opted to sift the data in an integrated fashion, as opposed to doing it twice, once for each discipline.

After the initial process of transcribing each of the primary interviews, the researcher read and reread each story several times, as recommended by Osborne (1990), in order to become as familiar as possible with the recollection of the participant and to gain a sense of the participant's overall understanding of his experiences (Creswell, 1998). As per the phenomenological approach, field notes taken during the interviews, pertaining to idiosyncrasies of the participant during his accounting, were inserted into the text. During these readings the researcher highlighted segments of the participants' stories that were felt to be of particular significance.

*Memo-writing.* The researcher, following the use of memos in the grounded theory approach (Charmaz, 1994; Creswell, 1998; Glasser & Straus, 1967; Stern, 2007, etc.), began writing memos from the beginning of the transcription of the first interview

and continued the practice through the end of the thematic analysis. This aided in keeping track of observations and inspirations when and where they occurred, and before they could be forgotten, as well as identifying areas where the recording was inaudible or which the researcher felt required further clarification or elaboration from the subject. As the analysis began to take shape, the content of these memos naturally evolved from initial observations, to ideas pertaining to possible clusters of themes for future analysis and questions for themes not shared by all, to categories, to ideas for theoretical sampling, and finally to concepts for the eventual theory. In addition to facilitating the coding process, the memos were also the primary means of determining when data saturation had been achieved.

*Open coding/classifying statements.* The next stage of data analysis, common to both grounded theory and phenomenology, is termed open coding in the former and classifying statements in the latter (Creswell, 1998). Essentially, this stage involved sifting the data, examining the language used by the participants, extracting distinctive, non-repetitive terminology and / or metaphorical descriptions the participants used as they described their experiences, then coding and counting them for frequency of occurrence. The researcher assembled these into broad initial categories and compared them to those of the other participants, noting commonalities or themes. For this, temporary headings were used, indicating the properties of each which the researcher felt suggested the basic theme of each of the emerging clusters. When the themes began to be repeated from participant to participant with no new information being collected, the memos served as an indicator that data saturation had been achieved. This happened around the 6th interview.

*Axial coding.* Having decided that data saturation had been reached, the researcher began the process of interlinking the categories and searching for relationships between them, as per Corbin & Strauss (1990).

*Selective coding.* The set of categories derived through the axial coding process were progressively refined until a core category was identified and systematically related to the other categories, in accord with the grounded theory process of selective coding. What resulted is an emerging theory or narrative of themes of both the development and progression and then recovery-transformation of shame. In short, this became the story of shame.

#### *Ethical Considerations*

Research methods utilized in this study were approved prior to the data collection process, by The Human Subjects Research Committee at the University of Lethbridge. At all times, the research was conducted with the safety and respect of the participants given first consideration. During the initial screening telephone conversation, and again upon meeting with each participant, the researcher explained the purpose of the study, as well as how the information collected would be disseminated. Participants were advised that their experiences and not themselves were the subject under study, and assured of the steps that would be taken to preserve their anonymity, including the provision of a pseudonym for each.

All participants were alerted to the possibility that they may experience emotional discomfort when recalling potentially painful experiences of their pasts. As Osborne (1990) suggests, “... the co-researcher may require continued attention in order to resolve any personal difficulties which may have become more conscious as a result of data

collection” (p. 84). Each participant was offered the names and phone numbers of the co-supervisors of the study, as well as those of several mental health practitioners in the area, and reminded that they were free to terminate or withdraw from the study at any point and that their information would be removed from the data and destroyed. At no time were any of the participants coerced, nor were they offered any enticement in return for their participation in the investigation.

Lastly, those individuals selected were asked to read and sign a letter of informed consent (see appendix), of which they were provided a copy to keep. The letter explained the purpose and details of the study and provided information pertaining to the analysis and confidential handling of the data collected, as well as the anonymity of the study participants.

This concludes our coverage of the blended methodological approach that was utilized in this study. An analysis of the data follows in the next chapter.

Chapter Four. Themes of Participants' Journeys From Universal Shame

*Oh yes, I'm the great pretender  
Pretending I'm doing well  
My need is such  
I pretend too much  
I'm lonely but no one can tell*

*Oh yes, I'm the great pretender  
Adrift in a world of my own  
I play the game but to my real shame  
You've left me to dream all alone*

*Too real is this feeling of make-believe  
Too real when I feel what my heart can't conceal*

*Oh yes, I'm the great pretender  
Just laughing and gay like a clown  
I seem to be what I'm not you see  
I'm wearing my heart like a crown  
Too real is this feeling of make-believe  
Too real when I feel what my heart can't conceal*

*Oh yes, I'm the great pretender  
Just laughing and gay like a clown  
I seem to be what I'm not you see  
I'm wearing my heart like a crown  
Pretending that you're still around*

*- The Great Pretender  
Buck Ram, 1955*

*Introduction*

This chapter introduces the study participants, including a brief history and description of their families of origin, followed by the common themes that emerged from their stories, and an analysis of these.

In following the phenomenological approach to interpreting research, it is important to explore the participants' lived experiences of the feelings they experienced as shaming events were introduced into their lives. From a re-parenting treatment standpoint, these types of experiences have enormous significance, in that they enable the

therapist to discover the origins of their shame, the better to develop a treatment plan that will effect lasting change in the client.

Through blending the essence of these findings with a grounded theory approach to analysis, it is the writer's hope that a theory of shame will emerge from the data that takes into consideration the origin and depth of wounding during development and its impact upon the individual. For this reason pertinent details are provided in accounts of the family of origin and early life settings and experiences.

The participants' stories follow a natural chronological progression, paralleling the life phases in which shame was introduced into their lives. The evolution and impact of shame is traced through adolescence and adulthood, including the extent of its impact and the various means the participants used to recognize their shame and begin to recover from or cope with its influence. The chapter concludes with a look at how their lives are now, and directions they have taken for continued and future growth. Thirteen common themes emerged from the participants' accounts of their journeys, and are presented as they appeared through the following five phases: Phase I - Childhood Wounds, Phase II - Carrying Out Childhood Wounds into Adult Life, Phase III - Descent and Breakdown, Phase IV - Recovery Process, and Phase V - Being.

#### *Participants of the Study*

The participants, all Caucasian males, range in age from thirty-two to seventy-two. The more notable commonalities in their early family settings include absent or alcoholic fathers and overcompensatory mothers, excessive teasing by parents or siblings, physical or emotional abuse, neglect, feelings of being unloved, illness or infirmity during childhood, and interestingly, the absence of having birthday parties celebrated

during their childhood. All but one of the participants found help in twelve-step programs - three through Alcoholics Anonymous and one through Al-Anon. This finding is significant, in light of the prevalence of addictions amongst shame-prone persons and Bradshaw's (1988) assurance of the effectiveness of twelve-step groups in recovery from shame-based syndromes.

Julien is a fifty-nine-year-old professional with a masters-level education. He is among the third generation of a family of Belgian farmers who immigrated to Canada in the early nineteen hundreds. He recalls childhood experiences of being shamed by an alcoholic father and the ensuing family reputation as they relocated through a series of small towns. Additionally, he recounts bitter memories of intense teasing from his older brother and his friends as well as by relatives and significant role models within the home. Along with one brother three years older than Julien, there were two sisters, four and eight years younger than Julien. He does not report shaming experiences from either of the sisters.

Julien describes himself as having a heavily shame-based identity, beginning in his early youth and persisting for quite a number of years, as his father was a 'town-drunk' persona, and the family was quite shamed by this. He states that he "had a lot of issues that I had to overcome", as a result of this. His earliest memories of experiencing shame, involve his mother and a male boarder whom he was fond of, teasing him for playing with girls, and again later, "I guess I first kind of recognized shame when I first started school in grade one. For some reason I didn't feel like I fit in with the other kids and I felt kind of shy and I felt there was some reason there, like I had to prove myself or something".

Julien states he began his journey into recovery from shame through becoming involved in Al-Anon. Julien, who is not substance dependent, maintained involvement in Al-Anon for seventeen years. Continuing his exploration, he sought out professional counselling and participated in a number of men's groups. He describes experiencing several shifts during the course of his self-help endeavours. Quoting Robert Bly (1988), of whom he is quite fond, Julien states:

I really didn't really self-actualize until I got quite a bit older and I didn't really actually meet my potential for a good number of years. I would kind of term it the same way as Robert Bly would. He would use the term as carrying this long kind of heavy bag on my shoulders for a lot of years. I took the kind of depressed road.

I got married when I was 18 and I was burdened right away with responsibility. As do Freeman, Percy and Bruce, Julien partially attributes his recovery from shame to the influence of a mentor in his life, in the person of the facilitator of a men's' group he attended.

Bruce is a self-employed 56-year-old man, who has been in recovery from alcoholism and abuse of various illicit drugs since 1984, when he started attending Alcoholics Anonymous meetings. He divides his drinking history into three distinct periods, separated by attempts to achieve and sustain sobriety, the latter of which he claims to have no recollection of a two-year interval.

Bruce is the middle of three siblings, the other two being sisters - one five years younger and the other fifteen months older. He describes his family as devout, with strong Knox-Presbyterian roots, and recounts active involvement with a very large

extended family. Bruce describes a loving relationship with his father, now deceased, although the man worked away from home during much of Bruce's childhood.

Bruce recounts a bout with rheumatic fever during his early youth, which caused him to miss all of the third grade. As well, he recalls multiple near-death experiences from anaphylactic reactions resulting from severe food allergies. The first of these occurred when he was approximately five years of age.

Similarly to Julien, Percy, and Freeman, Bruce recalls a period of relentless teasing from other children for several years of his early schooling, where he acquired the nickname "Fats", because of the weight gain caused by side effects of the drugs used to treat his rheumatic fever. Bruce states he was not aware of alcoholism among his parents or siblings.

Freeman is sixty years old and is employed in real estate. Also a member of Alcoholics Anonymous, Freeman has successfully remained sober for fourteen years, after several stays at an addiction treatment facility. He maintains he has been in recovery from his excessive shame since he was fifty-three years old, when he gained an insight into himself, which he attributes largely to the help of his sponsor in Alcoholics Anonymous.

The second youngest of four children, he describes his upbringing as quite abusive and violent, with an alcoholic father and an enabling mother. Similarly to Bruce, Freeman was born with a physical handicap and spent the first four years of his life in the Sick Children's Hospital in a large city several hours away from his home. Freeman continues to experience difficulty due to his handicap. While he recalls extensive childhood teasing from his schoolmates over this, he describes the relationship with his

siblings as close and supportive. Freeman attempted to compensate for his disability by becoming fiercely competitive, particularly in sports.

Freeman demonstrates a remarkable insight into the nature of shame and the role it has played in his life. Currently single, Freeman divorced his only wife about twenty years ago and lives alone with his pet dog.

Percy, age seventy-two, and also a member of Alcoholics Anonymous, states that he has been in recovery from his addiction and his shame for twenty-four years. He is fifteen years into his second marriage. He has two children who are approaching middle age from his first marriage, which he states failed because of his drinking. Percy is the youngest of five children, spanning fifteen years in age differences. All of the other siblings continue to abuse substances, the oldest brother having died of his addiction. Percy is a retired farmer and trucker, currently working in a car wash to “stay busy”.

Percy describes his upbringing as one in which affection was rarely exhibited by either parent. While he recalls admiring his father and having a fierce eagerness to please him, he did not have a good relationship with his mother. He recollects several episodes of her using religious beliefs to shame him into obedience. Percy describes relentless teasing from his older brothers, resulting in early manifestations of rage in his responses to this.

Percy received counselling and mentoring from a doctor friend in the Alcoholics Anonymous program, and attributes much of his recovery and understanding of his shame to that person.

Lyle, at thirty-two, is the youngest of the participants and was raised in a smaller farming community in the northern region of the province. He states he has been in

recovery from his shame for eleven years, but he describes a more conscious and informed approach for the last seven or eight years. He clarifies this, “In ninety seven I’d say I knew something specifically was really wrong - something needed to change but I don't think I'd really picked up yet what it was”.

An only child, Lyle states that his mother and father split up before he was born, and that he was raised primarily by his mother and grandmother, in a house they purchased together when he was in grade one. He recalls a dislike for the first man his mother dated seriously, when Lyle was about thirteen, but good relations with a different man she dated when he was sixteen, and whom she later married when Lyle was twenty-two. He describes the second man’s parents as his “step-grandparents”, and himself as a “surrogate sibling” with two families that were close friends. The descendant of Scots - English - Irish immigrants, Lyle states that his grandfather moved the family out west, from Ontario.

Lyle, like Julien, did not become substance-dependent, although he states he has used alcohol in the past for “brief escapism”, to cope with depression. Apart from being the only child of a single parent, he recounts a relatively unexceptional upbringing, other than the necessary involvement of baby-sitters during his younger years. He describes himself as a B-average student, “never the popular one”, but not without friends. Lyle claims his earliest memories begin around age two or three, and although he recalls having some difficulty with mathematics during elementary school, he is quite intelligent and has earned a graduate degree in his field.

Lyle frequently uses the word *melancholy* when describing his experiences of grappling with shame. Interestingly, he recounts using certain kinds of music (e.g.,

ballads) to enhance the mood of, or “go along” with these episodes in a peculiar ‘savouring’ ritualization of the shame experience. He recalls experiencing generally tolerable thoughts of suicide when dealing with depression, beginning as early as age thirteen. Lastly, Lyle reports the presence of alcoholism in his family, in the persons of an estranged grandfather, and an uncle who attempted to provide a father-figure role model for Lyle.

Now that the participants of the study have been introduced, an exploration of the common themes extracted from their stories follows. This exploration will trace the introduction of shame into their worlds during infancy, its pervasive evolvment and their ensuing suffering throughout the course of their lives, to their realization and recognition of shame and their journeys to recovery and healing.

#### *Phase I: Childhood Wounds*

The first phase, Childhood Wounds, spans the period in life from infancy through adolescence. From the early moments when a child begins to interact with his parents or caregivers he quickly learns that some behaviours elicit more favourable responses from the parents than others, that some behaviours evoke joyful responses while others disapproving looks or chastisement. The child, requiring mirroring from his parents in order to develop (Kohut, 1971), adapts to these responses by splitting off those aspects of his personality which do not win the parents’ recognition and appreciation, and repeating or emphasizing those characteristics which do. This is the origin of the Great Betrayal, described by Almaas (2001) - the birth of the false self. Among the literature it is clear that although wounding from shaming experiences may happen throughout the individual’s life-span, the most devastating are those which occur during the critical early

formative years and the turbulence of adolescence (Almaas, 2001; Bradshaw, 1988; Firman & Gila, 1997, 2002; Kaufman, 1996; Nathanson, 1987, 1992, etc.).

*Theme 1. Opening the Rift of 'Not Good Enough'*

Just as less than optimal nutrition during early childhood and adolescence increase the lifetime risk of diminished physical health and cognitive and emotional effectiveness (Wilkinson & Marmot, 2003), so also do inadequate early mirroring experiences have a deleterious effect upon the individual's sense of self-worth, laying the foundation for a lifelong pattern of shame (Kaufman, 1996; Nathanson, 1987, 1992, etc.). Additionally, according to Almaas (2001), the infant begins to lose sight of his *essence*, becoming progressively more deceived by the false self now under construction, and shamedly assembling the repressed aspects of himself into a sense of not being good enough.

Likely resulting from such variables as emotional trauma and childhood unhappiness, as well as memory fallibility in itself, the age of earliest recollection varies considerably from person to person. While this holds true to an extent among the participants, it is interesting that they all report an underlying feeling of being 'not good enough', persisting as far back as they are able to recall. Although the subjective experience of how an individual perceives and recalls experiences of shame varies considerably from one person to another, an additional commonality observed among the study participants' earliest memories, was a desire to hide, or to disappear.

Lyle describes a similar feeling of being 'not good enough', although he came from quite different circumstances. Growing up in a single parent home, Lyle remembers pondering the reasons he did not have a father, and arriving at the conclusion that it had

something to do with himself, or his shortcomings. "If I was good enough, loveable, he would have stayed. There must be something wrong with me." Lyle describes a feeling of melancholy, accompanied by a physical sensation, associated with these memories of shame:

Yeah, I would say I remember feeling that kind of shame at the age of three. I remember, like one of my first memories of shame is I remember as a kid I would do a lot of coloring and stuff like that and being an only child, right, I had to keep myself entertained or whatever but I know like at an early age, I did feel the absence of Dad and why don't I have a Dad and why isn't Mom kind of around more and those kinds of things. And I remember, like vividly remember, like coloring one day and just thinking to myself that, like, I'm no good. And just kind of sitting in that melancholy - just kind of like a sad child, just coloring away. I remember just kind of a sadness like an air of sadness around, you know, in the core of my body - kind of in the chest.

Julien's earliest memory of experiencing the subjective feeling of shame was at age four or five. Like Lyle, he uses the word *melancholy*. Notice the shift in tenses during his account:

I was probably four or five, standing on the porch with no friends and kind of a gestalt kind of experience that would be a kind of a lost inner child experience. I feel lonely, lost, sad, heavy, melancholy, you know ... I don't feel as good as... I feel unworthy, I feel ... It's like not fitting in. ... It's like a feeling of - rather than lightness, it's a feeling of heaviness, a feeling of not being connected to who I am ... Oh I'd get into this whole kind of self-pity for quite extended periods of times.

I think that's where the melancholy was more like self-pity. ... I'll dive into isolation - that's what happens - I'll dive into isolation and it's almost like a wounded bear licking his wounds - I just dive into this... I run away and hide. I go under ground, that's exactly what happens, and I think that's a feeling of self-pity - that no one loves me, you know?

Bruce describes a similar subjective experience of shame, as a physical sensation that is directly linked to an emotional response, that of shrinking, and the desire to disappear:

Um ... curvature. Almost like going into a ball or foetal, like - what if I just make myself small enough - if I become a homunculus, right ... like curving inward, wanting to become invisible ... well, oh man it always hits me in my solar plexus ... I don't think it'd be like a punch but again it'd be like a contraction, right. For me it's more literally like someone punching me in the stomach which causes you to contract - that's what I'd say - it's definitely a contraction and if you extend the contraction like if you do this, guess what happens - you shrink.

The melancholy, heaviness, and not being loveable described in the examples above seems even at the age of four or five to have begun to evolve into a feeling of being different from other children, not fitting in, or a need to prove oneself.

Julien, recalling another experience from the same age, when his mother and a male border whom he liked teased him for playing with girls, described how the feeling manifested when he started school: "I guess I first kind of recognized shame when I first started school in grade one. For some reason I didn't reel like I fit in with the other kids

and I felt kind of shy and I felt there was some reason there like I had to prove myself or something”.

Lyle relates how the feeling of sadness he described above persisted, particularly during events that underscored his having only one parent: “I also remember that at the end of kindergarten, there was a father and son baseball game or something like that so my uncle ended up taking me, but I remember the sadness kind of around that, like somehow I didn't fit in - I was different”.

As stated above, H.B. Lewis (1971) felt that shame is rooted in the need for belonging, and that being rejected by a loved one is often construed as a rejection of the total *self*. The individual is often powerless to escape this self-imposed judgement, especially during childhood. While these types of shaming wounds may be inflicted through parental neglect or cruelty to the child, frequently the wounds occur without the parents' intent or awareness, simply through failure to notice something of importance to the child.

Kaufman (1996) stressed the importance of children being assured of their parents' love, in the formation of their sense of self-worth and in sustaining the interpersonal bridge between child and caregiver. If this assurance is not present, or is ruptured, the child is at risk to develop a shame bind, especially if the circumstances are repeated.

All of the participants except Lyle describe going through childhood without receiving verbal or even physical affirmation of being loved by their parents. Julien recalls of his father:

I wished I would have got pat or a tap on the back or a 'good job'. I can't ever, remember him doing that, I can't ever, ever recall it.... Him and Mom fought a lot. I kind of got the sense though that somehow he wasn't real committed to actually being involved with us ... I can't remember him ever hugging us or kissing us. I can never remember that.

And of his Grandfather:

Yeah [my father's parent's] lived on the acreage right next to us and my memory of [family name removed] - and this is wild - just fucking wicked - I'd go over there and a lot of times he'd shit himself cause he'd drank so much. And my memory of him is that he would stink like diarrhoea shit and like beer stink. That's my memory. And he stunk like tobacco and beer and shit. That's my memory of my grandfather - that fucking man was just like my father he was totally unavailable.

It's interesting that, while Bruce can't remember his father saying he loved him either, he defends his father somewhat emphatically, stating that he believed it: "I would say my father expressed his affection as much as he could or was able to".

Percy also defends his father, when asked if his father had told him he loved him: "He never once told me that. ... never hugged me. ... Well, he treated me well - not saying he didn't, but I mean that affection that I was looking for? Couldn't find it." When asked of his mother tucking him in or kissing him goodnight, etc.: "Not that I can remember. As far as my mother - I didn't have many good things that I could really say that ... There just wasn't much there that I can recall."

Lyle, while stating that he does recall his mother telling him she loved him, reveals that he didn't entirely believe her:

Yeah, no, no I think she did, or if she didn't say it, it certainly was implied but I can remember times where my Mom did say she loved me ... yeah I felt it a bit from her - uh, I felt that she loved me - I still had some of that wrestling inside me whether I deserved that or not so sometimes that didn't sink in - like, she might be giving the love, but I'd reject it, or not allow myself to feel it. Or even if I did allow myself to accept my Mom's love, I'd always have that ghost in the back of my head, saying, "Yeah, but remember, Dad's not here". ... I, like I did believe that my mom generally loved me but it was more like well if you were really loveable you'd have both your mom and dad here. You know, so that's fine and dandy that Mom likes you but you still have one parent that doesn't.

It is noteworthy that three of the five participants, Freeman, Julien and Percy have no recollection of their parents holding a birthday party for them as children. Potter-Efron (2002) indicates having encountered this also, and has even incorporated holding birthday parties for his patients into his re-parenting treatment protocol. It is uncertain whether the participants were denied this celebration as children, or if they were not and have rather lost the memories.

Freeman is unable to recall: "Hmm. I don't know. I can't recall, but, see, I'm assuming, right. "Cause I don't know." Julien also: "No I can't remember ever having a birthday party. No, no never. I can't remember I might have had. No, I can't remember that." Percy remembers more clearly:

Not that I can recall. I didn't have a birthday party 'til probably I was seventeen or eighteen. I guess I [held that for] myself. I brought some booze into my mother's house. And she told me I couldn't have it there, but my dad said, "Yes, we're going to have a bottle of beer." And we did - that was the end of party, but we only had one beer. That's the only celebration I can say I had was a birthday party. At home. I was seventeen or eighteen years old.

Another means by which parents or caregivers perhaps unwittingly suppress aspects their children's personalities, is by stifling or forbidding the natural expression of emotions. The inability to appropriately express emotions, particularly those of anger and sadness, is common among shame-prone personalities (Kaufman, 1996). Percy, during an emotional moment in the interview, speaks of the way it was in his family:

Oh this? (Gestures to a tear in his eye) No, this doesn't bother me. I am kind of emotional, you know? That's because I didn't have no feelings when I was drinking, but I got them today (laughs) ... Oh, no, men don't cry. Didn't matter whether it was my dad or my brother or my sisters or my mother - that was the way it was - if you cut your finger off, I mean, men don't cry.

Julien recounts a painful memory of his early youth:

When they were thrashing, my family and I used to go there and they said I used to cry all night and keep people up and my Uncle [name removed] used to say "Jesus Christ, you'd cry all night and your mother couldn't shut you up and you'd keep everybody awake", you know, and I was a very temperamental kid - high strung. I was quite young then maybe three or four years old. I got really hurt.

Kubler-Ross (1969) warned of the harm done to children attending funerals where they are not permitted to see the deceased, are encouraged to be ‘seen and not heard’, and left “to hold inside their own way of grieving - which is often a root for later emotional disturbance“ (p. 178). Julien recalls an experience like this, while attending his grandmother’s funeral:

I was going to my grandmother’s funeral - I was about ten or eleven years old, maybe ten. And uh, I was crying because - this was my grandmother from [name of community] and we were living on the Alaska highway - and I was crying because I felt bad that she died, I guess. And my mother said to my father, “Oh, maybe we shouldn’t have brought him” and I felt really ashamed, I guess. I felt like I disappeared, I guess maybe empty or invisible.

In a similar manner to suppressing a child’s emotions, or making him ashamed of having them, Kaufman (1996) speaks of the practice of using religion or religious beliefs to shame a child into submission.

Bruce recalls his orthodox Knox-Presbyterian upbringing, “Oh, definitely fire and brimstone.” And, when asked if he ever felt as a little boy that he measured up to what God wanted him to be, “Certainly not in the Presbyterian sense of the word. No, absolutely not.”

Percy remembers similar experiences with his Mother, as she used fear to coerce him to comply with her demands:

Like, she didn’t have a way of putting across ‘let’s do this’ - you know, as a team effort. It was, “You do this or God’s gonna get you,” sort of thing. That’s her line you know, “If you don’t do this, God’ll get you” or, “I’ll take you to the show and

...” You remember that old lion they used to have on the show? “I’ll get him to come out and - he’ll bite your butt.” It was fear, right?

Exclusion can take many forms, from bullying and being treated as inferior, to simply not being allowed to belong to a group of peers. Freeman describes how having a physical disability and coming from the wrong side of the tracks influenced how his peers treated him:

But it’s true - that’s what you want - you want a friend. And so I felt - even in guys, gals, uh, obviously relationships were really weird for me - really out there. I felt very jealous. You know, if a guy would phone another guy and do something and they didn’t include me, right. See, that was constant struggle my whole life. Never lost that, uh, insecurity. Never ever lost it, even in my marriage. Never ever, ever, ever, ever felt, uh, loved, I guess.

Percy recalls his feelings of shame over being excluded, when his siblings had bicycles and he didn’t:

No, I had a lot of shame. I guess I’ll have to say, I allowed them to put me in that position, my brother & sisters. ... when I was - probably when I was six or eight years old, I wanted a bike. I always wanted a bike. They had a bike - I didn’t have one. You know I used their bike. Oh God, it was terrible, once in awhile I would swipe it and ...

Julien describes a similar situation, attributing his not having a bicycle to being the ‘black sheep’ of the family:

I don’t know if that’s shame or not but my Grandpa [name removed] bought my brother a nice shiny red bicycle. Oh, God did I want a bike, because I was very

athletic and very physical. And they never did buy me one. Of course it was my brother's birthday but he never bought me one for my birthday and so that kind of shit happened, you know? I was kind of like the black sheep, 'cause I used to steal and act out, 'eh.

Another deep source of shame, which is usually amplified during adolescence, is that of shame of the body. This particular source of shame brings to light one of the more distinctive properties of shame - the fact that there does not have to be another person present in order for the individual to feel shame.

Two of the participants, Freeman and Bruce, were afflicted with severe illness or infirmity as children. The repercussions of these adversities, both of which precipitated intense teasing from others (and, in Freeman's case, where Freeman suspected he was a disappointment to his father) had life-changing psychological consequences for the participants.

Bruce developed serious food allergies that necessitated repeated hospitalization due to an anaphylactic reaction. The first occurrence was at age five:

I've been in Intensive Care more times than I can care to count. I can literally remember where I was when the attack started and how severe. It was so bad it literally pushed my sinus membrane out my nose and I mean, I was swelled up like the Michelin Man and there certainly was fear right ... I don't know if it was death or the unknown or - part of this thing was, "Why me? Why is this happening to me?"

Additionally, Bruce had a bout with rheumatic fever around age nine: "I missed all of grade three [from] Rheumatic Fever, I was paralyzed from it - that's an interesting

experience. I couldn't walk um, sixty days. That happened in early October and I never went back to school that year. I was basically an invalid."

He describes the worst part of the experience (where a nurse didn't come when he needed to use the toilet and he dragged himself down the hall) as "powerlessness". He experienced this feeling again a few years later when he had whooping cough and spent several weeks in an oxygen tent. He recalls a strong sense of being under scrutiny, and wondering, "Why is this happening to me?"

[I felt like] I was a specimen and I felt experimented on and ultimately shame because it would be - if I was okay, I wouldn't be in there ... if I was a strong person, a strong boy, I would be able to control my bodily functions, right? [I felt] just loss of control.

Childhood wounding may also occur through the child being ashamed of his or her parents within the community, or perhaps even being sensitive to or aware of their parents' shame for each other. The child may feel ashamed of himself *because* of his parents, (or his parent's absence, as in Lyle's case).

Julien recalls painful memories of growing up feeling ashamed of his family, with the family name being run down from his father being a type of "town drunk", and the prevalence of alcoholism on his father's side. Additionally, within his family Julien's mother was also a source of shame to him:

My mother was always called the stupid one. She was the stupid one out of all the sisters and the other sisters were very bright and my mother wasn't very bright, and so us [surname]s, of course because we were Mom's children we were kind of - the way I understood it was the other relatives, they were the bright ones and

we were the kind of the stupid ones and my father was alcoholic and you know - that whole bunch of bullshit.

Freeman, who was born with a malformation in his hips, describes how difficult it was as a youth growing up with a disability, and the shame he felt as he saw himself being a disappointment to his father:

When you're labelled as a cripple, or a hop-along, or a gimp, a couple of things can happen. ... I tried to prove that I was better [than others]. My sister Carol says, "Dad constantly picked on you, Freeman - all your life. That's the way God wanted it, because it made you a stronger person." And I say to her, "That's bullshit." (laughs) "No, no, no. I was a frigging cripple. I was a cripple". I was a disappointment to Dad. I think he had expectations and stuff, if you know what I'm saying, hey, and I never, ever did live up to them.

The effects of teasing, bullying and exclusion are well documented and can be devastating, regardless of the age of the victim. For a child or adolescent who is less equipped to cope however, it is exceedingly more traumatic and can leave lifelong scars in the developing personality.

Bruce describes his experiences of being teased about his illness when he was younger. The side effects from the medication he was required to take for several years for Rheumatic Fever caused considerable weight gain. While he was describing the incident, it became evident that the wounds are yet painful for him today, as he shifted from past to present tense:

When I was thirteen people used to call me "Fats" ... I could feel [the shame] in my gut - absolutely, that whole thing, it all occurs here and tension across the

shoulders, that's where it hits me - that's where, I mean, and you know, I remember that, right?

Julien recalls being the victim of relentless teasing from his older brother and his friends, and not being allowed to play with them:

I had a lot of jealousy and envy back in those days ... my brother wouldn't let me play with him and I wanted to play with them and, you know, they'd tease me relentlessly. There was a lot of bullying and teasing going on ... and they teased me relentlessly ... They called me suck, suck tit. And, of course, I actually was closer to my mother, cause my father was fairly absent. He was a drinker 'eh, and so I was fairly close to my mom, yeah.

Lyle remembers quite clearly being wounded, through an experience of being teased in kindergarten, over twenty-five years ago:

I remember my first day, I don't know if I got there late but I got on the bus, and the bus was like, all the boys sat on I think the left and the girls on the right and the only seat left was on the right, so I had to sit with the girls and I remember getting teased about that on the bus ride throughout school that day, and at home time I made sure I was on that bus early so I didn't have to sit and I know I hated that. ... I think there was a lot of confusion about like what was going on or why they were picking on me. I think, you know, it's like a personal wounding, like I could feel outcast.

Lyle recalls another experience playing sports during early school, "I did get shamed one time in baseball, where I had the experience of attempting to catch the ball and it fell out of my glove and the whole team was on me, like, you catch like a girl and

you suck. We don't want you on the team.” Although it is likely a common experience for many children, it remains a painful wound, vivid in Lyle’s memory:

I remember I didn't tell my Mom about that and I did end up dropping out of baseball that year because of that and I do remember not playing baseball outside of when I had to, like in gym class. I wouldn't play baseball again really until I was actually nineteen.

Equally devastating to a child as emotional abuse is a caregiver actually physically abusing the child. Despite the depth of wounding experienced by the participants during early development, however, only two reported being physically abused - Freeman from a parent, and Julien from a significant role model.

Julien recalls an experience of abuse, over fifty years ago, from the parish priest, when he was caught sneaking some of the sacramental wine, and the resulting feeling of rage:

I was an altar boy and another real shaming event I can remember, I drank some of the sacramental wine and the Catholic priest, ... he slapped my face in front of the other altar boys, and that really shamed me. I was very young, just maybe six or seven. He didn't slap me hard but it really did hurt me - it just burned. I can just remember the burning. There was burning hatred there too.

Bruce’s earliest memory of being shamed as a child was in early elementary school. He describes his shame quickly being replaced by rage:

Miss [name removed] - may she burn in hell - was a classic English school marm right, and I remember, very early in the school year, sitting in the class and really having to go to the washroom and putting my hand up, and her not letting me go.

I ended up soiling myself - literally shit my pants, right, so trust me, I've had issues with educators since then, okay, and the shame associated with that and absolute rage and anger (laughs). ... Yeah, even as a little boy, and if I could have gotten her somehow I would have gotten her.

Percy describes a similar response to feeling shame, beginning in his early childhood and persisting to date, in that it was very quickly covered by anger, as a defence (Lewis, 1971). In his case, it sometimes happens so quickly he is only vaguely aware of the shame affect at all, before he experiences a shift to anger:

It's uh, It's like that football that you get ... Well, that's uh that knot in the stomach you know, the anger, I suppose - it's like a thermometer going up ... when that happens, I start - not right away, but as soon as I can start getting my mind pointed in the right direction, that I can't live with it.

Freeman recalls the rage he felt at age ten under the violence his father wreaked upon him, his sister and brother. This illustrates the rage which may be experienced in self-preservation, by a young child growing up in a violent environment:

Dad of course was drunk. You know - whenever. ... Oh, God yeah, and very violent and very abusive. [My sister] and I were the most affected but my brother - I don't know if it was the fact that he was scared that he would be just let go because he was, adopted - but he just removed himself. I can remember us even as a kid, 'eh, I wanted to kill my Dad of course, and he would always just say, "Shut up. Shut up".

This concludes the first theme of the initial stage of the participants' lives, that of the wounding they experienced through less than optimal interaction with their parents,

caregivers, siblings or friends, experiencing an illness or trauma, etc. Having set the stage for the shame-prone individual through instances of wounding, we now move to the next theme, the last in this phase, to explore how the participants attempted to cope in a world of being less-than, or not good enough.

*Theme 2. Masking the Mistake That Is Me*

Whether merely suspected or clearly perceived, the emerging judgement is that one's very *self* is unlovable. The young, developing child-mind is subjected to unbearable distress, with which it is not yet equipped to cope (Almaas, 2001; Kaufman, 1996). So overwhelming is the child's need to be accepted that even cruelty and abuse are tolerated, received as one's due for being at fault. In extreme cases, the child will even surrender his emotions to be governed or suppressed, stifling natural responses such as joy, anger and sadness, so as not to risk further rejection (Almaas, 2001). The undeveloped mind, yet incapable of abstract reasoning, concludes that the self is simply not good enough as is and desperately sets out to build a self that is, splitting off and stuffing away those aspects of his personality which evoke disapproval, or are simply not acknowledged, and accentuating those which provoke a favourable response. During this process, the individual literally sells himself out, denying his very *presence* in order to be accepted (Almaas, 2001).

Responses to wounding during early development vary proportionate to the depth of the wound but, generally speaking, prove exceedingly difficult to overcome. Frequently, this proves to be an impossibility without help, and may persist for the remainder of the individual's life (Almaas, 2001).

While the preceding theme illuminated the experiences of events which may plant the seeds of shame in a child, the experiences of the current theme depict how the child begins to live and build his life upon a foundation of shame, continuing the process of self-betrayal as a shame-prone individual, burying the Essential Identity ever deeper beneath false beliefs, false selves.

As the youth grows toward adolescence the marred sense of self, resulting from the shame-based foundation evolves, warping the way they perceive themselves in the world and how they go about their daily living. Julien describes how his revulsion toward his father and compensatory longing for approval and closeness from his mother caused him confusion over his sense of what it means to be a man in the world:

No, I didn't want to be like Dad, because Mom ground him into the dirt and she ground masculinity, as far as I'm concerned, down into the dirt. Men were just like the lowest scum of the Earth. I think that was a very shaming thing, is my sense of self - that my own sense of self got quite shaky, and my own masculinity really got shaky from that. I wasn't really - really never had a strong sense of my own masculinity.

Julien, who had turned to being a black sheep fairly early in his life to find acceptance among other 'bad kids', recounted how he previously hid his home life and family from people outside the home, not inviting friends over:

I never brought them. I did later on - I had a couple of friends that were on the wrong side of the law - I'd bring them type of people, 'eh. I had one guy, he was a foster kid, he was a little criminal and I had another guy, [name removed] - he was kind of a criminal. He wanted to grow up and be in the mafia. That was my

friend. So, we used to steal cars together and go on joy rides, eh. He knew Dad was an alcoholic, but I didn't bring in any of the other kind of um, so-called friends that had any kind of ... straight kids. I didn't bring them home at all. No, I hid that whole thing.

Freeman also hid his family but describes taking it a step further and hiding it from himself as well, in an intense form of denial that the whole family practiced:

They were all daily drinkers there, so uncles and aunts, so we never sat around saying, "Man, we sure got a family of alcoholics" (laughs). We didn't do that. See, it didn't matter - from whatever age - you just pretended it was okay. It didn't matter if Uncle [name removed] - again on Mom's side - it didn't matter what happened, right. It didn't matter whether Mom got beat up - it didn't matter. You'd just pretend everything was okay. ... after a violent act, interaction and stuff, but nope, you just pretended - kind of like that, the house was on fire - "Don't worry, Mom, it'll go out". And so, when you live that kind of life, and then go to school ... The last place I wanted to be, from as young as I can remember, was at home. It was the most unsafe place for me.

Lyle describes himself as something of a workaholic, more so in his adult years, and that he tends to hide out in his work. Here, he describes his early experiences with trying on 'masks', beginning in school:

I only had maybe two people that I could let know what was really going on.

Everybody else I would definitely have to put on the masks and, even act tough a little bit 'cause I don't want to get bullied. That kind of thing. Try to be a bit of the

jokester. I would have really liked to have been otherwise but that's how I got my acceptance.

So, junior high, I had no real sense of identity. You know, that 'Who am I?' I don't even know who I am, but I'm not good.' And what's the point of finding out who I am, I'm already unworthy. It was always this haunting feeling like I'm not good enough, I never measure up, people won't like me if they saw the real me. And when someone rejected me or when I felt this shame I would hide out in my room, burying myself into schoolwork, book, whatever. I'd wanna curl up in a ball and just hide away from the world because of my shame, drowning in my own poor-me, and like it was heavy and just feeling all this despair and anger at my unfortunate situation, or anger at myself for being such a piece of shit.

Children crave attention, and negative attention is as good as any other. Julien describes the thrill he got from getting into trouble, which he considers a form of rebellion, and how it helped him escape his sense of shame:

I ran away when I was only seven or eight. We stole the horse and ran away and spent the night and got caught in the morning by the RCMP. And also, I broke into the neighbours' house and stole some wine and stuff like that and some of her war memorabilia, and so I got in trouble and maybe that was negative attention - I don't know ... Yeah, I think I pushed it aside - I didn't feel ashamed by it. I liked the excitement, stealing cars and then bringing them back. I know we rolled one and I didn't steal after that. But I did like the adrenaline, the excitement of doing that - of breaking into places and the excitement of driving as fast as we could.

Although there is a theme following below that is specifically devoted to its role later in the life of the shame-prone individual, rage is a common response to shame. In the sense we are discussing here, rage functions as a means of masking shame, or masking the shameful self (Lewis, 1971). Rage affords the individual a source of empowerment, and masks shame very effectively. It is included here in order to address the origins of rage formation in the earlier lives of the participants.

Rage is often described as having ‘appeared out of nowhere’, without provocation. It may cover the shame so swiftly that the individual himself may not even be aware of the shaming event or feeling (Lewis, 1971). Rage may be directed outward at another person or thing, or inward at the self. In the shame-prone individual, rage may assume murderous proportions.

Four of the five participants report experiencing rage as a response to teasing or abuse. Bruce recalls it occurring in the bathroom incident with his grade one teacher, but there it was internalized only, similarly to Freeman at age ten, following an episode of abuse from his father, and being calmed by his brother. Percy describes excessive sibling teasing and ganging up beginning early in his life and continuing until he left home at age seventeen. Interestingly, referring to anger or rage, he describes having an ability to “turn it on”:

Uh - maybe they did tease each other, but I was not aware of it - they probably had me riled up - what they wanted to do, and then I just had to get away from them. You know, or they got forced to get away from me. At the end they were afraid of me, yeah. When I was fifteen, sixteen, they probably were, yeah. ... I finally turned it into anger, 'cause I was sort of the smallest. They had a way of

needling me and they knew how far they could go with it. And then I'd turn it into anger and I would physically fight with them. And they knew that if they got me mad enough they had to get the hell out of there. I wouldn't quit.

He recalls a particular incident where a brother interfered with some work Percy had been asked to do for his father:

I took after my brother one time, I was - he was probably two and a half years older than me. 'Cause my dad had given me a job to do, and he - my brother come along and told me I wasn't doing it right. Whether I was or I wasn't doesn't matter - I was gonna do this - to please him. And my brother come along, and he started needling me and telling me that I was doing it wrong, and I took after him with a hammer. And I know if I'd have caught him, I'd have hurt him. And my mother knew that too, so she come running after me. My brother's running ahead of me, I'm running after him and my mother's running behind me. I run him for two miles. If I'd have caught him I would have hurt him.

Julien, also reports violent outbreaks of rage, and eventually becoming a bully himself, in response to exclusion and incessant teasing and bullying from his older brother and his friends:

They'd tease me and call me a sissy. I can remember one time I got so mad I grabbed my dad's .22 he'd leave hanging around for shooting gophers. I can remember threatening them with the gun. I'm telling you, I'd get angry and people would run ... Yeah, like a rage reaction. Looking back on it now, the rage actually covered my shame 'cause I felt not good enough, not worthy enough to play with my brother. I didn't have no intensive abuse though, like, you know,

except the teasing and bullying. And then of course, that's why I covered my shame by bullying myself, and rage. I became a bully, you know.

Among youth especially, a common means of coping with shame involves becoming competitive, often excelling, in sports, for example. The adult counterpart of this would be the 'workaholic'. Bruce recalls a definite period during which he became an academic "dummy", but made up for it and, "felt good" in sports:

It was really that transitory period from grade eight to grade nine - up until then I felt a degree of - for lack of a better word - normalcy. I mean there was the shame and stuff where, academically, I didn't feel as good as somebody else, but I felt good - I played a lot of sports and I was really good at baseball, pretty good at hockey. And then, you know, something just occurred and I don't know what happened, but there was a distinct line between grade eight and nine.

Freeman, who was burdened with a physical handicap in addition to parental abuse compensated with a fierce competitiveness, to the point where he would seriously injure himself in his efforts to be better than other children, as opposed to merely 'good enough'. He recalls this happening as early as age seven:

I remember playing Little League - age seven, eight, that would have been my first recollection of uh, not being good enough, or, I have to be better, because, well, I must get their attention, right. I must prove that I'm good enough.

Whatever I did - didn't matter what it was, I either had to excel or completely fail.

There was no in between for me. And even having a handicap, it didn't matter. I can remember almost killing myself, playing tennis or racquetball. I had no limitations as to what I would do. I broke bones - wrists and ankles, fingers and

whatever, concussions and stuff. Diving and twisting and bending - in whatever sport it was - to be better than. It was never enough. I had to be better than them.

Often teased for being “skinny” and not as large as the other kids, Lyle describes the desperate lengths he went to, including incurring physical harm, in order to fit in or be accepted by the other kids:

I remember in grade eight at some point I kept feeling like I had to prove myself for that acceptance ... um, in lunch time we would play this game called dive ball, which was just kind of a mix between soccer and rugby. There was really no rules - it was all contact. I don't think I played very much in grade seven, 'cause I was scared of the big kids, but I think by grade eight I decided I need to play this, and then I would go out of my way to tackle the big kids. I remember I played defence a lot and there was certain kids - everybody would let them run with it and I would stay and get smashed by these kids, but I would always grab their legs so they would go down with me.

The themes in this phase showed how the participants, as very young children, were introduced to the notion that their true selves were somehow not good enough for the important people in their lives. They also showed the lengths to which developing children and adolescents will go in their efforts to mask the aspects of their personality which they have been conditioned to be ashamed of. We followed the participants' journeys to their unwitting self-betrayal and creation of their false selves, which they bought into completely, believing them to be who they truly are. Having presented some of these behavioural patterns in the earlier lives of the participants, we now advance into

adulthood, following the wounds incurred during childhood and how they set the stage for the participants to venture out into their adult lives as shame-prone personalities.

*Phase II: Carrying Childhood Wounds Into Adult Life*

This phase begins during the period of late adolescence/early adulthood and follows the shame-prone belief system as it unfolds in the adult lives of the participants. The wounds that the participants suffered as children are now firmly entrenched, as they have sold themselves out and bought into the flawed false selves, believing these to be who they truly are. The Great Betrayal is well underway.

*Theme 3. Confirming 'Not Good Enough'*

Shame-prone individuals frequently describe a burning awareness of being under the scrutiny of others. Shame, as H.B. Lewis (1971) stated, is the only emotion that does not require another individual to be present in order to be activated. Additionally, because in shame the self is scrutinizing the self, and judging the self, there is no escape for the individual (Zarem, 2006). This may explain why the shame-prone individual is so sensitive to the surveillance of others.

Bruce recalls how his aversion to others' scrutiny, which still troubles him today, interfered with his participation in a group he attended in his youth. Interestingly, he states that he is not bothered by this if he has a great deal of respect or admiration for the person who is watching him:

I can remember when I was in the States and they always wanted us to go on the hot seat and practice you know. I wanted to go up but I couldn't force myself to go up, right - to be under scrutiny. I hate judgement. I don't like being graded by others. I don't like being judged by others - with one exception - like, if studying

Martial Arts, if someone like [name removed], who's my teacher, who's an absolutely amazing person. If she corrects me, I don't have an issue with it because I think it has to do with intention, right, and my teacher is like the Dalai Lama - that's probably about the only way I could describe her.

Bruce also provides an illustration of the inescapable scrutiny of the self. When asked about why he kept up the drinking, around age sixteen, and what it did for him, he replied, “You know, to think back to that period of time when I was drunk and sick - at least getting acclimatized or accustomed to it - freedom that would be the word I would use - yeah, freedom from self”.

Lyle reports that his shame became the most crippling for him when he was in University. He describes meeting a young woman with whom he became especially enamoured, but who did not reciprocate the depth of his affection. His story provides an excellent example of selling oneself out to gain another's acceptance:

Um, but you know I was very kind of needy and desperate and quite pathetic. You know, in my clinginess with her and at the same time I wanted her love and acceptance, but I still wouldn't show her the real me because as much as I was thinking that would prove it wrong, deep down I still felt I can't let her see the real me. But I can be who she wants me to be and I'll be okay. The thought wasn't so much that she'll love me but she'll love who I can become (laughs). I didn't see it as selling out at that point, because I didn't like who I was, so I just wanted to be somebody better.

Another social consequence of shame, which at first might seem simply matter-of-course for young boys, is that of being seen crying by other people. Superfluous or

not, it serves to illustrate just how pervasive shame issues are within our culture and the magnitude of their influence that men in general, for example, would stifle a normal, even necessary emotional function rather than be seen performing the ‘abhorrent’ behavior. Lyle reports that he had a great difficulty with crying in front of other people. “That’s kind of something with me, right, is not crying in front of people. You know, there were times I would cry, rarely though, in front of people.” He describes how, when the woman mentioned above announced she was breaking the relationship off to return to a previous boyfriend, he tried to not cry in front of her, and the intense physiological response he experienced:

When I got dumped that ... crushed me. That was like - I’ve never had an experience like it - I remember the night that happened, where I got so upset like, when she told me. Again, it was like - this time it was a huge stab in the chest, eh. ... I just felt my whole chest constrict, like it felt like a vice and I wanted to kind of hold it together. I didn't want to show like how much it was bothering me, but she could see it, I had the lumps in my throat. I didn't cry in front of her or anything...

Lyle reports the ‘stab’ feeling in his chest elsewhere in his interviews, when he experienced deep pain or loss. It is interesting that even in the presence of such overwhelming emotional distress, he was still able to feel a need to avoid incurring the shame he associated with allowing another to see him cry.

Julien reported how his shame made him feel ‘stupid’ when he came under the scrutiny of others in school, and how the general feeling of ‘not measuring up’ deterred

him from socializing with any of the more popular students, who were the focus of greater attention. Rather than take this social risk, he continued to 'play it safe':

Well, when I had opportunities to hang around with so-called ordinary kind of non shame-based people, I guess, people that were really successful ... popular people, yeah - popular women, popular guys, uh, fraternities, for example, I was asked into - I was asked to join 'cause I played football, da da da. I never took those opportunities 'cause I didn't really think I measured up. I hung around with the bad guys, so to speak.

Julien describes the evolution of his shame from childhood to adulthood as progressing from hurting and being lonely, to not being good enough, to being "if they only knew the truth about me ...". He recalls how his anxiety over other's surveillance also spilled over into his romantic life, interfering with his ability to perform unless the woman was very familiar to him and posed little risk of being judgmental:

I'd have to be very comfortable with a woman before I could perform sexually. I've never been able to have, like a one night stand, you know, because I have to get to know the woman before I can actually have - get - an erection. ... Oh, yeah. It'd take about two months [of steady dating], I guess. I would date women that were basically after me, I guess you could say. You know, I was pretty sure of them. I didn't take a lot of chances or a lot of risks.

Freeman recounts a progressive deepening of his shame and continuing to sell himself out during his high school years. He recalls the feeling being so intense that he felt he needed to get out of school at age fifteen, when he began drinking alcoholically:

The insecurities, the fear, the embarrassment, the shame was so great I finally convinced my parents to let me quit school. I took a job as a telegraph messenger boy. I didn't care, I just wanted to hide in a hole, any place where I didn't have to be around, with people.

Later, despite having reached adulthood, Freeman's relationship with his parents remained one of subservience:

It was a constant reminder, 'cause I was kind of a caregiver, too, right. Like, I was the one that always, um, was with Mom and Dad, right. It was really weird, because, it was probably the last place that I really wanted to be, but it didn't seem like anybody else wanted to be there. ... Any time I was with my Mom and Dad, right, it was just a constant reminder of, um, how I wasn't good enough. ... And the problem was that I felt like a coward, or not a man, as they always referred to as then, because I still would not defy him. I still would back down. And even later on, certainly by that time he had reached an age where it would have been easy for me to beat him up and stuff, and even then ...

#### *Theme 4. Pretending All The Time*

The phenomenon of the false self, in which people deny their true self and identify to varying degrees with idealized images or representations of themselves (Almaas, 2001, 2008), though referred to by differing terminology, is well documented in the literature. Rogers spoke of the ideal self (Corey, 2005), Adler, the superiority complex (Corey, 2005), etc.

Ashamed of the true self they were born to be, they take on a more favorable image of themselves (Almaas, 2008). The expressions "keeping face" and "keeping up

appearances”, which have equivalents across numerous cultures, suggest this is a universal phenomenon.

What is not common among the literature on shame is the difficulty that a shame-prone individual has with accepting gifts. “Oh, I couldn’t possibly” is a typical response, likely familiar to most readers. The impetus behind this behavior is unclear, though it may be grounded in feelings of unworthiness.

The perfectionist, who hides behind a facade of ‘important’ work, to escape being seen as less than ‘good enough’, the person who insists on being one’s ‘best friend’, at the expense of his own children, etc., are among the examples provided by the participants, of hiding the real (inadequate) self, while pretending to be some more acceptable, though false, self.

Percy remembers his difficulty with accepting gifts from others, and how he rationalized his behavior. He reports that he has since overcome the problem. “Oh yeah. It was better that I give something than that I receive. It’s okay now, but the one that has taught me that is my wife here today.”

Another way of pretending that one is good enough is through becoming what is referred to as a ‘workaholic’. Percy describes how he temporarily avoided his shame and subsequent depression by portraying himself as an “okay guy”, through becoming a workaholic, and making sure that people witnessed how hard he worked:

I had to bury myself to stay away from being depressed or not fitting in. I could do that. I could work lots of hours. So when I did that, people would figure ‘he’s an okay guy - look how hard he works’, but I was having lots of problems here (gestures to his head), sorting things out. Instead of looking at, ‘where am I going

with this?' I'll keep myself busy so that I can impress somebody with the way that I'm working. I wouldn't feel ashamed, I wouldn't feel all these things. But I had a lot of sleepless nights.

Like Percy, Julien also learned to escape his shame through becoming a workaholic. He also found several other false selves behind which he could hide, including becoming a bully, or 'tough guy', and, conversely, as a defender of the underdog. The latter, he admits was entirely motivated by his own needs. When asked what he did to escape his shame, he relied:

I think I worked (laughs). I took the burden road - I was a workaholic ... Not the addiction thing... no I chased - I like money. I still like money and I like big toys. I protect the underdog and if there's any kind of injustice, I'll step in there and help them out. [I was] at an auction - there was like two hundred people there and these two guys were picking on - he was their cousin for Christ's sakes. I stepped in and the one guy hit me and I got in a fight with three guys in this crazy auction, right in front of everybody. I just wasn't self-conscious then, because I had a rage. I was on top of the third guy, and his wife was on top of my shoulders, beating me with her purse, and that's how it ended. I come out of a trance and I thought, "Jesus Christ, I'm not going to hit a woman, here." I think I woke up or something and I stopped.

When asked if 'sticking up for the underdog' was for his benefit or that of the underdog:

Well, it's probably transference because that's what happened to me when I was young - that's the way I protect myself. There was no police there and I was known as the [name of town] Sheriff. I wasn't asked to do it, just if there were

any outlaws that came to town, I'd take care of it. That happened a few times and I started getting a reputation. I think I rather enjoyed it - yeah, so that was a narcissistic thing. I don't think it was any noble 'just cause', to be honest with you, because I was picked on when I was young - I was the underdog. I will not fucking tolerate that.

And right now, in my counselling practice, is that usually I work with a lot of underdogs and street people. And they have been neglected, abused and of course they've abused themselves. Yeah, I think that's a good point there's a part of me that loves to be the hero - believe me, really does, and that's my grandiosity. ... Yeah, it's a cover.

As stated previously, Bruce divides the portion of his life in which he suffered from addictions into three distinct periods, during which he assumed various roles. He speaks of having a kinetic or nervous energy, indicating he was not okay with himself:

I sort of partied from sixteen to eighteen, stopped for two years, quit smoking and started running, trying to get in shape. And twenty to twenty-two went crazy again. After that was into Yoga, running, and Alan Sillitoe - *The Loneliness of the Long Distance Runner*, right? I loved long-distance running and this frame (gestures to his body) and I weighed 132 pounds. Yeah, I just got into the zone when I was running. ... I think, what happens with me, is I store - for lack of a better word - this kinetic energy, and if I don't exercise I feel like I'm going to spontaneously combust and I think if there was ever a reason why I drank, it was to control that combustion, if that makes any sense to you ... it's like I had so much nervous energy.

And as a ‘druggie’:

Oh yeah, I tried every psychotropic known to man. Part of me would argue I was doing it to explore, part, of course, to escape ... uh, me. Did you ever see the movie, *Saving Private Ryan*? Do you remember the last line in the movie? “Tell me I’ve been a good man”. Yeah, I guess that’s for me - the struggle - what’s a good man? I mean, I know I’m incapable of being honest all the time - that’s in our nature, you know? I think maybe a good man is someone who lies less than 50% of the time.

Freeman recalls experiencing a great deal of fear, which he attributes to his lack of self-worth. He describes how initially he tried on various roles of what he considered to be normal, eventually turning to alcohol to escape his shame:

But when I was actually going through it - when you’re afraid of everything, and you have no self-worth, you always back down. You always have a comeback an hour later, you see. Or two days later, or whatever, right, when you’re safe ... I tried to maintain in the beginning. I got married when I was twenty-three, so I tried to maintain like a normal presentation. ... The drinking - what did it do for me? Oh God, it made me anybody but me! Absolutely. It gave me everything that I was lacking. It gave me confidence with the ladies, right - not with the parents so much. There was never real confidence there. It gave me confidence when I was out and about and stuff. It gave me everything that I thought I was lacking.

In a moment of humour, he recalls his Alcoholics Anonymous sponsor also hiding in different roles. “She’d say, ‘Thank God it’s you Freeman. Now I don’t have to fuckin’

pretend” (laughs). “See, and that's kind of what it’s like, eh. You’re always pretending - your guard’s always - you’re never comfortable, you’re never safe.”

Lyle, in his relationship with the young woman described above, was convinced that he could not let her see “the real me”. He thought that by pretending to be someone else - someone she would love, that he would be rescued from his shame: “I can be who she wants me to be and I'll be okay”.

Lyle directed most of his anger about his shame inward, learning at a young age that he could hide his shame by pretending to be the “nice guy” with people. His internal dialogue, formed at least as early as adolescence (and persisting well into his adulthood), depicts a very different self-image than the self he portrayed to those around him:

Yeah (referring to his internal dialogue), “You suck, you're a piece of shit, nobody's ever going to like you, you’re not like your friends, you’re dumb, ugly, scrawny, not worth loving”, you know? Like, those tapes would go through my head all the time.

Julien describes how not taking risks kept him from having to confront the ‘not good enough’ in himself. If he didn’t succeed, he had less distance to fall when he failed, and he was certain he would fail:

I sabotaged a whole football career. I had a chance to play football in the US and I had to just keep a B average - which I know I was capable of - and I was afraid to do that - it was too much of a chance. I didn’t have a lot of confidence in myself.

Julien also avoided taking risks through continuously being involved with a woman. The poor relationship he had with his father pushed him to rely more heavily on his mother, and left him reluctant to be on his own:

I don't know if it was the easier softer way, I got involved with a woman and got her pregnant, and stayed and did the right thing. Back then I guess that was the thing to do but I think, looking back on it, it was safer than going out on my own 'cause I was fairly close to my mother, you know. Um, I think that was part of my shame, too, is that I was never able to be on my own - I was always attached to a woman.

Freeman describes how success and self-sabotage became a cyclical "roller coaster" problem in his life, alternating from almost-success to failure, over and over:

Yeah, and so success, failure, success, failure, like a roller coaster. I had the ability to excel at work and then I would fail, and stuff. The biggest thing is, um, the pretending all the time. Never felt that I belonged - anywhere. Never felt secure in any friendship or relationship, in marriage, anything. It was harder as I got older, because then I had to pretend it was okay. I was twenty-one so I had to decide well, how do you act when you're twenty-one, and then twenty-two, right? So, it actually got worse, in the fact that uh, the pretending got worse because I had to get a home, right, and I had to adopt a child, right, see, there were certain things that I felt I had to do right, and instead of actually living life - like, back before I sobered up, it was all just a big pretend world, a big farce.

This brings us to the end of the second phase of our participants' chronology where shame, having taken root during the early, formative years of life begins to entrench itself in the adult behaviours and endeavours of the individual. This process may endure for much of the remainder of the individual's life if they are successful in devising a coping strategy to protect themselves from the ravaging effects of shame. More likely,

however, is the steady degradation of the personality to the point of suicide, accidental death from substance abuse, mental collapse, or until the individual is compelled to seek treatment.

*Phase III: Descent and Breakdown*

While several of the participants attribute their recovery from shame to adhering to the program of Alcoholics Anonymous, the literature does not abound with cases of individuals who were successful in this endeavour without assistance. More typically, if left unchecked the shame-prone individual progresses, traversing a variety of degrees of addictive (Carnes, 1992), violent (Bradshaw, 1988), and self-destructive (Almaas, 2001; Nathanson, 1994) behaviours.

*Theme 5. Stress, Failure, Humiliation*

One of the more arduous properties of shame is the psychological paralysis it engenders in people when activated. During this phase of the chronological progression of shame in the participants, shame is active almost constantly. H.B. Lewis (1971) spoke of shame about shame, overt shame, by-passed shame, etc. Bruce recalls his experiences of how his shame prevented him from asking for help with his addiction and sees his reflexive manner of coping by himself as narcissistic. He describes being raised as a Knox-Presbyterian male as living life in a “grey area of partial permission”:

Like there's this whole concept about how a male should be, right, and that's not who I am. If I asked for help I would have been exposed. Somebody else would have ... known me. No, I learned to cope with it by being very closed, guarded. It's like, if I just cracked the door that much and this one this much, so you're

always narcissistic - ultimately highly manipulative of others. Yeah, and being a typical drunk, I have a Ph.D. in manipulation.

As mentioned above, unchecked shame progresses to the point where functioning and simple daily living become more impaired and more difficult. Julien describes how his shame manifested in sexual dysfunction. It is interesting to note that this problem was only experienced where there was a possibility of judgement. After his relationship ceased to be important, so also did the risk of being judged by the other person or by the self. The problem disappeared:

Yeah, there was lots of that - It's funny I was really confident in my first marriage. I never really had any erection problems - maybe out of my first 20 years of marriage I could count them on one hand. I was young though, and very vigorous. But after my marriage ended, I dated this good-looking middle-class lady. She presented as being quite successful, right, and I had lots of trouble with her, you know. The only time that I actually could really perform with her and be comfortable was when we were on the outs, and somehow I let go of control or something. It didn't matter anymore 'cause we knew were going to break up and then I was just totally fine.

The ability to override shame through alcohol consumption has been widely reported in the literature, and among anecdotal writings of members of Alcoholics Anonymous. Anger is also a very effective means of overriding shame, which would explain the high prevalence of rage observed in shame-prone individuals.

Freeman experienced a larger-scale life collapse as his shame progressed, appeased for a time by alcohol, until that too became out of control in his life:

I have just one daughter, actually. Uh, I adopted a second boy, but I ended up giving him back. Just more of the success-failure story. A person never knows what would have happened and stuff, but I'm telling you, had I continued the way I was going, I would have either had to find booze, drugs, or work out of a frigging cave in the hills, because the insecurities were getting worse, and worse and worse. And, I think I would have committed suicide. I know I would. I couldn't see anything other. I had to find something, right. And so, I actually think alcohol saved my life.

Julien, approaching the end of the period in which shame dominated his life, describes how eventually even his wife's infidelity and whatever part of that shame he took upon himself ceased to disturb him. The 'last straw' he was public humiliation of failing in his livelihood, as his business collapsed:

Yeah, we were - the trustee was there, we had to get a lawyer to protect us from bankruptcy. I guess so, you know, the humiliation of losing my marriage and my wife running around on me, I guess, but I was so indifferent that I kind of didn't even care. It was the humiliation of losing my business. I had to haul it up to the auction, and the Sheriff came down and got our pickups. That was very humiliating.

*Theme 6. Rage Against the World, Rage Against the Self*

Here we return to rage, as shame continues to run its course, and we approach the point at which the shame-prone individual either comes to realize that he can continue no longer and seeks help or, if less fortunate, simply experiences a breakdown. Rage appears in infancy, not always driven by shame, however it is a prominent emotion throughout

the shame-prone person's journey (Kaufman, 1996). Rage can be directed outward, at the source of the individual's discomfort or at a scapegoat, or inward, where it manifests in self-destructive behavior. Percy describes his struggle with rage from his youth, throughout his alcoholism and after achieving sobriety. He states that although he has learned to cope with his rage, it is still a problem for him, lying just beneath the surface:

Oh, I'd had that when I grew up - even in my drinking and even after - probably for five or six years after sobriety. I had taken courses with the doctor in [name of town] - he sobered me up to try and get rid of that. Oh, I can get it back. But, it's a lot harder to keep it away than it is to get it back. You know - somebody cutting you off in traffic or something, right now I got instant - it's there. But I know that I can't live with it, so ...

You know - I hate to even think of it - you want to know the truth. I get angry and then right away I don't think right. You know, to begin with, and right now I want to kill somebody. Whoever has done this to me - if I could just get a hold of the bastard, he'd be dead. That's - that's how I get thinking. And then I know that I have to not live with that - I have to do something about it. Right away.

Julien recalls the rage-fantasies he experienced repeatedly as he was losing his business to bankruptcy:

The bank - I had a lot of rage towards the bank. I had fantasies you know - I was a pilot at the time - of flying my plane into the manager's - you know, of dive bombing him, and actually killing myself - killing the bank manager and everyone

else in the bank. It wasn't like I was suicidal, but it was this rage. It was like a burn. It was like a burning fantasy.

The end of the journey through unchecked shame for many leads to loss of hope, and ultimately suicide. Freeman recalls descending into rage against the self, in what he calls 'insane' thinking and 'silly', suicidal ideation. It's interesting to notice the participant intermittently disowns the attempts at suicide, etc., through substituting the word 'the' for 'my':

There were a couple of attempts at suicide again, uh, once at my parents place. I found that interesting. They had a gas stove, and I remember my daughter was about three. I remember I just laid down on their couch and turned on the gas. There was no way I would ever have killed myself, because gas stove was in the kitchen and besides, the house leaked like a sieve, but you must remember my mental state at that time. No, I was quite prepared to die, and laid down on the couch and turned on the gas. And, it was actually thoughts of my daughter that made me get up and turn it off.

And then probably the most serious attempt was when I gave up. We actually adopted a boy too, and had him for about eleven months, and then ended up giving him back to the Social Services place, and then, um, that's when I went on - my drinking - that's when it went nuts.

I absorbed all of the failure stuff, which I always did, right? I've always had this feeling, that as long as it was me being hurt, I could come back. I always believed that. Anyway, I set out to uh - I'd already in my mind believed that I didn't, or I wouldn't kill myself with a gun, or this type of thing, so I had a plan,

right. You gotta remember, it's not necessarily sound thinking, but it was the thinking at the time. And so I went out drinking on a bender and such and I thought, I know what I'll do - I'll go to the bars and I'll just pick a fight and uh, I'll just keep picking a fight until somebody kills me.

Lyle recalls sinking into a depression that persisted for more than two years, after being rejected by the young woman he fell for in university. He states that, although he wanted to die, he did not initially wish to bring this about by his own hand. His solution was much the same as Freeman's, in which he set about trying to provoke another into completing the act for him, a rare instance in which he directed his rage outward at another individual, as opposed to inward at himself:

Um, just the hopelessness, helplessness and just wanting to die. At that point, I didn't really want to kill myself. I wanted to die and I would kind of start trying to figure out ways of how could I get other people to do it for me. So I would kind of go to like some of the rougher places in the city. I would go to the Native bars, thinking hopefully they're going to take exception to the white guy. So I would go to the [name of hotel] or the [name of hotel], looking for somebody to - you know - ultimately, my fantasy would be somebody just put a knife into my chest, 'cause I'm already feeling it so let's just do it for real and get it over with, put me out of my misery. And so then I would lip off to people a little bit, and so that's where some of that bottled-up anger would start coming out externally. I got into a couple fights at the [name of hotel]. I got beat outside of the [name of hotel] good. But no body ever killed me.

*Theme 7. Reaching Rock Bottom*

Throughout the anecdotal stories one hears in virtually all of the twelve-step recovery groups such as Alcoholics Anonymous, Narcotics Anonymous, Sexaholics Anonymous, etc., the phrase ‘rock bottom’ is heard frequently. It is an expression indicating the point at which the addict is able to realize that their addiction has taken them as low as they can go, at which point he is left with only two alternatives - to completely surrender himself to practicing the twelve-step recovery program or to continue in the addiction to almost certain death.

Although only three of the five participants describe themselves as addicts, and attribute their recovery from shame to Alcoholics Anonymous, all five of them are able to pinpoint the exact point at which they knew that their shame had consumed them to such an extent that they had to get help or die.

Julien and Lyle, who are not addicts, both use the term ‘rock bottom’ to describe this point - Julien likely acquiring it through his years of involvement with Al-Anon, and Lyle through his practice of treating addicts. They both describe making a conscious choice to live, and acknowledge that this choice would require instituting change at a deep level in their lives.

Julien claims that he reached his rock bottom when his own dishonesty led to him losing his business, as mentioned above. He states the shame and humiliation of this had such an impact on him that his ego was “deconstructed”, affording him a glimpse into what Almaas (2001) refers to as the Empty Shell:

I had lost it all. My brother - we got caught cheating on a job and our reputation - that was humiliating. ... I really think it was when I - you know - I had this world

collapse - that existential crisis - I lost my business. We lost a lot of money. ...

Yeah, we crashed. We lost a hundred thousand dollars, the bank called in our loans. I was hugely humiliated, and my wife left me and she started drinking again. So I lost my business and I lost my marriage and lost my status in a small community as a contractor. Oh yeah - I think I hit a rock bottom - I think it totally deconstructed my ego. I didn't have nothing left.

Percy recalls reaching his alcoholic rock bottom shortly after his first wife left him:

Well the night that she left I guess that brought it right to a head. ... the next morning she came back and brought my son with her [and] these two policemen, and had come to get her stuff. I couldn't get off the bed. After they left I poured myself a cup of vodka and I went to dial the phone, but I couldn't dial it, so I went out and jumped into the truck and went over to my son's place said I need help. I said I want to go to a hospital. My son wouldn't take me, so my daughter-in-law did, and the doctor - the one that I had drank with - checked me out and put me in [hospital] for four days to make sure I dried out. They gave me a shot of something - I was out, I can't remember, 'til [the withdrawal symptoms] wore off, then I went into treatment and that's the beginning of it.

Bruce's rock bottom for substance abuse also arose out of an episode of humiliation, occurring at the end of what he describes as a two-year blackout:

It all precipitated by being at a party and this is an end of a two-year binge where I had tried every drug known to man - every hallucinogen, every narcotic, every amphetamine - anything you could possibly think of I'd tried, in varying

quantities. And I was at a party - this would have been Christmas of 'eighty-one - and I passed out and they ended up decorating me like a Christmas tree and I went over to this house it must of been in mid January of 'eighty-two and the photo was up on the fridge. I still have the photo. Yeah, I got it back and when I saw that photo, that was basically it. I did drink, I think for about two weeks after that - it's funny because it wasn't in really an alcoholic way that I drank - and I remember going to sleep one night and I had this dream, which was very Jungian in nature. Well - archetype - there was a black and a white bear, basically battling over my soul, right , and I woke up. I had scratches on my back when I woke up the next morning, and whether or not I did that myself, I woke up and my desire or compulsion to drink was gone - it's never returned.

Lyle's rock bottom, the point at which he decided he had to do something or die, arose out of his failed relationship in University, although it occurred two years later, following an aborted suicide attempt: "I had insomnia. It would piss me off, because that was one of my only escapes - you know, shutting the tapes off - so I ended up taking long walks at night, in the parks and again hoping, well, maybe I'll meet a mugger and he'll kill me"

After two years of unsuccessfully attempting to get himself killed by another individual, Lyle's rage increased to the point where he was able to formulate and initiate a suicide attempt in his home, with a large quantity of painkillers and hard liquor. He states that he had also written a suicide letter:

So I ended up enacted my plan, drinking the rum and I was taking some of the pills and just as I was doing it - I don't know how many I took maybe twenty, I

think. But then I just broke down crying and there was this little voice in my head saying, “Man, there's gotta be more to life than this”. And so I just broke down crying. I stopped taking the pills, I stopped my plan there. I went to sleep and woke up the next day. I called my grandmother, and told her what had happened and so she came on the bus the next day and ended up staying with me for like a week. I think I told my mom the day after.

Following this incident, Lyle began an upward journey into his recovery from shame, although, he states, he was not yet aware of exactly what was causing his problems, only that he had to do something about it.

Although Freeman’s recovery from shame came some time later, he reached his turning point with his addictions after substantial gambling losses involving several hundred thousand dollars. His description of having ‘nothing left’ is quite similar to the feeling Julien described:

When you were a kid did you ever get eggs and suck the yolk out of them? And put firecrackers in them and blow them up? When I first hit Alcoholics Anonymous, that’s how I described my state. ... I prayed every night to die. Yeah. But every night I prayed, “If you’re so powerful, if you’re as good as all these people are saying, surely to God you can just take me then - I don’t want to live like this”. Every night. So eventually, that was just the best way that I could describe how I felt, was like that egg, eh, just sucked dry, I just didn’t care. Nothing left - I had nothing more. I gave it my best bloody shot. I did everything. I don’t believe there’s any worse state, in my opinion, of unmanageability, than not caring.

This brings us to the end of the first three phases of the participants' chronologies, the period spanning from when the seeds of shame were planted during early childhood, became more deeply entrenched during adolescence, and how these wounds carried out in adult life, weighing the participants down until they reached the breaking point, where they could go no further.

The following phase, *Recovery Process*, traces how the participants' paths led them to an awareness of their shame and coming to understand that it had been the source of their problems, twisting their development, leading them into addictions and, in the cases of some of the participants, driving them to the brink of suicide.

#### *Phase IV: Recovery Process*

The discerning of shame as the primary culprit in the unhappy world of the shame-prone individual is only the first step on the path of recovery. It does not mean that the fight with shame is over, only that with the problem having been identified there is hope and whatever power comes out of the knowing, and a willingness to open oneself to exploring various modes of healing.

#### *Theme 8. Unmasking the Pretender*

Although it is lessening, the stigma around counselling has discouraged many, especially men, from seeking help until they have reached the point of desperation or have been compelled to go by a spouse, court proceeding, etc. Having therefore made the decision to seek counselling is a milestone for the shame-prone individual. Nevertheless, even though there are numerous methods prescribed for treating shame among the literature, Almaas (2001) maintains that until the narcissistic disturbances (false selves) which were created in the early formative years have been collapsed, there can be no

enduring freedom from shame. Indeed, Almaas is quite clear, even after they have been deconstructed, they will return, although in lessening degrees of severity and less frequently.

Freeman overcame the stigma of going to counselling and continued seeing his counsellor for quite some time. His story illustrates the difficulty involved in procuring effective treatment for shame-prone individuals:

See, I never believed that booze was the problem. Not in the beginning. I just wanted everything to be okay. I went to a counsellor for a couple of years - I went because I wanted help. I knew there was something wrong - I was trying to find out the solution. I remember him saying to me, "What do you want, Freeman?" And I said to him, "I just want everybody to be happy." And he started laughing. Yeah, he started laughing. I'm like, shit, I'm not finding it too funny - you know what I mean? See, I already thought that I was responsible for all of the shit. Everybody's shit - I always felt that I was responsible for - I don't know their unhappiness, but for everybody's misery, I guess. And he said, "Don't you see? You're the source of all your unhappiness." And I'm, "What? Unh?" Shortly after that he said, "We've reached the point where that's all we can do." I said, "Oh, okay".

Bruce's introduction to counselling occurred when he saw a worker at a drug and alcohol abuse agency, and was subsequently referred to an inpatient treatment facility. Percy encountered his doctor friend, who later became his long-term counsellor and Alcoholics Anonymous sponsor, when he was admitted into hospital for detoxification.

Julien began a seventeen-years-long membership in Al-Anon at the age of twenty-six, and consequently was not deterred by the stigma from seeking out counselling both as an individual and in groups:

Really, you know, the men's group, it was run by this guy, this [name removed], and he was a Rogerian. I received unconditional positive regard for five straight years. I'm not kidding you. Yeah, he was my mentor - he was a male mentor and I'm telling you - I absolutely blossomed under him. ... I saw him privately. I started - I went for therapy and it was on and off for five years. It wasn't regularly - whenever I got in trouble with women. I had serial relationships at that time, too.

Yeah it was a mythic poetic men's group and then I did a lot of men's weekends. And I did one of these new warrior training weekends, which was really good for me, this expressive men's group, um, it was very intense - it was a three-day intensive, very intensive.

Lyle, who also was spared the vicissitudes of addiction, saw two different counsellors during his time in University, and attended several men's groups. Note the similarity between his diminished suffering at the end of a romantic relationship which he knew was going to fail, and the reduced performance issues described above by Julien in a similar context:

I actually went and saw a counsellor in [name of community]. I had been in another relationship that I'd broken off. I didn't experience the same degree of suffering, but there was like little twinges, little suicidal tendencies, little bits of depression. Um, I knew that relationship wasn't going to work out from the start, so, like it wasn't a surprise to me. I wasn't that hurt - I mean I was hurt, but not

crippling, but I did start thinking, maybe I should start talking to somebody. I only went two sessions with this counsellor because I had made plans to return to University, but just the couple of sessions I had with him had helped. When I got back, that's when I started realizing I got this shame stuff, and so I did a lot of the shame work - more with [name of counsellor removed]. Before I was seeing her though, I did some counselling around that through group stuff, where I was involved in a couple men's groups - that was my first sort of men's group experience. It was a good start, to be especially opening up to guys, so I'd started to realize some of my patterns there. Following that I went to one that was more like an encounter group, to intensify things a bit more and burn through some of the ego defences.

*Theme 9. Forgiving Parents, Forgiving Self*

Forgiveness of one's parents amounts to forgiveness of oneself, in light of their introjected voices and embraces the healing of self. The act of forgiveness allows the introjection to collapse, affording more spaciousness of self. Through forgiveness of the individual's parents, he is able to see them as human beings, rather than as idolized others, and is subsequently able to let go of anger and other emotions. This plays an important part in recovery from shame.

Percy made peace with his father on his deathbed, but was too angry with his mother to go to her funeral when she died. He describes how he was later able to let go of some of his anger toward her:

After my father's death I realized that, you know, this man - he done the best that he could and I forgive him for what - my differences, is that he had tried. And I

feel that he was too good a person to have to suffer the way he was and I was glad that he got out. I guess that was my way of forgiving him. My mother - like I said, I couldn't go to her graveside. I was trying to get over this and my sponsor said, well maybe go to the graveside and pray - pray to my mother. So, I did - for all that Winter, every Sunday, I'd have breakfast at the clubhouse, then I'd go and kneel down and pray on my mother's grave for forgiveness - to forgive me for not being able to stand up and be with her, and to forgive her for her wrongs and whatever I did wrong. I didn't really know what to pray for - I just wanted forgiveness. [Today] I - I feel okay with her and my Dad. Yes, I feel good with that.

Similarly to Percy, Julien also had a graveside forgiveness experience with his father:

Yes, I went to his grave and had a real anger outcry--and broke through to forgiveness ... asking for grief ... the consequences of loss could be called the first loss fatherless .. the first loss - I became violent - skipping over verbal expression - into domestic violence ... and as Bly says, "The man who remains creative will make art for the rest of his life."

Freeman recalls the experience after he achieved sobriety, of getting to know his father and becoming able to see his human failings:

My dad? He wasn't as strong as like, what he gave. He was insecure and had no self-worth, yeah. I got to know that when I sobered up because that's when I actually got to know him, right. Yeah, he was probably more afraid than I was.

Bruce, though he does not report having a great deal of strife with his father while growing up, describes a period when he was in an addiction treatment facility, where his father came to visit him:

Oh my Dad actually came down to the treatment centre I was at for the week. That was really good - we got to talk a lot and spent a lot of time together. And you know, I got to learn a lot about my Dad. How much I missed him and there were a lot things I would have liked to ask him and I didn't have a chance, and I really admired who he was. ... his passion for people - he loved people. ... Yeah, absolutely, it made him more human for me. He had that ability when he was talking to a person like this, that you were the centre of the universe, and he connected with people on a very [deep] level. I wish I had his skill.

Although Lyle never knew his father, and was therefore unable to able to get to know him face to face or to forgive him directly, receiving some information about his father and his life helped Lyle to attain some level of understanding of the man:

Yeah and one of the biggest things I had to work on was my dad because there was all this silence around him, so to kind of start breaking through my myths about what all that was.

Apparently when I was born he did come to the house and visited and he was there for a couple hours. Nobody in my family knows what took place from that meeting - the only one that will know is my mom, and she's never talked to anybody. But they met and then he left - he had brought me a teddy bear. I'd never known that this teddy bear was from him. I still have it. You know, it's the only thing I ever had from my dad so ... But it kind of helped a little me

understand the process there. You know, it wasn't about me per se, so I'm starting to realize it's not my fault, you know? And there had to be some kind of assurance that my dad did care, or he wouldn't have shown up when I was born, so there was some affirmation there.

*Phase V: Being*

*Theme 10. Being Good Enough*

Perhaps the greatest hurdle in recovery for a shame-prone personality is reaching the point where one is able to accept oneself as simply being, 'good enough'. As explained above in what Almaas (2001) has called 'the Great Betrayal', the individual comes to believe at a very early age that he or she is not good enough to deserve the love of his parents or caregivers, and consequently sets about splitting off those aspects of himself which do not evoke his parents' attention and admiration. This underlying sense of inadequacy or being somehow flawed as a human being has devastating consequences on almost all aspects of the individual's life. Consequently, overcoming this pervasive negative self-judgment is a pivotal moment in recovery.

Percy discusses what is different about his life, since coming to terms with his shame, and learning to cope:

Well, you know when I had to declare bankruptcy and I lost all my farmland and my trucks and I ended up with no money out of it, and the bank seized everything, there was a lot of shame come from that too. I didn't have much to live on and there were a few people that helped me. And I realized that I still am worth something and those people that helped me, I'm forever grateful.

Freeman describes what it is like when he gets to the place where he can be authentic, and no longer feels compelled to pretend:

Freedom. Just a sense of freedom, um, something I haven't experienced often, and I don't know - maybe I'll never get to experience it again, you know, 'cause it's not constant, it comes and goes, but it's just a sense of peace. Freedom, peace - people talk about relaxation and stuff, sort of thing. I've only had it a few times, like in my life actually, Um, love, belonging, uh, it's okay. I've only had it a few times, and that's what my friendship with [my sponsor] was. It was just an unconditional love. I never met anybody like her.

Julien speaks about acceptance of the self, and the debate over whether shame can be completely overcome, versus the individual becoming progressively better able to cope with shaming episodes or experiences:

Um... the way I see it is that I accept it and I commit to living life even though I have it. I accept my embarrassment and humiliation and sometimes I do react, but I live anyway. I don't think [shame] is totally transformed. I think a lot of it is - I don't get shamed like I used to. But I think it's still there. I don't think it's something that we can ever get rid of. I don't know. I think it's like imprinted. I see it as an evolution, and it's imprinted - just like an animal is when it's young, and that stuff will always come up again. And I mean, certainly it gets easier and easier to deal with it. It doesn't paralyze me. Like, I don't get shocked and stabbed in the heart like I used to. You know, and it doesn't stall me out.

Percy also speaks of acceptance of his self, and overcoming his narcissistic defences against his shame-induced feelings of inadequacy:

Yeah, acceptance is the answer ... Well, I had to accept me for the state that I was in. I had to accept other people, I had to accept whatever was happening if things weren't exactly the way I wanted them to be. I had to accept that. ... Well, I just had to quit thinking that I was God, number one. You know - my sponsor would say to me, "You know, there is a God and you're not it", and I didn't like that. ... You know, you just gotta quit being a big shot." And as far as owning all these trucks goes, sure, I thought I was a big shot, and I wasn't. I was just a kernel of sand on the beach like everybody else. But I didn't know that.

Freeman relates how an experience that previously would have devastated him, in his shame, had considerably less of an impact:

I had a relationship about two and a half years ago. It didn't hit me as bad as before. Like, it wasn't the same shame or humiliation, it wasn't the same guilt. I didn't do what I would call the normal shame-guilt things, right? By then, I had practiced enough and gained uh, some more self-confidence, right, and some self-worth. I wouldn't say the bucket would have been gigantically full, right, but it's better than it was. So, although this rocked my emotional world and such, I had the stability and belief in me, was strong enough that uh, I went through some anger and sorrow, but nothing in comparison to what I've been through before - that devastating fear.

Bruce speaks on attaining peace through acceptance of his self, coping with shame versus overcoming it:

I don't think you overcome it. ... You just accept the fact that you're paralyzed, and then move on. ... Fake it 'til you make it. ... I don't think it's fight-through, I

think it's accept it. ... accept my humanity. Accept the fact that I feel shame, or guilt, or fear, right, I don't have to be controlled by them - that's just life. And that's my struggle - to get over the concept I have - the desire to be perfect. Because the more I try to be perfect, ultimately probably the more shame I'm going to feel for imperfection. ... and if I just accept my imperfection, I'm free right?

*Theme 11. Spiraling Back Through Shame*

The accounts of the participants in the current study corroborate Almaas' (2001) observations that in order to heal from shame, one must surrender to shame. Undoubtedly, the most distressing aspect of learning to cope with shame issues is the paradoxical state of having made some headway and starting to feel like there is hope - that one has gotten somewhere - only to have it return, seemingly out of nowhere, leaving one to feel as though there has been no gain at all.

Lyle describes how the ideation that used to plague him still reappears, but in a much more benign manifestation:

I've struggled with kind of suicidal plots from time to time, probably since I was thirteen. Um, I probably think about killing myself once every week or two, but I think, since that attempt I started not paying as much attention, or buying into the thoughts as much. You know, like when they'd come up I wouldn't - it's hard to explain - you know, not subscribing to them as much. Like I would still - sometimes I use them still, it's like my little escape, right, sort of like my day dream so I might entertain it for five minutes and then it's gone. But when I was in that depression stuff, that was pervasive. Everyday I just wanted things to end.

Percy still struggles with anger when he is threatened. If unchecked, it will spiral into rage. His defence at the moment, is reciting the Serenity Prayer from Alcoholics Anonymous repeatedly, until his anger has subsided:

Yeah, and then right away I got that anger and I don't think right. You know, and my only defence for that is - is the Serenity Prayer. Not the first thing that will come to me today - but that's how this doctor counselled me. To get rid of that - is to say the Serenity Prayer. And that starts me thinking back to the Program, eh?

Percy recalls a return of childhood shame issues that was activated after he was well into his sobriety, over an altercation with his family, who are still in their addictions and are not accepting of his recovery in Alcoholics Anonymous:

It's just that "I'm weak" - that sort of thing - that's what they think. That really bothered me - that depressed me a lot, but you know, 'look at me - I've done this, and why don't you? Just say hello! Why can't you accept me the way I am, because I can't drink anymore - I don't want to!' That wouldn't happen. I was a lower - I was lesser. You know it was the same feelings come back to me in sobriety - early sobriety - as I had when I was a child growing up with them. Not fitting in, feeling that I wasn't good enough. Even after years after sobriety.

Julien remembers an incident involving a return of his childhood feelings of shame that came back upon him after years into his recovery, while he was attending a men's group:

I can remember going to men's groups, and they had this guy from California come down, and he knew Robert Bly, and all these guys. And I put him way on a pedestal, right. And he was just a down-to-earth guy, and he would talk to us and

he'd talk to me and I was - I'd go shy and I'd go into a turtle shell ... 'cause I - I just felt shamed ... I just totally wanted to be like him and I had him on such a big pedestal, and it was like he was God and I was just a fucking nobody. And I don't know, I would just turtle. I've done that lots of time with women, with men - I think that's part of my narcissism too, you know. I mean, narcissism in that I want to be like them, the grandiose self - to cover the shame, you know, and that they could see that I'm just nobody - empty, I don't measure up.

Freeman describes his experience with this when he was several years into his Alcoholics Anonymous program, and he tried to resume a relationship with a former girlfriend. The experience of the return of his shame, thought to be under control, was devastating to him, but led to him repeating his step four and making huge gains with his shame, as well as leading him to an interesting conclusion regarding his own emotional stuck point:

There was this lady that I was sexually addicted to and uh, I was going to give her another chance. And she told me that she was engaged to another fellow, that they were going to get married. I'd been sober four or five years, and I thought I would be okay to have a relationship - 'cause I loved her. But, when she told me that it was just like a boxer would have felt when you take his feet out from under him. I was just devastated. And so then of course I had to pretend, which I was quite used to. So, I pretended that I cared, and that I was happy for her, of course.

Then I went to my Sponsor and then that's where things started turning around. I went there, I was crying, I can remember my lip was sticking out - oh God, just like a child, 'eh. Couldn't talk. And she said, "Now this is what I want

you to do. I want you to go home, and do a step four. And this is how I want you to do it. I want you to take a pen and paper out, and no music - none of that bullshit, and just sit quietly, and I want you to take each person that's important in your life, and write down, as far back as you can remember everything that you can relate to that person. Good, bad, and indifferent, and no matter how insignificant it seems, write it down."

So, that's what I did. And I did my Mom first, 'cause My mom was to me the most important person in my life. It was the most devastating thing in my life. I started crying, and I couldn't stop crying. Like, I thought I had cried before, but I couldn't stop crying. And I just kept repeating over and over, "God, I'm sorry. God, I'm sorry." I sobbed and I sobbed and I sobbed. I couldn't believe that that was me, right. It was like, if you kind of stepped outside of yourself, right - that's what it was like. I had the same result with each important person in my life, the result was the same. It took me days to overcome that.

Bruce describes a similar return to emotions from his youth that has happened several times when he has gone into an anaphylactic reaction with his allergies:

I don't even panic - I just go into denial. ... I remember - I've had a number of them - there's two that stand out - one when I was at my sister's in the early nineties and eating something, right, and my sister's a nurse and I'm just - within minutes I'm sort of going like this right (gestures to his face) and my brother-in-law and my sister and you know, "You're having an anaphylactic attack". And I'm like, "No I'm not, no I'm not." as I continue to sort of blow up ... because I didn't want to be in hospital.

And then the one after that I remember being at a board meeting and eating something and thankfully, a friend was there - I mean like a colleague who knew I was prone to anaphylactic attacks, and she was saying, "You're having an attack". "No I'm not" and she said, "Yes you are, I'm taking you to hospital". And her literally grabbing me, literally dragged me to the car and drove me. And I'm like, like "I'm stronger than this!"

*Theme 12. Embracing and Accepting All Aspects of Self*

Freeman describes what it is that makes him or makes him feel worthy:

Well, for me, just getting along. Just living in my own skin. See, I know when I'm okay. Here (gestures to his heart) right. So I can't just think that, I can't pray it, I can't - I must believe it. I had a sponsoree come to my open house today, and that's what I told him. I said, "You must KNOW". I said, "This program is way deeper than what most of you people try to achieve and stuff and I said - you must believe. You must KNOW that you're okay. You can't think it, you can't uh, wish it and such a thing. You must know that you're okay".

Discussing the lessening impact of his shame "attacks", Freeman describes how repetition over time has helped reduce the impact or severity of these, and goes into more detail about how he practices challenging his discomfort:

Been through them, been through there. ... See, that's why I always refer to this faith, or this simple faith, right, this fear, right. Like, once you've gone through six months ... see that's why I continue to try to challenge myself. [My sponsor] said to me one time, she said - and I do this with sponsorees - she said, "Freeman, I want you to go out and do two kind things every day, and I want you to do two

uncomfortable things”. I thought, why can’t you just leave me alone? Why do you have to do this? Anyway, so I did, eh. I practiced everything. ... Uh ...

Uncomfortable, then, was - you have to remember, uncomfortable for me would have been sitting down, having a conversation with my Dad. ... Yeah, [it was] huge for me. Very uncomfortable, right? Uncomfortable would have been confronting the bully. Uncomfortable would have been just sitting down, just having an honest interaction with people was uncomfortable for me.

Julien discusses owning humiliation:

Um, sometimes what I’ll do if I experience humiliation, sometimes I’m able to own it and just experience it. A lot of times I can catch it and it doesn’t last very long, right. I think one of the things that [name of counsellor] has really helped me with is letting go of this - just being in my own energy, just being present to people and in the here and now and the whole mindfulness approach to life. The way I’d put it is acceptance of who I am with no apologies - just acceptance. And a commitment to live that way even though I do have issues, even though I have wounds and I’ve been imprinted but also to live and to be able to embrace life, and live in that anxiety and still take risks and go on.

And on speaking of interrupting shame immediately, Julien states:

I think so. I think I have somehow. I guess the interruption is that I realize who I really am and I can kind of come from that place and have compassion and mercy for myself. You know, usually. Usually I can do that.

Lyle describes how the intervals between his shame ‘attacks’ are expanding, and their intensity is decreasing, and how he has learned to laugh at himself:

Rejection seems to be a big trigger, or a little bit of abandonment, but more that rejection thing where there can be sort of that recoil, but even that - it's sort of like the suicide thoughts. Like, it comes up, but I don't grasp onto the woundedness or those negative statements as much and part of it is even with the suicide like laughing a bit at it.

A big thing for me has also been being able to look at myself and be able to laugh at myself - not like mocking but a wholehearted kind of acceptance of, here I am warts and all and if I'm able to laugh at it and I don't take it as seriously, it doesn't have - you know I can say I'm a skinny fucker. (Laughs)

Lyle speaks to the debate over whether the brain can be 'rewired' to eliminate shame problems, versus the individual learns to better cope with his shame:

When I actually was starting to get to the point where I was ready to let go, there was a big part of me that didn't want to, because shame had been so much my identity, that I didn't know who I was going to be, you know, and as shitty as it is, at least it's knowable and at least I'm somebody. Some of my way around that is realizing that in some ways shame doesn't have to be let go of or even healed. But it just, it can't run the show.

And you know, for a long time shame was a big mayor of my village. But rather than seeing him as Mayor, he's just one voice in a hundred. You just switch - you know, when anxiety comes up, or fear, or shame, or guilt, or laziness, like they all have. All my traits, the way I see it, have a positive and a negative.

They're not good or bad - they're all tools and it's what I do with them, right, it's

like a knife. A knife is a healthy tool, but in the wrong hands it becomes a weapon.

Here, Lyle began to speak of some of the successful self-work he did from the transpersonal approach to shame reduction through ego-death. Although it is more of a technical discussion than a lived-experience within his journey, it is included for the reader's interest, as the inclusion of the transpersonal section in the literature review was as a result of it surfacing during the interview data.

And I think some of it too, is just also dealing with narcissism and getting past the ego, because right, change is all about self. If you can actually transcend self and get out of the identity - like just, you know, let Lyle fall apart. You know, not necessarily killing him - well I guess in a sense, but uh, just kind of focus on the connective energy rather than this idea of who I am, which is all these belief systems or concepts. Like, in some ways there is no "I". So I can say that I'm good and bad but it's kind of like looking at a figment of imagination and making judgements about it.

Julien, a proponent of archetypal therapy, speaks on how he also has benefited from Bradshaw's work on another archetype, the Inner Child. His conclusions resemble those of Lyle, in no longer allowing shame to "run the show":

I've done my own inner child work and I've been able to actually recapture that little boy - and that's another archetype, is the Magical Child, or Exuberant Child, and I've been able to play, have fun, go on adventures, you know, that kind of thing, um, used humour - you know. That's the Inner Child, and I think I've been able to be there for the Inner Child, that scared, little, needy little boy ... the adult

side of myself that's been able to reassure the Inner Child. .... Just this whole thing around healing the abandonment wound, the absent father and doing Inner Child work, I think that's really, really helped me. It's just the reassurance and not allowing the Inner Child to run the show - the needy little Inner Child and nurturing it still and being the adult. I think the inner child thing really helped - that exuberant little boy has come out, and that was so stymied when I was young - it was terrible. I was so shy and self-conscious. And I just take risks now - taking risks - and living in the here and now - there's something to be said about that. It sure gets rid of shame too - you can burn right through it. Taking risks burns right through shame.

Julien continues, speaking of how things are with his wife of ten years, and shyness/sexual difficulties and how she came along while he was working on this difficulty:

We have had - yeah, in the beginning I did - I had to get to know her. Oh yeah, we used to talk, eh, and I always believed in this one little poem that said, "a night full of talking that hurts, not holding our held-back secrets", so be open. Yeah, I used to do that. I think we even had it above our bed. I'm serious!

Bruce, in concert with the other participants, describes how he learned to cope with his shame:

I don't think I've overcome it. I think I've learned to cope with shame by living literally one day and one moment at a time. I think by - I mean this may sound trite, but .. but trusting, for lack of a better term, a higher power or some ... whatever holds us together ... some sort of cosmic glue ... what I know is that it's -

if I live in the moment, and truly in the moment, which is a very Zen Buddhist type of concept, right, if I am present rather than in the past and in the future, that's the answer. Shame keeps us out of the present - keeps us out of the Now. I can really enjoy life, right, but if I get in the past or future, fears come back and shame comes back, with everything else. But really what it is, it comes down to trusting myself, and trusting others. And I think another conclusion I came to, is this need to try to understand it, trying to figure out why I feel these particular things, or don't feel these particular things ... I just feel them.

*Theme 13. Then and Now: Celebrating the Victory Over Shame*

Bruce, discussing how his life has changed, speaks of his ability to love, and how it has changed since learning to live in the 'Now'. "Yes, before, I could lust passionately but no, not love. I think I'm still learning what love is - I think I really am, I mean, and I think that will continue, you know?"

Julien remarks that the greatest change in his life has simply been the ability to experience joy:

The big change is that I'm able to experience joy in my life. In simple things, in ordinary life. It doesn't take a lot to make me feel happy - I don't have to chase excitement and intrigue and that kind of stuff. I can be fairly happy in ordinary things and I'm content. I do have a huge amount of fun at work with my cohorts. I use a lot of humour that I never used to. Before, I was so shame-based that I couldn't relax and hang loose. One of the biggest changes in my life is my ability to hang loose, and that's funny I can do it in those kind of environments.

Freeman, on how his life has changed since coming to terms:

Yeah, just learning to live - live in my own skin. ... It's like night and day. Today I prefer to deal with assets and so, I don't live in a pretend world. I'm more aware of my insecurities, my fears, ... I make myself aware of them - I get out there and I mix it up enough - I interact enough, right? All you have to do is get out there and take some risks, uh, just believe. See, after what I've been through, I believe that I can go through anything life can throw at me today, I don't believe I'm invincible - I know what common sense is today, right? I may run for a bit - I may hide - you know, some of the old characteristics will come in and stuff, but I'll deal with it. I choose to deal with assets today. I lived my whole life with defects and liabilities and stuff. And I pretty much did a good study on it. I understand to the best of my capabilities today, like my defects, and I've replaced them with assets. See, fear with faith. Your faith you can take it wherever you want, but I really don't - you know, if you want to be Mormon, go ahead. If you want to give your money to something, go ahead. It's not my style, but I have developed a simple faith and I do ask for more - I ask my God for help, and at night I thank him. I do a review, but it's him and me.

I love life today - yeah, it's good. I could die now. I don't want to, but yeah, I can now. Enjoying the ride. Yeah, it's okay. It's that feeling. Seldom is it referred to as a feelings disease - It's surprising to me, um, in the Program, but it's everything. It's everything. ... It's funny how we tend to deal with the surface anger and the actions and reactions to different things, the unwillingness to go in here (gestures) but it seems to me that basic needs, to be needed and to be loved, whether you're male or female, doesn't matter.

Lyle, similarly to Freeman, speaks of the freedom he has found in his life: God, it's freer. Yeah, I can see where the shame kept me out of doing a lot of things. You know, opportunities that I never felt capable of doing. Like I said about the baseball - I decided to play baseball in a fun league in [name of community] and ended up finding that I actually was pretty good.

Getting involved with people - I have more meaningful relationships. I don't worry so much today if people saw the real me would reject me or accept me - I still worry sometimes, like how they see me, or how they judge me, but it's not as pervasive or as threatening, or I'm more accepting of their judgements. I know that - whatever they're judging - usually they're at least judging the real me. Whereas some of my old friends, I can't say that 'cause they never really got to see the real me. And the people that reject me, at least they're rejecting the real me rather than some mask. And I'd rather be rejected for the right reasons than the wrong ones.

Relationships - I'm more functional - I'm still working on some of that area, you know some of the co-dependency. But, I'm more honest with [my girlfriend], that's the healthiest I've ever gotten, to put it all out from the get-go, and talking about this stuff with her. This is who I am, I'm not your typical man. I don't do mechanics.

Yeah, just with the freedom to be myself and to get out of myself, take risks and get out of self-talk about, 'it's all about me', and 'everybody's looking at me and judging me', and realize that a lot of people aren't looking at me. ...

That lightens the load, too. You don't have to perform. I can have my life the way I want it without having to perform.

Percy, in describing how his life has changed, speaks of extending himself to help others, and his spirituality:

Spirituality is like seeing the leaves on trees. That's part of God's plan, make a tree grow. Leaves grow on trees - that's part of God's plan. Frost in the Wintertime on the windows, having all these fancy designs - I can't draw those designs.

But, today I have a good life and today I have a good wife. She's very understanding and we do have our differences - I'm not going to say everything is perfect because it isn't. You know? Some days she's on FM and I'm on AM and we've gotta get our radio tuned somehow, so we have some pretty good discussions and we always work things out - so far. I don't feel ashamed - you know, if she's right and I'm wrong. No, I think what I'm finding most is I'm probably not [able] to explain my feelings and what I'm trying to say to her, and instead of elaborating on it more. I get to the point and that's it and she's got to fill it in herself. It's not always her fault - I ain't scared to admit that. But it's getting better. You know, the older we get the better the oranges, I guess.

This concludes the presentation of the data obtained through interviews with the study participants and the themes extracted from their stories. All of the participants are still on their journeys, on the path of transforming their shame.

## Chapter Five. Discussion

### *Introduction*

This chapter is divided into four sections. Section One, *Summary of the Research Findings*, includes a discussion of the themes extracted from five chronological life-phases encompassing the themes extracted from the participants' interviews.

The second section, *Implications for Counselling*, examines some of the similarities between the participants' accounts of what enabled them to recognize their shame as the source of their problems and what worked for them in their journeys to recovery from shame. These consistencies are combined with examples from the literature and considered in terms of how they may be used to enhance the treatment process.

Section Three, *Limitations of the Study*, provides the reader a view of the writer's review of lacks and omissions in the study, which might have provided deeper insight into the participants' journeys into recovery from their shame.

The fourth section provides suggestions gleaned from the study for areas in which future research may be of value.

### *Summary of the Research Findings*

The participants in the study were all Caucasian males, ranging in age from thirty-two to seventy-two. With respect to their families of origin, and the impact of these upon the formation of their shame included alcoholic or emotionally absent fathers and overcompensatory or enabling mothers, inordinate teasing by parents, siblings or significant role models, other forms of emotional or physical abuse, neglect, feeling that

they were not loved, and childhood illness or infirmity. Also noted was the common absence among the participants of their families celebrating their birthdays.

Twelve-step group involvement is common to four of the five participants, although not all of the participants became substance-dependent during their journeys. The influence of a mentor was a significant factor in the recovery of three of the participants, either in the form of a sponsor in a twelve-step program, or a counsellor. All of the participants attributed much of their success to group involvement, whether in twelve-step groups, or various counselling and support groups. The communal involvement in group support as a component of the participants' recovery is especially significant. Although all of the participants had involvement with counsellors or sponsors during their recovery, group involvement lends itself well to a greater degree of acceptance within community, and acceptance in any form appears to be key in their recovery stories.

The value of group involvement in recovery is reflected in the literature. Bradshaw (1988) attested to the effectiveness of twelve-step group involvement, for example, and much of Almaas' research was conducted in a group setting (Almaas, 2001).

As the data was collected through in-depth interviews a pattern began to emerge, revealing that the lived experiences of the participants appeared to follow the same basic chronology. This chronology of the participants' journeys to date spanned five life-phases: Phase I: Childhood Wounds, Phase II: Carrying Out Childhood Wounds Into Adult Life, Phase III: Descent and Breakdown, Phase IV: Recovery Process, and Phase

V: Being. Thirteen themes emerged from the participants' accounts, and are presented within their corresponding life-phases.

In the first life-span phase, Childhood Wounds, the origins of shame in the participants' lives were explored. The circumstances surrounding these events were presented, as well as the lived experiences of the individuals, how they interpreted the events and their place or role within them, and the physical and emotional reactions and conclusions - usually self-judging.

It is as a result of these experiences in infancy and childhood that the child begins the process of splitting off, or repressing those aspects of their personalities which do not evoke favorable responses from his parents. Those aspects which elicit a negative response as well as those which are simply not noticed will also be repressed (Almaas, 2001). Positive attributes are emphasized and negative aspects are replaced with made-up aspects, which the individual assumes in the drive for love and acceptance (Kohut, 1971). This is the beginning of the construction of the false self (Almaas, 2001) and the Great Betrayal (Almaas, 2001), or selling out the self by ceasing to be real, in an effort to gain the acceptance of others.

The origins of the self-judgement of not being good enough and ensuing efforts to compensate through donning phony or fake self-images is presented in *Opening the Rift of 'Not Good Enough'*. This process is continued in *Masking the Mistake That is Me*, which traces the journeys of the participants as they develop and perfect this practice of presenting an acceptable self to the world.

Wounding, although it occurs throughout the life span of the individual, is particularly devastating during the early formative years (Kaufman, 1996; Nathanson,

1987, 1992, etc.). Additionally, these woundings incurred during early years of development appear to be the most difficult to treat or resolve (Wilber, 1986a, 1986b, 1986c, 1999, 2000; Almaas, 2001). Regardless, it seems that these early experiences begin a pattern of behaviour, that is compounded through the life of the individual unless it is interrupted, usually only with outside help.

According to Almaas (2001), the infant begins to lose sight of his *essence* soon after birth, as he proceeds with the assembly of the false self. It is the feeling of real-ness of the false self in proximity with *essence* that instills the false self with such an intense feeling of being 'real', although it is anything but. It is at this point in life, as this experience is common to all humans, that the notion of universal shame is introduced. The loss of *essence* is experienced in the individual as a lack of substance, of completeness, which opens the door for 'not good enough', the feeling of inadequacy frequently articulated by the participants. This felt inadequacy and yearning for reuniting with *essence* further fuels the drive for acceptance, in which the individual sacrifices truth and authenticity for the acceptance of others (Almaas, 2001, 2008). The ramifications of this realization in the treatment of shame are discussed in *Implications for Counselling*.

Additionally, the stories of two of the participants, Freeman and Bruce, seem to suggest that childhood infirmity appears to predispose the individual to a sense of 'not good enough', as does incessant teasing, in the cases of Julien and Percy. Lyle, the only participant who grew up in the absence of one parent, reveals in his story and self-talk that this had a profoundly deleterious effect on his sense of personal worth.

Most interesting is the unanimous assertion of the participants that this sense of being 'not good enough' seems to have been present as far back as any of them are able

to recall. There are two possible explanations for this, within the context of this investigation. The first is that the origin of the felt need to create an acceptable self, and the factor that precipitated it - some form of perceived rejection, or lack of adequate mirroring occurred at such an early stage of development that it is beyond the recall of most individuals. The second, though not conclusively demonstrated in the data (nor could it be) is Almaas' assertion, supported by Wilber and others, that the feeling begins the moment the self begins to distance itself from the Essential Presence.

With the foundation having now been laid for forming patterns, *Masking the Mistake That is Me* continues the shift in the journey where the participants attempted to hide the self that they feared was not good enough. It is interesting that very early in their childhood a number of the participants recalled experiencing a desire to disappear when their shame was activated by some circumstance.

For the young child, the prospect of being unloved is unbearable, and as children at that age are not yet able to think in abstract terms, they construe the blame to be their own (Bradshaw, 1988; Piaget, 1977; Wilber, 1977), leaving them little choice but to somehow attempt to *make* themselves acceptable (Almaas, 2001). The fear that drives these judgements of 'not good enough' seems to be attached to the aspect which has been repressed. Consequently, when this repressed aspect is addressed in the adult, it still carries the intensity of the child's fear or terror. Although the mature adult is normally able to see through this 'bogey man', the emotion attached to it by the child remains, and the disturbance presents itself to the inquiring adult mind with the full intensity of the original irrational childhood fear. This, coupled with the felt egoic sense of reality

claimed by the false self, causes the process of resolving shame to be quite a difficult and prolonged undertaking.

It is interesting to note that there appears to be some means of reducing or overriding shame by being a 'bad guy'. While both Freeman and Julien state they had an aversion to people coming into their homes and seeing what kind of people their families were, Julien seemed sufficiently able to overcome his shame when he was with 'bad kids' that he invited into his home. It is unclear from the research whether this was because Julien had witnessed the same situation in the families of these children, therefore experiencing a kind of acceptance among them, or if it was for some other reason.

Continuing along in the process of self-betrayal, the child buries his *essence* deeper and deeper beneath the egoic structures. The split-off aspects of the self, which Bly (1988) and others refer to as the human shadow, tend, according to Bly, to "leak out". The feeling of being inadequate, unbearable to the young child, is defended against with rage.

Rage may be directed outward at the source of the wound, and typically manifests in violence toward the other person, or it may be directed inward at the self, manifesting in self-loathing, self-deprecation, and acts of self-harm or destruction. Lyle's and Freeman's suicide attempts are an example of the former, while Julien's, Percy's and Bruce's thoughts or acts of violence are an example of the latter, although Bruce, as a child, did not act out his aggression toward his elementary school teacher.

Anger is highly effective at masking shame, in that it empowers the individual. Percy's account of how he became able to 'turn on' his anger is interesting, although not unique to him.

With the possible exception of Percy, the participants described excelling in sports, often at the expense of bodily harm, in their efforts to become acceptable. Many great achievers, for example the American musician Ray Charles, have in their pasts some traumatic incident or means of negative judgement, which they took upon themselves as an indication that they were 'not good enough'. The genius of pianist Glen Gould, who was plagued with OCD and agoraphobia, and of Ray Charles, who battled heroin addiction, are examples of how the inadequate self can drive itself to remarkable levels of achievement.

Another outcome of shame-proneness, common to three of the participants, is that of becoming what is commonly called a 'workaholic'. This is clearly evident in the recollections of Percy, Julien and Lyle, and somewhat less clearly in those of Freeman and Bruce.

The second life-span phase, *Carrying Out Childhood Wounds into Adult Life*, begins in late adolescence and progresses through the adult lives of the individual. This phase may persist for the remainder of the individual's life, unless it is somehow interrupted. The wounding and patterns established in early childhood are now deeply seated in the individual and continue to play out, although they may evolve as the individual becomes exposed to subsequent incidents which compound the original shame, or as the individual becomes addicted to psychoactive substances, which may cause behavioral changes of their own. The individual, continuing to buy into the false self, persists in selling himself out in his need for love and acceptance.

All of the participants described an aversion to an ever-present sense of being under the scrutiny of others. Illustrations of this are provided in *Confirming 'Not Good*

*Enough*’, where we see Lyle, who reported an intense aversion to allowing others to see him cry, Julien, who forfeited a career in professional football, Bruce, who can only bear the scrutiny of others for whom he feels a great deal of admiration or respect, Percy, for going to great lengths to appear a hard working man, and Freeman, who felt compelled to quit school in order to escape the perceived scrutiny of classmates.

H. B. Lewis (1971) pointed out that in shame, the self is scrutinizing the self, and there is no escape. Even though the individual may escape the gaze of others, through donning an acceptable self, the only way to escape the gaze of the self involves buying into the false, acceptable self - eventually believing it to be who one actually is. This is the selling out of oneself, the Great Betrayal, described by Almaas (2001).

Perhaps the most pitiable confirmation of the presence of shame-proneness in the participants is the expression of the sentiment, “If they only knew the real me”, or, as Julien put it, “If they only knew the truth about me”, as a conviction in the belief that one is unacceptable, is also the most frequently heard. Lyle provides an excellent illustration of this, and the extent to which the self is willing to go in order to be acceptable, in his desire to win the heart of his university girlfriend, “She may not love me, but she’ll love who I can become”.

The next theme, *Pretending All The Time*, depicts the progression of shame to the point where it becomes a way of life, in which most or all aspects of social interaction are governed or influenced by the individual’s shame. Keeping up appearances is paramount at this point. Additionally, this outcome appears to be a universal phenomenon, having equivalent expression across different cultures, e.g. British and Japanese honor, saving

face, respect, Chinese li, and mianzi, etc. The individual may well remain at this stage of development for the remainder of his life.

*Descent and Breakdown*, the third life-span phase, represents the point where the individual has begun experiencing negative consequences as a result of the influence of shame in his life. These might include such things as addiction, sexual promiscuity and dysfunction, violence, criminal behavior, failure in employment, failed relationships and divorce, inadequate parenting, suicide, and so forth. There is much work to be done before shame is generally recognized as the underlying factor or precipitating event beneath many of these behaviors (Kaufman, 1996). This need is particularly evident in law enforcement and correctional practices, especially as they pertain to the concept of rehabilitation.

*Stress, Failure, Humiliation* depicts the cycle of shame, which repeats over and over in the individual. Elevated stress triggers the shame response, which impairs performance, humiliating the shame-prone individual, further elevating the individual's stress and perpetuating the cycle. Although, as mentioned above, shame is the only emotion which does not require the presence of another person in order to be activated (Lewis, 1971), it appears from the data that the risk of shame being caused by the scrutiny of another individual may be lessened when there is familiarity, trust and acceptance. Alternatively, if the individual simply does not care about another person's judgement, the shame risk seems to be averted also. This is illustrated in Julien's account of his relationship with the woman whom he found somewhat intimidating, when it became clear that the relationship was ending, and he was no longer emotionally

committed to her. He found that after he no longer cared deeply about her or felt at risk of being judged by her, his sexual problems with her dissipated.

The reduction of inhibitions is one of the most well known properties of alcohol consumption, and is likely the primary reason most people drink. In the same manner, although perhaps through a different mechanism, the consumption of alcohol also affords the shame-prone individual a means to override shame. The expression ‘liquid courage’ is often heard in meetings and among the anecdotal literature of Alcoholics Anonymous. This easy access to a means of escaping the deleterious consequences of shame in the individual is unmistakably among the primary precipitants of alcoholism and drug addiction in shame-prone people. Facing the consequences of one’s actions while intoxicated is also a source of shame, however, prompting the individual to use again in order to find relief, thus perpetuating the cycle of addiction.

Anger is also a very effective means of overriding shame, which might explain the high prevalence of rage observed in shame-prone individuals. *Rage against the world*, *Rage against the self* details some of the directions into which the shame-prone personality can channel shame. Three of the participants reported having planned their suicides, and two of these attempted to carry them out. The longer shame runs its course in the individual, the more despondent he becomes. Even those who totally buy into their narcissistic roles have to face themselves at some point, and realize they just don’t measure up. The shame-prone individual, particularly if there is an advancing addiction involved, typically reaches a point where he realizes he can no longer continue. Suicide becomes a viable solution at this point, unless the individual is fortunate enough to be motivated to seek help.

Whenever the wound is pricked in a shame-prone individual, it causes extreme psychic pain. Anger or rage often develops as a secondary emotion in these individuals, serving as a defense mechanism to insulate the ego from this pain. When the pattern becomes a common occurrence, or when the wound is especially deep, the rage response may follow the shame trigger so quickly that the individual hardly notices their shame, if at all. Numerous shame-prone individuals describe experiencing a rage that seemingly ‘came out of nowhere.’

*Reaching Rock Bottom* describes the point at which the participants realized they could go no lower in their addictions and/or shame. Members of Alcoholics Anonymous often claim that they had to reach their ‘rock bottom’ before becoming willing to make the commitment to ‘go to any lengths’ to achieve sobriety. Interestingly, the expression came up in the interviews of all of the participants, whether substance dependent or not.

Both Freeman and Lyle attempted to goad another person to kill them. The slang expression, ‘suicide by cop’ attests that this is not an uncommon practice. It is unclear whether this is a result of not being able to summon the courage to commit the act, or if the individual is not yet ready to take such an extreme step, as these two individuals eventually did attempt to take their own lives.

The fourth life-phase, *Recovery Process*, represents the point at which an awareness of shame and the realization that they have been causing most of their own problems begins to dawn in the shame-prone person. As Almaas (2001) attests, we do it to ourselves. Twelve-step programs, support groups, etc., serve to inform the individual that they are not alone, that shame is not unique to them. The awareness that others have had the same problem, and have recovered from it, plants a seed of hope where there

previously was none, and the individual begins the process of searching for a way to cure their shame, or at least learn to live with it.

*Unmasking the Pretender* designates the point in the participants' early recovery, where they realized that they had literally been pretending (to be good enough) for the majority of their lives. This realization in itself, however, does little to resolve pervasive shame issues, rather providing an awareness of the nature of their problem presents a route to recovery. This, Almass (2001) states is the beginning of self-realization.

Many of the activities the individual avoided before are now confronted or challenged, which in turn activates the individual's shame. In a sense, one could say that things get worse at the beginning. For many, the first step in seeking treatment involves overcoming the stigma around going to see a counsellor or therapist. Indeed, while counselling may provide some degree of relief, and even help the individual process and overcome a certain shame-evoking situation or attribute, Almass (2001) is quite clear that until the narcissistic disturbance underlying the issue has been collapsed, there can be no permanent resolution. As most individuals do not reach this level of self-realization, the best that they can hope for is to learn to cope more effectively with their shame issues, or learn to not buy into them as heavily, as they do inevitably return.

*Forgiving Parents, Forgiving Self* introduces the first solid clue to recovery from shame - that of acceptance. Forgiving one's parents for all that they did or didn't do seems to represent a major step or milestone in the participants' recovery stories. For the participants, this forgiveness of their parents seems to have afforded them an opportunity to see their parents as human, as opposed to unforgiving introjected authority figures who did not see them as worthy of their love, of being loved. Forgiveness of self follows, as

the individual realizes that they have been doing this to themselves, and that they have wasted their lives, living as fakes and phonies, pretending to be anyone but themselves.

The fifth and final life-span phase of the participants' journeys, *Being*, follows the participants' progression after they had identified the problem in their lives and begun to take steps to correct it. From there, it traces the return and overcoming of shame in their lives, the acceptance of all aspects self and concludes with a comparison of what is different in their lives since beginning the healing transformational part of their journeys, and how their lives are now.

Following the forgiveness and acceptance of their parents, *Being Good Enough*, heralds what is perhaps the most important stage in the transformation of shame, that of continuing to accept oneself - that oneself is 'good enough' – in everyday living. Here, the participants begin challenging their shame triggers, experimenting with new ways to face their shame.

*Spiralling back through shame* covers the period in recovery when one learns that their shame, although 'gone away', does not stay away. Almaas (2001) describes the return of shame, despite the narcissistic disturbance having been collapsed. This can be especially disheartening for the individual at first, as they feel that their efforts have been in vain, that the progress they have made has been undone, or that they are 'incurable'. According to Almaas (2001), however, this is quite typical and is to be expected. The difference is that the episodes are of a less severe nature, and return in progressively lessening intervals.

The mechanism beneath the recurrence of shame issues which appeared to have been resolved is unclear, however, it is part of the process of transformation and is a

testament to the tenacity of egoic structures. It is possible that this return of shame and ensuing disappointment is the precipitant of what are called ‘slips’ in the twelve-step program of recovery from addiction. Indeed, it is commonly heard in twelve-step meetings that relapse is a necessary part of recovery. Once the individual is able to accept that this is an inevitable part of the journey of healing, the ensuing stability affords a higher quality of life.

*Embracing and accepting all aspects of self* is the process of reclaiming those aspects of the personality that were split-off during early development. The individual discovers that these aspects are not gone, but have remained in the unconscious all along. Much has been written about the human Shadow (E.G. Jung, May, Hillman, Campbell, Keen, Bly, Wilber, Bradshaw, etc.). Bly perhaps best describes the phenomenon of the Shadow, as the repository of the split-off aspects of the self (1988). While it is beyond the scope of this thesis to go into detail on the Shadow, it is said that these aspects tend to ‘leak out’, causing all manner of problems, and also that there is a tremendous source of power available through tapping the Shadow qualities. This may offer an explanation as to why an individual is able to override shame through anger.

According to Almaas (2001) and others, all split-off aspects of the self must be reclaimed through collapsing the individual’s narcissistic disturbances. When this has been accomplished, the individual may become the whole person he was at birth through the transformation of narcissism, culminating in the attainment of self-realization.

The final theme, *Then and Now: Celebrating the Victory Over Shame*, chronicles the celebration of achieving a life that is no longer dominated, or governed by shame. The lives of the participants in the present are contrasted with the way they were when

shame dominated their worlds. This is where we depart from the participants' accounts of their journeys, although they are still on the journey, on the path of transforming their shame.

### *Implications for Counselling*

There is a great deal to be learned about the transformation of shame, in order to make it more readily available to the typical client in the counselling setting. The problem of shame issues returning after appearing to have been resolved through treatment is at once baffling to the individual and the therapist. The depth of understanding provided by the research of Almaas (1988, 1998, 2001, 2002, 2003, 2004, 2008) and many others serves to inform the counsellor, in order that they can better prepare the client and perhaps avert a relapse into substance abuse, gambling, sex addiction, self-harm, etc.

A key point in recovery from shame seems to be acceptance. Given that all of the participants in the study experienced a profound shift when they were able to forgive the offending parent, or, introjected other. This is supported by the data. This made the parent human in the eyes of the shame-prone individual, and therefore accepting the faults of the parents became easier, which further enabled the participants to accept their own shortcomings. Acceptance of self is achieved through challenging shame. If acceptance without judgement can be attained, shame, which is largely about judgement, can be overridden. It also helped the participants accept that their parents did love them after all (that they were/are loveable), but through their human failing were unable to express this adequately, or convince the child (Kaufman, 1996).

Almaas (2001) argues that, in order to heal from shame, one must surrender to shame. Given the role that loss of *essence* plays in the development of universal shame, it appears that the method of regaining sight of one's *essence* is critical in effective, enduring treatment. This can only be effected through the collapse of the egoic structures, or narcissistic disturbances, which the individual believes to be his real self, and which must first be resolved in order for the individual to regain sight of his *essence*.

Of great importance to the counsellor is the understanding of repressed aspects of the self, as they surface in treatment. These aspects, which were repressed by the individual as a child, surface with all of the emotional turmoil that prompted the child to repress them in the first place. This explains the often fierce resistance an individual encounters when attempting to resolve his shame and opens the door for more effective, less threatening ways of treating the shame prone person, at least in the critical initial stages of treatment. As laid out by Almaas (2001), and summarized in Chapter Two, Almaas details a phenomenological process of stages to be worked through and interventions the therapist can use to help burn through narcissism with the client in therapy.

Another common point in the participants' stories is that of a mentor. Julien's account provides an excellent illustration of the impact a mentor can have on the recovery of a shame-prone individual: "Yeah, he was my mentor - he was a male mentor and I'm telling you - I absolutely blossomed under him."

In light of the high rate of client dropout from treatment, particularly in addictions counselling, it is important that the counsellor or therapist seek out training, to better enable them to work with the shame-prone client. According to Potter-Efron (2002),

shame-prone clients tend to hide their shame from their counsellors, which predisposes them to resist therapy and disappear before completing treatment. Shame-prone individuals tend to flee from close contact with others, including counsellors, therefore the therapist who is adequately trained to work with these types of clients may better be able to facilitate the therapeutic alliance and consequently further engage the client in therapy.

Additionally, shame tends to heal slowly, making the shame-prone person a poor candidate for success with time-limited or brief therapies. Potter-Efron (2002) stresses that deeper shame related issues such as childhood physical or sexual abuse may be opened up in short term treatments, but not resolved, leaving the client feeling exposed and abandoned.

Lastly, in light of the problem described above, where shame issues return after treatment, a thorough understanding of the nature of shame and egoic constructs is necessary in order to achieve a lasting resolution of shame issues and to save the client from feeling that they are hopeless. Almaas' inquiry method, the Diamond Approach (2001) provides this level of understanding.

#### *Limitations of the Study*

The first question to be answered in a discussion of the limitations of the study necessitates revisiting the issue of the implicated researcher. While the writer attempted to refrain from any personal influence upon the interpretation of the data, it is impossible to produce a work completely free of personal bias. Nevertheless, it is felt that the data in this area of study literally speaks for itself. This is evident in the consistency of the experiences of the study participants. The study, for the most part consisted of a

chronological progression of the origin and progression of shame, what worked for the individuals in their recovery and what their lives are like now (in effect, the story of shame), therefore the reader should, for the most part, be able to draw his or her own conclusions from the data excerpts.

Additionally, the sample consisted of only five Caucasian males, aged thirty-two to seventy-two. A sample of this size cannot produce results that are generalizable to the entire male population. Nor do the results indicate if a universal shame applies to women as well as or in the same way as men, or if it is consistent across all cultures, particularly those which are not caught up in the dualistic nature of our western culture.

Only one of the clients, Lyle, grew up in a single-parent home. While this is interesting, in that the shame outcomes were remarkably similar among all of the participants, this is not a scientifically conclusive observation. Lastly, only three of the participants had been substance-dependent at some point in their lives.

#### *Suggestions for Further Research*

Given the size and demographics of the sample in this study, the first suggestion is to conduct a more expanded study with a larger and more diverse sample. One example of this would involve a sample with more ethnical diversity. Another would be to track shame issues and their impact among younger clients. Additionally, it would be most beneficial to contrast the progression and resolution of shame among females and among a mixed-gender sample, as well as measuring the universality of shame across multiple cultures, in particular cultures which are free of western dualism.

Another interesting area for further investigation is the question of whether shame can develop among adults who did not suffer from excessive shame during their

childhood. Finally, in light of the enormous energy generated in the defense against shame, it would be interesting to study a sample of great achievers, in order to observe the prevalence of shame, or shame-proneness among such individuals, and the influence of shame defenses upon their creativity and proficiency.

### *Conclusion*

This study investigated the lived experiences of five shame-prone Caucasian males, spanning the periods in their lives from the inception of their shame, through their various means of coping, to their eventual realization of and recovery from shame. While the individuals came from varied socio-economic backgrounds and followed disparate paths, their experiences with shame were remarkably consistent.

The explication of the data led the researcher to conduct a second review of the literature, into the realm of transpersonal psychology, where the notion developed that shame may be a universal phenomenon, common to all humans, regardless of culture, and that shame is the inevitable felt experience of separation from one's *essence*. Through the monumental works of Wilber and Almaas, it appears that shame is resolved coincidentally with the resolution of narcissism.

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### Appendix A. Sample Questions for the Screening Interview

The screening criteria will be read to potential participants: Participants will have successfully overcome profound adversity stemming from issues of unresolved personal shame, which was brought under management through a protracted period of participation in counseling therapy and/or twelve-step groups. At least two years attending introspective self-help and/or substantial participation in therapy would attest to a process of recovery from a disorder or syndrome of pathological proportions. Individuals who have at least gained insight into their shame and begun a healing process will also be considered for inclusion in the investigation. Additionally, the participants must be able to adequately describe their experiences and be of legal age.

1. How do you feel you meet the inclusion criteria for this investigation?
2. How long have you been in recovery from your shame?
3. To what extent do you feel shame negatively impacted your life?
4. Are you able to commit the required amount of time to participate in the investigation?
5. What expectations do you have with regard to participating in the investigation?

### Appendix B. Sample Questions For the Data Collection Interviews

1. At what age do you first remember experiencing shame in your life?
2. How would you describe this feeling of shame?
3. What do you remember about the origin or source of this feeling?
4. What was the composition of your family while growing up?
5. How did your shame evolve, or become reinforced over a period of time?
6. How did shame negatively impact the different aspects of your life?
7. What was the turning point when you decided to do something about this shame?
8. How did you overcome or learn to cope with shame in your life?
9. How has your life changed since you became able to overcome or cope with your shame?

### Appendix C. Letter of Consent

Dear participant,

You are being asked to participate in a study about the healing journey from pervasive shame. The focus of the study will be on people who have overcome profound adversity stemming from issues of unresolved, excessive personal shame. This study will involve an in-depth interview exploring your experiences with shame from the beginning of your journey to the present time. The purpose of the study is to elucidate the themes that emerge throughout the journey which will help us further understand the nature of shame and may lead to significant theoretical and treatment implications.

The research will require each participant to take part in a 1-2 hour tape-recorded initial interview with a follow up interview of approximately 1 hour. If necessary, additional interviews may be required. Participation is voluntary and individuals who wish to discontinue the interviews may do so at any time.

Participant responses will be kept confidential. The data collected from the interviews will be shared only with the thesis supervisors and myself. The tapes will be destroyed upon publication of the research. To preserve anonymity, each participant will be identified by a self-selected pseudonym. The results of this study outside of the thesis may be published in academic journals and/or presented at conferences and/or university classes.

If you have any questions about this study, or if you would like to obtain a copy of the research results, please contact Chris Onslow at (403) 977-0323 or via e-mail at [chris.onslow@uleth.ca](mailto:chris.onslow@uleth.ca). Questions may also be directed to Dr. Gary Nixon, thesis co-supervisor, Director, Addictions Counselling Program at the University of Lethbridge,

(403) 329-2644 or Dr. Kris Magnusson, thesis co-supervisor, Associate Vice President, Academic at the University of Lethbridge, (403) 329-2202. Questions of a more general nature may be addressed to the Office of Research Services, University of Lethbridge, (403) 329-2747.

Sincerely,

Christopher E. Onslow

I have read and understood the above information and I consent to participating in the study entitled, "The Transformational Healing Journey From Universal Shame: A phenomenological - grounded theory Inquiry".

(print name)\_\_\_\_\_ (signature)\_\_\_\_\_