APAGS TRAINING VIDEO:
Working on Shame with Sexual Minority Clients
Transcript

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Hello. I am Dr. Matthew Skinta, the director of the Sexual and Gender Identities Clinic at Palo Alto University.

This webinar, *Working on shame with sexual minority clients*, is part of a series of webinars presented by the American Psychological Association of Graduate Students, or APAGS, Committee on Sexual Orientation and Gender Diversity. APAGS aspires to achieve the highest quality graduate training experience for the next generation of scientific innovators, expert practitioners, and visionary leaders in psychology.

With these webinars, we hope to address general areas of interest to graduate students in psychology related to sexual orientation and gender identity.

This webinar will focus on the role that shame plays in psychotherapy with sexual minorities.

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This presentation has three key objectives.

First, to provide information on how shame is operationalized by researchers, and how it presents clinically.

Second, to provide background on some specific ways that sexual minorities are affected by shame.

And third, to guide discussion on some contemporary approaches to the treatment of shame for therapists to explore.

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Shame is a self-conscious emotion. The capacity to experience shame is closely related to our sense of self in the world, developing alongside our capacity for language. It is common for adolescents, for instance, to experience a sense of an "invisible audience" – a fear that their actions are noticed by others and may be judged negatively.

In cultures where a non-heterosexual orientation is still regarded as a deviation or character flaw, sexual minorities might be particularly susceptible to the experience of shame. This can contribute to the experience of psychological distress, and may appear as either a central or driving factor motivating seeking out psychotherapy.

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While some cultural definitions vary, psychological researchers consider *guilt* to refer to the negative affect that follows an undesirable action. For example, if I spill a cup of coffee on a friend's laptop, I might feel remorse specific to that action. *Shame*, on the other hand, refers to the feeling that there is something wrong with one's self, and with who they are as a person. This would be akin to spilling coffee on a friend's laptop and berating myself for being clumsy, unthoughtful, or in some other way possessing flaws that are not specific to any one act or context. This can be incredibly distressing, because people can choose to behave differently but cannot easily choose to "be" different.

Shame has been linked to a number of negative outcomes, such as increased substance use, an increased number of sexual partners and subsequent exposure to HIV and STIs among gay and bisexual men, and even increased symptoms of depression and suicidality.

The experience of shame can be amplified for sexual minorities in times of public debate about marriage equality, when negative views about sexual minorities receive widespread media attention and public discussion.

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There are a number of ways in which shame can affect our view of the world.

Primarily, shame causes people to focus on the individual rather than the context. For instance, when something bad happens, a shame-prone individual may be inclined to think, "I must have deserved this," and may not notice ways in which their social context impacted the negative event.

We see this in beliefs clients may express about themselves, like "Same-sex relationships do not last," or "I will contact HIV at some point because I am a gay man."

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Because individuals experiencing shame generally do not take context into account, they feel only people are to blame when things go wrong. This can cause shame to interfere with meaningful relationships, because "if I can't figure out how this is my fault then it must be that someone else is to blame."

In this way, a culture that encourages shame around a sexual minority identity negatively affects relationships, friendships, and communities.

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Many of the new therapeutic approaches that counter shame focus on cultivating a sense of context and connection, such as exposure to feelings of vulnerability in the presence of a loving other in Compassion-Focused Therapy. When an individual is able to step back and notice their cultural, familial, or relational context, it reduces shame.

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We often speak of pride as the opposite of shame, though pride is also a self-focused emotion and is more closely related to shame. Both pride and shame are affects one feels regarding one's self. Behaviors such as connecting with the local sexual minority community and connecting with vulnerability to others in our life – behaviors that orient us outside of ourselves – offer more successful strategies to combat shame. We might consider these to be aspects of compassion and self-compassion.

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Not attending to the central role of shame in our work with sexual minorities weakens the impact of therapeutic interventions. Among gay men the lifetime occurrence of depression is nearly four times that of heterosexual men; among lesbians, it is double that of heterosexual women. Shame increases the likelihood of both depressive symptoms and depression relapse, for instance.

Additionally, sexual minorities utilize mental health services to a higher degree than heterosexuals, yet most psychologists report little or no training in working with sexual minorities. A lack of familiarity with the history and experiences of a minority group increases the risk of microaggressions, as well as the likelihood that shaming interactions might occur in therapy.

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There are a number of ways that the therapeutic relationship might work to decrease shame. First and foremost might be to model comfort with one's own sexual orientation if you yourself identify as a sexual minority. Disclosure may be one appropriate therapeutic intervention to counter shame, including both disclosure about one's own sexual orientation and discussion about the impact of anti-gay messages in the media or related to public events. Finally, therapists might consider using psycho-education and recommending resources related to the experience of shame, including the rich variety of novels, films, and music produced within sexual minority communities. Trainees might strive to be aware of their own experience of shame, as working with a sexual minority client could serve to evoke discomfort on the part of the therapist. This could best be explored in personal psychotherapy or supervision with a trusted supervisor or mentor.

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The therapeutic relationship is one of the most powerful places to experiment with acceptance and inclusion, and to share about shameful fears and experiences in a way that feels safe.

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Research into Compassion-Focused Therapy, specifically designed to target shame, has highlighted the importance of noticing where clients are most afraid of experiencing

vulnerability. Fear of giving compassion to others, receiving compassion from others, or giving compassion to one's self can all contribute to the experience of shame. Ultimately, overcoming these fears requires that we believe we are deserving and worthy of love and care from others in our lives.

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Similarly, research on self-compassion has identified three components necessary to experience self-compassion. These are mindfulness, or our ability to step back from the situation; common humanity, which is our ability to recognize that we're not experiencing life's challenges alone but share them with others in our situation; and self-kindness, or our ability to be warm toward ourselves. Consider how this relates to shame's message that we are uniquely broken or damaged.

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Recent studies on how best to counter shame also include acceptance-based approaches. When we choose behaviors that help us avoid feeling shame, we miss out on opportunities to connect or act meaningfully. When we follow our values and choose meaningful behaviors, we accept that we might feel some shame.

Engaging in activities that matter – community involvement, dating, marriage, starting a family – require a willingness to feel shame. Paradoxically, this reduces the hold that shame has over our behaviors.

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What does shame look like in the therapy room?

As we have explored what shame looks like today, and what the opposite of shame looks like, you might consider that shame can appear as guardedness, social isolation and loneliness, or fear that the therapist will reject the client.

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How might a clinician respond to shame?

Warmth and acceptance are great places to begin. Exploring the impact of biased messages in the media, or ways to connect with sexual minority communities are helpful. You might also choose to seek further training in psychotherapy.

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The following resources may offer support regarding working with shame in sexual minority communities.

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Here is a list of some of the references for the content of this webinar.

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