

Supervision: An Opportunity to Recover from Toxic Shame

By Michael Eustace

The author suggests that toxic shame is a common theme among the crises that bring people into counselling, and how society has an investment in promoting that feeling as people run by that feeling are easy to control. He shares how Gendlin's focusing technique has enabled him to separate from his toxic shame, and through this separation he has found a creative space beyond shame that he can offer his supervisees.

Supervision is a multi-faceted process which is difficult to define exactly, yet it is crucial for counsellors to be supervised in their client work, supervisors to be supervised in their supervision work, etc., because all of us need another who can help us discover what it means to be 'me' and how 'I' influence others, in context. On this point, Hawkins and Shohet suggest that one facet of supervision is a process by which a supervisee, 'improves the quality of their work, transforms their client relationships, continuously develops themselves, their practice and the wider profession' (2012, p. 61).

In this article, I attempt to capture something of how supervisory and counselling relationships can be transformative vessels for the healing of what John Bradshaw calls 'toxic shame', which he describes as follows:

Shame as a healthy human emotion can be transformed into shame as a state of being. As a state of being, shame takes over one's whole identity. To have shame as an identity is to believe that one's being is flawed, that one is

defective as a human being. Once shame is transformed into an identity, it becomes toxic and dehumanizing. Toxic shame is unbearable and always necessitates a cover-up, a false self. (Bradshaw, 2005, 162–5)

Recovery from toxic shame is a personally significant part of my life story, and in my experience, toxic shame is a common theme among the crises that bring people into counselling. Since the counselling profession attracts many people who have to some extent been toxically shamed themselves, it also makes a regular appearance in supervision. Most of the time, my own supervision and counselling are essential in helping me retain an identity distinct from my historical toxic shame.

A common aim of my supervision and counselling practices is to help the client or supervisee transform toxic shame into a healthy human emotion. I suggest that counsellors and supervisors can lay the foundation for the transformation of toxic shame by creating what Donald Winnicott called a 'potential space'

which facilitates the development of: trust of self and other, a coherent sense of self, self-worth and autonomy. For example, when I am feeling under-resourced (tired, hungry, something on my mind, etc.), I notice that as a supervisor I can tend towards focussing on the content that the supervisee brings, and I can tend towards seeing the client or supervisee (or both) as ‘problems’ to be ‘fixed’. I believe that in so doing, I project my own toxic shame on to the client, because my toxic shame clouds my view of the fact that I am just under-resourced and I have a tendency to project my toxic shame on to others.

In contrast, when I feel resourced I pay attention to the supervisor–supervisee relationship, I seek the supervisee’s collaboration in uncovering parallel processes and projections, and I encourage the supervisee to creatively consider their relationship with their supervisor, using methods such as sand-tray work, creative questions (e.g. ‘If you and your supervisor were animals, what would you be?’). I find the acronym ‘HALT’ very useful for giving me perspective on my toxic shame: I ask myself, ‘Am I feeling **H**ungry, **A**ngry/**A**fraid, **L**onely or **T**ired?’. When I find that I am indeed feeling one of those things, I am motivated to seek the potential space that I need.

Donald Winnicott suggested that an individual internalises their childhood potential space (Winnicott, 2005/1971), and in my experience many clients attend therapy because the potential space they have internalised has been in some way violated, perhaps by a punitive or self-absorbed parent, and the individual is subsequently unable to resolve Erikson’s second stage of development, which is *trust vs mistrust* (1994). The person often experiences fundamental self-doubt, which manifests as toxic shame. A common example of self-violation is the *top-dog/underdog* impasse (Joyce & Sills, 2014, p. 101), which is a replay of the voices of those who violated one’s potential space in childhood or later on. On the importance of the potential space, Winnicott states:

The potential space between baby and mother, between child and family, between individual and society or the world, depends on experience which leads to trust. It can be looked upon as sacred to the individual in that it is here that the individual experiences creative living.... By

contrast, exploitation of this area leads to a pathological condition in which the individual is cluttered up with persecutory elements of which he has no means of ridding himself. (Winnicott, 2005/1971, p. 139)

Winnicott’s view was that ‘persecutory elements’ keep one’s view of oneself rooted in shame and fear, and constrain one’s perception to that which one already believes about oneself. When one looks only for that which one already believes and discounts the remainder, one sets in motion a vicious circle of impasse by which the ‘pathological condition’ described by Winnicott is maintained.

Creativity allows us to consider our experiencing from a multiplicity of viewpoints and to create experience anew, in full awareness of self, instead of merely confirming what we already believe about ourselves. It is creativity which allows us to live to our fullest potential. Unresolved trauma, particularly from childhood, stifles creativity. On this point, Winnicott states:

To be creative a person must exist and have a feeling of existing, not in conscious awareness, but as a basic place to operate from. Creativity is then the doing that arises out of being. It indicates that he [sic] who is, is alive. ... By creative living I mean not getting killed or annihilated all the time by compliance or by reacting to the world that impinges; I mean seeing everything afresh all the time. (Winnicott, 1990/1970, pp. 39–41)

In my experience, Winnicott’s description of the requirement for creativity is answered by Gendlin’s notion of the felt sense which he describes in his book *Focussing*, as follows:

You have a bodily orienting sense. You know who you are and how you come to be in this room, reading this page. To know this you don’t need to think. The knowing is physically sensed in your body and can easily be found. But this bodily knowing can extend much more deeply. You can learn how to let a deeper bodily felt sense come in relation to any specific situation. Your body ‘knows’ the whole of each of your situations, vastly more aspects of it than you can think. Here you find an intricate bodily knowledge and new steps that want to come, and

will come, if you can wait here. (Gendlin, 1978, loc. 123)

Gendlin proposed that if one can gently and fully inhabit one's body, slow down and immerse oneself in one's moment-by-moment experiencing, then one can begin to make sense of those aspects of one's thinking, emotions and behaviour which are otherwise automatic.

In my experience, Gendlin's focussing technique has been fundamentally transformative: it allows me to separate myself from my toxic shame. Nevertheless, it is toxic shame that discourages one from fully engaging with one's felt sense in the first place, because to make contact with oneself in the presence of toxic shame is awful, uncomfortable, frightening, even unbearable because, as Chris Kilmartin puts it, 'it is very difficult to resist a pressure that one cannot name' (Kilmartin, 2014, p. 21). It is toxic shame's unbearableness that makes the toxically shamed person project their shame on to another and, if the receiver is operating from a position of toxic shame, they will easily receive the shame that is given to them. At some level outside their awareness, there is the notion, 'Yes, I really am bad, this fits with my badness, I will have it'.

Focussing is a technique I use myself and I teach my clients and supervisees in order to help them discover and separate themselves from toxic shame, thereby allowing them to reject the toxically shaming projections of others.

In his book *Healing the Shame that Binds You*, Bradshaw (2005) gives a compelling account of the role shame plays in shaping human destiny. As mentioned earlier, he describes *toxic shame* as a sense of shame so pervasive and deep-rooted in a person's psyche that it pollutes all aspects of the person's sense of self, such that that which the Person-Centred paradigm calls 'the organismic self', which is fluid and creative, is lost, and a number of shame-based 'false selves', which are inflexible and punitive of self and/or others ('incongruous self-image' in person-centred parlance) become the central organising principle around which meaning-making is oriented.

Toxic shame gives a sense that one is fundamentally a bad and unworthy person. Toxic shame is intolerable and is therefore denied by being pushed out of awareness, and the sense of self becomes shame-bound to a conflicting jumble of inflexible false selves. Bradshaw emphasises the destructiveness of toxic shame: 'The affect shame as toxic is a source of most of the neurotic and character-disordered behaviors that we now understand. It is also the source of violence to self and others.' (Bradshaw, 2005, 143–4)

We live in a society steeped in toxic shame, where people feel they are expected to live up to stereotypes that are impossible to achieve, and to which they therefore become shame-bound. My view is that governments and mega-national corporations control society by deliberately inculcating us with toxic shame. Toxically shamed people are easy to control, as Bradshaw explains: 'When autonomy is crushed, toxic shame is manifested either as total conformity or rebellion against authority.' (Bradshaw, 2005, 577)

Through the crushing of autonomy, a fear-based society is constructed in which the compliant are led to fear the rebellious and seek protection from them, and vice-versa. Perhaps this is a societal manifestation of the toxic shame of those who seek to control society; perhaps they are the most toxically shamed people of all. Bradshaw outlines the price to be paid for the divide-and-conquer approach to social control:

Toxic shame and all its cover-ups end in spiritual bankruptcy. Toxic shame is soul murder. Because of it we become other-ated human doings, without an inner life and without inner peace. Shame-based people long for true inner serenity and peace. (Bradshaw, 2005, 2717–9)

Bradshaw's description fits poignantly with the anguish experienced by toxically shamed clients who seek counselling. They are often locked into repetitive patterns of self-destruction of which they are not wholly aware – or if they are, they find themselves unable to alter. The latter case is often more distressing to the individual than the former, and is often accompanied by a sense of urgency, which is often passed on to the counsellor as a demand to be given answers *right now*. The

client's sense of urgency is unsurprising in the face of intolerable toxic shame.

It is natural for counsellors, who have been raised in the same toxically shaming society as their clients, to experience a sense of responsibility in response to the client's demand, and to pass that demand on to their supervisor by way of parallel process. Of course, the counsellor cannot instantly ameliorate the client's pain, and the client's reaction may be to feel disappointed in themselves or the counsellor, and the counsellor to feel disappointed in themselves or the supervisor. Therefore, when the counsellor's own toxic shame and that of the supervisor are stimulated, an impasse exists between client and therapist and between therapist and supervisor in which all are unaware of how their toxic shame is playing out in the counselling room.

A common example of this is the Transactional Analysis (TA) game of 'Why don't you...?' (therapist) / 'Yes but...' (client) (Berne, 1964, pp. 101–7), which I sometimes catch myself playing with clients and supervisees. For me, this game is associated with toxic shame because I was raised by parents who were unable to regulate their emotions; so, outside of my awareness, I became the family's emotional problem-solver, and I can lapse back into that role at times of stress. It has helped me immensely to accept that my parents did the best that they were capable of.

I see the principle task of my supervision as being to facilitate the supervisee's self-awareness, contact with self and contact with me, and vice-versa: I aim to find the same quality of relationship in myself as I hope to foster in my supervisees. I seek to help the supervisee ameliorate their own toxic shame so as to open the door for creativity.

The opposite of toxic shame is healthy shame (guilt). The former is a sense of being wrong, whereas the latter is a sense of having done something wrong. On this point Bradshaw asserts that 'A guilty person fears punishment and wants to make amends. A shame-based person wants to be punished' (Bradshaw, 2005, 2692–3), but I disagree with Bradshaw's view that a guilty person must necessarily 'fear punishment'. I don't believe the fear of punishment is in any way facilitative in

a supervisory relationship; in fact, it shuts down the potential space and precludes the potential for creativity.

In my experience, guilt is a reminder that I have been insensitive in my relations with another, and that I have a responsibility to repair my side of the breach by admitting my wrong, taking responsibility for my words or deeds and showing the hurt person that I value them. I don't believe this needs to be a fear-based process. Toxic shame is healed when it is transformed into healthy shame by the act of separating one's self from the events that resulted in toxic shame. In a non-shaming household a child is raised in an atmosphere of trust. Trust enables the infant to separate self from other, to complete Erikson's second stage of psychosocial development (autonomy vs shame and doubt) (Erikson, 1994/1959: 66–76), therefore to develop an autonomous self as an internal reference point for understanding the world.

Without trust there can be no autonomy, and without autonomy there can be no true intimacy, because intimacy requires a grounded sense of self distinct from other with whom one can experience intimacy. The establishment of trust, therefore, is essential to the creation of an intimate relationship between supervisor and supervisee within which both supervisor and supervisee trust that one will not reject the other for voicing those thoughts and feelings around which guilt often arises. For example, in a trusting supervisory relationship, a supervisee may feel free to articulate hostile feelings towards client or supervisor, knowing that the supervisor will probably help the supervisee come to an understanding of the source of the feelings, perhaps with an apology on the supervisor's part for having been insensitive; and the supervisor may feel at liberty to own and voice hostile feelings towards the supervisee (e.g. boredom, frustration), if those feelings seem attendant to the figural supervisory process.

In my experience, mutual candour in the supervisory relationship leads to shared feelings of safety and mutual respect, and increases the supervisee's sense of being adequately supported. Guilt can therefore be worked out in the supervisory relationship to prevent it becoming fixed within a historical pattern of toxic shame.

Toxic shame manifests physically as an autonomic fear response. Neurologically speaking, toxic shame is equal to fear of annihilation because shame arises around the imagined possibility of rejection. In prehistoric times, to be cast out from the clan was to be sentenced to death in a harsh environment where dangers were everywhere and the average life expectancy was around 35 or 40 years. Humankind is a social creature in whose DNA the need for intimacy and mutual trust is written.

Fear (a sense of being unsafe) and trust (a sense of being safe) are impulses that pre-date human evolution by millions of years, are therefore experienced *autonomously*, which means that they occur below the level of conscious thought, and are mediated by the autonomic nervous system, which innervates the endocrine and limbic systems, and is responsible for keeping the organism safe (Robson, 2011; Kain & Terrell, 2018; Gerhardt, 2015). Indeed the amygdalae, which are the structures in the brain responsible for mediating the sense of danger, often operate independently of those parts of the brain responsible for rational thought.

Furthermore, the limbic system, within which the amygdalae are located, can rapidly override the impulses of the rational brain and orient the behaviour and perception of organism around defensive strategies (McGilchrist, 2019; Ohman, 2005). *It is crucial that a feeling of biological safety is created in the supervisory relationship, for without it the limbic systems of supervisor and supervisee will not allow them to achieve mutual trust.*

I have found that in order to create a potential space in which a supervisee can be creative, I need to nurture a potential space within myself within which creative self-discovery can occur, which for me has been a journey of discovering that which I did not receive in my own parenting. I experience my potential space as a feeling of clear-headedness, relaxation and a sense of groundedness, i.e. a physical feeling of being firmly connected to the Earth. These are feelings which correspond to an innate biological sense of safety and self-trust (Gerhardt, 2015; McGilchrist,

2019). In a state of self-trust I am able to foster a sense of safety and self-trust in the supervisee, out of which their self-awareness is enhanced.

I propose the *phenomenological method* (Joyce & Sills, 2014, pp. 17–24; Husserl, 1931) as the vehicle for the development of a biological sense of safety. The three elements of the phenomenological method are: *bracketing*, *horizontalisation* and *description*, which should be carried out in an *actively curious* (i.e. creative) manner (Joyce & Sills, 2014, p. 17). First, I must become aware of and attend to the feelings I have in relation to the supervisee, from the subtle to the obvious. This is only possible when I am experiencing biological safety, otherwise the safety-seeking structures of my brain and body will degrade the operation of the brain functions which are responsible for metacognition. When I am not aware of the masking effects of my toxic shame, I am liable to *think* that I am biologically safe when in fact I am not. This is because one of the effects of a long-term biological sense of danger is dysregulation of the autonomic physical functions that indicate safety (Gerhardt, 2015; Kain & Terrell, 2018), which can lead to a false sense of safety, and disguise what Martin Buber (1971/1937) called an ‘It–It’ relationship as an ‘I–Thou’ relationship.

It is only when I am *truly* autonomically regulated that I can have an accurate perspective on my feelings in the supervisory relationship, which may include projection, projective identification and parallel process (McLeod, 2003, pp. 92–3 & 424), that I can effectively perform the phenomenological task of *bracketing*, which Joyce and Sills (2014, p. 17) describe as ‘an attempt to identify and acknowledge the preconceptions, judgements and attitudes that the counsellor [or supervisor] inevitably carries in the therapeutic [or supervisory] relationship’. The subsequent two facets of the phenomenological method – namely *horizontalisation*, which is the act of attributing equal significance to each experienced phenomenon, i.e. treating all experience as ‘data’, and *description*, which is the skill of describing the data one experiences as accurately as possible – naturally follow from effective bracketing, and provide rich material for the supervisor to support the supervisee in creatively exploring.

To be creative in the phenomenological method, I ask myself questions *in vivo* and *ex post facto* such as, ‘What am I experiencing right now?’, ‘What might my experiencing mean?’, ‘What am I learning from my experiencing?’ and ‘How might I therefore change my approach with this client/supervisee?’; and I invite my supervisees to do the same. An algorithmic simplification of the phenomenological method views the results of description (output) as the material to which the next pass of bracketing can be applied (input). Therefore the phenomenological method can be a means of playing an *infinite game* (Carse, 1986, p. 3) of self-discovery; the self is created anew in each moment and is altered by the act of discovery.

To my mind, the phenomenological method provides a mechanism by which one can experience the movement described by Carl Rogers as ‘from fixity to flowingness’ (2004/1961, p. 132), which is the journey of becoming who one truly is, at the end of which one must ultimately relinquish one’s mortal self. It is a journey of self-acceptance that lasts a lifetime.

References

- Berne, E. (1964). *Games People Play: The Psychology of Human Relationships*. Harmondsworth: Penguin Books.
- Bradshaw, J. (2005). *Healing the Shame that Binds You* (2nd edn). Health Communications Inc., Kindle Edition. (Note that the Kindle edition has no page numbers; text citations are given as Kindle location numbers.)
- Buber, M. (1971/1937). *I and Thou*. Edinburgh: T. & T. Clark.
- Carse, J. (1986). *Finite and Infinite Games: A Vision of Life as Play and Possibility*. New York: The Free Press.
- Erikson, E. (1994/1959). *Identity and the Life Cycle*. London: W.W. Norton.
- Gendlin, E. (1978). *Focussing*. Everest House, London (Kindle Edition).
- Gerhardt, S. (2015). *Why Love Matters: How Affection Shapes a Baby’s Brain* (2nd edn). Hove, East Sussex: Routledge.
- Hawkins, P. & Shohet, R. (2012) *Supervision in the Helping Professions* (4th edn). McGraw-Hill International, Kindle Edition.
- Husserl, E. (2012/1931). *Ideas: General Introduction to Pure Phenomenology*. Abingdon: Routledge Classics.
- Joyce, P. & Sills, C. (2014). *Skills in Gestalt Counselling and Psychotherapy* (4th edn). London: Sage.
- Kain, K. & Terrell, S. (2018), *Nurturing Resilience*. Berkeley, Calif.: North Atlantic Books.
- Kilmartin, C. (2014). Using humour and storytelling in men’s work. In A. Rochlen & F. Rabinowitz (Eds.), *Breaking Barriers in Counselling Men: Insights and Innovations* (pp. 20–9). Hove, East Sussex: Routledge.
- McGilchrist, I. (2019). *The Master and His Emissary: The Divided Brain and the Making of the Western World* (2nd edn). London: Yale University Press.
- McLeod, J. (2003). *An Introduction to Counselling* (3rd edn). Maidenhead: Open University Press.
- Ohman, A. (2005). The role of the amygdala in human fear: automatic detection of threat. *Psychoneuroendocrinology*, 30(10), November: 953–8.
- Robson, D (2011). A brief history of the brain. *New Scientist*, available at <https://tinyurl.com/rrk8gcw> (accessed 18 Sept 2019).
- Rogers, C. (2004/1961). *On Becoming a Person: A Therapist’s View of Psychotherapy*. London: Constable.
- Winnicott, D. (1990/1970). Living creatively. In D.W. Winnicott, *Home is Where We Start From – Essays by a Psychoanalyst* (pp. 39–54). London: W.W. Norton.
- Winnicott, D. (2005/1971). *Playing and Reality*. Abingdon, Oxon: Routledge.

About the contributor

Mike Eustace spent the first nine years of his counselling career at *Off The Record* in Havant, a charity offering counselling and support to young people. He now works with individuals, couples and supervisees at his private practice in Southampton. His approach integrates Gestalt, Person-Centred and Somatic practice around the philosophy that empathy for self and others lays the foundation for mental and physical good health.