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THE PERCEIVED IMPACT OF SOCIETAL CODES OF SHAME ON MALTESE PSYCHOTHERAPISTS

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Abstract

Anthropological literature indicates that Malta, by virtue of its central position in the Mediterranean, is somewhat structured by codes of honour and shame (Bradford & Clark, 2012; Schneider, 1971; O'Reilly Mizzi, 1994). Honour refers to claimed status by an individual and necessitates that the social group affirms that claim. It holds a positive social value. Shame may be understood in either positive or negative terms. When construed in a positive sense it indicates consideration of one's reputation and standing in the community's eyes. On the other hand, negatively, shame refers to loss of position and consequent mortification. Shame is also construed as an emotion involving an evaluation of the self as one that is inherently imperfect. Despite the awareness of the potential negative effects of shame on the psychotherapeutic relationship (Gilbert & Procter, 2006; Rustomjee, 2009), shame in psychotherapy has been largely under-researched. The current study is based on the results of a doctoral thesis which explored how Maltese psychotherapists understand and manage feelings of shame in a particular social context. A qualitative approach was taken to explore the individual perspectives of ten Maltese psychotherapists whose years of professional experience ranged between 6 and 28. Semi-structured interviews were conducted and the data gathered from the interviews was analysed by means of Interpretative Phenomenological Analysis (IPA). Four super-ordinate themes emerged: *The Therapist's World of Shame*, *Beholding Patients' Shame*; *A Shared Experience* and *The Island of Shame*. Participants described themselves as having a high propensity for feelings of shame and inadequacy, and referred to their cultural context as "a breeding ground for shame". Multiple roles in the Maltese professional arena were perceived to augment these difficulties. The findings indicate that feelings of shame and inadequacy were frequently experienced by Maltese psychotherapists in various professional contexts, including clinical supervision. They also emphasise the importance of helping psychotherapists deconstruct and normalise feelings of shame and inadequacy by linking them to social and cultural dynamics. The lived experiences of shame emanating from these contexts are examined and the perceived impact of these dominant societal codes on the therapist's self and professional practice are considered. Implications for training and supervisory needs of trainee psychotherapists are discussed.

Keywords: *Shame, lived experience, psychotherapists, cultural context.*

1. Introduction

The current paper is an outgrowth of a PhD Thesis, completed at Regent's University, UK, in 2017, exploring how Maltese therapists understand and manage the experience of shame. It aims to explore the impact of societal codes of shame on the development and perpetuation of shame in therapists' lives, as well as how it affects therapists' personhood, sense of self and therapeutic work. For the purpose of the current study the focus has been narrowed to consider mostly the data pertaining to the participants' reflections on the broader context in which they live and practice psychotherapy, which culminated in a super-ordinate theme *The Island of Shame*. For the purpose of the discussion, the subordinate theme entitled *A Breeding ground for Shame* has been further subdivided into three sections.

Shame may be examined from a multitude of perspectives. From a social perspective it may be conceptualised as a process of social control whereby participants in a community exert pressure on members of that community to conform (Braithewaite, 1989). While the process of shaming presents itself in all societies, micro-state dynamics such as gossip, social visibility and multiple roles operate in the Maltese context to allow it to become a dominant societal value (Clark, 2012). While shame emerges in the social sphere, it is also experienced personally, as 'exposure of a flawed self '(Wiechelt, 2007, p.400) by those subjected to the process of shaming. It differs from guilt which is a reaction to a deviant act performed by the self, while shame is a reaction to a perceived deviant self. Shame may be considered as a 'a perceived discrepancy between one's actual and one's ideal self' (Miceli &, Castelfranchia, 2018,

p.711) that emanates from the person's perceived fit of the self within the community (Rozin, Lowery, Imada, & Haidt, 1999). Given the above, a micro-social perspective on shame is adopted in this paper.

A series of historical events and traditions have culminated in a social reality which, as in most Mediterranean cultures, according to Kaufman (1992), is more overtly organised around shame and honour. Clark (2012), described Maltese society as communitarian and claimed that honour and shame are an important means for managing individual and group reputation. The maintenance of one's social identity is therefore fundamental and depends largely on public opinion. Like most Mediterranean societies Malta is characterised by social, sexual and economic stratification, family solidarity and reliance on kin. According to Clark (2012) this impacts the dominant values in society. Therefore shaming is more likely to occur in societies such as Malta, characterised by specific cultural mechanisms which promote it. Malta appears to possess the characteristics mentioned by Clark (2012) that render inhabitants most vulnerable to labelling, namely small size, communitarianism, interdependence, social values which promote shaming, effective gossip networks and multiple role relationships. O'Reilly Mizzi (1994) also mentioned specific social and environmental conditions, which are peculiar to Malta, yet are common to most Mediterranean cultures. These are: the code of honour and shame; the predominant role of the Catholic Church; gender divisions and the role of women; the physical layout and architectural style of Maltese communities. Dearing and Tangney (2014) asserted that in spite of 20 years of research on shame, comparatively little has been written on the role of shame in psychotherapy. Mahoney (2000) claimed that although the therapist is nowadays increasingly being "acknowledged as an active ingredient in the change process" (p. 9), very little research exists on the perceptions of therapists regarding their patients' and their own shame in psychotherapy. Although there is growing awareness of shame dynamics amongst therapists in Malta, yet there is still a paucity of information regarding the effects of shame on the therapist. This area remains largely under-researched in spite of the relevance of this emotion to Maltese culture. This points to the relevance of researching shame in psychotherapy against a cultural backdrop.

2. Methodology

A qualitative method of inquiry was deployed to elicit rich detail about the participants' subjective experience. As Creswell (2007) asserted, it is only possible to gain "a complex, detailed understanding of the issue" (p.40) through a qualitative design which generates knowledge gleaned from asking participants about the meaning they attribute to their experience. Semi-structured interviews were conducted with ten Maltese psychotherapists whose years of experience ranged between 6 and 28. Data was analysed by means of Interpretative Phenomenological Analysis (IPA), following the procedure proposed by Smith, Flowers and Larkin (2009). IPA is grounded in a phenomenological approach, which in turn takes a constructionist approach, specifically, according to Willig (2009), a contextual constructionist approach, which espouses that all knowledge is contextual, and posits that different perspectives give rise to different insights into the same phenomenon. The epistemological position of the authors resonates with the tenets of contextual constructionism, namely that reality and meaning emerge from the interaction of human beings and the world they are interpreting. Contextual constructionism supports a relativist epistemology whilst at the same time a belief that external reality exists. This is in line with Maxwell's (2008) argument that the combination of ontological realism and epistemological constructionism may offer valid contributions to qualitative research. Four super-ordinate themes emerged: *The Therapist's World of Shame*, *Beholding Patients' Shame*; *A Shared Experience* and *The Island of Shame*. For the purpose of the discussion one of the sub-themes, *A Breeding ground for Shame*, has been further subdivided into three sections. In the following discussion participants are referred to by pseudonyms in order to ensure anonymity.

3. Findings and discussion

3.1. The power of religious beliefs

Participants portrayed themselves as highly prone to feelings of shame and inadequacy. Their descriptions of their shame as frequently occurring, intense and durable can be compared to what Claesson & Sohlberg (2002) referred to as 'trait shame', or what Cook (1992) termed 'internalised shame', which are considered distinct from situational shame. Participants attributed the development of their shame-proneness to the cultural context in which they had been brought up. Robert referred to his propensity to feel shame as a 'shame personality': "I'm not sure, kind of, about personality or, or, or a shame personality, I think it's something that personally I was brought up into in a way, so it became like part of me" (Robert: 30.943-947). Manifestations of shame-proneness were identified as a pervasive sense of inadequacy, the tendency to judge themselves and their work very harshly, self-criticism, and excessive striving for perfection. Participants described their perfectionistic strivings and claimed that their sense of professional inadequacy would immediately elicit a sense of a flawed self. They are extremely distressed by professional blunders and tend to attribute their therapeutic failures to their own

inadequacy: Robert doubted his competence: "I also felt not just afraid, inadequate afterwards, I felt very inadequate, I said "my God am I really cut out for such a job?" (Robert: 4.120-123) and Jack referred to his sense of inadequacy "…it's also got to do with my own personal issue of the fear of not being good enough in my work…" (Jack: 6.164-166). Nial also claimed that he tends to judge his work harshly: "The idea also as a therapist that I might have contributed to her suffering also creates a bit of shame in me now" (Nial: 22.653-655).

Participants described their social context as 'shame-based': "I think that our culture, and particularly my up-bringing was very much related to shame" (Melanie 12.358-360). And Alana stated: "…that I began realising that the Maltese culture is very shame-based, our upbringing" (Alana 21.611-612). Gans (1962) referred to the Maltese people as 'urban villagers 'and claimed that life in Malta revolves around the church and the local community. Religious rituals and traditions portray the theme of original human defectiveness and the need for atonement. Participants, who mostly attended schools which were church-run, attributed an element of their shame to their own and their parents 'strict religious upbringing. Melanie attributed her shame to her rigid Catholic upbringing: "Mmmm it's as if I don't feel I'm good enough, I think it all boils down to that. And so I feel very…even with my upbringing and the school I went to, religion and sexuality" (Melanie: 6-7.188-191). Jack referred to shame as directly emerging from religious beliefs. He also opined that the influence of centuries of a religion based on the expiation of guilt still lingers albeit on a deep unconscious level. Jack also referred to "a parlance of good or bad, right and wrong", which lingers despite the process of secularisation that has been underway during the last two decades (Deguara, 2020). Despite the fact that the Maltese voted in favour of legalising divorce in 2011, and same-sex marriage in 2014, this does not appear to have reduced the stigma attached to them (Bradford & Clark, 2012). This may indicate that shame, the tendency to judge the self and others harshly and the fear of a wrathful god, still lurk on a deeper, unconscious level. In spite of appearances, Jack claimed, the church may still constitute a very influential form of social control: "I'm not sure about the dominance of the church anymore, I think it's still there, there are still residues of it, I mean it's been challenged and all that…you still see strands of conservative thought around (Jack: 23.709-715). He asserted:

> "…it's almost shameful to be either gay or lesbian or co-habiting…so what I'm saying is are we really out of shame or guilt induced by the past? I question it, because I'm sure if things are changing now, unconsciously we carry a past, so it's not easy to say… outside it might be liberating but I'm sure internally it's a different matter." (Jack: 23.709-721)

It is not uncommon to hear psychotherapists in Malta refer to their profession as a 'calling' or 'vocation'. Gerlinde, who referred to herself as "a very religious person…" (Gerlinde: 2.43-46), described her work as 'sacred' and claimed she is driven by her conscience. Repeated references to her self-sacrificial attitude and the importance of not giving in to "temptations" evokes a religious theme and conjures a sense of the need for expiation and self-sacrifice. Sussman (2007) claimed that therapists may have a need to feel benevolent, selfless and loving. He asserted, however, that messianic feelings of saintliness and spirituality also play a role in the aspiration of the perfected self, and fantasies of benevolence, together with omniscient and omnipotent fantasies of the therapist, are the components of a broader aspiration – that of attaining perfection. If these aspirations are not in the therapists' awareness they may identify with their patients' idealisations, which may be counter-therapeutic in that it may foster patients' dependence, and result in therapists' inability to bear negative transference, or to challenge their patients (Di Caccavo, 2006). Similarly, Sussman (2007) claimed that if therapists derive satisfaction from the patient's idealisation, especially if they have chosen their career to compensate for feelings of unworthiness, they might attempt to engender a positive transference by being overly supportive and reassuring.

3.2. Keeping up appearances

According to Abela and Sammut Scerri (2010) the population density has a huge impact on the Maltese psyche, which leads the Maltese to guard their personal lives fiercely. It is virtually impossible to be anonymous in Malta, where inhabitants are raised within an interdependent network. Islanders form part of each other's lives in multiple contexts and relationships are more durable and emotionally charged than in larger societies (Sultana & Baldacchino, 1994). Participants referred to their upbringing in a small, tightly-knit community, where one of the consequences is, as Clark (2012) stated, an elevated degree of social visibility:" In Malta you cannot hide who you are, if we were somewhere else you can have this enigma of your personal...but in Malta it's very difficult…" (Alana: 49.1515-1518). Christa opined: "…the fact that we are very well informed about each other decreases the chances of keeping something you are ashamed of secret, so that is an added burden…" (Christa: 28.912-915). According to participants it seems there is a cultural tendency to attempt to ward off one's shame by shaming or feeling superior to others. Alana stated: "If we've lived feeling I'm not good, when we're growing up with that, to cover it up,

then I would say 'no it's not me who's not good, I'm ok it's you who's not ok'" (Alana: 21.614-617). She continued: "…a lot of people who go into the church, erm work in the church, erm police and places of authority…now I'm in a position to…throw the shame onto others to preserve my own pride, my own shame…" (Alana: 21-22.620-624)

The small size of the island, coupled with psychology and psychotherapy being young professions, leads to the development of multiple roles, which serves to augment shame and heighten exposure. Participants highlighted the problem with dual or multiple relationships and expressed frustration at the difficulties in finding their own personal therapists and supervisors. Even once they have secured a therapist/supervisor, it is difficult for professionals to disclose their innermost secrets/work difficulties, despite the confidential nature of the therapeutic or supervisory context. This is deemed by Jack as another reason why shame goes underground and is not worked through, although it continues to leak out and wreak havoc from its hiding place: "…You're known, you know them all, that's what I'm saying, so the shame remains…It's not worked through." (Jack: 30.907-1004). Jack wonders whether therapy or supervision is safe in Malta: "That's what I question, is it actually safe enough in Malta…where therapists know each other, where the chances of having dual relationships are so sky-high, where the same therapist who you go to may be in the same committee or the same conference or the same CPD…it is so difficult to really open up about the worst." (Jack: 28.863-871). It is not surprising that the heightened exposure described by participants leads to excessive concern with keeping up appearances. The need to be perceived positively at all times might serve to strengthen participants' defences even in the context of a safe, supportive environment, such as their own psychotherapy and supervision: "Probably at the time…I felt ashamed…to take it to supervision for instance because this is a must not, this should not, you know, this is a you know such…such a stupid mistake" (Alex: 16.505-510)

3.3. The ideal therapist

The problem of multiple roles in the professional arena was believed to augment the pressure participants felt to conform to the image of the ideal therapist which might also interfere with their willingness to discuss shaming issues in their own therapy and professional dilemmas in clinical supervision. Participants, who have sustained narcissistic wounds in childhood claimed to take on the role of ideal therapist, which is mirrored, perpetuated and inflated by the idealisations of patients and the public. Alex stated "…it's like I was still not acceptant of this human side" (Alex: 8.248) and Alana referred to her lack of humility: "I'm obsessed, you know this word *hubris,* this word *hubris* … Where you feel nobody's managed with the client but I will" (Alana 29-30.884-888). Neri and Rossetti (2012) put forward the notion of a 'psy complex' which they believed can act as a salve for therapists' narcissistic wounds. This serves to ward off shame by gaining recognition from the status of their profession, yet hinders their authentic self: "But that is the tyranny of the ideal, what the ideal therapist should be … What is an ideal therapist? There isn't. … I mean we all are envious; we are all competitive..." (Jack: 31.943-950). The myth of the ideal therapist, which, as one participant contended, only serves to strengthen the therapist's defences and to drive his authentic self further underground, is fuelled by the warranting bodies and psychological associations. Ethical guidelines may inadvertently reinforce the therapist's social veneer of the perfect professional. According to Jack, therapists' dark sides are driven underground and they are forced to present a professional front, a public false-self in order to appease the professional body, which to Jack, renders therapists akin to children trying to please their parents: " …sort of the authority, usually we are shamed when we are children by a parent and now it's like as professionals there's some entity or body which is helping to keep us in this inferior position…"(Jack: 32. 976-979) He asserted: It's the same this idea of having an ideal child, an ideal therapist, is a bit dangerous" (Jack: 32. 979-987).

4. Conclusion

The results of this study underscore the relevance of considering shame against the cultural backdrop, given that this emotion is a defining feature of Maltese culture. They also broaden understanding on how the cultural dynamics serve to augment shame and fear of exposure, leading to a loss of the psychotherapist's authentic self and engendering excessive conformity to the veneer upheld by society. Additionally, this study has implications for the training and supervisory needs of trainee therapists. It emphasises the relevance of therapists' ability to link their wish to become psychotherapists to early wounds sustained, and to learn empathy for their shamed identity. This will ensure that therapists' own relationships, including those with their clients, will cease to revolve around submission or superiority and can, instead, be based on equality and mutual respect (Di Caccavo, 2006). Awareness of how Maltese cultural dynamics fuel therapists' need to strive to maintain the image of the ideal therapist is key. In their own psychotherapy therapists can be encouraged to deconstruct and normalise their feelings of shame by linking their own personal experiences to social and cultural issues.

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