

# **Innovative Counselling Practice Dealing with Shame**

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## PREFACE

In my current studies in Master of Community Counselling at Eastern College, with lecturer Dr Julie Morsillo, I was seeking an innovative practitioner to interview and write about, and wanted someone whose Christian faith was an integral part of their innovative concepts and therapeutic approach. I encounter much shame in my work as a Chaplain and so wanted to interview John Andersen as he has written on chronic shame. I was interested in learning more about what had influenced John in his innovative approach to discover how he helps people to find long-term therapeutic change and identity transformation. John Andersen brings the theological concept as a clinical concept to inform his Innovative Practice. Andersen's Christian faith and his involvement in Prayer Ministry had a great impact on his desire to be able to help people through life's problems and he felt a significant need to increase his skill set, which he felt was lacking at the time. After training as a psychologist Andersen has developed the theological concept of identity and shame in his doctoral studies. Shame, particularly due to its close link to a person's identity through their Core Identity Beliefs and Chronic Shame can contribute greatly to psychological problems. In an interview with Andersen in 2018, he revealed the way in which his Christian values and theology could be combined with his innovative counseling practice.

## PERSONAL BACKGROUND INFLUENCE:

Andersen was born in Melbourne and when he was 3 years old his family moved to America, then when he was 18 years old they moved to New Zealand. His experience in living in different countries would no doubt have impacted the development of his critical thinking helping to form his ethics, theory and practice as well as his identity, culture and heritage. This enables him to utilise his exposure to 'new and different ways of life and of living' that allowed for a 'platform for reflexive process that helps to nurture the self-transforming individual' (Gu & Schweisfurth, 2015, p. 965). It is interesting to note Dinsa Sachan's comment that multicultural experiences can 'shape people' and increase their creativity. (Sachan, 2017, p. 44) and quoted Mark Twain:

'Travel is fatal to prejudice, bigotry, and narrow-mindedness, and many of our people need it sorely on these accounts. Broad, wholesome, charitable views of men and things cannot be acquired by vegetating in one little corner of the earth all one's lifetime.' (Sachan, 2017, p. 48).

Tadmor et al. (2012) proposed that biculturalism can be connected with a collaboration of 'multiple perspectives' to increase 'creative and professional performance.' (Tadmor et al. 2012, p. 521)

Andersen with his wife also became involved in prayer ministry that recognized that through prayer the root of problems could be identified and the path to freedom and transformation revealed. A distinctive feature in the prayer ministry was the leading and prompting of the Holy Spirit (Morgan, 2013). They were attending a Community Church in the 1980's which was impacted by the Charismatic Movement. Andersen and his wife, were also involved in the Church in Pastoral Care, small group



leadership and the Church council. This involvement was formative in his desire to become a therapist which led to a move to California in America where he studied at Fuller Theological Seminary for 3 years, where he attained his Masters of Marriage and Family Therapy and a Master Degree in Theology. Studies in Solution Focused Therapy and Strategic Therapy made him realize that this was a way of "finding your way back home – engineering change".

From there the Andersons moved to take up a position as a Family Therapist in Nebraska and it was there that John perceived a high degree of shame in this community – often held under the surface or concealed – and covered by an appearance that they were upright and beyond reproach. However when someone 'lost their reputation' there was no way of getting it back. On return to Australia, Andersen worked at Tabor College - teaching for six years and heading the Christian Counselling Department.

During this time, Andersen focused his research on the issues of identity and shame, and identity transformation in therapy – realizations that were assisted by theological study. In private practice after theoretical formation as psychologist and extensive studies in theology, Andersen developed his innovative approach of Solution Focused Therapy - where a problem is seen as a maladaptive solution and alternative solutions are developed for adoption into a person's thinking and life.

## ANDERSEN'S APPROACH TO DEALING WITH SHAME – A TRANSFORMED IDENTITY

Andersen uses his Christian faith as an integral part of his innovative approach to dealing with shame and transforming identity. His approach to clinical work is a presumption that it is God's space and based in a trust that God will guide him in his therapeutic role. He encourages a person to give God a bit more space - space to engage with God.

The client is encouraged to see that they are capable of change, that they have strengths, can identify exceptions in their life, and expand them to become the norm. However, the weakness of Solution Focused Therapy occurs when a client is stuck in a maladaptive emotional schema upon which the trauma based is based and limiting their ability to change.

This approach changes the focus of much of the mainstream therapy focus on the disorders rather than on the root of the problem – which Andersen often identifies as shame. Therefore, there is a need to address the core beliefs people have about themselves - whether these are self-affirming or shame bound. Shame can develop into chronic shame that debilitates the formation of identity. Identity is a dynamic concept that requires constant maintenance change or modification.

So, internalized negativity has profound impact in a person's life that affects their belief about themselves and is reinforced through self-enactment and ultimately becomes entrenched. Our expression to our belief of who we are is shown through our actions that in turn establishes and reinforces who we are. This feedback is reinforced by others and ultimately identifies in a mutual confirmation of a person's actions and other's perceptions that solidifies identity.

Cognitive Behavioural Therapy and Solution Focused Therapy do not bring about the long term therapeutic change needed for identity transformation because they create a head versus heart dynamic. When a person's identity is addressed as a secondary process, people will often continue to believe their initial self-assessment, negative identity and self-enactment. Therapy may help to stop this self-enactment and rationalize a modified enactment but it usually does not bring transformational change when therapy ceases and there is no affirmation of a transformed identity. In other words, the feedback loop of a positive identity being reinforced by the therapist no longer solidifies the positive identity and many clients regress to a belief in the former negative identity.

So, long-term therapeutic change needs to be supported by corresponding Identity Transformation that requires establishment and maintenance. The essential features for Andersen's Identity Transformation therapy are:

1. Core Identity Beliefs – a change in the axioms. An axiom (Andersen, 2018) is a 'statement or proposition that is regarded as being established, accepted, or self-evidently true. This starting presupposition that is not subjective but based on the axiom that God is not a liar. This faith-based belief informs the description of true Core Identity Belief.

When people believe that they do not have self-worth, they compensate by chasing those things they believe will give it to them. The original Core Identity Beliefs out of which a person acts needs to be identified and then addressed. The foundation stone of Identity Transformation requires an axiomatic change so that self-worth is presumed as a Core Identity Belief and this sustains therapeutic change in life.

2. Transformational Change requires an emotional affirmation - not just cognitive. The level of proof required for Transformational Change requires an affirmation person knows emotionally of themselves – not just their experiences. For example, a person may cognitively acknowledge that they know they are loved but not actually feel loved. The cognitive acknowledgement requires the emotional affirmation to establishing this as personal truth. The emotional element of transformational change of the core identity beliefs is particularly important to those who have experienced childhood trauma and interpreted their experience as an internalization of shame – the person must feel as well as believe in their transformed identity.
3. Need to identify the logic of the belief – the client may need assistance in identifying the way the axiomatic logic of their Core Beliefs was formed. This requires an exploration of past learning through personal experience, parents, siblings, school or peers. This step requires client recognition of what they learned during these times and to reach different conclusions or interpretations.
4. Re-examination of their conclusions – the client is assisted to distinguish between the new conclusions/interpretations in what they now know and what their previous core identity beliefs. This allows for a shift in their belief about themselves because when the emotional logic is challenged, the transformed identity can be revealed. For example, a re-examination of child abuse can shift from feelings of shame and guilt to a recognition that there was a failure in the provision of love and care in their childhood.



5. The notion of – What was your right? Recognizing that people have a right to be treated well as a child can lead many to recognize that the human condition often fails to deliver this. After having our own children, wanting to love and care for them, we may find that we do not pass on this right to them – because of our axioms and Core Beliefs we formed in infancy. When a person has a negative identity, many find it painful but find it difficult to change. Their emotional pain can lead to behavioural problems which escalates their negative identity. So, what is your right? It is here that Andersen brings his theological training to integrate the concept of identity into the clinical treatment that generates change in a solution-focused way. Scripture addresses our core identity - each person 'fearfully and wonderfully made.' (Psalm 139:14), loved by God, with a God-given purpose for their life, and God-ordained worthwhileness.

## PRACTICAL IDENTITY TRANSFORMATION QUESTIONS:

1. What is it you actually know? What is it your pain knows?

This is to establish that their pain knows they are worthwhile

2. What is your pain bearing witness to?

This helps to establish that their pain is actually witness to their self-worth. This can be transformative because it helps the client to recognise their axiomatic personal truth and an awareness that was not achieved by the logic of their original Core Beliefs.

3. How much their certain belief conclusion is a good fit? Does it fit well?

Just like clothes – if they don't fit, you don't buy (into) them, it is essential to find the statements that fit the client. When clients discover their personal truth, they may discover that they have always known it to some degree - the therapist merely guides the client to see it and then affirms it. This process assists a client to identify their affirming personal truth: that is axiomatic and emotionally based.

4. A Miracle Question focussing on what would happen if they woke up knowing 100% that they were a worthwhile person as their axiomatic truth (Gaiswinkler, 2006; Kriel, 2016). Some questions John would use are: How would you feel? What would you be thinking? What would you be doing? How would you approach the day? At the end of the day, how would you feel about yourself?

## SOLUTION BASED – SELF ENACTMENT FOR IDENTITY TRANSFORMATION

This process involves the client recognition that there is a need to change their way of thinking and acting in line with their axiomatic truth. This is initially challenging because it is often so foreign and unfamiliar. However, transformation of self-worth requires change and a venture into the foreign and unfamiliar. Rather than untrue and faking it, the client is led to see identify the difference between Familiarity and Non-Familiarity. In other words, acknowledge that new behaviours feel unfamiliar but the new axioms demand that there is a need to push through it.

The feeling of difference or transformation becomes familiar over time. Familiarity "thickens" and develops the new Solution over time. Andersen stated that 90% of his clients finish therapy in under 10 sessions but he usually sees breakthrough in the client's life by Session 3 or 4. Andersen (2015, p.30) suggested that therapeutic change needed to coincide with identity change for lasting transformation. A person's behaviour will be modified and 'self-sustaining' when they experience a core identity change from 'shame-bound' to 'self-affirming' and chronic shame can be overcome with an affirming personal truth and identity.

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