

***The Voice of Shame:
Silence and Connection in Psychotherapy
(1996)***

By Robert G. Lee and Gordon Wheeler

The Voice of Shame as Intervention

M A R K M C C O N V I L L E , P H . D .

At my 20th high school reunion, I met an old classmate with an amazing tale to tell. During his first year of college, he had the unfortunate fate of falling five stories from a dormitory window. Miraculously he was not killed, though he spent the better part of a year enduring multiple surgeries and painful rehabilitation of his broken body. That he was alive to tell the tale was remarkable enough, but the most captivating part of his story was the way in which this horrible event had reorganized and focused his life's course. He finished college and proceeded on to medical school, where he became an orthopedic surgeon and set upon an adult life of repairing broken bones.

My friend's story stayed with me for the longest time, haunting me the way some dreams do upon waking, before their meaning becomes entirely clear. In time, the meaning of my friend's tale did indeed become clear to me when I realized that, in some sense, I was doing the same thing in my own career – repairing the broken bones of my youth, seeking to create experiences of



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support and growth for others that I could have used myself.

As I write these words, I am far enough along to speak legitimately of my “life’s work,” in the sense that my personal life and professional career have had an emergent and evolving coherence, namely, to learn how to do effective psychotherapy with adolescents and young adults, and then to share my learnings with others similarly committed. My intention here is to show the invaluable role played in this life’s work by the contributions of Robert Lee and Gordon Wheeler, particularly in their landmark volume, *The Voice of Shame: Silence and Connection in Psychotherapy*.

Lee and Wheeler’s *Voice of Shame* consists of a collection of well-crafted essays on the role of shame and shame theory in Gestalt therapy. Contributions detail the specific role and dynamics of shame in a wide variety of intervention domains, ranging from specific therapy populations and problems to wider social issues. It is a book that will make your head spin. If you have not read it, I strongly – no, passionately – recommend that you do so.

Lee and Wheeler’s premise, as presented in the first two chapters, is that shame is an ever present and intrinsic possibility wherever human beings seek connection with one another. And if *self* in Gestalt theory is the activity of working out the integration of person and environment – the inner world of feelings, needs, and yearnings, and the outer world of other persons – then shame is the underbelly of self process, the ever present possibility of disrupted connection. In one elegant paragraph, Lee summarizes the process as follows:

Thus, as stated from a Gestalt perspective, *shame* is a *major regulator of the boundary between self and other*. It is a field variable, a ground condition that is the opposite of *support*. And together with support, shame is an integral aspect of all contact processes, continually informing the self of the possibilities of contact in the field. (p. 10, emphasis in original)

Wheeler makes the same point at another level of abstraction when he demonstrates that shame, in the Gestalt model, plays the role that *anxiety* played in the psychoanalytic model. It acts, in others words, as a kind of medium through which psychic pain comes into being and actualizes itself. It is the “speed of light” for our model – a phenomenon traditionally conceived as content *within* the psychic framework, but now revealed as a regulator and condition of the framework. It is not *in me*; it is not *in you*. It is a signal of the status and the possibilities of the relational field in which we find ourselves, a field we co-create in the moment of our meeting.

In order to convey the impact of *Voice of Shame* on my life’s work, I must

first tell you what that work has been about. I have, over a span of many years, devoted myself to two interrelated projects, each very simple in the designation, but viscous and challenging in the execution. The first has been learning how to be *with* an adolescent or young adult and his or her parents in such a way that this *being with* plays a palpable and constructive role in alleviating their pain and promoting the process of their growth and development. The second has been learning how to *render* this experience, finding ways to describe and model it to the benefit of others who, like myself, are committed to making a difference in the lives of young people.

Psychotherapy Practice

I have long contended that psychotherapy with adolescents is the easiest and most effortless area of psychotherapeutic practice. Adolescents are so raw and vulnerable, their character defenses so tentative and experimental, their yearning for connection with adults so near the surface. And they are strongly pulled by the existential forces of development. When an adolescent decides to become a client, the outcome is virtually always some sort of important growth and change. The work is satisfying. The therapist looks good. But herein lies the catch: adolescents very often do not wish to become psychotherapy clients, and enticing them to become clients in the first place is the lion's share of the challenge. Why is this so? And what is a therapist to do?

The answer, it should not surprise you, has everything to do with shame. When a teenage child is brought to the office of a therapist, it is often, for the teenager, a perilously dangerous meeting, saturated with potentials for exposure and diminishment. They come, frequently, at the urging or insistence of someone else. Their expectations are implicitly shaped by their long history of being in the one-down position with adults, where they have been manipulated by the agendas of various adults in their lives, from parents and teachers and learning specialists, to coaches and pediatricians and Rabbis. In coming to therapy they are, of course, expecting more of the same, and in the case of psychotherapy this is particularly repelling because the premise of the meeting is some sort of *problem* that has often been defined *for* them by the adult world. They do not expect to be *met*; they expect to be *fixed*, or at least tinkered with. If this is not a set-up for shame, nothing is.

I have always had a knack for connecting with teenagers, which means inviting, persuading, and enticing them into becoming clients. I have met many therapists with a similar knack, and if there is one thing we have in common, I would say it is our familiarity, typically unarticulated, with shame. Speaking for myself, I can say that shame saturated my childhood, shaped the course of much of my adolescent development, and followed me through

my professional training and career, where for many years I guarded against the possibility of being revealed as flawed and insufficient. At some level of awareness, however dim, this experience enabled me to intuit the danger for adolescents every time they stepped into my office, so no doubt I have this dubious history to thank for my particular "knack."

The event – one might say the *intervention* – that rendered this long history of experience comprehensible occurred when I discovered and read *The Voice of Shame*. I am deliberately calling this an *intervention* because it was similar to the impact of certain critical interventions in psychotherapy – the kind that illuminate the "unthought known," rendering obvious what was previously only felt, opening new space for growth and development. Prior to my reading and understanding of Lee and Wheeler's work, I was familiar with shame in the same fashion that I am familiar with my basement in the dark. I can find my way around; I know where to reach out and probe; I am unlikely to fall over something and seriously injure myself. But groping around in the dark it is a tentative and tenuous process, guided as much by memory as by immediate sensory experience.

At the risk of reducing a transformative experience into a cliché, my discovery and understanding of *Voice of Shame* was exactly like finding the light switch. What was intuited and felt under the illumination of Lee and Wheeler's clear, descriptive, and explanatory language became visible to me, obvious in a way that it had not been before. The way that some people claim to see auras, I found myself much more acutely and lucidly aware of shame. I recall reading somewhere that Harry Stack Sullivan could smell schizophrenia. I have always been able to smell shame. But *Voice of Shame* enabled me to see and understand it as well.

One concrete clinical example of this ability has been in my work supporting and coaching parents, which is a key dimension of psychotherapy with young people. For parents, the existential parameters of the therapy situation are loaded with potentials for shame: "Something is wrong with *my* child; there's something *I* am doing *wrong*, or something *I should* be doing that *I'm not* doing; or, at least, that's what *people*, and probable this *expert*, are likely to think." The therapy situation is a made-to-order petri dish for parent shame experience. In fact, the clinical model and tradition of "parent guidance" has historically embodied and promoted the implicitly shaming paradigm of expert clinician and self mis-guided parent.

A fundamental premise of Lee and Wheeler's work, and the insight that has most profoundly impacted my clinical practice, is that shame and its opposite – support – are *field variables*. I had always thought of support as a behavioral enactment between individuals, and of shame as a singularly unpleasant emotion that bubbles up within the individual psyche. And while both of

these understandings are correct as far as they go, Lee and Wheeler have helped me to see just how limited they are. Their model envisions support and shame more ecologically, as phenomena that may indeed first appear within the frame of a singular act or experience, but which inevitably leech out from these initial nodes into the surrounding field, eventually taking on the contextual quality of an atmosphere or a climate. Let me give a brief clinical example that will both illustrate their thinking and demonstrate what it can look like in clinical practice.

A Clinical Illustration

Elliott was a thirteen-year-old boy who might be viewed as a representative of a certain "type" of client with whom I have worked many times over the years. He was appealing, non-conforming, exceptionally bright, and severely "underachieving." By the time he reached my office, he was saddled with a plethora of tentative diagnoses which included, of course, Attention Deficit Disorder. He was an expert at the "dodge and weave" that so often characterizes similar youngsters, avoiding schoolwork at every turn, and inventing excuses and deceptions to cover his tracks with a cleverness that was impressive. He generated a considerable degree of frustration in the adults charged with overseeing his education, which minimally included his parents, his teachers, his learning specialist, and a school psychologist.

I had learned from Marlene Blumenthal (2001), herself a learning specialist and school psychologist, that the committed avoidance behavior of kids like Elliott is very much organized and directed by their experience of shame. As Blumenthal describes it, these children find themselves very early on, in first or second grade, inexplicably deficient at skills that peers seem to master effortlessly, like tracking the flow of class lessons, or understanding the teacher's directions. The classroom is like the basketball court to children who have difficulties with motor coordination. But since a classroom is more difficult to escape than a basketball court, they develop a repertoire of shame management skills that I have labeled "dodge and weave." As Lee and Wheeler's model predicts, and clinical experience confirms, the child's experience of shame does not confine itself to the child him or herself, but radiates out like a pulse wave, impacting nearly everyone who invests in that child's educational performance. As teachers, parents, and school support specialists are drawn into the issue, the child's failure soon becomes their failure, and inevitably the child's shame becomes their shame.

Such was the case in Elliott's world. This came to my attention through a series of interactions I had with his mother and the school psychologist assigned to orchestrate his support, both of whom were appropriately concerned and

understandably frustrated. But by the time I got involved, their frustration had become directed mostly at each other, as they, like Elliott, mobilized their energies to avoid what Lee has called the "hot potato of shame." "He's just not following through on what he has committed to," his mother ranted to me about the psychologist. She was contemplating showing up at his office with her lawyer in tow. "She's one of the craziest parents I've ever come across," he confided to me on the phone; "she called me *at home* the other night and yelled at me non-stop for an hour. . . she can't be reasoned with. . ." And so it went.

But jumping to the last chapter of Elliott's saga, I am pleased and proud to report that he eventually bought into the program: he began to show up for his learning assistance appointments, to do his homework, and to translate his considerable gifts into academic achievement and satisfaction. It took a year, and there is no question in my mind that my involvement was an important piece. My intervention was pure Lee and Wheeler, and while it took time and persistence on my part, here is the essence of how I helped Elliott to wade through the shame of his learning difficulties.

To his mother: "Well, I understand your frustration, but I have known Dr. X for a long time, and he's one of those professionals who really cares about kids. And when I've talked to him, I get the impression that he's just as frustrated and worried about Elliott as the rest of us. . . I think he's probably gotten a little defensive with you because, well, I think he's just embarrassed that he hasn't been able to get some of his staff to support Elliott the way he'd like. . . but I think he's really an ally of ours. . . and of Elliott's."

And to the psychologist: "Well, you know how mothers can be. . . they just care more than they can stand. . . and remember, she's been dealing with this frustration for a lot longer than you or I have. . . I know she really gave you a blasting you don't deserve. . . and I think she knows that. . . and I think she's a bit embarrassed about that phone call. . . really, she's one of the most appropriately concerned parents I've come across. . . I've had a long talk with her, and I think she's actually quite appreciative of your efforts with Elliott."

And of course, in managing the shame saturated connection between the two of them, I had to keep a constant eye on the hovering specter of my own potential shame, should my best efforts prove inadequate to the task for which I had been retained. But so it goes in the Lee and Wheeler clinical universe, where learning strategies, counseling techniques, and Individualized Educational Plans are all trailing indicators of our therapeutic effectiveness

in addressing and neutralizing the powerful field forces of shame, and potentiating and harnessing the field's capacity for support.

In my psychotherapeutic practice, particularly with adolescents and their parents, I have assiduously attended to and monitored the possibilities for shame. I have felt and intuited this from the early days of my career, many years ago. What is different now is that I have language for what I am looking for and what I am doing. I am one of those people who finds great solace and security in language. What Lee and Wheeler provide in *Voice of Shame* is a language for rendering visible this ever present possibility of human intercourse. Language enhances and bolsters awareness, and awareness, as we all know, is a basis not only of deliberate and creative living but also of potent and effective psychotherapy. Which is to say that largely by virtue of *Voice of Shame*, I have *support* that sharpens my attention, clarifies my intentions, and refines and emboldens my interventions. I have an understanding of what is present in the therapy situation that joins and shepherds my therapeutic intuition.

Understanding Development

When I first began working with adolescents in therapy many years ago, the literature available to the practitioner was strikingly fractured, coalescing in schools of thought with very different emphases. On the one hand, there was the psychoanalytic tradition which, at the time, was thoroughly preoccupied with what presumably went on *inside* the patient – the intrapsychic processes that were believed to underlie experience and behavior. On the other hand, behavioral psychology (pre-CBT) and family therapy were concerned with modeling what went on *outside* the client, in her environment, attending to reinforcement contingencies, and family structure and interaction patterns, respectively.

In my book, *Adolescence: Psychotherapy and the Emergent Self* (1995), I recollected my dilemma as follows:

What was needed, it seemed to me, was a model that could bridge this theoretical and clinical gap, one that could be a guide through the constantly shifting complexities of the adolescent's social and family worlds, while orienting the therapist to the inner subjective world of the particular adolescent client. I knew, too, that such an integrative model did exist: the model of Gestalt Therapy. (p. xx)

The appeal of Gestalt therapy for me was its *field* perspective, its insistence that "inside" and "outside" were aspects of something more fundamental

and encompassing than either taken alone. Inside and outside: in Gestalt I saw the promise of a “unified theory” of dysfunction and psychotherapy, a way of showing how inside and outside were of the same stuff. From my graduate studies, I knew what “field” meant at the level of abstract conceptualization – I had studied Husserl, Heidegger, Merleau-Ponty, Gurwitsch, and other field thinkers – but I had difficulty discovering its meaning at the concrete level of lived experience and therapeutic practice.

I knew that field had something to do with the wider social context of experience; thus, I had diligently trained myself in family therapy throughout the 1970s. And while family therapy extended my vision and grasp of psychological phenomena to include the relational and the contextual, it failed to provide an adequate theoretical model for how subjectivity and behavior and relationship so thoroughly interpenetrated one another. In Gestalt therapy, I sensed the spirit and intention of a concrete application of field theory to the business of living, and the possibility of a truly existentialized field approach.

In *Adolescence*, I tackled this problem by borrowing from the insights of Wheeler, writing about the contact boundary and its evolution over the course of adolescent development. I think I did a decent job. It is a pretty good book. To this day, I am proud of it. Nonetheless, when it came to capturing the meaning and relevance of the unified *field* for development and therapy, I think that *Adolescence* fell short. In retrospect, I would say that this was because I did not sufficiently understand the specific role of field variables – shame and support – in shaping the course of development. It is revealing, I believe, that the word “shame” shows up only once in the index of my book.

Lee and Wheeler’s *Voice of Shame* effectively existentialized field theory, rendering it palpable at the level of immediate, concrete experience. Tracking development as a history of support and shame experiences and field conditions, we bring that history to life in a way that a simple chronology of events and benchmarks cannot. In a work subsequent to *Voice of Shame*, Gordon Wheeler (2000) effectively showed that an individual’s history of adapting to support and shame conditions of the field is tantamount to a history of personality (i.e., self and contact style) development. When we focus our developmental lens on this history of support and shame, it is inevitably revelatory, in a fashion analogous to the use of radiological isotopes in nuclear medicine: the metabolism of developmental events becomes visible, their “health” or “pathology” no longer inferred, but evident.

In the *Advanced Training Program for Working with Children and Adolescents* that Blumenthal and I co-chair at the Gestalt Institute of Cleveland, Lee and Wheeler’s work has become an essential part of our teaching framework. As Gestalt therapists, we approach development as a

matter of creative adjustment, but for any given individual we trace creative adjustment as largely a matter of managing the potentials for support and shame in the developmental field. Similarly, in teaching our approach to clinical work with children, adolescents, and their families, we emphasize the central role of shame and support in organizing therapeutic engagement.

In developing our program, we accepted Margherita Spagnuolo-Loeb's contention that Gestalt therapy is the "theory of the un-theorizable" (2001). We have attempted, and I would say largely succeeded, in identifying, tracing, and teaching the connective tissue that lies between the conventional domains of diagnosis, treatment planning, therapeutic strategy, and intervention design with child and adolescent clients. In Lee and Wheeler's work on support and shame as field variables, I believe we have our "theory of the un-theorizable." We have a way of talking and writing and teaching about the "in-between," the ground of therapy, now made figure.

Teaching

Around the time of my writing *Adolescence*, I had been teaching on the subject for a number of years with my long-time colleague, Marlene Blumenthal. Our experiences as co-teachers mirrored, in an odd way that I could not quite understand or articulate at the time, my difficulty in grasping and conveying the lived meaning of field theory. In my teaching with Blumenthal, I discovered differences in our style that seemed relevant but often mystifying. I would teach the theory and ideas, doing most of the stand-up presentations, while Blumenthal would attend, effortlessly and comprehensively, to what was happening in the room as we delivered our trainings, noticing nuances of impact and interaction that I regularly missed. In my teaching, I spoke at length of the field; Blumenthal, however, was thoroughly *in* the field. Ideas and practice. Inner and outer. I knew even then that I had something important to learn from her, but it was not until I began to see the teaching-learning field itself in terms of shame and support that I truly understood exactly what it was.

The crystalizing experience for me came when we invited Lee to join us in our teaching program. His piece of the program, not surprisingly, was to teach about shame. One of the central components of Lee's teaching is to tap his students' embedded wisdom concerning shame, and to make that wisdom figural in the present learning environment. Lee's teaching style is so simple and straightforward as to belie the power of what he brings forward and makes available for learning and understanding. Like the tracer element in nuclear radiography, Lee's dialogue with his students makes evident the possibilities of shame and the necessity of support in the training program

environment. Again, this was something that I had long been aware of as both a student and a teacher, but I found it enormously revealing and supportive to have it rendered so visible and obvious in the ongoing present of the teaching-learning process. Watching Lee teach about shame, I became much more figurally aware of just how much the possibility of shame saturates the teaching and learning experience of training programs.

Speaking quite personally, the teaching experience for me had always been embedded in a vague periphery of dread, a tremor on the edge of my awareness that asserted itself any time I assumed the role of workshop leader or training program faculty. As both a more public and a more vulnerable role than that of a therapist in the consulting room, teaching carried for me enormous unarticulated possibilities for shame. And certainly this is true for many students as well, particularly in the Gestalt world where we expect our students to invest themselves and contribute actively to the learning experience. In my early days as a teacher, I was intuitively aware of these potentials, but since shame itself (as Lee and Wheeler point out) is shameful, I managed them with the partial blindness that characterizes the unspoken and the unspeakable.

I can hardly find words to describe how different all of this is in my teaching today, nor how grateful I am to Lee and Wheeler for speaking, and teaching me how to speak, about the unspeakable. My experience today when I take up the role of teacher with a new group of students is no less touched by the possibilities of shame. But I hold it differently. Much differently. I think to myself, particularly in those first few hours of a training experience, "Yes, it's here, in the room, all around us, our friend *shame*. This is what we have come together to learn about, to render speakable, to neutralize with palpable *support*. Thank you Robert. Thank you Gordon. We are here to learn about shame and support. And everything we need to accomplish that task is right here, right now, all around us, as we gather here to learn, together."

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