

FACING THE AMBIVALENCE OF SHAME ISSUES:
EXPLORING THE USE OF MOTIVATIONAL
TECHNIQUES TO ENHANCE SHAME RESILIENCE
AND PROVOKE BEHAVIOUR CHANGE

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ABSTRACT

Shame is among the most intense and painful affects. It has been extensively defined from very different viewpoints: psychology, social sciences, clinical sociology and neurosciences. It has been looked at through the lenses of philosophy and drama from Ovid through Shakespeare, Jean Rhys, Jean Paul Sarte and numerous other authors.

Nevertheless there is no extensive literature about shame therapies and there are few established therapeutic approaches. Often studies related to shame are done with an accent on what causes shame rather than how to change one's behaviour from shame to shame resilient.

This study examines the use of motivational interviewing techniques in coaching when faced with clearly identified shame issues, and the ambivalence resulting from the acknowledgment. Results of a qualitative and hermeneutic approach through coaching sessions, with three clients and self-observation show that this ambivalence can be alleviated by use of motivational techniques instead of or in concert with other therapeutic approaches.

The key finding is that once a client has fully identified his shame issue, it is important to acknowledge it, without continuing to explore its causes but consider it as a starting point to enhance resilience and provoke behaviour change using motivational interviewing.

Keywords: shame, resilience, motivational interviews, ambivalence, self-esteem, behaviour change, therapy, ego ideal, cognitive behaviour therapies,

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INTRODUCTION

Shame is universal, it is one of the most painful subjects to broach, it is the unspeakable, the secret memory of a narcissistic wound. The multiple faces of shame pervade all aspects of our existence, our body, our sexuality, morality, our social life, and our identity in its personal as well as its social aspects. Throughout time shame has been looked at through a great variety of lenses, it has been described in: psychology, social sciences, clinical sociology, and neurosciences, through poetry and fiction in ancient as well as in modern literature.

My interest in shame research was triggered when I read “Mourir de dire La Honte”¹ (Cyrulnik, 2010), this portrayal of shame was reminiscent of my own experience but also of several stories told by coachees. Boris Cyrulnik has a very resilient and positive outlook on shame: “... *this poison of the existence does not create an inexorable fate.*” Strongly in line with this statement I chose not to explore shame and its root causes but rather research what happens once shame was named, and how I could effectively guide the journey from there to relief. Shame does not go away, there are no therapies that can make it disappear but to alleviate the pain and the consequences of shame on one’s behaviours is at the root of my research.

This study uses a qualitative and hermeneutic approach through coaching sessions with three clients, as well as self-observation in interaction.

Reviewing the literature on shame in psychology and more briefly in sociology I searched for definitions and therapies. But although the literature is very rich there

¹ Die of naming Shame (free translation by the researcher)

are few established shame therapies. Many studies will concentrate on the causes of shame rather than on the consequences of having identified and named one's shame.

Some of the most common defence mechanics of shame are anger, rage, and depression. They all have repercussions on behaviour and subsequently add other problems to the shame issue. Behaviours linked to these manifestations range from disconnection with reality and relationships, to domineering, lashing out to people, violence and perfectionism. The behaviour change desired is connected to the manner in which the person wishes to be perceived: her/his ideal identity. For instance as a loving and caring mother, not an angry always critical and exacting person, hard to please!

My fundamental research question is then: once a person has acknowledged and named his shame, is Motivational Interviewing an effective technique to address the ambivalence, between the relative "comfort" of using one's shame defences and the desire to become the person freed of those same defences? Will this technique enable the person to enhance shame resilience and allow behaviour change?

SHAME AND THE ESTABLISHED THERAPEUTIC APPROACHES

« *My conscience hath a thousand several tongues,
And every tongue brings in a several tale,
And every tale condemns me for a villain. »*
William Shakespeare, Richard III

My research in current literature aims to investigate shame and the established therapeutic approaches through different lenses, before exploring the theme of shame resilience and examine the opportunities motivational interview techniques offer to alleviate shame ambivalence.

SHAME DEFINITIONS

One of the most influential contributions of psychodynamic approaches to current understandings of shame is Freud's concept of the "ego ideal." According to Freud, the ego ideal is made up of ideal representations, grandiose fantasies, and parental representations. Shame occurs when people perceive they have failed to approximate their ego ideal. (Freud, 1976) In social sciences shame is defined as a psycho-social-cultural construct, (Brown, Shame-Resilience Theory:A Grounded Theory of Women and Shame, 2006) an “ *intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging*”.

Our modern culture, emphasizes independence and personal responsibility, and tends to view shame as the mark of an inferior or self-absorbed individual.

Morrison defines shame as a feeling of intrinsic self-worthlessness, which underlies a range of psychological problems (Morrison, *The Culture of Shame*, 1998): depression, addiction, sexual or eating disorders, and emotional problems linked to trauma, gender, illness, old age, infertility.

Shame is related to the belief that we cannot create positive images in the eyes of others: we will not be chosen, will be found lacking in talent, ability, appearance and so forth, we will be passed over, ignored or rejected (Paul Gilbert, 1998). The hallmarks of shame are fears of being weak, of losing control. The fear of shame is a compelling motivator, resulting in a challenge to achieve exceptional results, a drive leading to perfectionism, overcompensation, but also to a high sensitivity to criticism, poor listening skills, lack of empathy, and an intense desire to compete. Several of these shame related phenomena overlap with well-identified negative characteristics of “narcissistic personalities”.

Morrison views shame as the affective response to a perception of the self as flawed, and further states that “ *Inevitably, shame follows narcissistic defeat.*” (Morrison, *Shame The Underside of Narcissism*, 1989) He further records, anger, rage, contempt, envy and depression as the specific shame mechanisms. Anger being the attempt of self to purge shame through attacks on objects, living or inanimate, that may momentarily be seen as shame’s source, thereby using the mechanism of projection. Contempt and envy are manifestations of projective identification of shame into another object (person) as container.

As to depression, Morrison argues that the specific feelings of failure, inferiority and helplessness are frequently so painful and intolerable that depression (another feeling) must conceal them. (Morrison, Shame The Underside of Narcissism, 1989).

ESTABLISHED THERAPIES FOR SHAME

Although there is extensive research done on shame, with the accent on what causes shame there have been far fewer studies on psychological therapies for shame.

Most therapies focus on the root causes of shame. A psychodynamic approach will be centred on connections between the past and the present with a systemic view. The goals of psychodynamic therapy are a client's self-awareness and understanding of the influence of the past on present behaviour. (Haggerty, 2006)

Psychodynamic therapies' primary focus is to reveal the unconscious content of a client's psyche in an effort to alleviate psychic tension. It is a long-term approach to therapy, processing and identifying how maladaptive and unconscious conflicts originating in childhood experiences lead to current psychopathological behaviour and thoughts. Techniques include free association, recognizing resistance and transference, working through painful memories and difficult issues, catharsis, and building a strong therapeutic alliance. The psychodynamic therapist offers an empathetic and non-judgmental environment where the client can feel safe in revealing emotions or behaviour that have led to current stress and tension.

Gestalt therapy focuses on process (what is actually happening) as well as on content (what is being talked about). The emphasis is on what is being done,

thought, and felt at the present moment (the phenomenality of both client and coach), rather than on what was, might be, could be, or should have been. Gestalt therapy is a method of awareness practice (also called "mindfulness" in other clinical domains), by which perceiving, feeling, and acting are understood to be conducive to interpreting, explaining, and conceptualizing the hermeneutics of experience.

This distinction between direct experiences versus indirect or secondary interpretation is developed in the process of therapy. The client learns to become aware of what he or she is doing and that triggers the ability to risk a shift or change. The objective is to enable the client to become more fully and creatively alive and to become free from the blocks and unfinished business that may diminish satisfaction, fulfilment, and growth, and to experiment with new ways of being. More recent Gestalt writings view shame as the crucial affective marker of support and non-support in the social field. In Gestalt therapies clients will be supported to bear and explore shame feelings only to the extent that the therapists can be open to these difficult and isolating experiences (Wheeler, 1997).

The National Institute for Health and Clinical Excellence (In UK) recommends Cognitive Behavioural Therapy (CBT) as the treatment of choice for a number of mental health difficulties, including post-traumatic stress disorder (PTSD) (including shame as an occurrence in PTSD), and clinical depression. CBT aims to solve problems concerning dysfunctional emotions, behaviours and cognitions through a goal-oriented, systematic procedure in the present. CBT focuses on the here and now and on alleviating the symptoms by questioning and testing cognition, assumptions, evaluations and beliefs and trying to find new ways of behaviour (Rachman, 1997).

The therapist develops strategies for managing problems and guiding the client to “a better life”.

The chief criticisms made by psychodynamic theorists are that it deals only with symptom reduction, having no underlying rationale.

Building on CBT and Dialectical Behavioural Therapies (DBT) (Lynch, 2006), Compassionate Mind Training (CMT) was developed for people with high shame and self-criticism, whose problems tend to be chronic and who find self-warmth and self-acceptance difficult and/or frightening (Gilbert, 2006). CMT starts from the premise that when things go wrong for people or they fail at certain tasks they may fear the consequences (e.g., being shamed and rejected by others), become self-critical and are unable to access self-soothing and self-reassurance.

By demonstrating the skills and attributes of compassion the therapist instils them in the client. Thus, the client is helped to develop an internal compassionate relationship with himself to replace the blaming, condemning and self-critical one. Over time the therapist helps the client to: understand the development of safety strategies (defences), learn compassionate acceptance and empathy for the origins and use of defences, recognise that we have “multiple-selves” with different priorities leading to “inner conflicts”, develop compassionate imagery and compassionate ways of attending to fears and defences. CMT focuses on how each aspect of the difficulty has some functional aspect behind it, is linked to the defence system and how one can be compassionate for this, and change.

Although there are limited data on the value of CMT drawing from social, developmental, evolutionary and Buddhist psychology as well as neuroscience, it is relevant to examine this current here because the “compassionate” approach continues to gain momentum in recent research.

A number of therapies are focussing on the importance of helping people develop inner compassion and self-soothing abilities such as in Dialectical Behaviour Therapy (Lynch, 2006). The cognitive therapists McKay and Fanning see self-compassion as a key antidote to self-criticism (Fanning, 1992). According to Paul Gilbert and Sue Procter self-compassion can help reduce the sense of threat and create feelings of safeness. (Gilbert, 2006)

In 2007, Brené Brown Ph.D., L.M.S.W. from the Houston University research faculty, approaches shame through the social worker’s lens, she developed a Psycho-educational Shame Resilience Curriculum called “Connections” as a tool to help professionals and clients recognize shame and develop shame resilience in a group therapy. (Brown, 2009). “Connections” is based on her Shame-Resilience theory (SRT) (Brown, Shame-Resilience Theory:A Grounded Theory of Women and Shame, 2006), the result of seven years of research offering a set of propositions about how shame affects men and women and how to build shame resilience.

In SRT, shame resilience is conceptualized as a continuum, with shame, fear, blame and disconnection anchoring at one end and empathy, courage, compassion and connection anchoring the other end. The twelve sessions go from learning to recognize fear, towards practicing critical awareness, reaching out and speaking shame.

Brené Brown's definition and use of resilience is consistent with the original significance of the word. The etymology of resilience is the Latin *resili*, meaning, "to spring back." Resilience is the power or ability of a material to return to the original form, position, after being bent, compressed, or stretched.

The word has first appeared in the English language and passed in psychology around 1960 with Emmy Werner the American developmental psychologist.

It is the ability of a person to recover readily from illness, depression, adversity, or the like.

In his works on shame the French neuropsychiatrist Boris Cyrulnik stresses the importance of the presence of "tutors of resilience" (Cyrulnik, 2010). The significance of tutor (*tuteur*) in French is different from the Anglo-Saxon understanding, it literally means a strong wooden or metal post with a point at one end, driven into the ground to support a tree or a plant's growth. Boris Cyrulnik's tutors are the people who actively support the person in the pangs of shame by reassuring and by proposing him a new project of existence. He also uses the image of the tutors as blowing on the embers of resilience, still present behind the pain, so as to resuscitate the person.

According to Cyrulnik's definition resilience is a survival strategy, a natural processes "knitted" all along our lives with a thousand determinants among which awareness of self, social discourse and cultural context. Going back to its etymological meaning, *resili*, (spring back), Cyrulnik argues that there is more to it; one has to "spring back" but not on the same place, but to spring back just a little further, to move forward... and not to remain prisoner of one's shame. Resilience is then the capacity to resume life in spite of the wound (of shame), without settling on this wound.

This is a huge pace forward, covering a broad landscape of conceptualizations of shame, from psychodynamic research into the past and the root causes of shame through cognitive behavioural therapies, self-compassion and shame resilience, towards the capacity to change behaviours. This is where ambivalence comes into play and motivational techniques take all their significance as a method to alleviate shame, examined through qualitative research henceforth.

RESEARCH CONTEXT

« Each patient carries his own doctor inside him. They come to us not knowing this truth. We are at best when we give the doctor who resides within each patient a chance to go to work.»
(Cousins, 1979)

METHOD

The methodology used in this study is qualitative inquiry. Its objective is to enrich the knowledge of the particular ambivalence lingering when shame issues have been spoken and are acknowledged by the client and coach. Ambivalence refers to situations where simultaneous and contradictory attitudes or feelings (as attraction and repulsion) toward an object, person, or action are experienced.

This approach is appropriate because the ambivalence will be expressed verbally and non-verbally during coaching sessions aiming to resolve the ambivalence and engage change, in an emergent process. I will be looking for a complex, detailed understanding of the ambivalence and the results of the use of Motivational Techniques to enhance resilience and provoke behaviour change. This can only be

established by, talking to people, and studying their context - “unencumbered by what we expect to find, or what we have read in the literature” (Creswell, 2007).

I will use phenomenology to “describe the basic structures of lived experience” (Polkinghorne, 1983) and hermeneutics to supplement the descriptive approach by seeking to understand actions and expressions. (Florent-Treacy, Writing the "Good Enough" Executive Master Thesis - A Quick Start Guide, 2011)

PARTICIPANTS AND DATA COLLECTION

Data were collected from coaching sessions with three of my clients reporting shame issues. Parts of the exchanges and answers on questions during those sessions were used to collect data on the ambivalence and later on as a starting point to elicit change talk during the motivational interviews.

Shame is one of the most pervasive affects, we are all at one stage or another touched by shame. My own struggle with shame has stirred my interest in shame therapies and later in this research. I will not only gather data from others but equally from myself: in coaching relationships with clients having themselves shame issues, and in the process of researching. Through the lens of an interpretative paradigm I will examine my own perceptions while interacting with the participants thus capturing a subjective reality.

THREE COACHING CASES

The coachees agreed on the use of data from their participation in this paper. For evident ethical reasons none of the names used here refer directly to the participants.

For clarity of the results I first will sketch the coachees' shame stories in this section, whereas relevant exchanges during the coaching sessions will be explored in the finding and discussion section.

Nessa's Shame

Nessa has been through several years of coaching and is acquainted with different therapeutic methods. At 45 she has managed her career well and is now a successful business executive, managing a staff of 20 persons. She is an attractive woman and places high priority on decorum and manners.

She came to me because she was accused of moral harassment by one of her staff members. She specified that the only thing she did was being "*demanding*" for that was what her superiors were too. In answer to my probing she agreed that yes she is a very angry person, with violent outbursts "*but they never last long*", all she wants is "*that things are done the way they should be done*".

She further explains she is equally very demanding on herself and often works through the night "*when necessary*" in order to deliver in time.

Exploring those late nights she described that very often she feels “*stupid*” and stays late to rework her files “*afraid that her work would be far below what was expected*” and that she would be “*exposed*” as *what she is: “a nitwit without any academic education nor any suitable family background*”. She also realised that this is what fuels her anger and frenzies: the fear of being “*revealed*”. She told about her inability to manage her anger whenever she feels she is not “*good enough*” as a mother of wife and equally so when her husband or children “*underperform, act stupid or have bad manners*”. She then moves against them and uses shaming and hostility because she feels helpless. After which she “*hates*” herself “*even more*”.

Liam’s Shame

Liam is co-CEO in a family business started by his grandfather. By the time he was 25 his father felt ready for succession and decided to sell the company to Liam on one condition: that Liam find a partner in order to take over the business between them, affirming clearly that he didn’t think Liam was solid enough to manage the company on his own. He pushed them to buy 50% of the shares each and be co-CEOs.

This worked well for a time and the company grew beyond expectations, due in many ways to Liam’s entrepreneurship and strong drive to prove his father wrong. His partner comes from a rather “*bourgeois*” military background, he assures the stability and security in the company’s functioning. Our sessions began as a typical executive coaching contract and the goal was to improve his leadership.

At 37 Liam does not feel he is fully recognised as the leader and feels trapped in the co-CEO arrangement, which in his opinion is the cause of his not being recognised as a leader.

He came in very irregularly and often cancelled appointments. Until we finally uncovered something going back to his childhood; his mother was the maid in his grandfather's house when his father made her pregnant. His grandparents considered his mother unable to raise the child, partly because of her social position, but additionally she was German (the enemy in his grandparents eyes)! So Liam was raised by his grandparents, very much loved by his grandmother but rejected, "as a *traitor*" by his mother, this feeling increased after the birth of a second son whom the mother raised herself. When his mother then told the grandparents: "*you wont' get this one, this one is mine!*" Liam felt, in his words: "*ashamed of being alive, an outcast*" and "*let down*" by his father, this feeling became persistent in his life.

Einin's Shame

Einin is partner in a Law firm; she came to me because she found it increasingly more difficult to get on with her partners in a constructive professional relationship, at that stage they'd been partners for 4 years. She is the only woman in the partnership.

She worked in the firm for 5 years before obtaining her diploma and buying her way into it. Initially she wanted to convince her partners that they needed group coaching to tackle what she called "the problem". They did not agree and told her clearly that She was the "problem".

The partners have an unwritten agreement dividing the tasks regarding the functioning of the firm between them, allocating a number of non-billable hours to each partner. Einin is in charge of organization and quality.

Her non-billable hours largely exceed the agreement. She implemented numerous documents and applications not used by her partners and their teams because in their words: *“they overburden the daily routines, are time consuming and thus make it impossible to obtain a reasonable financial result”*.

During the first sessions Einin rambled on about what the partners did or did not do, and it was difficult to get her on track to talk about herself or her feelings.

My hypothesis is that Einin’s shame and subsequent perfectionism derive from a shaming event she related to me during coaching session and dating from when she started elementary school; she was bad in dictation and in order to “improve” this her teacher made her wear cardboard on her back with the following inscription: *0/10 in dictation!* She had to wear that board for the next two school years. Einin’s mother was a teacher in the same school and did not intervene in favour of her daughter.

Whenever Einin cannot get her ideas across to her partners she feels as if she has again 0/10: *“Worthless”*. She then blames their *“inertia, incompetence, and lack of concern for the clients...”*

CONCEPTUAL FRAMEWORK FOR OBSERVATION

My research starts at the precise point where a person has “spoken” his shame. The implication is that he/she underwent coaching/therapy helping to acknowledge the shame issue and to name it. My research is initiated on that particular moment in time where I identify the remaining ambivalence. My fundamental research question is concerned with the adapted technique to address this ambivalence.

The moment when the coachee names shame in the coaching dialogue is extremely intense, in the very first instants it can feel as a “aha” moment, and bring relief, recognition of the underlying cause for behaviour, pain and discomfort. For some coachees this may be where they would like to go deep into the why of shame and linger with root causes and set up defences finding fault with the past or the present, blaming their shame on someone or something else. For others they enter a world of ambivalence; *“ok now I know why I behave that way, what hurts me, and how it affects my life...where do I go from here? What can I change? Do I want to change something? Was I really uncomfortable to a point that I need to do something about it? Can I deny this, stop the coaching sessions get on with my life and forget now that I’ve come this far? Or... can I go further put these behaviours behind me get out of the shame spell and feel good? “*

This is where the voyage starts. My hypothesis is that overcoming the ambivalence sets the coachee free in more than one way; from the burden of shame affecting his/her behaviour, but also from denial and the pain intrinsic to the ambivalence. It is a process of change and of growing into a happier person, connecting to one self in a healthy way.

In the context of my research, the ambivalence is between:

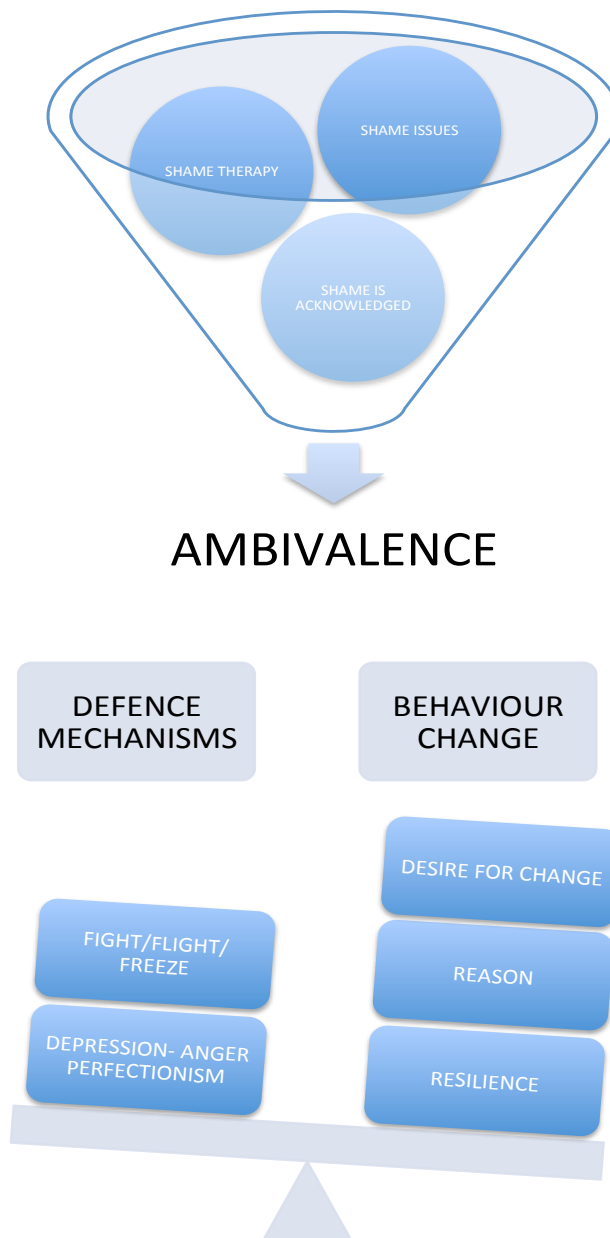
- The “relative” comfort of the known territory; the defence mechanisms used to relieve shame identified during therapy/coaching and the resulting behaviour: the unwanted identity.

AND

- The emergence of the ideal identity towards which reason commands to strive.

To address the ambivalence with the appropriate tool (Motivational Interviewing) enhances the desire for change and tips the balance.

The figure on the next page illustrates the ambivalence between status quo (the defence mechanisms) and behaviour change with its ingredients necessary to attain the tipping point and change.



Motivational Interviewing (MI) is a collaborative, goal-oriented method of communication with particular attention to the language of change (Rollnick & Miller 2002). MI is not a list of techniques, but rather a style of interacting with the client, the foundation of MI is in its spirit. It is intended to strengthen personal motivation for and commitment to a target behaviour change by eliciting and exploring an individual's own arguments for change (Rollnick & R.Miller, What makes it Motivational interviewing, 2010).

It is designed to address the ambivalence when facing change within an atmosphere of acceptance.

In my conceptual framework, **resilience**, the first block on the behaviour change scale, is used with Boris Cyrulnik's acceptance: to spring back just a little further in a forward movement without settling on shame. In correspondence with MI the coach will become the tutor of resilience; a strong post to support growth, expressing empathy and accepting ambivalence as a normal part of human experience.

Reason, the second block, represents the client's inherent reason(s) for and concerns about change; reasons are the basis for attitude and desire. Using MI as a tool the coach will develop discrepancy between the present state, the unwanted identity, and how the client wants it to be, the ideal identity. The goal is to override the inertia of status quo. The coach will roll with resistance and strive to understand the ambivalence from the client's point of view.

Desire for change, tipping the scale, happens when the client advocates for change. In MI spirit the coach supports the client's belief that he/she can carry out the necessary actions to commit to change and succeed in changing behaviour. The client remains the final arbiter of the change process.

My investigations will bear on **how to ease the ambivalence**; the premise of my research is that **Motivational Interviewing** is the adequate methodology.

FINDINGS AND DISCUSSION

“But this is my attitude to life. Please, please, monsieur et madame, mister, missis and miss. I am trying so hard to be like you. I know I don’t succeed but look how hard I try...” (Rhys, 1986)

My own shame resilience journey started on entering CCC’s classroom the first time, I felt out of place, some kind of mistake amongst a bunch of highly successful and intelligent people. But I had applied and profoundly wanted to be in the program; I must have felt special enough to apply, and self-confident enough to image that this goal was attainable! (So much for reassuring self-talk) How I felt, revealed my narcissistic vulnerability at that time, my excessive sensitivity to feeling out of place and even fraudulent. But then I experienced CCC’s safe space, the Identity Laboratory (Florent-Treacy, 2009); in this womb-like room I uncovered, explored, and accepted my shame issues and began to experiment with new roles and behaviours.

My burden of shame was thus lifted in a safe environment guided by trained and experienced psychotherapists and trusted peers.

The ensuing ambivalence between the relative “comfort” of my usual defence mechanisms and the appeal to investigate novel identities opened a new field of experimentation.

When Nessa and I met for the first time before signing our coaching contract she told me, or rather in her words she “warned” me she had quite some ‘*expertise*’ with coaches and their different approaches or “*techniques*” which she generously explained to me. Of course this triggered some anxiety in me (remnants of shame),

but it also gave me a hint to how careful I'd have to tread to avoid being shamed by my coachee! For if my coachee's expertise triggered my shame, I would then remain focussed on my coachee's perception of me; fearing that she'd perceive me as incompetent, a not good enough coach. As a result I would most certainly activate all sorts of defences, which would thwart the reflective listening required in a client centred safe space!

As her story unfolded, I could feel she trusted me and was surprised and pleased by my input. One of my shame mechanisms is a great need to please, so I was happy with the reassurance, for the time being.

But the shame underlying her anger and pain often came so close to my own journey that I was physically impacted by it and felt shaken. Which did not escape her attention and she confronted me with the way **she** perceived it: *"I can feel that **you too** are disgusted with me, maybe we should stop here if **you** can't take it!"* Strong with this information, I decided to share with her what I felt and why her story affected me so much. In doing this I proved to Nessa that I could deal with my own imperfections by acknowledging them and accepting rather than feeling devastated. I also showed my respect of her, sharing something personal about myself.

I thus established a connection in which I was her "support", her tutor of resilience, expressing empathy, creating the safe environment in which to explore her pain and ultimately speak her shame. Once she identified the causes and the effects of shame in her life, she confronted me with her ambivalence, in her words the *"unfinished business"*: *"OK and now what? I know where my anger and pain come from, I can identify when I stumble in a shame spot, but I still feel bad about myself, to know it doesn't make it go away!"*

To reveal the ambivalence: the unwanted versus the ideal identity I use two questions adapted from the Connections curriculum (Brown, Connections - A Twelve session Psychoeducational Shame Resilience Curriculum, 2009). I give the questionnaire to my coachees as homework, I tell them to take their time, to reflect, answer in writing and bring it back to the next session for discussion.

First they have to list two or three ideal identities and two or three unwanted identities. The sentences start with: "*I want to be perceived as...*" for the ideal identities and "*I do **not** want to be perceived as...*" for the unwanted identities.

These definitions are the foundations of what we'll be working at within the MI, it's a first description of their ambivalence. Participants find it far easier to answer how they **do not want** to be perceived (which is known territory) than to write how they **want to be** perceived. Expressing the ideal identity makes them feel: "*a bit guilty of grandiosity*" in Liam's words, and "*I found this really difficult; revealing a secret Me of my dreams and **write about it...***" as Einin put it.

In the MI spirit, ambivalence is accepted as a normal part of human experience and change, rather than seen as a pathology or pernicious defensiveness. The method focuses on exploring and resolving ambivalence as a key in eliciting change. MI works on intrinsic motivation for change, it centres on the motivational processes within the individual that facilitate change. MI is both, client centred and intentionally directive, directed towards the resolution of ambivalence in the service of change. The coach creates an atmosphere in which the coachee rather than the coach becomes an advocate for change.

PRINCIPLES AND STRATEGIES

Miller and Rollnick (Rollnick & R. Miller, 2000) described four basic principles of MI and identified two phases:

- 1 Building motivation for change
- 2 Strengthening and Commitment.

To illustrate this I will briefly explore the use of the basic principles through extracts from the coaching sessions and subsequently go through the two phases to highlight my key findings.

Principle 1: Express Empathy

Empathy involves a non-judgemental attitude in which the coach tries to see the world from the client's perspective. By practising empathy, the behaviours or decisions of the client become more comprehensible because the coach understands them **from the clients perspective**.

If we consider for instance, Nessa 's lashing out, projecting shame in her husband and children when they do not perform or behave according to her standards, viewed from her perspective:

“ I come from a family where manners or achievement were not valued, my parents had no schooling they both worked in the same factory... they both drank in the same pubs ...ambition or achievement were dirty words. They never looked beyond their narrow world, ‘they kept their place’... I don’t want to live like that, I want my children to value ambition, schooling and achievement.”

Empathy can help me understand her perspective. I can see where she doesn't want to go; her desires for her family make sense viewed from her perspective. It doesn't mean I condone her behaviour, nor am I disapproving or critical of the choices she makes.

Asking open questions, listening reflectively, directly affirming and supporting, helps Nessa to verbalize her meanings and make them more explicit. Having listened attentively and with empathy I will then be able to use summarizing to link material together, to emphasise certain points, and to collect and elicit "change talk".

Principle 2: Develop Discrepancy

Change is motivated by a perceived discrepancy between present behaviour and important personal goals and values. Awareness of this discrepancy can increase motivation to change. In MI the coach pays particular attention to the coachee's arguments for change, compared to those for not changing. He differentially elicits and explores the client's own arguments for change as a path out of ambivalence.

Liam's ideal identity: *" I want to be perceived as a strong and very competent leader, standing straight on my own legs, I want to be perceived as a visionary in my field" ,* versus his unwanted identities: *" I do not want to be perceived as: an outcast, a good for nothing, a second hand CEO, a mere salesman for the company"*.

Discrepancy may be triggered by awareness of the cost of one's present course of behaviour. For instance in Liam's case when he develops arguments against change towards his ideal personality I can start out with just simple reflections (1), or increase the impact with a an amplified reflection (2) depending on the intensity of his argument, or give him a double sided reflection (3) **to increase his awareness of the discrepancy.**

Liam: *"I can't concentrate on improving my leadership right now, we're in the middle of high season I am to busy right now"*

Coach: (1) *" You're really busy."*

(2) *"You couldn't possibly concentrate on that now, given all that is on your plate"*

(3) *"So at this point, it's hard to know where your work on leadership fits into these other competing demands, and on the other hand, you know you need it to attain what you desire."*

The goal of developing discrepancy is to increase and amplify it till it overrides the inertia of status quo.

Principle 3: Roll with Resistance

Rolling with resistance is to **not argue** for change, but rather express an understanding of the coachee's point of view. It tends to diffuse rather than amplify the ambivalence and thereby diminish resistance. It is **how** the coach responds to resistance that makes the difference and that distinguishes motivational interviewing from other approaches. (Rollnick & R. Miller, 2002)

The goal is to decrease client resistance because this pattern is associated with long-term change. Using reflecting skills such as those evoked in Liam's example above is one way to roll with resistance. More strategic elements can also alter the interaction pattern, such as: shifting focus, reframing, emphasizing personal choice and control and coming along side.

To shift the coachee's focus away may be useful when we run into an area which doesn't seem productive; to diffuse the initial concern and direct attention to a workable issue. Another response is to reframe; the coachee's information is recast into a new form and viewed in a new light that is more likely to be helpful and to support change.

After Einin had written her ideal and unwanted identities and we had quite a few sessions about and around her ambivalence, I felt she kept arguing quite strongly for status quo, which is called "sustain talk" in MI. Using reflective responses and reframing I discovered that her resistance was linked to anxiety of how she would be able to function (professionally) once she left her old "*habits*"² behind.

As if her knowledge and skills stayed in her known territory and the change process (the coaching sessions, ultimately me as her coach) was threatening her freedom of choice. I then used the emphasis on personal choice and control, and assured her that in the end she was the only one who'd determine what she'd do or not do, and that all along the process **she** had total freedom of choice. This was a scary moment for me; I wondered if I had not omitted this reassurance before, should I have felt this coming? Would it have been more effective to put emphasis on Einin's personal

² Habits – I used her word on purpose in French, as a play on words, in English "habits" means clothes or with some emphasis : vestments as in "vestments of shame!"

choice and control, earlier, before she expressed her fear? I did express this reassurance earlier but not prompted by a reaction from Einin just as part of the first session after the identification of unwanted and ideal identities, as an introduction and clarification of the process to come. On reflection I think it was ineffective then; for at that stage Einin was still in the pre-contemplation phase of change (Prochaska & DiClemente, 1984) she had not yet fully engaged in the change process. Einin has not yet decided to operate a change; she is trying to **imagine** a change and toying with the possibility. During pre-contemplation the person may experience a feeling of being trapped and hindered in his freedom of choice and will react to this sensation.

Psychological reactance is a natural reaction that occurs in response to threats to perceived behavioural freedoms. (Brehm, 1981) In this particular occurrence, Einin's choice between status quo and behaviour change is a choice motivated by pain, unhappiness and discomfort coherent with precedent behaviours, and a desire to cease the subsequent behaviours and thus avoid the pain, unhappiness and so forth. The struggle goes on within her, there is no external threat; she did not react to the process or my coaching but expressed her anxiety linked to the ambivalence.

Another strategy to address resistance is coming alongside: when the coach defends the counter change side. In a way it is a special case of amplified reflection.

MI is essentially a dialogue about the coachee's ambivalence, and the interviewer explores both sides. Coming alongside as the coachee argues against change is another way of defusing the argument and eliciting change talk. In a sense, MI is the opposite of a confrontational approach in which the coach advocates for the change

position and the coachee defends against it. It is nevertheless a conscious goal-directed approach and there is no reason why the client has to be kept in the dark about the dialogue.

One can set up, if appropriate or needed, a direct debate in which the coachee defends the need for change speaking in “you” language and the coach the counter argument speaking as “I”. I choose to do this with Nessa because she’s a very intelligent and experienced coachee and this kind of contrived dialogue is far from easy on the coachee. Even though it was awkward when we started out, the challenge appealed to Nessa and it elicited quite some change talk as she defended the need to change. She told me she had enjoyed the session; she’d found it very engaging. The session was very productive both for Nessa and me.

Principle 4: Support Self-Efficacy

The support of self-efficacy is utilized when the coachee has sufficiently resolved ambivalence about change and begins to articulate preparation-for-change statements or begins to “dabble” with change, making small changes in behaviour, correcting attitudes and perceptions without full immersion in the process.

The approach seeks to elicit the coachee’s ideas, experiences and perceptions that are consistent with his ability to change.

Here the coach needs to collaborate with the coachee towards brainstorming change- strategies, developing a change plan, and enhancing confidence.

The purpose of brainstorming is to stimulate creative, divergent thinking about how change might be accomplished, it is ok for the coach to suggest ideas but it is the coachee's creativity, which should generate possibilities. Brainstorming becomes then another format to elicit confidence talk.

It is not necessary for the coachee to have all the ideas; it is appropriate to provide information and advice that could be helpful in bolstering confidence. The elicit-provide-elicited style recommended in MI consists in first asking for permission, offering the information, and then asking for the coachee's response.

The coachee remains the expert on what will and what won't work and is free to make choices about methods, timing and preferred strategies. Evocative questions such as: *"Where would you start, if you decided to make a change to that particular behaviour?"* *"What other people or resources might help, if that's what you decided to do?"* are very helpful. At this stage it is important to gather information on resilience tutors in the coachee's entourage, people who can support him/her in their efforts towards the change in behaviour.

Curiosity is very important to enhance confidence in change, the coach needs to be open to hearing the spontaneous change efforts and be extremely curious about **how** and **why** the coachee embarked on this deviation from his or her usual style. Whenever the coachee struggles with practicalities, it is helpful to think in the hypothetical.

When Nessa struggled with how her children and husband would perceive her ideal identity: *" not yelling and raging at them... they'll think I'm ill or that I don't care about them anymore..."* I used the subjunctive syntax to query: " Suppose that you

succeeded in being perceived as this calm composed loving wife and mother (the ideal persona) and you were looking back at it now: What most likely is it that worked? How did it happen?”

A common purpose that runs through all the techniques outlined here is for the coachee to talk about ways in which change can occur, about confidence and about how he or she can succeed. The coach’s role is to stimulate further thought and specificity.

THE STAGES OF CHANGE

The five principles and the techniques and strategies developed above are used in two phases. In the paragraph “roll with resistance”³, I briefly evoked the Transtheoretical Model (TTM) to illustrate Einin’s anxiety (Prochaska & DiClemente, 1984). Identifying a coachee’s status in terms of the stages of change can be very helpful in deciding which motivational strategies to use and in which phase.

This figure schematises the Transtheoretical Stages of Change.



³ Page 30

The model is viewed as a progression from an initial contemplation stage, where the person is not currently considering change; to contemplation, where the individual undertakes a serious evaluation of considerations for or against change; and then to preparation, where planning and commitment are secured. Considering TTM as a valid and very broadly applied model of change I will use it as foundation for my demonstration of the effectiveness of MI in the context of my study

The precise departing point of my research is when a person has acknowledged and named his shame; in pre-contemplation. TTM has identified a number of processes of change that have been implicated in movement from one stage to the next and in successful change (Prochaska & DiClemente, 1984). Cognitive and experimental processes of change appear to be more important in the earlier stages of change (phase 1 MI), and behavioural processes appear to be more important in the later stages (phase 2 MI). It is assumed that MI approaches influence cognitive and experimental processes like consciousness raising, self-re-evaluation, environmental re-evaluation in the early stages of change (Rollnick & R.Miller, *Motivational Interviewing*, 2000). As coachees move forward in the process, motivational interviewing influences efficacy and the behavioural processes of change.

The following development demonstrates that MI's two phases are aligned with this model. The philosophy and approach in motivational interviewing is appropriate for the participants facing ambivalence once having named shame, as their change journey unfurls according to the TTM, the momentum of MI is clearly aligned albeit

with the TTM model and with the feelings and abilities of the coachees. Thus guaranteeing the boosting of shame resilience and allowing behaviour change.

The coach's challenge is first to understand where the coachee is in the change cycle and then to offer the appropriate assistance.

PHASE 1: Building Motivation for Change – Enhancing Resilience

*“I have spread my dreams under your feet,
Tread softly because you tread on my dreams.”*
W.B. Yeats

This first phase encompasses: the coachee's discovery of his/her ambivalence about the change of behaviour and the coach's first landmarks as a tutor of resilience supporting intrinsic motivation. In TTM this corresponds with the stages of pre-contemplation and contemplation, the cognitive and experimental processes of change.

When shame is named and the coachees' start experiencing the ambivalence between status quo and moving forward, they are clearly in the pre-contemplation stage of change. Having named shame, identified the damages and pain shame causes in their life, and recognised their recourse to defences impacting behaviour in both their professional and personal environment, the coachees are getting ready to perceive a first vision of a different future. During the ensuing coaching session I try to learn more about this vision by careful listening and providing feedback in an empathic manner. My focus is on detecting the moment when tension starts building and the ambivalence emerges. By creating a safe space and insisting on the freedom

for the coachees to make their own decisions the coach facilitates exploration of change in a nonthreatening manner.⁴ Motivational interviewing is effective here because it avoids argumentation and **allows the coachees to hear and assimilate their change statements** in order to **increase resilience**⁵ and move towards the **contemplation of a desire for change**⁶.

I materialise the transition from pre-contemplation to contemplation with the questionnaire on the ideal identity and the unwanted identity: the foundations of the coachees' ambivalence.

In the contemplation stage of change the coach's goal is to help the client tip the balance in favour of change. It is the stage where coachees experience their ambivalence most strongly, MI style and principles make it possible to alleviate the ambivalence tension and support the resilience. By helping the coachee to **think through the risks of status quo and the potential benefits of change**⁷ and by instilling hope that change is possible the coach accentuates the positive. Sometimes using a decisional balance helps in this process: balancing the pros and the cons, weighing the inconveniences of status quo and the advantages of change. The coach listens for change statements here: expressions of concern, problem recognition, optimism about change, or intent to change. Facilitators for change in this stage are: summarizing, feedback, double-sided reflections, and affirmations to boost the coachee's resilience.

Overcoming the ambivalence and shifting the decisional balance can take time and requires great patience and persistence on the part of the motivational interviewer.

⁴ See Einin's case in Principle 3 page 30

⁵ The first block on the behaviour change scale page 21

⁶ The top block on the behaviour change scale page 21

⁷ "Reason" the second block on the behaviour change scale page 21

PHASE 2: Strengthening and Commitment to behaviour change

The coachee shows signs of readiness to change (increased talk about change). The coach's focus then is on strengthening the commitment to change and help the client develop and implement a plan. The coachee is in the preparation stage.

Being prepared for action does not mean that all ambivalence is resolved. The decision making process continues throughout the preparation stage. Sometimes coachees try to convince themselves as much as they try to convince the coach.

With some coachees it is important to hold the ideal identity up to the light for scrutiny so as to transform the perfectionistic ideals into more readily attainable self-accepting ideals translatable into goals and standards before preparing the plan. I worked through that with Nessa's professional ideal identity, which was tinted by her perfectionism and far removed from her present skills and capacities. I used summarizing and reframing with infinite care, threading softly because her lack of schooling was one of her causes of shame. To me it felt like a time bomb ticking away ready to explode at my first slipup! It took time but Nessa developed a viable plan, and started moving into the action, implementing her plan.

Here the challenge for the coach is not to confound action with change; coachees in action might still have some conflicting feelings about change. They may miss their old defences from time to time and be struggling to fit into these new behaviours. Motivational interviewing helps coachees to build resilience as they take action by focussing on their successes, reaffirming their decisions.

Maintenance is the final stage in the process of change. Here the coachee works to consolidate the gains attained during the action stage and struggles to prevent

relapse. Motivation to consolidate the change is needed. This is particularly true if the professional and personal environment, is filled with dangers that can trigger shame.

Motivational techniques made it possible alleviate Nessa's ambivalence and initiate a change of behaviour. Today Nessa is enrolled in a Masters program for Marketing, getting the skills required to live her ideal professional identity; she 's equally testing new behaviour, which is supported by the learning environment. She reports feeling that she "*sometimes*" **can** create positive images in the eyes of others without having recourse to endless hours of rework, in her words: "*I often find myself believing I can do things without being afraid that they won't be good enough ...I discovered the world would not stop turning each time I'm wrong, nothing will happen I'll just learn something more from it. Of course it is not like that all the time but I'm getting there more and more.*" Nessa has not yet consolidated her new behaviours and will continue coming to coaching sessions for a while but we have spaced out the sessions to once every two months. She has found she can rely on other resilience tutors in her home and learning environment.

MI is a process of shared decision making, of exploration and negotiation, in which the two partners bring aspirations; both have hopes for what will happen. The relationship between the coachee and the coach is itself a major part of the therapeutic process; the clients' thoughts about the coach (transference) and the coach's thoughts and fantasies about the client (countertransference) will become part of the clinical effort. Clients may become intensely dependent on their coach, and seek to hand over to them all responsibility for their health. (Adshead, 2000) Motivational techniques lessen that dependence by restoring self-esteem, which is terribly important in the context of shame where the coachees have a very low self-esteem. MI techniques lay the foundations for durable change of behaviour because

the coachee freely decides of every step. The coach is a tutor, in the French understanding, supporting the coachee's growth, not tutoring him/her about what should be done or deciding what would be the way to go about changing for the better!

Most established therapies for shame accompany the client to alleviate the pain provoked by shame, be it by self-soothing or mindfulness; they work on the symptoms. Nessa 's past experiences were with therapists and coaches working on the symptoms, on her rage and anger, as well as on her drive for perfectionism. She never felt relieved or able to be resilient in a forward movement.

With Liam self-soothing would not work because he would clearly view it as a weakness. MI gave him the possibility to vent all his reasons for not changing, all the "things" that made it impossible. But more importantly he was compelled to re-hear them when I rolled with resistance reframing and summarizing his argumentations against change. Sometimes I had the feeling, looking at his expression while he paused for reflection, that the counterarguments remained written in the air between us and that he read them over and over! To me it was a real "aha" moment when he found faults with them! I was a very happy and proud of him when he counterattacked and started arguing for change! Liam is still a co-CEO, but happy in this working relationship; he had positive conversations with his partner and was able to express his expectations in a constructive way. He spent the seasonal holidays with his parents and had long "tête-à-têtes" with his mother with whom he hadn't talked for ages. We have started working on his leadership style; he doesn't feel trapped in his co-direction of the company anymore. Today he realises that he can

lean on his partner's steadiness and thus develop his own talents, this is a great "jump onward" from his main defence; blaming others (his father, his co-CEO...).

Einin has increased her talk of change; she is advancing in the preparation stage, phase two of MI. She has started sketching a plan, which could coincide with a new professional development in the firm. She also "experiments" with taking more time off in order to develop her talents as a painter thus leaving more space for her "*secret Me of my dreams*". My three coachees have tipped the scales!

Further research

I have used Brené Brown's approach in my coaching sessions first as the appropriate tool for my coachees to name shame, and then as a pivot to reveal the participants' ambivalence with the questionnaire on ideal and unwanted identities. Starting with MI techniques as a follow up of the partial use of the shame resilience curriculum, revealed MI's potential for enhancing the outcome of another approach. This clearly opens a scope for further research to evaluate the efficacy of the use of MI techniques in concert with other approaches.

Originally MI has been designed for the treatment of addictions, to address the ambivalence between status quo (remaining addicted) and behaviour change. Nowadays MI is also used in the treatment of psychological problems such as anxiety, depression, suicidality, and eating disorders. (Arkowitz, Westra, Miller, & Rollnick, 2008). As well as with adolescents and young adults (Naar-King, S & Suarez, M., 2011). More than 100 randomized clinical trials of MI have been published (Burke et al., 2003) and show significant greater behaviour change by people who

received MI, relative to those not receiving MI. None of these trials concerned the use of MI in shame issues, it would be interesting to conduct an extensive research to identify those problems and types of people who respond best to MI and those for whom it might be less appropriate

Limitations

Having interacted with the participants as their coach I have no doubt that in my interpretations I projected some of my own realities and perceptions. I have attempted to clarify my position and took a meta-view whenever the perception might have been subjective. I have done the same voyage as the participants up to ambiguity but I have not been coached with MI techniques, and quite obviously MI is not a self-help tool. To draw richer insights on the process and the findings it would be interesting to have feedback from the participants once they have stabilised their new behaviours.

CONCLUSION

Based on findings in these three coaching cases I feel very confident that the Motivational Techniques I used are adapted to enhance resilience, trigger change behaviour and alleviate ambiguity. In a psychodynamic view, ambivalence provides information about repressed conflicts that are carried over from the past as well as threats to a stable self-image, pathogenic beliefs, fear of change, and secondary gain. (Arkowitz, Westra, Miller, & Rollnick, 2008) MI is about the present and has no à priori views about the **why** resistance and ambivalence occur. With the focus on the client's perspectives of the pros and cons of changing, motivational techniques augur

a more positive outcome in freeing the person of his ambivalence. The CBT approach (Gilbert, 2006) which is a rather didactic approach with the emphasis on teaching clients new behaviours and ways to correct dysfunctional beliefs places the coach as an expert providing direction. Although MI is also a directive technique, providing guidance to change, the coach and coachee are rather in an equal partnership than in an expert-coachee relationship. The MI coach's objective is to perceive as much as possible the ambivalence from the coachee's viewpoint, rolling with resistance and eliciting change talk so that **the coachee** voices the pros for change and is ultimately the expert of his change.

In this research panel all participants have initiated a change of behaviour; they are at different stages of their change process, all have travelled through ambivalence, tipped the balance and began designing their future behaviour. Nessa has found resilience tutors in her environment. Liam is freed of his ambivalence and undertaking a new journey, while Einin is in preparation stage, endeavouring exploring her creativity and starting to plan her future” me”.

My own journey started at the end of CCC modules, when I identified my ambivalence and initiated some experimentation with different working identities. Researching shame and exploring motivational interviewing techniques gave me a wonderful opportunity to test my shame resilience; both in the interaction with clients struggling with shame, and during the writing process. On several occasions, especially while coaching Nessa, I went to the balcony⁸ to check what was happening thus avoiding giving in to the “comfort” of my defence mechanisms.

⁸ In CCC terms, referring to taking a meta-position

Many a time, while writing my findings I relapsed and wondered, “*how the heck have I had the guts to start this research...another dream of grandiosity?*” In “Behind the scenes in the ID lab” Elizabeth Florent-Treacy (Florent-Treacy 2009), describes the writing of case series in CCC as a narrative of a future self, which the narrators already knew at a subconscious level. To write up my research I left the relative comfort of status quo for my desired (new) identity, writing made me make a journey not far removed from the one my coachees went through. I found resilience tutors in my peers and supervisor in the CCC conversion program as well as in feedback on my writings from an experienced coach. I am in pace with my coachees; guiding their journey with Motivational Interviewing techniques, and in the true spirit of MI; experiencing their resistance and ultimately their desire for change and their successes alleviated my ambivalence. We all enacted new behaviours, left ambivalence behind and sprung forward without settling on the past.

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