
INGREDIENTS FOR LIFE SATISFACTION

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*The steps for authentic
living.*



JUST CURIOUS

How many people are familiar with shame?

How many people think shame can be a critical ingredient for life satisfaction?



THE AUTHENTICITY RECIPE

Recipe for life satisfaction:

- 1) Understand Shame's Definition
- 2) Contextualize Your Shame Story
- 3) Reassess and Move Toward Healthy Shame
- 4) Understand Empathy and Sympathy so you Know Who to Share your Story With
- 5) Set Healthy Boundaries
- 6) Increase Resilience

*Satisfaction in life
arises from knowing you are
exactly where you belong.
Discontented people strive to be
somewhere else or someone else.
Contentment comes from many
great and small acceptances in life.*

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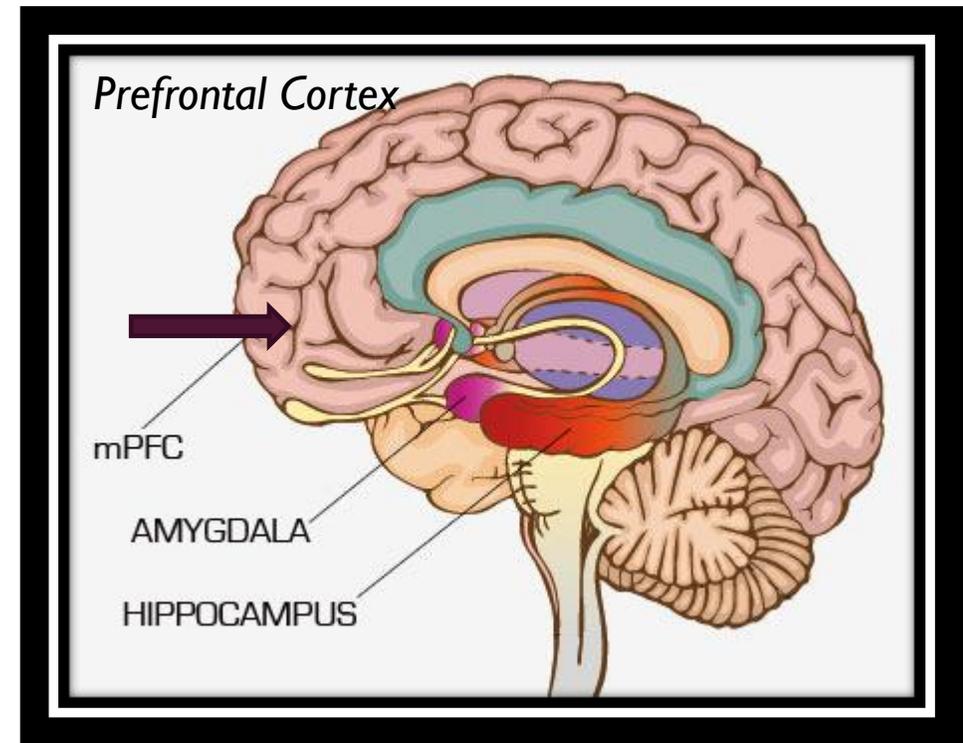
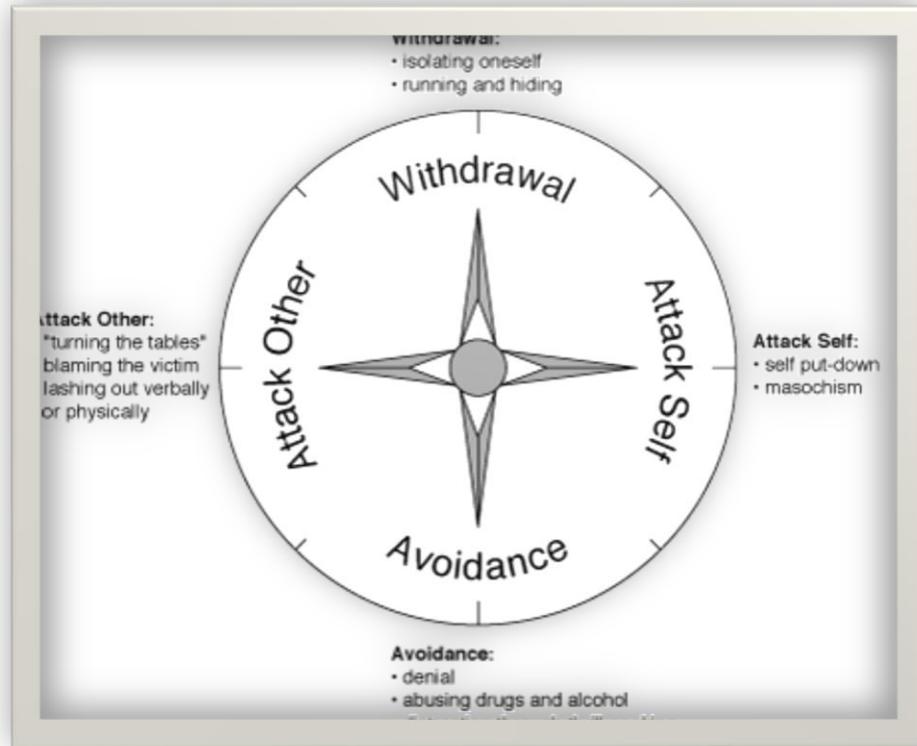
QUESTIONS TO PONDER THROUGHOUT THE PRESENTATION

What are things associated with shame?

What is healthy shame?

How does shame create resilience?

SHAME 101: THE BRAIN IN SHAME



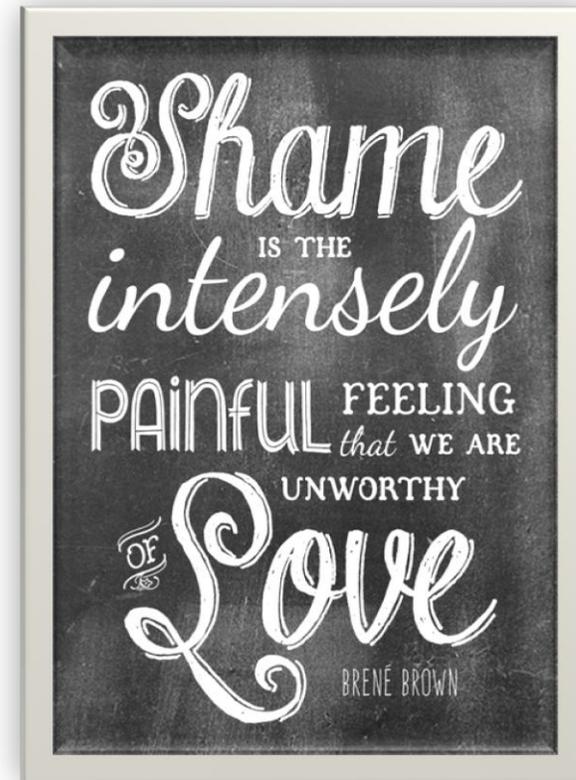
STEP I: UNDERSTAND THE DEFINITION OF SHAME

- Shame is an emotion controlled by the autonomic nervous system. Shame sets the off the human **ALARM SYSTEM**. Hint: some people describe the feeling of shame, for example, as the uneasy feeling in their stomach (rumbles), the shakiness in their body, or the full body shut down (**FREEZE STATE**), etc.
- A person feels shame when he or she encounters an unsafe or **VULNERABLE** circumstance. Then, shame may lead to reactions, such as attacking others, oneself, denial or withdraw, and other negative responses if the shame state is not repaired.

DISCUSSION TIME

Study the SHAME diagram from Bret Lyon and Sheila Rubin (2016), what are thoughts, feelings, and/or opinions about this diagram? (Groups of 2)

(Hill, 2015; Lyon & Rubin, 2016)



STEP 2: CONTEXTUALIZE YOUR SHAME STORY – *HOW DOES THE STORY FIT INTO MY LIFE JOURNEY?*

Shame is different for many people. Some causes of shame are early attachment patterns, family, friend, or other relationship dynamics (interpersonal relations), or traumatic events, as examples. Kaufman (1980) noted, “**shame is breaking the interpersonal bridge**”.

The manifestation of shame is dependant on the person's shame story. It is through one contextualizing their shame story (**FINDING the root of their SHAME**) and understanding how one's behaviour, thoughts, and actions are symptoms of this story, then one may be able to shift themselves from **SHAME to HEALTHY SHAME** .

(Ormrod, 2011; Lyon & Rubin, 2016; Brown, 2010; Matos, Pinto-Gouveria, & Gilbert, 2013)

STEP 3: REASSESS THE REACTION AND MOVE TOWARD HEALTHY SHAME

Healthy shame is comprised of the attributes of self-compassion, responsibility, humility, big picture-thinking, humour, and/or reengagement. Matos et al. (2013) noted that moving from one's shame requires one to **HONESTLY** address the pain in their story. Brown (2010) called these stories, **DEFINING MOMENTS**, in that they acknowledge and release pain. While acknowledging the story of shame, one displays vulnerability; the vulnerability allows one to also achieve courage to be authentic (Brown, 2010). Possessing self-compassion, responsibility, humility, big picture-thinking, humour and/or reengagement in the vulnerable moments create resilience in the person (Matos et al. 2013; Brown, 2010; Lyon & Rubin, 2016).



CONNECT: Have you EVER HAD MOMENTS OF SHAME where used the HEALTHY SHAME ATTRIBUTES to move forward in life?



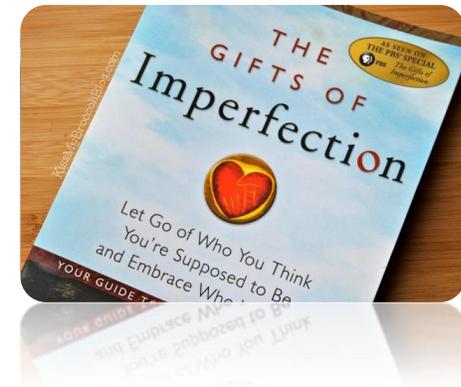
STEP 4: UNDERSTAND THE DIFFERENCE BETWEEN EMPATHY AND SYMPATHY

Empathy is when someone connects emotionally (sharing feelings) and/or cognitively (sharing deep thoughts) with another person, so as to understand and embrace another's lived reality (Pare, 2013). Sympathy is the opposite of empathy in that it is a disconnection, or when someone strives to arrive at a conclusion about another's person's story, minimizing the other's experience (Pare, 2013).

After you have contextualized your shame story, finding a close person (friend, family, etc.,) **that RESPECTS** your privacy and integrity to share your journey helps work through the shame (Brown 2010; Pare, 2013).

Listen to Brown's and Winfrey's Discussion on Empathy vs. Sympathy

[Link for Video](#)



REFLECTION

- **Thoughts, feelings, and opinions...**

STEP 5: SET HEALTHY BOUNDARIES

Setting Boundaries – What does that mean?

To me, setting boundaries means holding oneself and others' accountable for their actions. Thus, boundaries are intentional and personal and if they are breached, then reflecting on the breach, understanding why and how it happened, and holding oneself and others' accountable, are essential to regaining and maintaining them.

Your approach is up to you!

Another great talk
on boundaries
from Brown.



Why are people afraid to set boundaries? My four according to the research:

- 1) Holding oneself and others' accountable will relive the shame cycle.
- 2) Addressing boundary violations means one is vulnerable and at risk of being hurt.
- 3) Fear of connection
- 4) Fear of disappointing others.

(Brown, 2016; Matos et al., 2013; Nathanson, 1994; Lyon & Rubin, 2016).



STEP 6: INCREASE RESILIENCE



- Resilience – the ability to persevere and maintain progress- comes from one's intention to continuously practice authenticity.
- 1) **CONNECT**– note others' non-verbal communication, key words they say, and share in the emotions they feel. Be honest with how you feel in this experience as well(Pare, 2013; Matos et al., 2013).
- 2) **KNOW** you are not **ALONE** – shame is a primary experience which humans are condition to. Know that your story, albeit how difficult and complex it is, is part of who you are (Hill, 2015; Lyon & Rubin, 2016).
- 3) Establish **TRUST** with a **KEY** person – this does not have to be a wide circle of friends, rather start small (Brown, 2010).
- 4) **SET BOUNDARIES** - addressing fear is a process, not a “one-stop” answer. Know that boundary setting requires persistence and patience (Brown, 2012).
- 5) **KNOW YOUR SHAME REACTION AND ACKNOWLEDGE it** – sometimes it takes a while (easier said than done), but once you are mindful of your shame, you can help cultivate your brain to work through the shame (Ormrod, 2011; Hill, 2015).

REFERENCES

Brown, B. (2010). *The gifts of imperfection*. Centre City, MN: Hazelton

Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. New York, NY: Gotham

Books

Lyon, B. & Rubin, S. (2016). *Healing shame*. Retrieved from <http://www.healingshame.com/>

Hill, D. (2015). *Affect regulation theory: A clinical model*. New York, NY: W.W. Norton.

Matos, M. , Pinto-Gouveia, J., & Gilbert, P. (2013). The effect of shame and shame memories on paranoid ideation and social anxiety.

Clinical Psychology and Psychotherapy, (20), 334-349. doi: 10.1002/cpp.1766

Nathanson, D. (1994). *Shame and Pride*. New York, NY: W.W. Norton

Ormrod, J. E. (2011). *Human Learning*. (6th ed.). Boston, MA: Pearson.

Pare, D. (2013). *The practice of collaborative counseling and psychotherapy developing skills in culturally mindful helping*. Sherman Oaks, CA:

SAGE.

Other Resources

Adams, S. A. (2008). Using transactional analysis and mental imagery to help shame-based identity. *Adult Span Journal*, (7)1.

Clough, M. (2014). Atoning shame. *Feminist Theology*, (23)1, 6-17. doi: 10.1177/096673501452374

Erskine, R. G. (2012). Relational group process: Developments in a transactional analysis model of group psychotherapy. *Transactional Analysis journal*, (43)4, 262-275. doi: 10.1177/03621537152179

Hejdenberg, J., & Andrews, B. (2011). The relationship between shame and different types of anger: a theory based investigation. *Personality and Individual Differences*, (50), 1278-1282. doi: 10.106/j.paid.2011.02.024.