

# Developing Shame Resilience through Pastoral Supervision

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## *Summary*

*Fostering an empathic group context is essential in order to build shame resilience and repair moral injury. The development of shame resiliency is a significant by-product for veterans participating in an empathic Clinical Pastoral Education process.*

All students taking Clinical Pastoral Education (CPE) in a Department of Veterans Affairs (VA) hospital setting will encounter moral injury among the veteran population within the hospitals, community learning centers, domiciliaries, and outpatient clinics. Because of the close ties between the military and the VA, many of my students are either active reservists or veterans themselves. Some of my students were deployed overseas and experienced combat. Other students have served as chaplains on military bases directly dealing with the moral injuries of the military personnel who come to them for counseling. Because of these varied experiences, some of these students carry a diagnosis of posttraumatic stress disorder (PTSD) and/or moral injury. Moral injury produces, among other symptoms, feelings of guilt, shame, and self-condemnation that result in disengagement from God, the self, and others. For those living with a moral injury, re-engagement with community is a key to healing this invisible wound of war.

Consider the story of Neal:

Neal was a Veteran having served in the Army during Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). He enlisted right out of high school with thoughts and feelings of patriotism and an idealistic de-

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sire to serve his country. During his tour of duty in the Army he was a model soldier. He was deployed to Iraq where one of his assignments entailed picking up body bags.

When he completed military service he went to college. He had a conversion experience in college that led him into ministry and then on to seminary. He entered a unit of CPE in order to meet requirements for ordination. When he began visiting with veteran patients in the hospital, particularly those who had amputations, he had a strong visceral response.

During one of our sessions of individual supervision, I gently confronted Neal about his lack of time on this unit. He reluctantly described his physical reaction. He reported in supervision that his heart raced, he became sweaty, and often lost his train of thought. He was repulsed by these veteran's conditions and then felt foolish, weak, and embarrassed by his reaction. He avoided the unit that housed many patients with amputations.

What compelled me about Neal and his story is something that I see in other CPE students with recent military experience. Shame and guilt, along with a profound crisis of meaning and loss of faith, are part of moral injury. Because my supervisory work has been with the VA system, I have included a focus on shame as part of any CPE program. My approach to pastoral supervision has been influenced by the work of Brené Brown, a researcher from the University of Houston Graduate College of Social Work, on shame: "We all have it. Shame is universal and one of the most primitive human emotions that we experience... We're all afraid to talk about shame. The less we talk about shame, the more control it has over our lives."<sup>2</sup>

Once shame becomes part of the conversation in CPE, students and supervisor can become curious about it and can begin to explore experiences of it as they arise in the group process. Providing information about shame normalizes the experience by explaining that everyone feels it.

Neal heard what was taught about shame in the didactic seminar, but did not want to identify himself with that emotion. By following his experience of shame related to his strong reaction to veterans with amputations, he became more open to considering that this might be a part of his strong emotional reaction to the amputation unit. I asked him to write a verbatim about a visit with a patient in the amputation unit and share that verbatim with the group.

Shame is the intensely painful feeling or experience of believing that we are flawed and, therefore, unworthy of love and belonging. Communities exclude or expel people for shame. Sometimes people disconnect themselves from significant communities when they feel shame. The antidote to self-isolating shame is the experience of being heard and understood. Brown

says it this way: “If we can share our story with someone who responds with empathy and understanding, shame can’t survive.”<sup>3</sup>

When we can share our story and it is heard empathically, *shame resilience* is fostered. Shame resilience is the ability to practice authenticity, and stay vulnerable, when shame is experienced. It entails courage, compassion, and connection. It is about moving from shame to empathy—the real antidote to shame. When we empathize with one another, we connect to the emotion that someone is experiencing, not to the event or to the circumstance. Antidotes to shame very well may be the same as antidotes to moral injury. This includes the risk of vulnerability—sharing with others who will be able to really hear the story, empathy, acceptance, and belonging. In his weekly journal reflection, Neal wrote this:

I was hesitant to write a verbatim about an experience that I felt I had done so poorly on. I’m used to being strong and I’m usually cool under pressure. But looking at those guys with missing legs, or arms, or eyes...I just had a sickening sense in the pit of my stomach. I mean, not so long ago I was picking those body parts up in bags to be transported home. I never thought it bothered me. It was my job. But there’s something else I’m becoming aware of in having to process this stuff in CPE, and it’s not just about PTSD. It’s about that feeling in my gut. That so many people are suffering and no one at home really seems to understand. But being in this group and sharing this stuff helps. I think that “G” gets it. When he shared how he felt the first time he had a death on his unit...he was sad. I don’t feel like I’m the only one who struggles—and that helps keep me in the game.

Fostering *shame resilience* may be one of the secondary benefits of an empathic group experience in CPE. Sharing stories is risky, but it is often the first step on the journey towards shared vulnerability. It is emotionally risky to allow oneself to be vulnerable, “[B]ut there’s no equation where taking risks, braving uncertainty, and opening ourselves up to emotional exposure equals weakness.”<sup>4</sup> In receiving feedback from his peers and supervisor during verbatim seminar, he was able to hear both their support and their critique of his ministry. Neal profited from processing his own experience of shame while experiencing the empathy of his peers. I wish that I could report that Neal stopped struggling after this experience. He did not. Following his verbatim presentation and after receiving support from the group and supervisor, Neal continued to minister to veterans on the units he was assigned to. He returned slowly to the amputation unit, first with another

chaplain and later on his own. He also sought spiritual direction to continue to address his moral injury.

I supervise students who are veterans and who are not veterans, who are still in military service, and who have had no military experience. Where there are veterans, there will be moral injury. Aspects of moral injury—feelings of guilt, shame, and self-condemnation—often lead to disengagement from God, self, and others. In supervising people with moral injury, I am particularly attentive to the disconnection that accompanies shame. Participation in a CPE program ordinarily includes participation in a group process. Some of the components of this group process that build community and connection are story-telling in a nonjudgmental, exploratory manner; empathic story-hearing without advice giving; a willingness to be vulnerable and reflect on life experiences and experiences with others; critical examination of assumptions; consideration of alternative ways of being and doing; and practice in employing these new ways that leads to further exploration. Of all those components, fostering an empathic group context is essential in order to build *shame resilience* and repair moral injury. The development of shame resiliency becomes a significant by-product for veterans participating in such an empathic CPE process as older ways of thinking are examined and integrated with new information. What emerges may not look exactly like it used to.

#### NOTES

1. I want to give special acknowledgement to Chaplain Kurt Shaffert at the VA Connecticut Chaplain Service for his collaboration with me on an unpublished article, “Moral Injury & Supervision” that inspired me to write this one.
2. Brené Brown, *Daring Greatly: How the Courage to be Vulnerable Transforms the Way We Live, Parent, and Lead* (New York: Gotham, 2012), 68.
3. *Ibid.*, 75.
4. *Ibid.*, 32.