Infusing shame resilience into the counseling curriculum to support client conceptualization and student wellness

Sarah I. Springer
Monmouth University, sarahisspringerphd@gmail.com

Kathleen Grant
The College of New Jersey, grant24@tcnj.edu

Lauren Cozzolino
laurenjcozzolino@gmail.com

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Abstract

Shame is a silent epidemic that influences the health of our clients and the counselors who serve them. Using the tenets of phenomenology, researchers explored the experiences of students participating in a counseling course created to infuse shame resilience into the curriculum. Results and implications for future research are included.

Keywords

Shame Resilience, Counselor Preparation, Wellness

Authenticity is the cornerstone of human connection. Showing up as our full selves in a safe environment has the potential to allow for intimacy, trust, and interpersonal growth (Gouveia et al., 2016; Lakey et al., 2008; Satici et al., 2013). Shame, a powerful and often hidden emotional experience, can deeply affect a person's ability to present their authentic selves to others (Brown, 2007). While there are nuanced differences in the ways researchers have defined shame over the years, similarities among these definitions include a focus on self and the internal evaluation process therein of not being enough (Brown, 2012; Lewis, 1971; Tangney, 1996). Dr. Brené Brown defines shame as, "the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging" (Brown, 2006, p. 45). Distinctly different from guilt which focuses on one's behavior, shame is often associated with personal inadequacy and is highly correlated with declines in mental health and inauthentic and destructive behavioral outcomes (Brown, 2006; Clement et al., 2015; Dunford, & Granger, 2017; Dearing & Tangney, 2011; Schoenleber et al., 2014; Tangney & Dearing, 2002; Weingarden & Renshaw, 2015; Wood et al., 2017). Experiencing shame can feel like a full body experience, and no matter how educated and self-aware we are, counselors are not immune to its effects. Without awareness of its impact and the skills needed to help move through it, shame can paralyze the most seasoned counselor and silence even the most open client. Shame thrives on secrecy; to mitigate its power, we need to talk about it (Brown, 2009; Lewis, 1971)!

Shame and the Therapeutic Context

Shame is a human emotion experienced by the majority of the population (Brown, 2010a; Brown, 2010b; Dearing & Tangney, 2011; Sedighimornani, 2018), and counselors face the steep challenge of recognizing and managing our own experiences and triggers while simultaneously helping others to do the same (CACREP, 2016, II.F.1.k/l). This can be hard when shame is rarely

discussed directly in society or in therapist training (Dearing & Tangney., 2011), and client sessions might, without warning, become triggering for both client and counselor. In fact, "…although it is rarely mentioned in standard clinical training, shame is ubiquitous in clinical settings" (Dearing & Tangney, 2011, p. 376). Shame shows up within the client's story, within the therapeutic relationship, and within the therapist themselves (Dearing & Tangney, 2011). If counselors are unable or unwilling to examine their own shame, they are much less likely to recognize it and be able to help clients to work through it themselves in session.

For the client, the idea of exposing darker parts of themselves that they have feared or have kept hidden can feel inherently shaming. For instance, Koerner et al. (2011) share common topics in which clients might feel shame during a therapy session. These include conversations around someone's sense of purpose (or lack thereof), their emotional expression, innate human drives, and relationships. As a result of their shame, clients may actively avoid these conversations or seek to perform the "right" way of being, missing opportunities to share their authentic experiences and ultimately learn and grow as they process these moments with a supportive counselor. Within the therapeutic relationship, some clients struggle with the idea of sharing their stories without reciprocity. The client may also feel shame around their ability to compensate the counselor, and the counselor may feel shame in regards to approaching difficult financial discussions (Koerner et al., 11; Shapiro & Powers, 2011).

Given the potential for shame to be experienced within the therapeutic relationship, Greenberg and Iwakabe (2011) posit that "therapists need to be attuned and responsive to nonverbal as well as verbal indicators of shame-related experiences in the session" (p. 74). This requires counselors to be willing and able to identify shame in all of its manifestations. Unfortunately, shame is often hard to spot and can be masked by non-verbal expression, physical

responses, or even other more socially acceptable emotions (e.g., anger, guilt, embarrassment) (Greenberg & Iwakabe, 2011; Herman, 2011). Without an awareness of how shame shows up for clients and in the relationship, therapists may inadvertently "…collude with clients in avoiding or prematurely trying to eradicate client shame" (Dearing & Tangney, 2011, p. 383). This can subsequently lead to a misconceptualization of clients' needs and diminished client care. In order for counselors to begin to assess for shame and one's propensity to experience shame (shame proneness), counselors must first acknowledge its role in their own lives (Burns, 2021).

Counselors and Shame

"We need to do the work before we do the work" (Brown et al., 2011, p. 356). As humans, we bring our lived experiences with us to any career; this includes our invisible suitcases filled with joy, shame, and everything in between. Self-aware and skilled therapists are able to acknowledge and bracket these feelings in order to show up for clients with curiosity. This means acknowledging and moving through society's expectations of who we "should" be. For instance, as mental health providers, there are unwritten expectations that suggest that professional counselors model genuineness, empathy, and compassion across both their professional and personal lives. These expectations leave little room for our imperfect selves and may be reinforced by others in the form of messages like, "You're a counselor, so you must have it all together." Unfortunately, idealizations and unrealistic narratives may become shame triggers and result in counselors and pre-service students feeling inadequate and consequently pressured to perfect and present themselves in disingenuous and inauthentic ways (Burns, 2021).

Even for the most risk-averse people, imperfection and failure are everyday human experiences. Counselors who suppress their humanity in an effort to meet societal expectations may unfortunately experience personal and professional consequences that affect their growth,

ethical judgment, self-care (e.g., burnout), and abilities to be present and connected with others (Moate et al., 2016; Moate et al., 2019). Falling short of expectations may lead to feelings of incompetence and dualistic thinking and render counselors less tolerant of ambiguity, less likely to recognize potential ethical dilemmas, and more prone to shame self-talk (e.g., I'm a bad counselor) when mistakes are made (Thériault et al., 2009). This, in turn, may affect counselors' willingness to take in new information, think critically and creatively about cases, and ask for help. Learning itself may become a checkbox of robotic experiences that result in searching for the "right" answers to avoid experiencing the vulnerability of living in the gray. This is especially problematic for pre-service counselors who are often managing the vulnerable transition from "I give good advice to my friends" to "I can hold space for an emotional client while they search for their own truth."

For pre-service counselors to understand shame and how it operates in clients' lives, they need the space early in their careers to name it within themselves. They also need to challenge any of their own unrealistic expectations, practice managing the ambiguity of the profession, and identify and dialogue about the shame triggers that surface when they are asked to unlearn things, sit with corrective feedback, and develop skills in the presence of peers and professors. Counselor educators, therefore, have an important responsibility to help co-create an environment that humanizes the vulnerability and discomfort associated with the learning process. In doing so, they can engage in dialogue about shame and its impact on the human experience and help normalize shame triggers like academic and therapeutic ambiguity that so often result in perfectionism, poor ethical decision-making, and burnout (Ganske et al., 2015; Levitt & Jacques, 2005). These intentional practices represent opportunities for students to begin to develop shame resilience and learn about how to infuse it into counselor practice.

Shame Resilience

Recently, scholars have proposed a variety of interventions to combat shame, such as Compassion-focused therapy (CFT) (Matos & Steindl, 2020), Compassionate Mind Training (CMT) (Gilbert & Procter, 2006), Mindful Self-Compassion (MSC) (Germer & Neff, 2013), and self-forgiveness (Cornish & Wade, 2015). These strategies have yielded positive results or show promise in reducing shame within various clinical populations (Brown et al., 2011; Rondero Hernandez & Mendoza, 2011; Ryan-DeDominicis, 2020).

Perhaps most recognized and accessible today is Dr. Brené Brown's shame resilience theory (SRT) research and its applications within the mental health and leadership communities. Building on Miller and Stiver's (1997) relational cultural theory (RCT), Brown's grounded theory research suggests that people can build up resilience to shame by prioritizing compassion, empathy, courage and connection in their own lives (Brown, 2006; Brown, 2009). In doing so, blame and disconnection are reduced.

Dr. Brown also articulates four continua that collectively assist people on their shame resilience journeys. These include, (1) recognizing shame and its triggers, (2) practicing critical awareness, (3) reaching out, and (4) speaking shame (Brown, 2009, p. 5). Dr. Brown's research (2006) suggests that in this first continuum, it is important for people to recognize that vulnerability plays an important role in our lives and is often associated with areas that bring about shame. Acknowledging personal vulnerability and shame is a key factor in recognizing when we are experiencing shame and is essential in how we choose to approach or avoid it (Brown, 2006). The second area, critical awareness, is rooted in the idea that we are influenced by the sociocultural climate in which we live, and as such, we are constantly receiving messages about how we should be in the world. Examining these influences, especially as they relate to shame and various aspects

of our identities (e.g., race, gender), can help to normalize our experiences and allow us to feel more connected to others. The third area, reaching out, includes the practice of giving and receiving empathy. In choosing people who have "earned the right to hear our stories" (Brown, 2012, p. 45), we foster trust and increase our connections, thereby helping to deconstruct the sociocultural messages that induce shame and keep us feeling isolated. The fourth area, speaking shame, emerged as perhaps one of the most influential aspects of Dr. Brown's research. When we talk openly about our shame with trusting, compassionate, and empathic people, we feel more empowered and connected.

Within Brown's data also emerged core human desires for authenticity, love and belonging, and resilience. Those who could cultivate each were able to work through shame in a healthy way and live life from a place of worthiness in what she refers to as "Wholehearted Living" (Brown, 2009, p. 2). When people are living life authentically and nurturing connectedness, they are able to combat the experiences of shame by courageously moving through a process that allows them to maintain congruence between their lived and professed values. Simply stated, shame erodes authenticity and can foster perfectionism and isolation. Therefore, counselors who are ill prepared to identify shame in their own lives will likely struggle to develop the resilience needed to grow and accurately conceptualize clients' needs. Dr. Brown's SRT provides a useful framework for consideration as counselor educators integrate discussions around shame, vulnerability, and authenticity across the curriculum.

Shame Resilience Theory in Counselor Education

While no studies to date have examined the integration of SRT within the professional counseling curriculum, Burns (2021) did examine the impact of shame and guilt on counselor education students. Results suggested that there is a relationship between students who

experienced shame and anxiety, perfectionism, and fear of failure. Furthermore, many scholars have highlighted the negative influences of shame in the therapeutic context (Currie et al., 2017; Dearing & Tangney, 2011; Dorahy et al., 2017; Duncan & Cacciatore, 2015; Hernandez & Mendoza, 2011; Scheel et al., 2014; Wiklander et al., 2012; Zhu et al., 2020), the adult learning environment (Walker, 2017), and within the supervisory working relationship (Lane, 2020; Stroud et al., 2016). Additionally, counselor training and supervision scholarship highlights a variety of areas associated with resilience (e.g., self-acceptance, self-compassion, mindfulness training, interpersonal connection, empathy building, humility, authenticity) as methods to move towards congruence and protect against burnout (Coaston & Lawrence, 2019; Fulton, 2016; Levitt & Jacques, 2005; Skovholt & Ronnestad, 1992; Richardson et al., 2020; Wimberley et al., 2016; Zhu et al., 2021). Learning about shame within ourselves and in our profession, examining societal messaging, forming mutually empathic relationships, and speaking intentionally about the role shame plays in our professional experiences has the potential to help counseling students develop shame resilience and support future clients in openly discussing this universal construct (Brown et al., 2011). Dr. Brown speaks to "expressions of shared humanity" as an element of spiritual practice, whereby the connectedness between people can bring "a sense of purpose, meaning, and perspective in our lives" (Brown, 2010a, p. 74). Normalizing shame and learning how to move through it during training may thus diminish its power in our professional lives, allow counselors to experience more empathy and connection with peers, professors, and future clients (Brown, 2006), and help counselors to support future clients in doing the same.

Courageous Connections Course

The Courageous Connections course was developed to provide graduate counseling students with a theoretical basis for the conceptualization of shame in counseling practice. The

overall goal for this course was to introduce SRT to students and openly, honestly, and courageously talk about the role vulnerability and shame play in people's abilities to show up authentically in academic and therapeutic contexts and relationships. Students who participated in this course were expected to engage in exercises that support self-compassion, empathy building, tolerance for vulnerability, self-reflection, critical thinking, and creativity, and practice case conceptualization skills through the lens of SRT.

Constructed around the tenets of SRT, this course taught pre-service counselors to understand and recognize shame, deconstruct influential societal messaging, develop trust with peers around professional goals, and dialogue about shame triggers that impact (or may impact) how they show up authentically in the classroom and with clients. Keeping the counseling curriculum in mind, the course highlighted academic topics often associated with vulnerability. These included conversations around ethical decision-making, broaching, research and assessment efficacy, and group leadership. For instance, students were regularly asked to name and reflect on how their experiences affect their values and the importance of bracketing these when working with clients. Students were exposed to materials like Justin Baldoni's Ted Talk (2017), "*Man Enough: Undefining my Masculinity* when exploring societal messaging, and class participants engaged in group activities that drew out therapeutic factors such as cohesion and universality to support mutually empathic relationships.

As a Certified Daring Way Facilitator™ the course instructor also utilized concepts from Brené Brown's Daring Greatly™ curriculum to help students identify their professed versus lived professional values, to name the armor that keeps them from showing up authentically in their professional relationships, and to recognize how shame manifests itself across the mind and body as they conceptualize future clients. As the course was not a place for individual psychotherapy,

the professor openly discussed the boundaries around this class (as we would in any experiential course) and encouraged students to discuss more personal, non-professional aspects of shame with a professional or trusted person in their lives outside of the classroom.

Multiple modes of instruction were utilized in this course. Students had opportunities to engage with the content in ways beyond the traditional academic pedagogies. This is especially important for diverse learners whose expressivity and development may not be fully realized and encouraged in environments with teaching modalities heavily rooted in cognitive, language-based, and rational forms of understanding exclusively. Creative assignments, experiential activities (e.g., psycho-education group leadership), and opportunities to engage on emotional and relational levels with self and others provided additional avenues for growth, enhancing the traditional strategies utilized (such as readings, lectures, and group discussions). Students experienced opportunities to apply course concepts to their professional selves and populations of interest, creating opportunities for crucial self-reflection, increased empathy, and connection with peers and the instructor.

Method

This research study endeavored to understand the experience of exploring shame within the context of a graduate course. Further, researchers hoped to learn how counselor student development was shaped by exposure to didactic and experiential content on shame and SRT. Researchers selected the phenomenological method to explore our primary research question, "What were the experiences of students in the Courageous Connections course?"

Phenomenological approaches seek an in-depth understanding of the essence of an experience through studying individuals who have shared the experience (Creswell, 2013). This research paradigm invites participants to contribute their unique perspectives and insights

concerning the phenomenon. The data analysis process focuses on significant statements, detailed descriptions, and meaning units in order to describe the "essence" of experience of this particular phenomenon (Creswell, 2013).

Participants

Participants in this phenomenological study consisted of counseling students who completed the Courageous Connections course at a small, private, suburban university on the eastern seaboard. Six participants identified as female and three as male. The sample was primarily white (n=8), with one participant who identified as biracial. Their ages ranged from 22 – 57 years but skewed younger, with all but one of the participants in their twenties. Four of the participants were less than halfway through their 60-credit masters' clinical mental health program (<30 credits). Five of the participants had completed over thirty credits (mean = 37.5).

Purposive sampling is utilized to gain participants who have experience with the phenomenon (Sheperis et al., 2017). The target population of this study was students who took this course and engaged with the content. This study was conducted immediately after the course ended. This was the first semester the class occurred at the college. All of the students who completed the class were invited to participate, and ultimately, all of the students enrolled in the study.

After the conclusion of the course with final grades posted and after the institutional review board approved this study, the second and third researchers contacted the students in the class via email. Researchers obtained student emails through the course roster. As the course instructor was the first researcher, researchers took special care to ensure she did not influence the recruitment or data collection process. The initial email included an overview of the research study, the informed consent information, and the contact information of the second and third researchers. If a student

was interested in participating in the research study, researchers invited them to contact the second or third author to set up an interview. The first researcher was not involved in the recruitment process and did not conduct any of the interviews.

Researcher Positionality

Both the first and second authors are counselor educators with research experience focused primarily on qualitative research. The first author has clinical experience as a mental health practitioner, school counselor, and is a Certified Daring Way™ Facilitator. The second author also has worked as a school counselor. The third author is a recent graduate and is currently working in a clinical mental health setting. All authors identify as white and female.

As Merriam (2009) described, phenomenological researchers should explore their experiences and attitudes that relate to the nature of the study before interviewing others. The research team discussed how our worldviews, identities, and experiences might impact the research study. While we recognize that every aspect of the research study is affected by our positionality, and we cannot deny this impact, we acknowledge that our ongoing work throughout the research process is to continuously increase our self-awareness, understanding, and transparency of how we influence the study (Cresswell, 2013). We did this primarily through critical reflection, discussion, journaling, and bracketing.

Data Collection

After researchers obtained informed consent from each participant, the second and third authors conducted in-depth interviews via the HIPAA compliant, professional version of Zoom. Each interview lasted from 40 – 60 minutes and was recorded. The interviews were transcribed verbatim by a professional transcriptionist. To protect the participants' identities, pseudonyms

were assigned. The transcript was verified for accuracy by one of the authors. Each participant received a $25 Amazon gift card after the interview.

The research team generated a semi-structured interview protocol that was informed by the literature on counselor education and shame resilience theory. In phenomenology, participants are asked broad, general questions to elucidate their experience with the phenomenon and how the context influenced their experiences (Moustakas, 1994).

Data Analysis

The basic principles of the phenomenological method guided this analysis (Creswell, 2013; Moustakas, 1994). Each transcript was read several times by at least two members of the research team. As they read, significant statements and repetitive refrains were highlighted in the text. The researchers also reflected on the meaningful concepts presented in the data (Merriam, 2009). The research team reviewed these statements and concepts to elucidate a deeper meaning of the research question. The initial patterns that the team uncovered became the first set of codes. Researchers utilized these codes in subsequent readings of the data; however, new codes were also discovered and applied. Over time, the researchers further reduced the codes into broader categories or themes. Themes were the comprehensive units that contained several codes aggregated to form a common idea (Creswell, 2013). The final results are detailed descriptions that include both the participant's significant statements nested within the "meaning units" (p. 79) or themes (Creswell, 2013). The culminating aspect of a phenomenological study is a descriptive passage that describes the *essence* of the participants' experience (Creswell, 2013).

Trustworthiness

Ensuring the quality and trustworthiness of the research project are of utmost importance to the study design. Lincoln and Guba (1985) describe techniques that can be used to achieve

reliability in qualitative research, three of which are utilized in this study. First, prolonged engagement involves spending sufficient time with the participants (Cohen & Crabtree, 2006). We remained in the field until the emergent findings felt saturated, with no new insights coming to bear (Merriam, 2009). Second, the team used thick description, the act of providing enough detail to contextualize the study. This allows readers to determine the extent to which the research context matches their situations; therefore, allowing the reader to decide if the research findings can be transferred to their setting (Merriam, 2009). Finally, reflexivity, the process of systematically attending to the context of the construction of knowledge (Cohen & Crabtree, 2006), was utilized. This study included multiple investigators who met extensively throughout the research process. The dialogue among the researchers led to divergent and complementary understandings of the study. This reflexive dialogue allowed researchers to discuss and explore previously hidden beliefs, perspectives, and assumptions (Cohen & Crabtree, 2006). These three steps helped build credibility for the study's ultimate results.

Results

Results of this study revealed conditions that supported the growth of participants as they engaged with a counseling course designed to explore the role of shame in human life and the counseling relationship. The following three themes emerged from the data: course as a vehicle for intrapersonal growth, course structure supported student outcomes, and increased interpersonal awareness and action. These themes are explored below.

Course as a Vehicle for Intrapersonal Growth

Every participant shared examples of how exposure to the content and format of the course promoted personal and professional growth. Students were particularly impacted by the opportunity to reflect on the role shame has played in their personal and professional lives and

how their values can help guide their lives and professional practice. The participants provided examples of how learning about shame helped them examine concepts such as perfectionism and humility and consider the nature of their humanity. One of the participants, April, discusses how the course allowed her the space to reflect on her academic perfectionism and increase her self-compassion and self-care. Participants also discussed an increased tolerance for "not knowing" and a desire for professional humility. April reflects on her growth and acknowledges particular challenges she may have in supervision in the future:

> There's more that I don't know than I do, and I'm okay with that. But it just kind of cements the fact that it's okay to not know, and it's okay to ask these questions and to go to your supervisor... I tend to be very deferential to people I view as my superiors... I'm very hesitant to give negative feedback to someone who I view as a superior in a professional capacity. So it would be working with that a little bit. That's a very vulnerable act for me.

Participants discussed an ability to view their humanity more compassionately, along with a desire to unpack blind spots that may impact their professional selves. Jess elaborates on her key takeaways from the course:

> Recognizing the humanity in ourselves and kind of rejecting those standards, and I always say the tiny little boxes that society tries to put us in. And having the courage to step out and say, this is my shadow, I own it, and I love it. And I fear it, and I'm going to work with it. It's a lot about...recognizing those darker parts of ourselves that I think fuels shame. And this [class experience] kind of like is our way to hold kind of a lantern up to them and bring them out and work with them a bit more.

Finally, some participants shared the need to deepen their ability to be vulnerable, as they will be asking future clients to similarly visit these uncomfortable places. Participants spoke about having to "walk the walk," doing themselves the self-work they encourage from their clients. Briana states

> This [course] kind of really [made] me focus on the fact of, "do [I] want to take all of the things that I've learned and actually implement them into [my] life? Or are you just going to be one of those therapists that says do all the things and doesn't actually do them themselves?" So this class kind of forced me to do that in the best way possible.

Course Structure Supported Student Outcomes

Along with the course content, the course structure appeared to impact student outcomes. Learning appeared to be promoted by the group setting and the conditions that the students and instructor created to conduct the challenging and vulnerable work of the course. The participants shared several factors that supported creating this supportive environment, including boundary setting, permission slips, vulnerability modeling, and group setting.

Boundary Setting

Participants noted the importance of boundaries within the Courageous Connections course. Specifically, participants appreciated the shared experience of setting group rules about giving and receiving feedback and the opportunity to "pass" on a particular topic. When asked what factors in the class supported her ability to share deeply and exhibit authenticity, Brianna discussed how boundary setting helped facilitate this process:

> I think us being open about making rules as a group and setting boundaries as a group. There are a couple of times where people were asked to share and didn't. And I was like, that's really great, look at that. Like you don't have to share. I think sometimes we think

that you need to or whatever. But the fact that people were able to say no, or we didn't have to go as deep as I thought we were going to. And I think that kind of led to it as well.

Permission Slips

Using permission slips, a staple in Dr. Brené Brown's work, helped participants commit to their work and be held accountable by the group. These were created by each member every day to help ground them and allow them to show up as authentically as possible for each class period. The permission slips served as a tool to help the students acknowledge and share how they were showing up in the classroom that day and discuss how that may impact their work in class and the group dynamic. April discussed her "love" for this practice and how it helped her feel more "human" and okay to have feelings within the academic setting. Gavin explained how this practice helped him present himself more authentically in class.

Modeling Vulnerability

The witnessing of their classmates' humanity appeared to powerfully impact students' understanding of themselves and others and support group cohesion. Victoria states, "the weekly bravery and courage and just seeing that raw, authentic human emotion [in the classroom], that just constantly inspired me and continues to inspire me." She describes the vulnerability and humanity she witnessed within the classroom setting:

> People crying and people really having the guts and the courage to like, again, using a
> Brené phrase, lean into that discomfort. And the hard conversations and the areas of one's
> life that it's easier to just like not acknowledge.

Participants discussed the courage they gained to share of themselves by witnessing classmates share. As their peers were vulnerable, participants then acknowledged their

responsibility to take risks within the group to promote positive outcomes for all group members. Jess states:

> I felt, as a member of this community, much safer to be more vulnerable. And also I wanted other people to feel comfortable doing it, so that kind of motivated me more to do it. And so I would often be like the first one to volunteer something because I felt comfortable, but also I wanted to maybe pass the torch around a little bit. And maybe someone sees that I can do it, then they can do it, too, and create that for them as well.

Group Setting

The participants acknowledged the power and responsibility of doing work around shame and vulnerability in a group setting. Most participants discussed their role in creating the group and how the group dynamic helped to facilitate learning. Jess captured the ownership that the students felt over their experience by sharing that "[the group] just felt very ours; it was something that we built...". Similarly, April summarizes, "I feel like we just did the work, and we did it together. Like I don't know if it could have been accomplished without each other."

Interpersonal Awareness and Action

Participants grew not only in their awareness and understanding of themselves but also in their ability to understand and interact with others, particularly around issues associated with shame and vulnerability. Participants discussed extending more generous assumptions about clients and not labeling them with deficit language. Participants also shared an evolving understanding of the nuances and complexities of the people in their lives, including current and future clients.

Gavin, who completed his counseling internship at a substance abuse treatment facility while taking the Courageous Connections course, discusses how understanding shame helped him better understand and empathize with his clients:

Being in the course kind of helped me be more comfortable with the different aspects of where the clients' histories are coming from, what contributed to whatever it was, drug use, and stuff. It was always multifaceted and always revolved around shame, a lot. So I got to at least see firsthand, too, like in actual, out in the field, how it translated. So I guess drove it home more for me, conceptually and stuff.

Victoria discusses how the course has expanded her ability to conceptualize and work with people:

Understanding that everyone has an upbringing, and everyone carries shame and baggage with them. And just remembering, again, it kind of goes back to that humanness. Everyone is a human being…[I am] Trying to exercise having grace with everyone.

Participants also discussed how the course helped them grow in their empathy and ability to experience the range of human experiences. Abigail shares how the course helped her be more present with others and their emotions:

I think [the course] helped give me the tools to be able to increase my empathy. And I've seen that, too, just in my personal life, you know, because of, again, the friend passing. I'm like with her mom a lot. I'm with other people who were also affected by that loss. And I find that I'm not trying to numb with them; I'm not trying to solve the problem. I'm able to not just put up this like strong front and not cry, but I'm willing to sit with them and cry with them.

Discussion

This study sought to understand the experiences of counseling students taking a course framed around shame resilience and the impact of shame and counselor authenticity in the classroom and in case conceptualization. Contextualized alongside the group work literature, results suggest that both the course structure and content became a vehicle for intrapersonal and interpersonal growth. The tenets of group leadership are highlighted as well as the resulting participant (student) outcomes.

One of the most potent factors that supported student growth appears to be the co-constructed community norms established in the class. In any group situation, establishing norms is an important way to facilitate group cohesion (Gladding, 2020; Yalom & Leszcz, 2021). Additionally, the sharing of power with respect to expectations and process, indicative of a democratic group leadership approach, can also allow for more unity, accountability, and agency (Gladding, 2020). Results suggest that the collaborative effort to establish and be held accountable for maintaining class norms and expectations allowed for the development of trust and safety, which facilitated appropriate self-disclosures concerning students' experiences of shame as counselors-in-training.

One of the norms most articulated by members of the Courageous Connections community appeared to be the importance of having a clear sense of boundaries. These boundaries extended beyond the explicit syllabus expectations. Brown defines boundary setting as succinctly as "getting clear on what behaviors are okay and what's not okay" (Brown, 2015, p. 123). These included, as a class: establishing expectations around what was okay and not okay to share; sitting with vulnerability, rather than saving each other from experiencing discomfort; expressing gratitude and exercising self-compassion; and holding themselves and others accountable for giving and

receiving feedback. These more implicit boundaries afforded students the abilities to take risks, sharing parts of their academic selves (e.g., fear of failure; struggle with self-care) that are often hidden in academic settings.

Individual disclosures appeared to also promote the therapeutic factor of universality. Universality, or not feeling alone in one's experiences, was highlighted regularly in the data and appeared to provide opportunities for students in the class to delve deeper into their own values, cultural experiences, and triggers. It also supported students' understanding and empathy for others, while enhancing their willingness to be authentically themselves inside and outside of the classroom. Both universality and group cohesion encourage the development of meaningful connections among group members and, as data supports in this study, can help deepen affective (courageous) dialogue (Yalom & Leszcz, 2021).

The strong sense of group cohesion appeared to lay the groundwork for students' motivation to engage in reflective practice. Counselor educators have an ethical responsibility to support student's personal growth, as their self-awareness, emotional maturity, and overall wellness impact their effectiveness as learners and future counselors (Levitt & Aligo, 2013; ACA, 2014). Shame, in particular, can significantly affect personal and professional growth, as it affects our ability to be vulnerable, express emotions, and build relationships (Cinamon & Blustein, 2020). Participants shared numerous examples of emotional development, increased self-awareness, and application to client conceptualization (in field placement or case discussions) as a result of this course. The class allowed students to explore fundamental questions around values, identity, shame, vulnerability, compassion, and empathy. Many participants reported a reduction in perfectionistic tendencies as a result of this self-reflection. In fact, what appeared to replace perfectionism was what Brown (2010a) articulates as "healthy striving" (p. 56) for greater personal

insight (e.g., asking for feedback) and professional development (e.g., resourcing beyond literature read in class). Simply stated, students exhibited the courage to talk openly about their struggles to be effective counselors and welcomed support from others. This resulted in a greater sense of self, along with a more sophisticated ability to extend greater empathy to classmates, clients, instructors, and family and to see the complexities of humanity with more compassion.

Another one of the significant areas of intrapersonal growth among the participants was an increased ability to express vulnerability as a student. Participants discussed the pervasive pressure they often feel to perform the role of a "good" (competent, all-knowing, in-control) counseling student in counseling courses; this desire to be the expert is often fueled by their fear of not being good enough (shame). Walker (2017) highlights the role of shame in the education of adult learners as she posits that "[shame] prevents adults from participating in educational programs yet, with accompanied self-examination, it can be the catalyst for transformation (367)." This transformation begins when people reach out and speak their shame (Brown, 2010a). Students who are more able to admit their struggles, challenges, and areas of not-knowing are therefore more likely to gain the support and resources they need for professional growth. This, in turn, can lead to better care for clients.

As participants understood how shame, vulnerability, connection, and authenticity affected their own educational journeys, they seemed equally curious about their classmates' experiences. Participants reported examples of moving from seeing others in dichotomous terms into conceptualizing them in more sophisticated, complex, and nuanced ways. For instance, the experience of the class seemed to support students' emotional growth, as they reported extending more empathy and generous assumptions to others than they did before the course. This has the

potential to extend to their professional networks outside of school and to support greater attention to the therapeutic alliance with clients.

Implications/Directions for Future Research

The Courageous Connections course, designed to introduce Brown's (2006) four components of shame resilience to pre-service counselors in a didactic way, also offered students opportunities to name areas of professional vulnerability (e.g., giving feedback, naming shame in the therapeutic context, academic risk taking) that were holding them back from engaging authentically in the learning process. This appeared to normalize imperfection, fear, and shame within the classroom and allowed students to connect and learn from and with each other more intimately. Counselor educators are encouraged to intentionally foster "wholehearted spaces" where shame resilience training is brought into the classroom to encourage more courageous dialogue around shame in the therapeutic context and to help support the awareness of common manifestations of shame in academia including perfectionism, people pleasing, and emotional distancing. In order to do this with fidelity, counselor educators are strongly encouraged to examine how their own shame presents in the classroom and to incorporate shame resilience into their own professional lives. Future research may examine how counselor educators experience shame in the workplace (e.g., do we need to show up as a certain person in the academy based on our identities?), counselor educators' preparedness to discuss shame and resilience in case conceptualization, and how integrating SRT into counseling coursework directly impacts students' experiences with clients in field placement and practice. Additional research efforts may include examining academic risk taking and SRT and outcomes associated with the therapeutic and supervisory working alliances in connection with the components of SRT.

Conclusion

Counselor training is a complex process that requires students to develop professional knowledge, attitudes, and skills while also refining the personal attributes necessary to be an effective counselor. The process of growth and change can be deeply uncomfortable, as training may expose our limitations, blind spots, and vulnerabilities. Students repeatedly face a choice: turn away from discomfort with opportunities for change or turn toward it. Incorporating the SRT framework into the counseling curriculum, as a standalone course or infused alongside our professional standards, may be one way in which we can encourage counseling students to authentically embrace their humanity, courageously step into uncharted territory with humility, confidence, and connection, and begin to confidently unpack the negative effects associated with shame within their respective client populations.

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