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# Using Transactional Analysis and Mental Imagery to Help Shame-Based Identity Adults Make Peace With Their Past

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# A R T I C L E S

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*Development of a shame-based identity, also known as* toxic shame, *can significantly interfere with an adult's ability to form an intimate relationship with another. As adults find peace from their past using transactional analysis and mental imagery, they learn to empower themselves to form healthy, intimate relationships.*

Growing up in a shame-producing environment teaches lessons that extend far beyond the childhood years. Many individuals with this kind of upbringing enter adolescence and adulthood searching for acceptance and love, finding instead that acceptance and love are only illusions, at least as they understand them. Their searching, fueled by haunting memories, creates internal conflict that feeds the damaged monsters lurking in the dark recesses of their mind (Farmer, 1989; Kaufman, 1992). Echoing within the void that exists in their deepest inner core are voices. These voices are not *audible* in their head, but trigger memories or thoughts often linked to significant people in their past. The voices send hurtful, damaging messages of contempt, disdain, and condemnation. Yet the speakers of these cruel messages are shrouded from physical eyesight, and the messages are never spoken aloud because to do so would cause vulnerability.

Powell (1998) stated a simplistic, yet profound thought when he said, "But if I tell you who I am, you may not like who I am, and it is all that I have" (p. 20). This fear of rejection ignites a never ending, scripted pattern that prevents shamed individuals from experiencing true intimacy with others. Shamed individuals hide their pain behind masks and create scripts to get others to react in prescribed ways. It is comforting for others to *fit into the life game* because these scripts often fill a void in their life as well (Powell, 1998). How do these

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shameful scripts get written? How do individuals learn to play this game, hide their pain, and keep their masks securely fastened in place?

## SHAME-BASED IDENTITY AND TOXIC SHAME

Kaufman (1992) suggested that shame is one of nine innate affects. When some event creates shame in a young child, the shame amplifies the child's awareness and links whatever event activated the shameful feelings to any and all responses that follow the shame-producing event. "When sufficient shame is generated early in life through developmental failures, the growth process is disrupted, perhaps even blocked, and a secure, self-affirming identity fails to emerge" (Kaufman, 1992, p. 100).

The development of a shameful identity is a four-step process. First, shame is induced in individuals through interpersonal interactions that lead to the generation of shame. Second, shame is internalized into and eventually consumes their inner core. Third, the internalization of shame creates a process of internally disowning parts of the self. Kaufman (1992) labeled this *splitting*. Finally, this splitting creates painful internal discrepancies that individuals attempt to correct, but without much success. Therefore, the self-hate associated with their disowned, fragmented self is *experientially erased* and removed from conscious awareness. Thus, a cycle or pattern is established that is repeated anytime the shame is triggered. This four-step process solidifies the formation of a shame-based identity that has its root in unconscious awareness and fuels a destructive pattern that prevents intimacy, promotes low self-esteem, or can lead to destructive behaviors (e.g., a variety of abuses and addictions).

Bradshaw (1988, 1995) identified this cyclical concept as *toxic shame* and suggested it manifests itself primarily in two common forms. First, the toxic self attempts to be superhuman and strives for perfection (no mistakes), being totally self-sufficient (never needs help), righteous or authoritarian acting (superior), or patronizing. Second, toxic shame may take the opposite form, that is, negatively influencing self-esteem. People with this second form of toxic shame view themselves as less than human and have difficulty drawing healthy boundaries. They develop a victim mentality and view themselves as a failure with no hope because they have nothing good within themselves. In whichever form it is manifested, toxic shame destroys individuals by convincing them that, deep down inside, they are defective, which results in individuals generating self-hatred.

## TRANSACTIONAL ANALYSIS THEORY

To understand the therapeutic mental imagery technique used to work with shame-based clients from a transactional analysis perspective, an understanding of the basic concepts of this optimistic theory is necessary. According to Seligman (2001), "The goal of [transactional analysis] is not insight into the

unconscious, but autonomy" (p. 166). The role of counselors is to facilitate that autonomy process and empower clients to do four things: identify negative scripts, dispute their messages, explore alternatives, and make healthier choices to get their needs met (Corey, 2004).

## Ego States

According to transactional analysis, individuals have three separate, functional ego states: Child, Adult, and Parent. Berne (1964) defined an ego state as "a consistent pattern of feeling and experience directly related to a corresponding consistent pattern of behavior" (p. 364). According to Prochaska and Norcross (2003), "Because each ego state is a substructure of the ego and because the ego is the adaptive function of the personality, each ego state is adaptive when used in the appropriate situation" (p. 213).

The Child ego state is the first to develop and is characterized by childlike behaviors and feelings. This ego state is subdivided into two parts: Free Child and Adaptive Child. The Free Child is described as spontaneous, creative, impulsive, feelings oriented, and self-centered. Described as the compliant self, the Adaptive Child follows the rules that were learned in childhood. These rules were the behaviors that got the Adaptive Child's needs met (e.g., clean room equals special activities) and could be linked to survival (e.g., drinking parent equals abuse, so hide to keep self safe).

The Parent ego state encompasses the attitudes and behaviors of parental figures. The mannerisms of the Parent ego state originate in early childhood interactions, but are carried throughout the life span. The Nurturing Parent and Critical Parent are the two subdivisions of this ego state. The Nurturing Parent comforts and praises, whereas the Critical Parent disapproves, finds fault, and is filled with language that includes shoulds, musts, and oughts. The Critical Parent literally or figuratively points accusing fingers at others or self, whichever is the object of the disapproval. Gladding (2005) suggested that "any response to a thoughtful question that occurs within 10 seconds usually comes from the parent ego state" (p. 155).

The Adult ego state can be likened to a computer because information or interactions (also known as *transactions*) are processed without emotions. The Adult state can also be likened to a referee at a sporting event who maintains order between two opposing groups. Similar to a referee, the Adult state is organized, rational, and processes input according to historical information and patterns (*rules* so to speak). The Adult state approaches scenarios by gathering the facts from either external sources or other ego states and maintains balance among the multiple Parent and Child ego states.

Counselors and clients must understand which ego states are functioning in specific problem areas. This understanding will help empower clients to make choices and erect protective boundaries that best serve their needs. To establish which ego states are functioning, counselors should explore with clients their strokes and scripts.

### Stroking and Scripts

Clients engage in transactions to get their needs met, which transactional analysis identifies as *stroking*. Individuals crave stroking. Whereas people prefer to gain positive or affirming strokes, people will seek negative strokes if positive stokes are absent. Why some children who grow up in horrific environments of neglect and abuse do not seem to struggle during adulthood to get their individual intimacy and relationship needs met through a healthy balance of positive and negative strokes is difficult to predict. Equally difficult is understanding why children from seemingly healthy environments bring misinterpreted or faulty scripts about expectations into their adult relationships and, thus, block their ability to establish healthy relationships that generate the required positive strokes.

Exploration of the typical or routine responses clients use is necessary to identify patterns of interpersonal behaviors and intrapersonal dialogues known as *scripts*. Clients may or may not be aware of these scripted behaviors or messages. Throughout the life span, this behavioral scripting is learned and reinforced just as if the significant people in their current world were actors with predetermined parts to play. People will continue to follow their scripts unless and until something happens to challenge their scripts or they realize their scripts are not working to get their needs for love and intimacy met. Generally, this realization is followed by the decision to enter therapy. Seligman (2001) suggested that people are prompted to change when they are hurting or discover that they can change.

## MENTAL IMAGERY: SAFE PLACE

Mental imagery can provide "the inner wisdom necessary to identify, understand, and creatively address issues from the past and develop new and healthier patterns of thinking and behaving" (Brown, 1997, p. 13). This technique allows individuals to access their unconscious images and symbols and tap into their inner springs of wisdom known only to the individuals themselves (Frankl, 1969; Fromm, 1951). Fromm stated, "Symbolic language is a language in which inner experiences, feelings, and thoughts are expressed as if they were sensory experiences, events in the outer world" (p. 7).

The *safe place* technique is a simple, yet highly effective, therapeutic mental imagery technique that can be used as a relaxation tool for stress-related situations or for intense issues that require alteration of learned coping patterns. Counselors can help their clients to create a personal safe place. The term *safe place* is used with clients as a shorthand trigger to access the totality of this technique.

The safe place technique is explained to clients fully before they attempt to implement any aspect of the technique. Once the technique is explained, clients choose whether they wish to proceed. This choice is an integral part of the optimistic, growth-oriented concept of transactional analysis. To begin

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this mental imagery technique, clients are asked to close their eyes, block out distractions, and focus on themselves. They are assured that nothing is going to hurt or scare them and that they are in total control. Clients are told that if, at any time, they believe their safety is in jeopardy, they simply can open their eyes and return to the present.

To assist clients in focusing on themselves, they are asked to *center their breathing* through a deep breathing exercise in which a breathe is taken in through the nose, inhaled deeply into the "very bottom of the stomach," and blown out slowly through the mouth. This series is repeated three to four times with clients to help calm their thoughts and facilitate internal focus. Clients are asked to picture what they believe is the most beautiful place in the world. They are encouraged to make their image as detailed, realistic, and lifelike as they can. As clients attempt to visualize their scene, counselors may coach them (as necessary). For example, some clients may imagine the beach. Counselors could encourage clients to hear and see the waves crashing on the sand, hear and see the seagulls flying in the sky, feel the warmth of the sun on their faces, smell the pungent odor of the ocean, and taste the salt from the ocean breeze. It must be emphasized that the selection of the safe place, along with any internally viewed details, are decisions that clients must make for themselves.

Once clients have fixed in their mind the details of their personal safe place, they are to put themselves in their picture and imagine that they are there. Clients are asked to "hang out there for a brief time," relax, and enjoy the freedom of being totally safe. The length of time spent at the safe place is relatively brief (usually not more than 2 or 3 minutes), but may seem longer to clients because of the silence of the room. They initially may be uncomfortable in the quiet. Therefore, the length of time spent at the safe place actually is based on clients' reactions and comfort levels, which counselors monitor closely. Counselors empower clients to decide when they are ready to return to the present through coaching ("When you are ready to leave your safe place, center your breathing again, and open your eyes").

Throughout the activity, counselors must monitor client nonverbals carefully (e.g., breathing, facial expressions, overall comfort doing the activity). Counselors need to address any problem areas calmly and quietly. Examples of concerns that may occur at any time during the activity are flickers of panic or discomfort; shallow, rapid breathing; or excessive fidgeting. In addition, counselors should avoid rushing the activity or pushing clients to go where they are not comfortable.

Once clients have completed the technique successfully, counselors may suggest that clients attempt to explore their personal safe place between appointments. With this suggestion, however, counselors should caution clients that they might have to try repeatedly before they are able to reach their safe place on their own. By providing this caution, the Critical Parent is not given an opportunity to surface and criticize clients for any unsuccessful individual

attempts. Practicing the technique and exploring their safe place between sessions readies clients for future success.

## SHAME-BASED IDENTITY WORK

When clients with shame-based identity enter therapy, "they must be in touch with their own pain enough to feel a need or desire to change" (James & Gilliland, 2003, p. 149). Their awareness and insight become their own motivations to change their behavioral scripts. Scripts are designed to protect individuals from three types of shame: social shame, or "What will people think?"; competence shame, or the gap between what people can do and what they think they *should* be able to do; and existential shame, or internal message of "I am worthless" (P. S. Potter-Efron & Potter-Efron, 1999; R. T. Potter-Efron & Potter-Efron, 1989).

Internally, the Critical Parent frequently criticizes an action, thought, or feeling and generates social, competence, or existential shame, depending on the situation. Both the Critical Parent and the Adaptive Child ego states are well developed and easily triggered. The Critical Parent has gained strength and expertise over time and continues to wound the adult Adaptive Child who is struggling for survival. This repetitive pattern reduces or almost completely silences both the Nurturing Parent and the Free Child. Engaging either of these ego states often causes a flood of powerful feelings of guilt, anger, and personal self-hatred.

The Adaptive Child needs the Nurturing Parent to soothe the pain; deliver positive messages to rescript the overdeveloped Critical Parent; and simply love the hurting, wounded Child. The Free Child needs to be given permission to engage in "play" and enjoy the spontaneity of life without feeling guilty or triggering the Critical Parent. Individuals crave relief from the Critical Parent voice and long for the Nurturing Parent to provide personal validation.

Counselors can use the safe place technique to strengthen the Nurturing Parent and empower the Adult to bring a healthier balance to the diverse ego states. When clients raise their awareness by focusing on their internal physiological responses, they can choose to calm themselves. It is impossible for the body to be anxious if it is relaxed. Once clients learn to relax and bypass the controlling personality patterns of their conscious mind, they can find refuge from the Critical Parent. Therefore, the first step to quieting the Critical Parent and empowering the Adaptive Child is to teach clients about a place where they can feel physically, emotionally, and mentally safe.

Clients find the necessary strength to identify their internal, unhealthy patterns and objectively examine, explore, confront, and integrate this information to gain control. Maltz (1991) suggested that "the key to coping with [automatic reactions] is to bring them into your conscious awareness" (p. 160). As clients gain awareness and understanding of the Critical Parent–Adaptive Child struggle, the Adult ego state empowers clients to choose different

responses. Thus, clients create a healthy self capable of getting their intimacy and relationship needs met.

## CASE STUDY

### Sara's Story

Sara (fictional identity) was a 30-year-old successful professional with a well-paying job and a graduate-level education. She grew up in a house with critical parents who found fault with almost everything she did and convinced her that she would never amount to anything. Sara internalized this negative script and carried it into adulthood and her marriage. Sara knew that her husband was a loving man. Nevertheless, a criticism from him would trigger Sara's negative script. Whenever he criticized her, Sara *heard* her parents' critical voices in her head (not audibly, but the message from her script with her parents). These parental messages surfaced in Sara's internal Critical Parent. They were painful, and Sara's wounded Adaptive Child accepted the repetitive negative messages as reality.

Sara believed that she was defective at the very core of her being and did not deserve to be happy or loved. The existential shame, critical voices, and negative script were integral parts of Sara's personality; therefore, she attempted to protect herself by erecting an internal wall. Sara created her wall by maintaining physical and emotion distance from anyone with whom she might become intimate and who might then trigger her sense of worthless shame that surfaced from her inner wounded self.

No matter how successful Sara was in her professional life, she feared failure and disappointing her parents. The *martyr parent* message ("The only reason we stayed together was for you") was one of the messages Sara was able to identify (Bloomfield, 1983). For Sara, this message ensured failure because Sara would hurt her parents just by being who she was.

Sara also identified the *dictator parent* message, in which her parents would use fear and intimidation to attempt to control her (Bloomfield, 1983). Numerous derogatory edicts were imposed upon Sara without any explanation for those decisions other than "I'm the boss in this household and, as long as you live here, you will do what I say. Period!" Sometimes her parents delivered hurtful messages with angry outbursts declaring that Sara was "lazy, no-good, and ungrateful." Other times, they shot silent looks of contempt at Sara or offered quiet, controlled, angry statements in which they declared how stupid she was or how weird her friends were.

The negative script and hurtful messages were etched into the foundation of Sara's being. She wanted to bury the memories that contained the critical voices and triggered the damaging messages, but the memories continued to erupt, often surfacing without warning. The memories refused to stay in the past. Sara entered therapy to find a way to silence the critical voices so she could be

free of her parents' painful messages and out from under their control. To get past her defenses, Sara needed a safe place where she could find reprieve from these strong, internal critical voices.

## Lessons From Shame-Based Identity Work

Sara's story can serve to illustrate application of shame-based identity work. First, Sara's Adaptive Child needs to understand that a place does exist in which she can be free of the Critical Parent tape that plays in her head at the most unexpected times. Sara can go to her internal safe place and silence the Critical Parent voice, and she can access her safe place whenever she chooses. Frequently, clients report being surprised by the peace they experience while in their safe place, even the first time that the safe place technique is attempted.

Second, Sara needs to realize that she has the power to control her thoughts and make conscious decisions to choose alternative scripts. Silencing the Critical Parent and empowering the Adult and Nurturing Parent ego states produces the freedom to make alternative decisions when life situations threaten to overwhelm or trigger negative scripts.

Clients often report that they feel valued for the first time. An internal validation system begins to develop so that clients can abandon the illusive external rewards that seldom produce the approval the Adaptive Child is craving.

Finally, Sara needs to learn that she has an inner strength that can be accessed in everyday life. When she feels her negative scripts being triggered, she can center her breathing and give herself permission to direct the Adaptive Child to access the newly taped script so that her positive stroking needs get met.

As Sara's new positive script is strengthened over time, the automatic negative voice of her Critical Parent will not have as much control. When the Critical Parent is triggered, the empowered Adult will be able to access all five ego states, evaluate both positive and negative messages, and bring balance and perspective to the situation.

## Outcome

Incorporating the visualized safe place concept with several additional therapeutic techniques, Sara was able to empower her Adaptive Child to express her anger for the physical, mental, and emotional pain that she had experienced at her parents' hands. Once the anger was released, she was able to shed her first tears of grief over the loss of her childhood, her innocence, and her parents' unconditional love.

Sara also was free to decide whether she wanted to allow her parents into her present life and where she wanted to establish the boundaries associated with that relationship. Sara was able to use the safe place technique anytime that she felt overwhelmed or threatened as she empowered her wounded Adaptive Child to heal. When she left therapy after 14 months, Sara decided to keep her safe place as an integral part of her life because it reminded her that she was in control whenever her original negative life script threatened to surface.

## MOVING BEYOND MEMORIES TO FORGIVENESS

Clients will use a variety of methods to escape the painful memories and the automatic reactions that are triggered. Some will bury themselves in work; others will turn to food, alcohol, or drugs. However, "we can never run away from the pictures nor smear their image so much that they can't haunt us anymore" (Trent, 2000, p. 48). Orenstein (1987), in his book about his life in the Nazi concentration camps titled *I Shall Live: Surviving Against All Odds, 1939–1945*, offered this description of memories:

> I wrote this book primarily from my own experiences, which for the most part are etched in my memory with unusual clarity. Some of the people and events from more than forty years ago are more vivid to me today than those of only yesterday. . . . A few events were so terrible and were buried so deep in my memory that only when someone who had shared the experience reminded me of them would the whole scene suddenly flash before me, intact in every detail and as fresh as though it were happening in that moment. (p. xiii)

When clients are emotionally strong enough, they are able to take the next step. Remember that the Adaptive Child learned the negative scripts in childhood that produce this toxic shame. Counselors will need to develop treatment plans to dispute whichever type of shame (i.e., social, competence, existential) their clients are experiencing. Whereas a number of techniques exist to dispute different types of shame, that is not the focus of this article.

The client's Adaptive Child must realize that what happened was not the client's fault and must let go of the guilt and blame associated with the hurt. Middelton-Moz (1990) suggested that clients cannot feel anger in shaming families because they would risk abandonment. This situation produces anxiety, which leads to guilt, and the unexpressed anger is turned inward creating depression. "The more shame is experienced, the more anger; the more anger is experienced, the more anxiety; the more anxiety, the more guilt; the more guilt, the more possibility of depression" (Middelton-Moz, 1990, p. 62). Therefore, clients become their own worst enemy because they weave the very web that entangles them in the merciless cycle of unhappiness and self-hatred. Once the Adaptive Child is strong enough, the person(s) that initially generated the shame must be forgiven and the pain released.

McCullough, Pargament, and Thoresen (2000) suggested that an interpersonal debt is created when someone harms or transgresses against another person. Forgiveness is the act of canceling that debt and can be done on at least four levels. The cognitive approach is deciding simply not to think about the debt; however, in the case of toxic shame, that decision may not be a choice until some of the pain is healed. The affective approach is about releasing the anger associated with

the debt. Behavioral changes are related to letting go and not seeking repayment or punishment for the debt. The spiritual approach is a matter of deciding to relinquish control of the debt to a self-defined higher power.

Forgiveness does not mean that the behavior is excused or condoned. Rather, forgiveness means simply refusing to give away any more power by putting energy into holding onto the debt. People cannot get to the point of forgiveness until their debts are acknowledged, processed, and replaced by "hope that puts the cracks in self-hate and begins the process of self-redemption" (P. S. Potter-Efron & Potter-Efron, 1999, p. 194).

Clients learn to research their personal history without getting stuck there so that they can grant themselves permission to grieve the hurt from their shame. R. T. Potter-Efron and Potter-Efron (1989) noted that clients must "challenge the old deficiency messages with new messages that reflect self-worth" (p. 150). Clients empower themselves to change their behaviors to be consistent with their new internal, healthier messages. Accomplishment of this task means the "borrowed" shame can be returned to its rightful owner—in Sara's case, the shame was returned to her parents.

## SUMMARY

As clients gain awareness and insight into their own meanings around life issues, they must move outside of their comfort zones and relinquish learned, inappropriate behaviors. "We can't control what happens to us, but we can control how we will respond to what happens. . . . The choice is always ours" (Trent, 2000, p. 50). Clients must choose to be healthy, but they need the tools to make that choice possible.

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