Chapter 2
Opening the Black Box Part 2: Exploring Individual Shame in German Research

Claude-Hélène Mayer

Abstract This chapter is the second part of two chapters on shame in German contexts. It explores research which focuses on shame in individuals. The question addressed is the following: Which aspects of shame does research highlight with regard to shame in individuals in German contexts? Individually experienced shame in German cultural and contemporary research is explored and reflected on, to provide readers with an insight into shame research in Germany, which is often published in the German language. Practical applications are added with regard to the selected research areas on individual shame. Conclusions are drawn and recommendations for future research and (therapeutical) practice are given.

Keywords Individual shame · German research · Science · Education · Body shame · Care · Clinical conditions · Shame

> Der Tag kennt mehr Scham
> als die Nacht.[1]
> Roman-German idiom from the Middle Ages

2.1 Opening the Black Box of Individual Shame

After having focused on the collective shame in past and present in Germany (Mayer part 1, in this book), this chapter provides an insight into research on individually experienced shame in German contexts.

Research, theoretical and empirical studies have been conducted in German contexts particularly with regard to shame from psychological and therapeutical

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[1] Translation by the author: "The day knows more shame, than does the night."

C.-H. Mayer (✉)
Institut für Therapeutische Kommunikation und Sprachgebrauch, Europa Universität Viadrina, Logenstrasse 11, 15230 Frankfurt (Oder), Germany
e-mail: claudemayer@gmx.net

Department of Management, Rhodes University, Drosdy Road, Grahamstown 6139, South Africa

perspectives (see Hilgers, 2006; Marks, 2017; Wurmser, 2013), but also from anthropological (Lietzmann, 2007), philosophical, sociological and social science (Simmel, 1986; Landweer, 1999) perspectives. These publications touch on issues such as shame and the body (see Gröning, 2013a), as well as shame and conflict, shame and clinical conditions (Grabhorn & Overbeck, 2005; Rüsch et al., 2007; Scheel, Bender, Tuschen-Caffier, & Jacob, 2013), shame and the healthcare system (Gröning, Feldmann, Bergenthal, Lebeda, & Yardley, 2016; Immenschuh & Marks, 2014) and shame and status (Neckel, 1993).

The insights provided here do not claim to be a complete overview of shame research in German contexts; rather, they offer an indication of the focus and trend of shame studies in this specific cultural context.

This chapter feeds into Scheff's (2016) idea of actively reclaiming shame studies, since shame is one of the less explored and discussed emotions. Studies discussed here are those that have addressed shame directly as shame and not as a circumlocution (Scheff, 2016, 3; see Mayer, Part 1).

This chapter describes selected major foci of German research on shame, specifically shame in science and scientists, in education, in the context of the body, in care, and with regard to clinical conditions. It also includes applications for reflection, a conclusion and a recommendation for future research.

2.2   Shame in Science and Scientists

Friedrich Nietzsche, a German philosopher, cultural critic and poet, pointed out early in his hermeneutics of shame that shame is a form of a practical pre-understanding of the world. According to Nietzsche, as understood by van Tongeren's (2007), a philosopher needs to be "shamelessly fearless" on one hand, and characterised by honour, shame and depth on the other. The same might be said about contemporary scientists.

Nedelmann (2006) explores shame in the context of science. To the author, shame is inherent in the management and handling of science in past and present Germany. He refers to the fact that psychoanalysis and psychoanalytic thought in sciences was forced out of Germany during WWII, and is in the process of rapprochement. This process needs to take German cultural traditions and Jewish thoughts into account, to transform the painful process of dealing with shame when scientists of psychoanalysis lead a discourse. This process of rapprochement is associated with feelings of anger, shame, guilt and sadness (Nedelmann, 2006) and is reflected in the scientific discourse.

2.2.1 Reflection

1.	How is shame experienced and expressed in science and in scientists?
2.	Where is shame shown directly in science?
3.	Where is shame expressed in science as a circumlocution?
4.	How does the topic of shame connect philosophy and science?

2.3 Shame in Education

Shame is not only a topic in science, but also in educational contexts and schools (Haas, 2013; Marks, 2013). Marks (2013) explains that when shame is experienced, the brain retracts into a "survival mode" (Geldenhuys, in this book), therefore educational contexts in particular need to help students to develop tools and mechanisms not to avoid shame, but to deal with shame constructively within their contexts. In order to achieve this, students and teachers need to trust each other and trust the environment in which school and education is experienced, as non-shaming (Marks, 2013; Boness, in this book).

Frenzel, Thrash, Pekrun, and Goetz, (2007) have conducted cross-cultural research on shame in the context of educational achievement and parental achievement expectations, success and failure. In their research, they show that German students experience lower levels of shame and anxiety when it comes to achievement in Mathematics, but they show higher levels of anger in comparison to Chinese students (Frenzel et al. 2007).

Wertenbruch and Röttger-Rössler (2011) state in their research on shame and shaming in German schools that often shame is experienced based on the violation of norms of the peer group of students. According to the authors, shame and shaming are important emotional dimensions in German school routines. Adolescents are primarily affected by feelings of shame because they are in the process of learning how to comply with the social and cultural norms (Wertenbruch & Röttger-Rössler, 2011). The authors further highlight that shame experiences differ based on the socio-cultural background of the individuals in German educational contexts, and on how they define their values and norms in the German school system. Shame becomes an important factor of processes of inclusion and exclusion. Its role also needs to be increasingly recognised in the context of mental health, achievement and coping in multicultural school contexts in Germany (Boness, in this book).

2.4 Shame, the Body and Family Contexts

Studies in Germany have focused on shame and the body and shame in family relations. The Federal Agency for Health Education (BZGA, 2005) has published a foundational study on shame in childhood and on the regulation of shame in families, highlighting the value of shame. According to the study (BZGA, 2005), the perceived value of shame is dependent on the professional status of the father: the higher the father's professional status, the more feelings of shame are valued as impacting positively on the way people live together and as a protective factor for the self and for others. In a study, mothers in German contexts usually judge shame as positive (BZGA, 2005). In addition, it has been pointed out that shame is often associated with sexuality, as well as with nudity in the context of the body (BZGA, 2005, Silverio, in this book).

2.5 Shame in the Context of the Body

Body shame has often been distinguished from research on psychological and mental shame, as well as from social shame (see Hilgers, 2006; Gröning 2014) in German research. In his texts on shame, Simmel (1986), a German sociologist, philosopher and classical shame researcher, highlights that shame is strongly connected to the body, and to the experience of inferiority and nakedness, since the body represents nature, the flesh and the fleeting moments of life.

Köhler (2017) points out that although bodies often touch in post-modern life situations such as in an overcrowded tram, individuals usually do not feel ashamed by this touch because of the framing of definitions of shame within contexts. However, nakedness is still shameful in German contexts, although people are used to see naked bodies (Köhler, 2017). Shame is still connected to eroticism and sexuality, to puberty, body contact, distance and violence (Köhler, 2017).

Ko (2010) has studied the role of body shame in social appearance anxiety, body-checking behaviour and body dissatisfaction, as well as disordered eating behaviour. The author compared German and Korean students, and found that Korean females had higher scores in all of these shame areas than did German females and males. In both cultures, body shame predicted bulimia symptoms, but it did not predict a drive for thinness in either of the female groups. Body shame predicted body dissatisfaction in both cultures.

Another culture-comparative study (Hong, 2011) compared German, Korean and Chinese female students' attitudes towards body shame and intention to change appearance. Findings showed that in the German group of female college students, the body mass index (BMI) was the highest, while scores in public self-consciousness, socio-cultural pressure, ideal appearance attitude, body shame, and appearance change intention were lowest in Germany, highest in Korea. The variables that affected body shame were powerful in the order of appearance internalisa-

tion, appearance awareness, socio-cultural pressure, and public self-consciousness in Germany and different from the Chinese and the Korean findings in which socio-cultural appearance was the highest variable that affected appearance change intention. Appearance change intention was powerful in the order of sociocultural pressure in Korea and China in the first place, while the order was appearance internalisation, body shame, and BMI in the German group (Hong, 2011).

Hahn (2016) discusses the impact of the social memory of the body by referring to appearances and perception and memory of shame from a sociological perspective. The author points out that the memory plays a central role in managing social and individual shame: shame can be avoided by keeping it secret and by forgetting. The author interprets social fights regarding the public memory as fights about the question of who can deal with shame and shaming.

2.5.1 Reflection on Body Shame

If you would like to explore your attitude towards body and body shame within your social and cultural context, reflect on the following aspects:

1.	What image of your body do you hold?
2.	How do you feel about this body?
3.	Which parts of your body do you relate to in a positive, which in a negative way?
4.	Where in your body do you feel the most energy flow?
5.	Focusing on your biography, when did you experience shame with regard to your body across your lifespan? Reflect on your childhood, adolescence and adulthood.
6.	Which key situations do you remember with regard to body shame as being the most influential?
7.	Contextualising your body shame, how does your culture, your social and cultural background, your gender, your age, your language abilities, your general abilities/disabilities influence your body shame?
8.	Where are your body's and your body shame boundaries?
9.	How can you help to ensure that your body shame boundaries are being accepted and respected in your contemporary life and in future life situations?

2.6 Shame in the Context of Care

With regard to the German demographical structure and the growing number of Germans above the age of 65 years, shame becomes a specific topic in the context of care of individuals of old age (Gröning, 2014). Hayder-Beichel (2016) points out that patients with urological illnesses—here especially men—experience the treatment

of these illnesses and conversations about it as shameful. However, Marks (2011) comments that not only patients in care experience shame, but also their carers (Veit and Bahrs & Henze, in this book). In German contexts they experience shame, because they cannot care for the people in need in the way they want to, owing to time pressure and other work-related restrictions (Marks, 2011).

Several recent German studies refer further to shame in the context of care, care institutions and psychiatric contexts (Gröning et al., 2016). Shame is not only a topic which is generally relevant for Germans in care (Immenschuh & Marks, 2017), but seems also to be particularly relevant with regard to Muslim patients (Von Bose & Terpstra, 2010) and Turkish patients (Ulusoy & Grassel, 2010) in German care and hospitals. According to Ulusoy and Grassel (2010), shame is associated with over-estimation of the self and with language barriers in Turkish migrants, and according to Von Bose and Terpstra (2010), with honour in Muslim migrants.

Generally, shame is strongly linked to nakedness and challenging care situations in gender-specific care, especially with regard to hygiene and shame (Heusinger & Dummert, 2017). However, Gröning (2013b) points out that shame and anxiety are the basic emotions experienced in old age with special regard to "shame of dependence", shame of the changing body, and the shame of being blamed.

2.6.1   Reflection

Please reflect on the question of shame in the context of care, either on your own or in a group, in terms of these questions.

1.	Have you ever experienced shame in the context of care?
2.	If yes, in which role were you experiencing shame—as a carer, a person being cared for, or as a relative or family member?
3.	What kind of shame did you experience?
4.	Thinking of care and shame and culture-specific and/or inter-/transcultural situations, what needs to be considered when working with shame in the context of culture within the German or other societies?
5.	What should be done in care institutions (hospitals, hospices, retirement homes) to transform shame? Are there any programmes, trainings, workshops you can think of which would be helpful?

2.7   Shame and Clinical Conditions in German-Based Research

In German settings, shame is usually researched in individuals with clinical conditions (Grabhorn, Stenner, Standier, & Kaufhold, 2006; Rüsch et al., 2007;

Rummel-Kluge, Pitschel-Walz, Bäuml, & Kissling, 2006), since shame is a meaningful self-reflexive emotion in the context of the exploration of mental disorders (Kämmerer, 2010). Only a few such selected studies are presented in this chapter. Hilgers (2006) provides an extensive overview of shame in terms of singular psychological problems such as social phobia, schizophrenia, suicidal syndromes, depression, borderline personality disorders, eating disorders, hysteria, post-traumatic stress disorder (PTSD) or psychophobia. Hilgers (2006) also offers insight into conflicts based on shame in somatic illnesses, and with regard to managing shame conflicts in therapy, and in counter-transfer situations between therapist and client/patient in individual therapy settings. The author also gives advice on how to deal with shame in group-psychotherapy.

Research focusing on a sample of German native speakers shows that shame-proneness and self-report of shame is higher in women with borderline personality disorder than in women with social phobia and healthy women (Rüsch et al., 2007). For the women with borderline personality disorders, shame is strongly associated with the self (Rüsch et al., 2007) and with existential shame. In their article on the development of a German questionnaire on shame, Scheel et al. (2013) highlight that shame is strongly associated with borderline personality disorder and with the adjustment to social norms and self-regulation processes. Scheel et al. (2013) contend that the experience of physical and cognitive shame can be viewed as functional, while existential shame is viewed as maladaptive.

Apart from the finding that shame is a meaningful construct to understand eating disorders (Albohn-Kühne & Rief, 2011; Grabhorn, Stenner, Standier, & Kaufhold, 2006), a recent study by Borgart, Popescu, and Meermann (2016) suggests that bulimia nervosa is associated with depression and shame in German contexts and relates to self-perception and body image. Individuals with anorexia and bulimia nervosa are found to have higher scores in global shame than do individuals with anxiety disorders and depressions (Grabhorn et al., 2006). Feelings such as shame, sadness, and anxiety need to be experienced by awareness of one's self, feeling through body awareness (Gugutzer, 2015).

Other studies in Germany show that shame has been identified as the key emotional symptom in the link between social anxiety and social phobia (Bandelow & Michaelis, 2015). Shame makes an important difference in explaining social anxieties; these authors highlight that therapeutic strategies need to target the transformation of shame and social anxiety.

Another German study (Rummel-Kluge et al., 2006) compares psychoeducation in schizophrenia in Germany, with the same in Austria and Switzerland, indicating that guilt and shame are topics discussed during psychoeducation in the three countries. The study concludes that the most discussed topic is stigmatisation (80%), followed by isolation (83%) and guilt and shame (70%). No differences could be found between the findings from the three countries. Shame is therefore a particularly important topic in German-speaking populations of patients suffering from schizophrenia, a topic which needs to be dealt with proactively.

2.8   Shame in the Context of Military, War and Soldiers

Finally, it is noteworthy that very recent research (Alliger-Horn, Zimmermann, Herr, Danke-Hopfe, & Willmud, 2017; Zimmermann, 2015) also focuses on shame and PTSD in German soldiers who suffer from shame and guilt as a result of war experiences. These recent studies explain how to minimise shame effectively during therapeutical interventions. Another study in the German military context (Siegel et al., 2017), however, finds that veterans often do not seek psychotherapeutic advice owing to experiences and fear of discrimination, stigmatisation and shame. The authors suggest that these barriers to seeking advice and therapy are an international phenomenon, while the existence of complex and intimidating structures to seek psycho-medical support seem to be specific to Germany (Siegel et al., 2017). Working with shame, particularly in individuals with PTSD, can become a key to managing PTSD in therapy and therefore should be addressed (Schoenleber et al., 2015).

2.9   Working with Shame in the Context of Clinical Conditions

Based on the research on shame in German clinical conditions as described above, the following factors can be taken into account when working with shame in the context of counselling and/or therapy:

1. The basis on which to transforming shame is the creation of a warm and safe place in counselling and therapy to explore individual and collective shame on a deeper level. There needs to be general openness to self-reflection and to work with shame on different levels, such as with the feeling of shame (body) and the memory of shame (psychology) (Gugutzer, 2015; Hahn, 2016).
2. Accept shame as a part of the shadow and take this general acceptance as a foundation to accept that shame can be transformed to become functional, and work with shame and transform it for personal growth (Mayer, 2017).
3. As in every other therapeutic context, the relationship of the therapist and the client needs to one of trust; the therapist needs to remain highly conscious and aware of how to explore shame while dealing with other clinical conditions. It can be helpful to the therapist to remember that the experience of shame in a therapeutical context is normal (Klinger, Ladany, & Kulp, 2012). Mayer & Oosthuizen (2018, in press) point out that therapists and therapist trainees should focus on developing their own mental health and self-care and thereby encourage and promote mental health in their clients.
4. Shame can be explored in individual and group therapy sessions depending on the clinical conditions and the aims of the therapy (Mayer, 2017; Mayer healing rituals, in this book). While working with shame, verbal and non-verbal expressions of shame should be taken into account and made conscious to develop an

improved understanding of the impact of shame (Randles & Tracy, 2013). Non-verbal keys to shame can particularly be observed in intervention techniques like constellation work (Mayer healing rituals, in this book), or sculpture work (Virginia Satir).

5. Therapeutical interventions such as dream work, self-compassion, mindfulness and other self-accepting attitudes and their development within the client and therapist can become a key to exploring and transforming shame (Zhang & Chan, 2016; see Vanderheiden, Gilbert, Mayer 2018 dream work, in this book).

6. The development of pro-social behaviour in clients can reduce stress and support a constructive management and transformation of shame (see Raposa, Laws, & Ansell, 2016).

7. Meditation exercises, as well as creative expression such as dance, can help to deal with self-criticism and shame (see Buch, Edwards, Vanderheiden, in this book).

8. Make use of specific therapeutical interventions or therapies which have been viewed as innovative methods to transform shame in the context of specific mental disorder, such as schematherapy (Jacob, 2011) which integrates cognitive, emotional and behavioural methods from various schools of therapy. In the German context, schematherapy has only gained increasing interest in the beginning of the new century and is still in its exploration and development (Jacob & Seebauer, 2014).

9. These aspects can be respected as foundational when working with shame in the context of dealing with clients with clinical conditions, but also in other counselling contexts. For further explorations of how to deal with shame within therapy contexts see, for example, Dearing and Tangney (2011) or DeYoung (2015), Jacob (2011) and Jacob and Seebauer (2014).

2.10 Conclusion

This chapter provided an insight into shame within German research and cultural contexts particularly with regard to experiences of individual shame from the perspective of German researchers and in German-based research. The chapter does not stake out the claim of an entire overview of the literature on individually experienced shame in German contexts, but provides the reader with an insight in shame research in Germany. Further, the chapter presents reflections and practical applications of working with shame based on the research reviewed.

2.11 Implications for Future Research and Practice

Future research on individually experienced shame in German contexts should focus on the interrelationship of shame, psychological and body shame and study shame

not only with regard to clinical samples, but also with regard to non-clinical samples. Areas which seem to be underrepresented with regard to studies on shame in German contexts are areas such as: shame in the workplace, shame in education, shame with regard to science. Further, shame should be researched with regard to specifically defined sub-contexts in the German society and, for example, bicultural individuals as well as individuals acting in specific professional contexts, following our earlier call for increasing intercultural, culture-specific and transcultural studies on shame (Vanderheiden & Mayer, 2017). Gender and culture should be addressed more intensively in terms of the question if gender and culture make a difference when opening the black box of individually experienced shame in different German contexts.

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Claude-Hélène Mayer (Dr. habil., PhD, PhD) is a Professor in Industrial and Organisational Psychology at the Department of Industrial Psychology and People Management at the University of Johannesburg, an Adjunct Professor at the Europa Universität Viadrina in Frankfurt (Oder), Germany and a Senior Research Associate in the Department of Management at Rhodes University, Grahamstown, South Africa. She holds a Ph.D. in psychology (University of Pretoria, South Africa), a Ph.D. in management (Rhodes University, South Africa), a Doctorate in political sciences (Georg-August-Universität, Göttingen, Germany), and a Habilitation with a Venia Legendi

(Europa Universität Viadrina, Germany) in psychology with focus on work, organizational, and cultural psychology. She has published numerous monographs, edited text books, accredited journal article, and special issues on transcultural mental health, salutogenesis and sense of coherence, shame, transcultural conflict management and mediation, women in leadership in culturally diverse work contexts, constellation work, coaching, and psychobiography.