

# Therapy Articles and Forms

## Group Commitments for Emotional Growth and Relational Safety: Guidelines for Process-Oriented Participation

### **Commit to Self-Reflection and Awareness**

Members agree to regularly reflect on their emotional responses, aiming to increase their awareness of how their affective experiences shape their behavior within the group.

Q: How do you know you are self-reflecting and being aware?

A: Ask yourself if you are self-reflecting and identify what affect you are feeling!

### **Respect for Silence and Timing**

Silence is a valuable tool in process-oriented groups. Members commit to respecting the group's use of silence and moments of pause, using those times to observe their internal affective responses and the group's mood.

## **Practice Non-Judgmental Inquiry**

When observing or questioning others' affective states, members are expected to approach with curiosity, without imposing judgments, and to maintain a supportive environment conducive to affective exploration.

## **Active Participation**

Members commit to active participation by sharing their affective experiences and insights and being present and attentive to others' affective expressions.

## **Emotional Safety and Accountability**

Members agree to contribute to an emotionally safe space by owning their affective responses and being mindful of how they affect others. If safety is compromised, members must bring it up for group processing and reflection.

## **Acknowledge and Repair Ruptures**

Following the Conkright Blueprint, members agree to acknowledge emotional or relational ruptures when they occur and commit to working toward repair, using affect identification and mutual respect.

## **Track and Share Emotional Maturity**

Members are encouraged to reflect on how their emotional personas evolve and how affective maturity—or obstacles to it—affects their participation and relationships in the group.

## **Affect Mapping in Group Dynamics**

Members will learn to map the group's affective states over time, observing

patterns and shifts in group energy, and share these insights as part of the process.

### **Hold Confidentiality**

Members must commit to maintaining the confidentiality of all personal and affective experiences shared within the group.

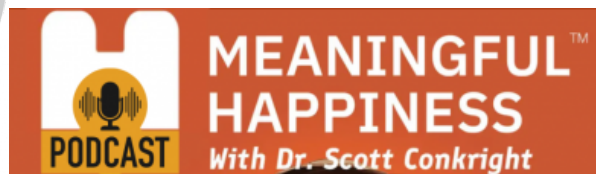
Affective experiences can evoke feelings of shame, distress, or discomfort. Confidentiality provides a secure container, allowing members to explore these emotions without fearing exposure outside the group. This promotes deeper self-reflection and emotional exploration.



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**Spin the Wheel & Take our Shame Quiz!**

# Top Shame-Based Defenses: Inhibitors of Authentic Engagement in Group Dynamics

The top shame-based inhibitors (of authentic connection) in group dynamics often manifest as defenses or behaviors aimed at avoiding or hiding feelings of shame. These can significantly disrupt group cohesion, emotional expression, and the ability to engage with affective experiences such as interest-excitement and enjoyment-joy. The most common shame-based inhibitors include:

## 1. **Withdrawing or Avoiding**

Members may physically or emotionally withdraw from the group to avoid exposing their vulnerability. This can look like staying quiet, minimizing participation, or detaching from conversations that stir feelings of shame. It diminishes their engagement and blocks the opportunity for authentic connection.

## 2. **People-Pleasing**

A strong desire to gain approval or avoid conflict often arises from a fear of being seen as unworthy or flawed. People-pleasing prevents authentic expression, as members may hide their true thoughts or feelings to conform to perceived group expectations, reducing their ability to explore shame openly.

### **3. Perfectionism**

Perfectionism can be a defense against the fear of making mistakes and being shamed for them. Members who exhibit perfectionism might over-prepare or over-control their contributions, avoiding risk-taking or spontaneity. This restricts their ability to engage with interest-excitement, and joy, as they constantly focus on not being 'wrong.'

### **4. Deflecting or Intellectualizing**

Members may intellectualize their emotions or deflect attention from vulnerable topics, turning conversations abstract rather than personal. This can serve as a defense against feeling shame, avoiding deeper emotional exploration by staying on the surface.

### **5. Criticism and Blame**

Criticizing or blaming others can be a way to deflect shame. By focusing on others' flaws or actions, members protect themselves from facing their vulnerability or shortcomings. This behavior disrupts group harmony and impedes more profound emotional work.

### **6. Minimizing or Dismissing Feelings**

Minimizing personal experiences or dismissing their significance is a common way to shield oneself from shame. Members might downplay their emotions or experiences to avoid feeling exposed, preventing them from engaging with the group on a deeper level.

### **7. Humor as a Shield**

Using humor to deflect attention away from vulnerable feelings is another common defense. While humor can lighten the mood, it

prevents deeper exploration of feelings and disrupts the group's emotional flow when it's used to evade shame.

### **8. Rigid Independence**

Some members might refuse to ask for or accept help, fearing that showing need or reliance on others will expose them to shame. This rigid independence creates emotional distance and blocks the potential for supportive, reciprocal relationships in the group.

### **9. Aggression or Anger**

Displays of anger or aggression can often mask shame. When members feel shame, they may lash out to regain control or power, disrupting the group's emotional safety and avoiding the vulnerability of acknowledging their own shame.

### **10. Overcompensating with Confidence**

Excessive displays of confidence or dominance can be a mask for underlying shame. Members might project certainty or superiority to avoid revealing feelings of inadequacy, which limits their openness to new experiences, ideas, or emotions in the group.

These inhibitors prevent authentic emotional exploration and hinder the group's ability to foster an environment where shame can be addressed and integrated in a healing way. Recognizing and gently challenging these

patterns within the group dynamic can open pathways to deeper connection and emotional growth.



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# Chronic Shame Syndrome

## An Introduction

Scott Conkright, Psy.D.

Chronic Shame Syndrome (CSS) is a persistent, deeply embedded emotional condition where individuals experience ongoing feelings of inadequacy, inferiority, and self-consciousness. These feelings stem from an incomplete interruption of positive affect, such as interest or joy, which leads to a pervasive sense of being flawed or unworthy. People with CSS often feel like they are fundamentally "wrong" in some way, and this

constant self-criticism becomes a central feature of their identity. Unlike acute episodes of shame that are situational, CSS is more enduring and affects various aspects of a person's life, from relationships to professional settings, where it can lead to self-doubt, imposter syndrome, and a fear of failure.

One of the critical challenges of CSS is that it blunts emotional experiences, making it difficult for individuals to engage fully with their environment or experience joy. Because shame inhibits positive affects, those suffering from CSS may become withdrawn or avoidant, believing they do not deserve happiness or connection. This withdrawal exacerbates feelings of isolation, creating a cycle where the fear of judgment and rejection pushes them further away from meaningful interactions, as they may interpret neutral or even positive social cues as negative, reinforcing their sense of exclusion and inadequacy.

CSS doesn't just affect personal relationships; it can disrupt them. It manifests in avoidant behaviors, missed opportunities, and self-sabotage. The constant self-consciousness leads to a hyper-awareness of real or imagined flaws and a struggle to feel safe or authentic in social situations. Over time, this chronic sense of shame becomes overwhelming, contributing to feelings of hopelessness, depression, and anxiety. Understanding and addressing CSS requires breaking the cycle of shame and reestablishing connections to positive affects like interest, joy, and pride, ultimately allowing individuals to rebuild their self-worth and form healthier, more fulfilling relationships.

Chronic Shame Syndrome (CSS) is a deeply ingrained emotional condition characterized by a persistent sense of inadequacy, inferiority, and self-consciousness. At the core of CSS is the interruption of positive affects, like joy or interest, which leaves individuals with a constant feeling of being fundamentally flawed. Unlike acute, situational shame, CSS manifests as an enduring state of self-criticism, often experienced at a low but persistent level. This chronic self-consciousness can transform into



what is known as Disquieting Self-Consciousness, a form of trauma response that keeps individuals hyper-focused on their perceived inadequacies. Disquieting Self-Consciousness emerges as a subtle yet relentless background hum of discomfort and self-doubt, making it difficult for people to engage in social situations with confidence.

This form of chronic shame is especially prevalent in millennials and Gen Z'ers, partly due to the role of social media in amplifying feelings of inadequacy. The constant exposure to carefully curated, often unrealistic portrayals of success, beauty, and happiness can lead to heightened self-consciousness, where individuals constantly compare themselves to others and feel they fall short. Over time, the low-level shame generated by these comparisons can evolve into Disquieting Self-Consciousness, where the individual feels an ongoing sense of being watched or judged. This trauma response can be subtle, but it has a profound impact on how people interact with others, often leading to avoidant behaviors or self-sabotage in personal and professional contexts.

Social media further exacerbates this issue by reinforcing the idea that one's worth is tied to external validation. For millennials and Gen Z'ers, who are already navigating an uncertain world, the pressure to present an idealized self-image can deepen the wounds of chronic shame. As Disquieting Self-Consciousness sets in, individuals may struggle to feel authentic or secure in their relationships, constantly questioning whether they are "enough." Breaking this cycle requires recognizing the role of shame in their lives and learning to reconnect with positive affects like joy and pride, ultimately fostering a healthier sense of self and more meaningful connections with others.

Chronic Shame Syndrome (CSS) can exacerbate attention deficit disorder (ADD) by creating an ongoing cycle of distraction and self-criticism. People with CSS often experience persistent feelings of inadequacy and self-consciousness, which lead to heightened anxiety and preoccupation with their own perceived flaws. This mental preoccupation can make it

difficult for individuals to focus on tasks, as their attention is frequently hijacked by intrusive thoughts related to shame or self-doubt. The constant internal dialogue of criticism and worry can prevent people with ADD from staying engaged, further intensifying their struggles with attention and task completion.

Moreover, the emotional toll of CSS—especially the sense of failure or unworthiness—can lead to avoidance behaviors, where individuals may shy away from tasks or challenges that require sustained focus. This avoidance creates a feedback loop: the more they avoid tasks, the more shame they feel for not completing them, further diminishing their confidence and ability to concentrate. Over time, this cycle can worsen the symptoms of ADD, as the shame and frustration compound the difficulty of staying on task and managing time effectively.

Additionally, the chronic self-consciousness associated with CSS can drain the mental resources needed for concentration. The emotional burden of shame, especially when it's low-level but constant, competes for cognitive bandwidth, making it harder to prioritize or organize thoughts. This depletion of cognitive resources may leave those with ADD more vulnerable to distraction, impulsivity, and difficulty with executive function. Addressing the shame component through targeted interventions could help alleviate some cognitive strain, potentially improving attention and focus.

It's important to clarify that Chronic Shame Syndrome (CSS) is not simply a manifestation of low self-esteem, depression, or anxiety. However, it may share some overlapping features with these conditions. Unlike these diagnoses, CSS is rooted in the persistent disruption of positive affects, such as joy, interest, or pride, leading to a pervasive sense of inadequacy and self-consciousness. While low self-esteem involves a negative self-assessment and depression often brings about feelings of worthlessness and hopelessness, CSS revolves around a continuous cycle of shame that can subtly impact every aspect of a person's emotional and relational life. This chronic shame is a fleeting emotion and a sustained

affective response that colors a person's experience of themselves and the world.

CSS also differs from anxiety, which often involves excessive worry about the future or external events. With CSS, the focus is more internal and self-directed—individuals are constantly battling an inner dialogue of self-criticism, which is often subconscious. While anxiety may fluctuate based on external stressors, CSS is more deeply embedded, acting like a background hum that rarely dissipates, no matter the situation. This constant feeling of "not being good enough" permeates everyday interactions and decisions, leading to avoidance behaviors, missed opportunities, and a blunted emotional range, all of which set CSS apart from other mental health conditions.

The diagnostic criteria for CSS include:

1. Persistent and pervasive feelings of inadequacy remain even in neutral or positive situations.
2. Disruption of positive affect, particularly joy and interest, leads to an overall dampening of emotional experiences.
3. Chronic self-consciousness and self-criticism often manifest as Disquieting Self-Consciousness, where individuals feel judged or watched even when they are not.
4. Avoidance behaviors are driven by shame. They include withdrawing from social situations, avoiding challenges, or suppressing true feelings to avoid potential judgment or rejection.
5. Misinterpreting social cues, often seeing neutral or positive interactions as unfavorable or rejecting, contributes to relational difficulties.
6. Recurrent episodes of shame without clear external triggers signify that the shame response has become ingrained in the individual's emotional landscape.

By recognizing these criteria, it's clear that CSS is a distinct condition—one that requires targeted treatment approaches that address the pervasive nature of shame and its impact on emotional and relational health.

In conclusion, Chronic Shame Syndrome (CSS) is a distinct and often misunderstood condition rooted in the persistent disruption of positive affects and characterized by chronic self-consciousness, avoidance, and relational struggles. Understanding CSS as separate from low self-esteem, depression, or anxiety allows for more accurate diagnosis and treatment, offering individuals the opportunity to address the core shame that limits their emotional experiences and relationships. For those suffering from CSS, recognizing that this is not a personal flaw but a diagnosable condition can provide a powerful sense of relief—an invitation to begin healing from the shame that has held them back.

For therapists, understanding CSS offers a new lens through which to view their clients' struggles, allowing for more targeted interventions that address the root causes of shame rather than focusing solely on surface-level symptoms. By working with the underlying affective disruptions that fuel CSS, therapists can guide their clients toward reconnecting with positive emotions like joy, pride, and interest, creating a pathway to more fulfilling relationships and a richer emotional life. Ultimately, both individuals and therapists alike can find hope in the knowledge that while chronic shame is painful, it can be understood, addressed, and overcome.

Forever checking your phone—whether it's for new messages, notifications, or updates—can be viewed as a ritual that shares several similarities with obsessive-compulsive disorder (OCD). One of the core characteristics of OCD is the presence of intrusive thoughts, which cause anxiety, leading individuals to engage in compulsive behaviors to alleviate that discomfort. In the case of compulsively checking a phone, the persistent urge to check can be driven by the anxiety of missing out, fear of being disconnected, or

the need for reassurance—feelings often exacerbated by the unpredictability of notifications and the endless stream of online content.

Much like OCD rituals, the act of checking the phone offers temporary relief but no lasting satisfaction, reinforcing the cycle. The initial anxiety or discomfort prompts the checking behavior, which may momentarily ease the discomfort but quickly gives way to the same or more significant anxiety. This pattern mirrors the compulsions seen in OCD, where repetitive actions (such as handwashing or checking locks) are performed to reduce anxiety. Yet, the relief is fleeting, and the compulsion needs to be repeated.

Additionally, both behaviors share a ritualistic, repetitive quality, often performed without conscious thought and with a strong sense of urgency. In both cases, the individual may be aware that the behavior is excessive or disruptive, but they feel powerless to stop it. Over time, this compulsive checking can erode focus, increase stress, and damage relationships, much like how OCD rituals interfere with daily functioning. The continuous engagement with one's phone becomes an ingrained behavior pattern that can consume time and mental energy, trapping individuals in a loop similar to what is experienced in OCD. Understanding this connection highlights how phone-checking, though normalized in modern society, can function as a coping mechanism that mimics compulsive behavior rooted in underlying anxieties.



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# It's a Shame We Moralize Shame: Toward an Expanded Definition

Scott Conkright, Psy.D.

Shame should be understood in different contexts, similar to how words like "criticism" or "comedy" are used. This helps to show how language reflects deeper layers of meaning, especially when applied to abstract or complex concepts.

First, let's take "criticism." It can be a negative appraisal of something (e.g., harsh critique) or a neutral, academic exploration of a subject's merits and flaws. This demonstrates that the word's meaning shifts depending on the intention and the context. "Comedy," in the literary sense, similarly broadens beyond humor to refer to stories with hopeful or positive outcomes, which may or may not be funny.

Shame, too, has this duality:

1. Moral Judgment (Shame as Shameworthy): In everyday language, "shame" is often tied to moral failure, disgrace, or something that brings social disapproval. When people speak of "feeling ashamed," they usually reference a sense of being judged as wrong, inadequate,

or morally inferior by themselves or others. This use of shame is evaluative, pointing to an internalized social or moral standard violated. For example, someone might feel shame for breaking a promise because it implies a failure to meet the expectations of trust.

2. Affect (Shame as a Feeling Response): On the other hand, shame is understood more as a biological response in the context of Affect Theory. This feeling state occurs when positive affect (such as enjoyment or excitement) is interrupted. It's not inherently linked to moral failure or social judgment but is instead a signal of an emotional disruption. This shame is about how the person feels about their current relational connection to a person, task, or activity. For example, a child might feel the affect of shame when a parent ignores their attempt at sharing something exciting, even though no moral failure is involved. Likewise, the affect shame response can be activated when there's a hindrance to finishing, let's say, an Ikea bookcase (because certain bits of hardware were missing). Affect shame is especially noticeable in children who have not yet learned to hide or disguise their affective reactions. However, it is seen frequently enough in adults as an immediate reaction to disappointment. The physiological telltale response is summed up best in what I call 'the slump of shame,' wherein the head and shoulders lower, the eyes look down, and it is clear to most who witness it that the person is "bummed." Depending on the circumstances, there might be an utterance of disappointment or consternation, ranging from "Really?" to "Wtf!" With kids, you often get "Oh, man" or "Come on! Just five more minutes" when mom picks

up the remote and turns the TV off because it's time for bed. In adults, low in shame is usually disguised as anger”.

This shift in understanding allows us to approach shame not as something to be avoided or feared but as an opportunity for self-awareness and relational insight. By recognizing shame as a natural and valuable feeling state, we can prompt introspection about what caused the positive affect interruption. This self-awareness empowers us to identify and address the sources of relational pain or emotional disconnection without moralizing or assigning guilt, putting us in control of our emotional well-being.

In therapy and self-reflection, this distinction is crucial. When people view all shame through the lens of moral judgment, they often try to avoid it at all costs, seeing it as too painful or damaging to face. This avoidance can create a barrier to emotional healing, trapping individuals in cycles of denial, self-loathing, or relational disconnection. But when shame is understood as an affect everyone experiences as part of navigating social interactions, it becomes less about blame and emotional regulation. It offers an opportunity to know where and why our joy, excitement, or connection may have been disrupted. By engaging with affect shame, we can identify and address the sources of relational pain or emotional disconnection without moralizing or assigning guilt.

In this way, recognizing the dual nature of shame opens the door to healing and growth. Just as in literary criticism, where "comedy" doesn't necessarily mean something humorous, or "criticism" isn't always negative, shame has



layers of meaning that must be acknowledged. Understanding this duality—shame as both a moral judgment and a relational affect—gives us the tools to differentiate between toxic shame that damages our sense of self-worth and healthy shame that signals a disruption in our emotional world, guiding us toward reconnection and emotional repair. It becomes a path to deeper emotional, affective, and relational intelligence, allowing individuals to understand their inner experiences better and navigate their relationships with greater empathy and insight.

## **Shame on a Continuum**

Viewing shame on a continuum allows for a more nuanced and productive understanding of how it operates in our emotional lives. Rather than seeing shame as a singular, all-encompassing experience tied to moral failure, this continuum approach reveals its various intensities, helping us to engage with and manage shame in healthier, more effective ways.

On the low end of the continuum, affect shame starts with mild disappointment, which is felt daily, if not several times during the day. If a package doesn't arrive, you run out of ketchup, or you forget to pick up your dry cleaning, your response to these hindrances to what you wanted won't be (I hope) moral indignation toward yourself or a rageful self-punishment for being a loser. These are very human and very common mistakes we all make. Moving up the shame scale, you get "Disquieting Self-Consciousness." This refers to fleeting, momentary feelings of

self-awareness or discomfort, often triggered by subtle social cues, minor interruptions of positive affect, or instances where we feel slightly exposed or vulnerable. These experiences of shame are typically mild, manifesting as quick flashes of mild embarrassment, awkwardness, or self-doubt. They may arise when we make a slight social misstep, misspeak in conversation, or feel that we've momentarily lost the attention or approval of others. The key here is that these feelings are brief and manageable, especially if we are attuned to them.

As we move further along the continuum, the intensity of shame increases. If not recognized and addressed early on, Disquieting Self-Consciousness can develop into more pronounced feelings of inadequacy or self-doubt. The longer these feelings linger and the less they are managed, the more likely they will intensify. This is where skill in emotional regulation becomes essential. A person adept at recognizing these early, low-level signals of shame can apply self-care—self-compassion, reframing the situation or seeking reassurance from others—allowing them to process and move through the emotion quickly. In this case, the shame is brief and doesn't escalate.

However, it can build and deepen without these skills or when the shame is compounded by additional factors (such as perceived rejection or criticism). Moving further up the continuum, shame takes on more weight, evolving into feelings of embarrassment, guilt, or social anxiety. These feelings may linger longer and require more conscious effort to navigate. Here, the person may feel more self-conscious and sensitive to how others

perceive them, and the shame might lead to avoidance or withdrawal if not managed.

At the highest end of the continuum is what I call moralistic shame, where the experience becomes overwhelming, often associated with feelings of humiliation, mortification, or deep shame tied to one's identity or sense of self-worth. This shame is frequently prolonged and highly intense, triggered by a perceived violation of moral or social norms. It can be accompanied by self-loathing, isolation, and a sense of being fundamentally flawed or unworthy. At this level, shame can be excruciating and debilitating, significantly affecting one's emotional well-being and relationships. If not addressed, it can result in chronic feelings of worthlessness or even lead to long-term psychological issues like depression or anxiety.

The continuum model suggests that managing shame early when it first appears as Disquieting Self-Consciousness, can prevent it from escalating into more damaging forms. By recognizing the initial signals of discomfort, individuals can intervene with self-care strategies, such as mindfulness, self-compassion, or seeking support. These skills help reduce the intensity and duration of the shame response, allowing individuals to process their feelings and move forward without getting stuck in a cycle of self-criticism or avoidance.

Ultimately, this approach positions shame not as a monolithic, negative force to be feared or suppressed but as an emotional signal that, when understood and managed, can lead to greater self-awareness and relational insight. The key is recognizing where we are on the continuum and applying

the appropriate strategies to process the emotion before it intensifies. By doing so, we empower ourselves to move through shame with resilience and self-compassion, using it as a tool for growth rather than a source of ongoing pain.

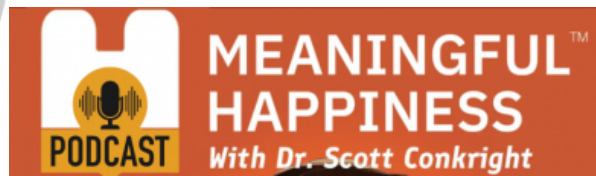


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