Chapter #13

THE ISLAND OF SHAME: A MICRO-SOCIAL PERSPECTIVE ON THE IMPACT OF SHAME ON MALTESE PSYCHOTHERAPISTS

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ABSTRACT
Anthropological literature indicates that Malta, by virtue of its central position in the Mediterranean, is somewhat structured by codes of honour and shame (Bradford & Clark, 2012; O'Reilly Mizzi, 1994: Schneider, 1971). Despite the awareness of the potential negative effects of shame on the psychotherapeutic relationship (Gilbert & Procter, 2006; Rustomjee, 2009), shame in psychotherapy has been largely under-researched. The current study aimed to explore how Maltese psychotherapists understand and manage feelings of shame in a particular social context. A qualitative approach was taken to explore the individual perspectives of ten Maltese psychotherapists and data gathered from semi-structured interviews was analysed by means of Interpretative Phenomenological Analysis - IPA (Smith, Flowers, & Larkin, 2009, 2021). The findings indicated that feelings of shame and inadequacy were frequently experienced by Maltese psychotherapists in various professional contexts, including clinical supervision. The perceived impact of these dominant societal codes on therapists' sense of self and professional practice were considered. Supervisory needs of trainee psychotherapists, such as clinical supervisors' sensitivity to affect states and empathy for their shamed identity, were discussed. Suggestions as to how personal therapy and supervision can help psychotherapists deconstruct and normalise feelings of shame and inadequacy by linking them to social and cultural dynamics were put forth.

Keywords: shame, lived experience, psychotherapists, cultural context.

1. INTRODUCTION

The current chapter is an outgrowth of a PhD Thesis, completed at Regent's University, UK, in 2017, exploring how Maltese therapists understand and manage the experience of shame. It aimed to explore the impact of societal codes of shame on the development and perpetuation of shame in therapists' lives, as well as how it affects therapists' personhood, sense of self and therapeutic work. Although there is growing awareness of shame dynamics amongst therapists in Malta, there is still a paucity of information regarding the effects of shame on therapists. This area remains largely under-researched in spite of the relevance of this emotion to Maltese culture. This points to the relevance of researching shame in psychotherapy against a cultural backdrop. Viewing shame from a relational and social lens can shed light on how characteristics of the Maltese context and the tightly-knit community affect Maltese psychotherapists, and in turn how it can impact their efficacy.

2. BACKGROUND

Shame may be examined from a multitude of perspectives. From an intra-psychic perspective, shame is construed as an emotion involving an evaluation of the self as one that is inherently imperfect. Wurmser (1997) defined shame as "the conviction of one's unlovability, an inherent sense that the self is dirty, untouchable, rotten - this abyss of unlovability contains such a depth of wordless and imageless despair…." (p. 96). Miller (1993, 1996) classified shame within "…a group of feelings about the self [that]…carry the conviction that one is small or inferior or defective" (p. 31). Tangney and Fischer (1995) and Dearing and Tangney (2014), considered shame and guilt to be self-conscious emotions that are distinct from other emotions because they require self-appraisal and self -representations.

Tomkins' Affect Theory (1962, 1963) encouraged a paradigm shift from considering shame to be solely an intra-psychic phenomenon, to emphasising relationships and the wider social contexts in which shame occurs. Tomkins (1962, 1963) viewed shame as an interruption of communication in interpersonal relationships and Wheeler (2008) suggested that an intersubjective view of shame is necessary as an alternative to the out-dated individualistic paradigm. This constructivist and inter-subjective model therefore underscores the social dimensions of the shame experience. From a social perspective shame may be conceptualised as a process of social control whereby participants in a community exert pressure on members of that community to conform (Braithwaite, 1989). Shame may be understood in either positive or negative terms. When construed in a positive sense, it indicates consideration of one's reputation and standing in the community's eyes and may contribute to social cohesion. On the other hand, negatively, shame refers to loss of social position and status and consequent mortification of the self. Although the process of shaming presents itself in all societies, micro-state dynamics such as gossip, social visibility and multiple role relationships operate in the Maltese context to allow it to become a dominant societal value (Clark, 2012). Shame is seen by Wiechelt (2007) as emerging both in the personal as well as in the social sphere, - it is experienced personally, as "exposure of a flawed self" (p. 400) by those subjected to the process of shaming. Shame may be still considered as "a perceived discrepancy between one's actual and one's ideal self" (Miceli & Castelfranchi, 2018, p. 711), however this discrepancy is construed as emanating from the person's perceived fit of the self within the community (Rozin, Lowery, Imada, & Haidt, 1999). Given the above, a micro-social perspective on shame is adopted in this paper.

Malta is a small island in the centre of the Mediterranean, located 93 km south of Sicily and 290 km north of Africa (Malta Tourism Authority, 2016). It has a population of 444,015 and its inhabitants occupy an area of merely 320 square kilometres. (Malta Population Worldometer, 2022). The population density of 1388 people/square km renders Malta one of the most densely populated countries in the world. (Malta Population Worldometer, 2022). A series of geographical contingencies, historical events and traditions have culminated in a social reality in Malta that is more overtly organised around shame and honour, in line with Kaufman's (1992) description of Mediterranean cultures. Clark (2012), described Maltese society as communitarian and claimed that honour and shame are an important means for managing individual and group reputation. The maintenance of one's social identity is therefore fundamental and depends largely on public opinion. Like most Mediterranean societies Malta is characterised by social, sexual and economic stratification, family solidarity and reliance on kin. According to Clark (2012) this impacts the dominant values in this society. Therefore, shaming is more likely to occur in societies such as Malta, characterised by specific cultural mechanisms that promote it. Malta appears to possess the characteristics mentioned by Clark (2012) that render inhabitants most vulnerable to

labelling, namely small size, communitarianism, interdependence, social values that promote shaming, effective gossip networks and multiple role relationships. O'Reilly Mizzi (1994) also mentioned specific social and environmental conditions, that are peculiar to Malta, yet are common to most Mediterranean cultures. These are: the code of honour and shame; the predominant role of the Catholic Church; gender divisions and the role of women; the physical layout and architectural style of Maltese communities.

Psychology and psychotherapy are relatively young professions in Malta. Despite the fact that the University of Malta was established in 1592, it was not until 1992 that the first undergraduate degree in psychology was offered. (Schembri Lia, 2017). The first institute of psychotherapy, the Gestalt Psychotherapy Institute of Malta, was founded in 1996, followed by the Institute of Family Therapy in 2011 and the Master in Family Therapy and Systemic Practice in 2012. To date there are currently 215 warranted psychologists and 183 registered psychotherapists listed on the Malta Psychology and Psychotherapy Profession Boards' registers respectively. However, perhaps due to the short time-span in which these professions developed, the increasing numbers of professionals are not accompanied by an increase in research in the area. Research on psychotherapy in Malta is therefore sparse, and research on shame in psychotherapy is even more lacking.

Dearing and Tangney (2011) referred to the international arena and asserted that in spite of twenty years of research on shame, comparatively little has been written on the role of shame in psychotherapy. Mahoney (2000) claimed that although the therapist is nowadays increasingly being "acknowledged as an active ingredient in the change process" (p. 9), very little research exists on the perceptions of therapists regarding their patients and their own shame in psychotherapy. Ayers (2003) exhorted that despite the anxiety that shame evokes in the therapeutic dyad, therapists need to be able to counter patient's painful experience of inherent defectiveness. She suggested that in order for the empathic response of therapists to function as an antidote to their patients' feelings of badness, therapists need to be in touch with all aspects of the therapeutic relationship, including their own shame. This is similar to what Morrison and Stolorow (1997) call "a three-person psychology" (p. 82) where the therapist's shame is also considered and shame is construed as a co-created experience between patient and therapist. The lack of research on therapists' shame, coupled with the relevance of shame to the Maltese context therefore provide a rationale for researching shame in psychotherapy from a cultural perspective.

3. METHODS

3.1. Design of the Study

A qualitative method of inquiry was deployed to elicit rich detail about Maltese therapists' subjective experiences. As Creswell (2007) asserted, it is only possible to gain "a complex, detailed understanding of the issue" (p. 40) through a qualitative design that generates knowledge gleaned from asking participants about the meaning they attribute to their experience. In view of this, semi-structured interviews were conducted with five female and five male psychotherapists whose years of experience ranged between six and 28 years. Interview questions aimed at eliciting participants' experiences of their own and their patients' shame during psychotherapy. Data was analysed by means of Interpretative Phenomenological Analysis (IPA), following the procedure proposed by Smith et al. (2009). The following table provides information regarding the participants of the study, who are referred to by their respective pseudonyms throughout.

Table 1.
Participants' details.

Name	**Age Range**	**Years of service**	**Workplace**	**Profession**	**Theoretical Orientation**
Melanie	35-45	13	Private Practice	Clinical Psychologist	Integrative, mainly Psychodynamic
Christa	35-45	12	Psychiatric Hospital	Clinical Psychologist	Integrative
Alana	55-65	28	Private Practice; Counselling Services	Psychotherapist	Integrative, mainly Gestalt
Eugenio	35-45	10	Psychiatric Hospital	Clinical Psychologist and Psychotherapist	Integrative, mainly Cognitive Behavioural Therapy
Maggie	35-45	10	Private Practice	Counselling Psychologist	Psychodynamic

Name	Age Range	Years of service	Workplace	Profession	Theoretical Orientation
Gerlinde	55-65	18	Private Practice; Counselling Services	Counsellor and Psychotherapist	Gestalt
Robert	55-65	10 years	Private Practice; Psychologica l Services	Psychotherapist	Gestalt
Jack	55-65	17 years	Private Practice; Counselling Services	Counsellor and Psychotherapist	Integrative, mostly Psychodynamic
Nial	35-45	6 years	Psychiatric Hospital	Counselling Psychologist	Psychodynamic
Alex	35-45	9 years	Private Practice	Counselling Psychologist	Integrative, mostly Humanistic-Existential

3.2. Researchers' Positioning

Given that phenomenology and hermeneutics provide the philosophical underpinnings of IPA, the "double hermeneutic" (Smith et al., 2009), is evident throughout the analysis and interpretation of the findings. This requires that in the first instance IPA researchers attempt, as far as this is possible, to adhere to the experience of the participants, by taking a phenomenological stance, referred to by Ricoeur (1970, 1976) as "the hermeneutics of empathy". Only at a later stage, do researchers take a stance that is more line with Ricoeur's (1970,1976) "hermeneutics of suspicion", and attempt to interpret the meaning participants assign to their experience. IPA is grounded in phenomenology, that in turn takes a constructionist approach, specifically, according to Willig (2009), a contextual

constructionist approach, espousing that all knowledge is contextual, and positing that different perspectives give rise to different insights into the same phenomenon. The epistemological position of the authors resonates with the tenets of contextual constructionism, namely that reality and meaning emerge from the interaction of human beings and the world they are interpreting. Contextual constructionism supports a relativist epistemology whilst at the same time a belief that external reality exists. This is in line with Maxwell's (2008) argument that the combination of ontological realism and epistemological constructionism may offer valid contributions to qualitative research.

4. FINDINGS AND DISCUSSION

4.1. Themes and Sub-Themes

For the purpose of the current study the focus has been narrowed to consider primarily the data pertaining to the participants' reflections on the broader context in which they live and practice psychotherapy, that culminated in a super-ordinate theme labelled *The Island of Shame*. *The Power of Religious Beliefs*, *Keeping up Appearances* and *The Ideal Therapist* emerged as subordinate themes and are illustrated in the following table, together with their respective illustrative quote. In the subsequent discussion participants are referred to by pseudonyms throughout in order to ensure anonymity.

Table 2.
Superordinate theme, sub-themes and illustrative quotes.

Superordinate Theme	Sub-ordinate Themes	Illustrative Quotes
The Island of Shame	The Power of Religious Beliefs	"Mmmm it's as if I don't feel I'm good enough, I think it all boils down to that. And so I feel very…even with my upbringing and the school I went to, religion and sexuality" (Melanie: 6-7.188-191)
	Keeping up Appearances	"Probably at the time…I felt ashamed…to take it to supervision for instance because this is a must not, this should not, you know, this is a…you know such…such a stupid mistake" (Alex: 16.505-510)
	The Ideal Therapist	"It's the same this idea of having an ideal child, an ideal therapist, it's a bit dangerous" (Jack: 32. 979-987).

4.2. The Power of Religious Beliefs

Participants portrayed themselves as highly prone to feelings of shame and inadequacy. Their descriptions of their shame as frequently occurring, intense and durable can be compared to what Claesson & Sohlberg (2002) referred to as "trait shame", or what Cook (1992) termed "internalised shame", that are considered distinct from situational shame. Participants attributed the development of their shame-proneness to the Maltese cultural context in which they had been brought up. Robert referred to his propensity to feel shame as a "shame personality": "I'm not sure, kind of, about personality or, or, or a shame personality, I think it's something that personally I was brought up into in a way, so it became like part of me" (Robert: 30.943-947). Manifestations of shame-proneness were identified as a pervasive sense of inadequacy, the tendency to judge themselves and their work very harshly, self-criticism, and excessive striving for perfection. Participants acknowledged their perfectionistic strivings and claimed that any sense of professional inadequacy they experienced would immediately elicit a sense of a flawed self. They are extremely distressed by professional blunders and tend to attribute their therapeutic failures to their own inadequacy. Robert doubted his competence: "I also felt not just afraid, inadequate afterwards, I felt very inadequate, I said "my God am I really cut out for such a job?" (Robert: 4.120-123). Jack referred to his sense of inadequacy in a similar vein: "…it's also got to do with my own personal issue of the fear of not being good enough in my work…" (Jack: 6.164-166). Nial also claimed that he tends to judge his work harshly: "The idea that…as a therapist I might have contributed to her suffering also creates a bit of shame in me now" (Nial: 22.653-655).

Participants described their social context as "shame-based": "I think that our culture, and particularly my up-bringing was very much related to shame" (Melanie 12.358-360) and Alana stated: "…I began realising that the Maltese culture is very shame-based, our upbringing" (Alana 21.611-612). Gans (1962) referred to the Maltese people as urban villagers and claimed that life in Malta revolves around the church and the local community. Religious rituals and traditions portray the theme of original human defectiveness and the need for atonement. Participants, who mostly attended schools that were church-run, attributed an element of their shame to their own and their parents' strict religious upbringing. Melanie attributed her shame to her rigid Catholic upbringing: "Mmmm it's as if I don't feel I'm good enough, I think it all boils down to that. And so I feel very…even with my upbringing and the school I went to, religion and sexuality" (Melanie: 6-7.188-191). Jack referred to shame as directly emerging from religious beliefs. He also opined that the influence of centuries of a religion based on the expiation of guilt still lingers albeit on a deep unconscious level. Jack also referred to "a parlance of good or bad, right and wrong", that lingers despite the process of secularisation that has been underway during the last two decades (Deguara, 2020). Despite the fact that the Maltese voted in favour of legalising divorce in 2011, and same-sex marriage in 2014, this does not appear to have reduced the stigma attached to them (Deguara, 2019). This may indicate that shame, the tendency to judge the self and others harshly and the fear of a wrathful god, still lurk on a deeper, unconscious level. In spite of appearances, Jack claimed, the church may still constitute a very influential form of social control: "I'm not sure about the dominance of the church anymore, I think it's still there, there are still residues of it, I mean it's been challenged and all that…you still see strands of conservative thought around (Jack: 23.709-715). He further asserted:

> …it's almost shameful to be either gay or lesbian or co-habiting…so what I'm saying is are we really out of shame or guilt induced by the past? I question it, because I'm sure if things are changing now, unconsciously we carry a past, so it's not easy to say…outside it might be liberating but I'm sure internally it's a different matter. (Jack: 23.709-721).

It is not uncommon to hear psychotherapists in Malta refer to their profession as a "calling" or "vocation". Gerlinde, who referred to herself as "a very religious person…" (Gerlinde: 2.43-46), described her work as "sacred" and claimed she is driven by her conscience. Repeated references to her self-sacrificial attitude and the importance of not giving in to "temptations" evokes a religious theme and conjures a sense of the need for expiation and self-sacrifice. Sussman (2007) claimed that therapists may have a need to feel benevolent, selfless and loving. He asserted, however, that messianic feelings of saintliness and spirituality also play a role in the aspiration of the perfected self. Fantasies of benevolence, together with omniscient and omnipotent fantasies of the therapist, are the components of a broader aspiration – that of attaining perfection. If these aspirations are not in the therapists' awareness they may identify with their patients' idealisations. This may be counter-therapeutic, in that it may foster patients' dependence, and could result in therapists' inability to bear negative transference, or unwillingness to challenge their patients (Di Caccavo, 2006). Similarly, Sussman (2007) claimed that if therapists derive satisfaction from the patient's idealisation, especially if they have chosen their career to compensate for feelings of unworthiness, they might attempt to engender a positive transference by being overly supportive and reassuring.

4.3. Keeping Up Appearances

According to Abela and Sammut Scerri (2010) the high population density has a huge impact on the Maltese psyche, that leads the Maltese to guard their personal lives fiercely. It is virtually impossible to be anonymous in Malta, where inhabitants are raised within an interdependent network. Islanders form part of each other's lives in multiple contexts, and relationships are more durable and emotionally charged than in larger societies (Deguara, 2019). Participants referred to their upbringing in a small, tightly-knit community, where one of the consequences is, as Clark (2012) stated, an elevated degree of social visibility: "In Malta you cannot hide who you are, if we were somewhere else you can have this enigma of your personal...but in Malta it's very difficult…" (Alana: 49.1515-1518). Christa stated: "…the fact that we are very well informed about each other decreases the chances of keeping something you are ashamed of secret, so that is an added burden…" (Christa: 28.912-915). According to participants it seems there is a cultural tendency to attempt to ward off one's shame by shaming or feeling superior to others. Alana stated: "If we've lived feeling I'm not good, when we're growing up with that, to cover it up, then I would say no it's not me who's not good, I'm ok it's you who's not ok" (Alana: 21.614-617). She continued: "…a lot of people who go into the church, erm work in the church, erm police and places of authority…now I'm in a position to…throw the shame onto others to preserve my own pride, my own shame…" (Alana: 21-22.620-624).

The small size of the island, coupled with psychology and psychotherapy being young professions, leads to the development of multiple roles, that serves to augment shame and heighten exposure. Participants highlighted the problem with dual or multiple relationships and expressed frustration at the difficulties in finding their own personal therapists and clinical supervisors. Even once they have secured a therapist/supervisor, it is difficult for professionals to disclose their innermost secrets and work difficulties, despite the confidential nature of the therapeutic or supervisory context. This is deemed by Jack as another reason why shame goes underground and is not worked through, although it continues to leak out and wreak havoc from its hiding place: "…You're known, you know them all, that's what I'm saying, so the shame remains…it's not worked through." (Jack: 30.907-1004). Jack indeed wonders whether therapy or supervision is safe in Malta: "That's what I question, is it actually safe enough in Malta…where therapists know each other, where the chances of

having dual relationships are so sky-high, where the same therapist who you go to may be in the same committee or the same conference or the same CPD (continuing professional development)…it is so difficult to really open up about the worst." (Jack: 28.863-871). It is not surprising that the heightened exposure described by participants leads to excessive concern with keeping up appearances. The need to be perceived positively at all times might serve to strengthen participants' defences even in the context of a safe, supportive environment, such as their own psychotherapy and supervision: "Probably at the time…I felt ashamed…to take it to supervision for instance because this is a must not, this should not, you know, this is a…you know such…such a stupid mistake" (Alex: 16.505-510)

4.4. The Ideal Therapist

The problem of multiple roles in the professional arena was believed to augment the pressure participants felt to conform to the image of the ideal therapist that might also interfere with their willingness to discuss shaming issues in their own therapy and professional dilemmas in clinical supervision. Participants, who claimed to have sustained injuries to their sense of self in childhood, are tempted to take on the role of "ideal therapist" that is mirrored, perpetuated and inflated by the idealisations of patients and the public. Alex stated "…it's like I was still not acceptant of this human side" (Alex: 8.248) and Alana referred to her lack of humility: "I'm obsessed, you know this word hubris, this word hubris … Where you feel nobody's managed with the client but I will" (Alana 29-30.884-888). Neri and Rossetti (2012) put forward the notion of a "psy complex" that they believed can act as a salve for therapists' narcissistic wounds. This serves to ward off shame and a sense of a flawed self by gaining recognition from the status of their profession, yet hinders their authentic self: "But that is the tyranny of the ideal, what the ideal therapist should be …what is an ideal therapist? There isn't one … I mean we all are envious; we are all competitive..." (Jack: 31.943-950). The myth of the ideal therapist, that, as one participant contended, only serves to strengthen therapists' defences and to drive their authentic self further underground, is fuelled by the warranting bodies and psychological associations. Ethical guidelines may inadvertently reinforce therapists' social veneer as the perfect professional. According to Jack, therapists' dark sides are driven underground and they are forced to present a professional front, a public false-self in order to appease the professional body, that to Jack, renders therapists akin to children trying to please their parents: " …sort of the authority, usually we are shamed when we are children by a parent and now it's like as professionals there's some entity or body that is helping to keep us in this inferior position…"(Jack: 32. 976-979). He asserted: It's the same - this idea of having an ideal child, an ideal therapist, it's a bit dangerous" (Jack: 32. 979-987).

5. IMPLICATIONS FOR THE PRACTICE OF PSYCHOTHERAPY AND SUPERVISION

Participants in this study reflected on their motivations for choosing to pursue a career in psychotherapy. Some considered the possibility of having chosen this career, that they consider to be a high-status profession, as a means of attenuating shame and feelings of inferiority. Trainee psychotherapists can be encouraged to link their wish to pursue this career to early wounds sustained. It would also be helpful for trainee psychotherapists to reflect upon how their professional self-esteem is inextricably linked to their personal self-worth and to understand how excessive striving for perfection and status might impact their

therapeutic interventions. Awareness of how Maltese cultural dynamics fuel the need to strive to maintain the image of super-psychotherapist is key.

The process of learning and obtaining feedback on performance in supervision may evoke shame, humiliation, and feelings of inferiority and vulnerability in therapists (Gill, 1999; Yourman, 2003). These emotions can affect the supervisory relationship if they remain undetected. Clinical supervisors would need to empathise with this difficulty and acknowledge the discrepancy of power inherent in the supervisory dyad rather than attempt to minimise it by naive claims of equality and reference to a collaborative relationship. Participants stated that they often refrain from disclosing difficulties in supervision for fear of appearing incompetent. Supervisee non-disclosure is a common occurrence, as described by Yourman (2003) and Gill (1999), yet a sense of heightened exposure coupled with multiple roles in the professional arena within the small community can further augment shame and render psychotherapists even more reluctant to divulge their own struggles with their patients to clinical supervisors. Yourman (2003) suggested that clinical supervisors pay attention to what is happening in the supervisor-supervisee dyad. A clinical supervisor who is attuned to the affective state of their supervisees may help decrease their shame by encouraging the expression of differences of opinion, a critique of the supervision, and to give open feedback about the supervisory relationship. The clinical supervisor's empathic acknowledgment of the difficulty of disclosing self-perceived errors in clinical judgment within a holding environment Gill (1999) is paramount. This would facilitate the articulation and normalisation of emotions that supervisees may feel are unacceptable.

6. FUTURE RESEARCH DIRECTIONS

The phenomenon of shame continues to present interesting avenues for further research and lends itself particularly well to examination from a trans-disciplinary perspective. This chapter has adopted a micro-sociological approach that has yielded a number of interesting observations. Consequently, some directions for future research are identified. In view of the identified importance of religious beliefs in fostering a climate of shame, and given the continued secularisation of Maltese society, the role of religion and rituals that facilitate shaming need to be examined in a rapidly changing Maltese cultural landscape. In a secularised society shaming rituals are often not exclusively religious. It would be valuable to explore the shaming rituals subtly at play in the training, warranting and continuous development processes required of this burgeoning psychotherapy profession. More specifically research may qualitatively explore the manner in which clinical supervisors recognise and negotiate shame in supervision. A grounded theory study could be conducted using theoretical sampling with the aim of constructing a theory on how shame should be managed in a supervisory setting. This chapter documented the importance of "keeping up appearances" and the challenges posed by the need to live up to an "ideal", in a context characterised by lack of anonymity and interdependence. This suggests that examining self-monitoring style and the impact of self-monitoring mechanisms among Maltese psychotherapists might be important. These findings could then inform the training and initial and continued supervision of these therapists.

7. CONCLUSION

The results of this study underscore the relevance of considering shame against the cultural backdrop, given that this emotion is a defining feature of Maltese culture. They also broaden understanding on how cultural dynamics serve to augment shame and fear of

exposure, leading to a loss of the psychotherapist's authentic self and engendering excessive conformity to the veneer upheld by society. Additionally, this study has implications for the training and supervisory needs of trainee therapists. It emphasises the relevance of therapists' ability to link their wish to become psychotherapists to early wounds sustained, and to learn empathy for their shamed identity. This will ensure that therapists' own relationships, including those with their clients, will cease to revolve around submission or superiority and can, instead, be based on equality and mutual respect (Di Caccavo, 2006). Awareness of how Maltese cultural dynamics fuel therapists' need to strive to maintain the image of the ideal therapist is key. In their own psychotherapy and supervision therapists can be encouraged to deconstruct and normalise their feelings of shame by linking their own personal experiences to social and cultural issues.

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