

Shame and Trauma

By Bret Lyon, PhD, SEP, BCC

I developed many of the techniques I use in working with shame as a Somatic and Emotional Mindfulness Trainer from my trauma training with Peter Levine. Shame, like trauma, puts the body in a freeze state and lowers the ability to think and act clearly. Shame feels like a fog or cover, something that is external, that makes it hard to function. I think of shame as developmental trauma. Usually, it is not a single shock to the system, like an accident or a hospitalization, but a series of more subtle shocks, a slow drip, drip, drip that disrupts normal functioning and creates feelings of isolation and powerlessness. The freeze of shame, like the freeze of trauma, has survival value in allowing a person to get through an intolerable situation.

With shame, the thought is “It's my fault.” I'm not just stuck in a horrible situation in which I have no power—“there's something wrong with me,” not those around me. Small doses of shame, followed by a “repair of the interpersonal bridge” (phrasing suggested by Gershen Kaufman in *Shame: The Power of Caring*) can actually be helpful, forcing us to stop action and reconsider—perhaps becoming more aware of how our behavior affects others. This is healthy shame and the basic training technique of all societies. What I am talking about here is toxic shame: a large, repeated dose of shame with no repair or reconnection.

RESOURCING

Working with shame, like working with trauma, must be done slowly and carefully. Shame, like trauma, is an under-resourced state, so we must work first to harness all the client's resources: spiritual beliefs, sense of humor, personal heroes, places where they feel comfortable. We must also become a resource—a safe connection that can help the client come out of isolation and begin to rebuild the interpersonal bridge. Just helping the client resource may take many sessions. It is important to understand how important the resourcing is so we don't get discouraged (actually, feel our own shame) that the process is so slow.

ATTUNEMENT

A physical, mental and emotional attunement with the client can help them not feel so alone. This needs to be done subtly, however, as the client may have had the experience that getting attention meant getting shamed. Shame, like trauma, is largely about powerlessness, so the client must feel that they can affect us and that we will respect their boundaries. The physical distance between client and therapist becomes very important. In teaching Somatic and Emotional Mindfulness, I like to work in a chair that rolls and ask the client whether he wants me closer or further back, so he will have a sense of control and influence on me.

ORIENTATION and PENDULATION

Both shame and trauma interfere with the person's natural ability to *orient*—to know clearly where they are in the present moment. Full orientation involves being aware of inner body sensations and emotions as well being open to the signals we receive from the environment through our five senses, our limbic systems and our intellect. Shame can interfere with all of these. It is easy to “dissociate” or go into a fog. Clients can actually get lost in the past, losing contact with the therapist/helper and where they actually are. Also, the details of shaming or

traumatic events may be hazy and fuzzy to the client as she may have only implicit or emotional memory with no sense of the details of what happened.

Shame and trauma also interfere with the ability to *pendulate*—to move easily from one sensation, feeling or thought to another. Often, the pendulation is between one state and its opposite. The most basic example is breathing, in which we move from inhale to exhale, expansion to contraction. In breathing, we want to be able to inhale fully and smoothly, then exhale fully and smoothly, with an easy transition from inhale to exhale to inhale again. In the same way, people naturally shift from happiness to sadness, anger to gratitude, etc. Some clients shift back and forth between two opposing states, or past and present, without having a full experience of either. Conversely, clients can shift from total lack of awareness of past shame or trauma to deep immersion in it and get stuck. (Both concepts—orientation and pendulation—I got from my training in Somatic Experiencing[®], developed by Peter Levine.)

I believe it is the therapist's job to help the client over time, in a careful, gradual way, to become aware of the details of past shame or trauma—of what really happened—without getting lost in past emotions, so they learn to move easily from the past to the present, from deep feeling to reconnecting with the helper/therapist or thinking about something else. As clients learn to pendulate smoothly and organically, regaining their natural rhythm, they can begin to experience deep feelings from the past and still keep the understanding that “That was then and this is now.” The job is to keep the client as comfortable as possible, to help her soften and expand her nervous system. This process involves much going toward the shame and then backing away, watching carefully to avoid over-activation.

SEPARATING SHAME FROM OTHER EMOTIONS

Shame is a binding emotion, latching onto and interfering with the free flow of other emotions, such as anger, fear and grief. Trungpa Rinpoche suggests that Energy + Story = Emotion. Most emotions have a natural rhythm and path to expression. When they are fully expressed, energy is released. We can drop the story and just feel the energy. I believe that emotions are expressions of our life energy. If they are bound with shame, however, they cannot complete.

The energy of shame is a freeze—working against expression and release. As with trauma, shame creates a sense of deadness—even when there is enormous energy hidden underneath. And shame around the incident of trauma and the sense of powerlessness and weakness that trauma causes, can reinforce the trauma freeze. A sense of shame can also keep humans from discharging trauma in the shaking and body release that animals do, all of which can make trauma even more difficult to work with.

Shame is a major factor in depression. When an emotion is bound with shame, it is hard to see and hard to work with. Our job is to help the client separate out shame from the life-forward emotions. The Focusing concept of “Both-And,” developed by Ann Weiser Cornell, becomes very important here. “I feel anger AND I feel shame” can allow the client to orient and get a better sense of the battle going on inside. We can then help the client allow the life-forward emotion to flow. Working with shame requires far more resourcing and cognitive

understanding. When there is a great deal of shame, the process of untangling becomes very slow and difficult, with many stops and starts.

EXPLORING INCIDENTS OF FEELING SHAMED

Just as trauma is not what actually happened to you but how you experienced it, shame is triggered internally. An incident that would produce outrage in one person or a mild sense of regret in someone else might trigger enormous shame in your client. Any incident that produces shame is important. As with trauma, the shame can be very intense or dismissed and only mentioned in passing in a session, perhaps with words like: “It was really nothing. I don’t know why I was upset.” It is important to catch the moment and work with the incident slowly, detail by detail, being careful to help the client feel and regulate his emotional response.

The idea is to help the client find the moment when he felt the shame and what happened just before. If another person shamed your client, it is important to explore what was going on for that person—perhaps a need for power or control, or a speaking out of his own shame. The goal is to help the client understand and reframe the situation, with emphasis on what was going on for the other person, to counter the freeze and pulling in that accompanies shame. In many cases, the therapist can help the client see that the other person, consciously or unconsciously, is putting his own shame on the client. Shame is an incredibly unpleasant feeling and it can be a hot potato, passed from one person to another, often one who is weaker in some way.

SHAME COMES FROM BEING SHAMED

While there is a built-in physiology of shame, it is important for clients to understand that we don’t feel shame unless we have been shamed. In the same way that we must normalize trauma—“given what you went through, no wonder your nervous system shut down”—to allow the client to feel that they had good reason to act or feel the way they did, we need to let clients know that shame was imposed on them, it was not their fault. The belief “There is something wrong with me” usually came from the words and behavior—often unconscious—of those with power over them. In addition to obviously shaming messages, any disconnection or dismissal or neglect can easily produce shame in a child. Later incidents can easily trigger that shame.

People often shame others when they feel shame. Unfortunately, the shame cycle just makes things worse. Often the person we shame is just someone who has triggered our shame from the past. While it is important to work with any experience of shame, ultimately, we need to go back to the original shaming and original source and really come to understand what happened. Usually it is a generational transmission of shame. Parents are rarely truly conscious of what they are doing and the terrible, lifelong results. It is important for the client to understand what did happen and to reverse the early belief that “It’s all my fault, there’s something wrong with me.” As so beautifully expressed by Robin Williams, playing the therapist in the movie “Good Will Hunting,” the client needs to hear, over and over again, “IT’S NOT YOUR FAULT” or words with similar meaning, until something about those words gets through.

GIVING BACK THE SHAME

The final stage of shame work is having the client give the shame back. This can happen once there is deep trust between you and the client, and the client is really clear about the source of her shame. It is best done gently and slowly, with a balance of leading the client and backing off, in such a way that the client knows you are on her side.

I would like to make very clear that this process is completely separate from any confrontation in present time with the actual shamer. While working out some relationship with a living shamer may be important, it is a completely separate issue. It can really only be tackled successfully, I believe, once the shame has been successfully given back to the shamer in imagination. Once the shame is given back, the shamer loses his power.

The shame is really going back to the parent at the time in the past when the shame was transmitted—to the introjected parent as he/she was at that time. My experience has been that this step is key. As the shame was forcefully imposed on the client, it needs to be given back forcefully. A more gentle approach may be all the client can achieve initially and it should be supported. But without a forceful expulsion of the shame, it can remain stuck in the client's mind and body.

My method of helping the client give back the shame involves an imaginary conversation with the original shamer. This is a one-sided conversation, with the client speaking directly to the shamer. The client sees the shamer's face, in some form, and becomes aware of the shamer's response. The therapist serves the role of coach and supporter, helping the client articulate what was done and why it was wrong. The therapist helps with language, moving the client past rationalizations and softening to forceful, clear, simple words.

This process can take many sessions. The therapist needs to respect the client's timing and move slowly and gently. Many clients will protest that they don't want to shame others as they were shamed. It is important to explain the difference between shaming in reality and in imagination for healing, with no contact with the other—between toxic shaming and calling a spade a spade, which can actually help in developing a healthy sense of shame. (There are some behaviors that one *should* be ashamed of, such as abusing or neglecting a child.) The client confronts the parent as the child's ally and protector—thereby beginning to rebuild the interpersonal bridge, which was broken when the shaming happened.

The client can take as many breaks as she needs, turning to the therapist for support and guidance. And the therapist needs to listen to and work with the client's doubt and fears. It is very important to stress that usually the shamer did not mean to shame or cause harm. Also, the shamer may have done many good things for the client. This is not negated by confronting the shamer about the shaming behavior. Both the good and the bad can be acknowledged—but one does not make up for the other.

In many ways, the shamer was deeply ashamed him/herself. Shame is one of the most uncomfortable of all feelings and people try to get rid of it by passing it on to someone else. The therapist can help the client to understand this as a way of clarifying what really happened and that **IT WAS NOT THE CLIENT'S FAULT.**

Most clients need to give the shame back with anger and outrage, as they reach a full understanding of what was done to them. The important part is that the client has taken responsibility for something that was NOT THEIR FAULT and needs to give the responsibility back where it belongs. Sometimes the words used to give back the shame need to be very forceful: “There is something wrong with you.” “You ought to be ashamed, treating a little child like that.” Once the client becomes clearer and more forceful, the therapist can have her try out those words to see if they fit—again, respecting the client’s reaction.

I continue this work until the client, in imagination, sees the shamer hearing the complaint and reacting in an appropriate way—feeling bad for what he/she did and acknowledging the complaint—or collapsing or becoming smaller and less threatening. Again, reaching this point may take several or many sessions.

Some clients have seen giving the shame back as an act of love. Now the parent gets to take on responsibility for what they did and grow from the knowledge. This is particularly effective when the parent is deceased. (I stress again that if the parent is still alive, it needs to be made clear that the work is completely separate from a confrontation with the actual parent and that the issue of how to deal with the actual parent needs to be worked on separately, after the shame has been symbolically returned.)

There can also be the awareness of a line of shaming, as the parent can give shame back to the grandparent, etc. There may even be the sense of a whole ancestral line of people giving the shame back, perhaps to a terrible historical event like the Holocaust or even a natural catastrophe. For highly spiritual or religious people, the concept of giving the shame to a higher power may be utilized at some point. But I need to stress that it is my belief that, in most cases, these are supplementary and cannot really take the place of forcefully giving the shame back to the original source of shame.

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