

How to Work With Shame When it's Connected to Trauma, Part 1: A Way to Heal Trauma-Based Shame Using a 3-Dimensional Space

Dr. Buczynski: How do we work with the shame that is attached to a traumatic experience?

Trauma-based shame can be very difficult to approach – especially if it's a trauma from childhood.

But Dr. Bessel van der Kolk has discovered one method that can help clients deal with their pain, by making it more interactive.

Here's Bessel.

Dr. van der Kolk: I'm a trauma expert – I mainly see traumatized people, and I have a particular angle on this.

“The issue of shame is central to chronic trauma.”

I'm largely not a traditional psychotherapist. So, I'm going to talk about some things that most people don't do.

But the issue of shame is central to chronic trauma – not so much acute trauma.

What we're increasingly understanding is that if something bad happens to you, and your caregivers picks you up and says, “Oh, sorry this happened to you,” then you can feel safe, and you don't blame anybody.

If your caregiver is the source of the pain and blames you for what's going on, you blame yourself.

The issue of self-blame is almost universal in chronic trauma – it's pervasive throughout psychiatric practice because so many people are traumatized from infant and childhood experiences.

It's always about blaming yourself for what you did or did not do during your childhood. “I should have been stronger – I should not have loved him so much – I should have resisted more – I should have done something.”

“Self-blame is almost universal in chronic trauma because so many people are traumatized from infant and childhood experiences.”

“Shame becomes a meaning-making system.”

Shame becomes a meaning-making system. For example, “this happens to me because there's something wrong with me, and if, in the future, I don't do that, I'll be OK.”

Shame becomes an important defense that helps you in the future – I can do better if I hide that part of myself.

But then shame becomes an organizing issue – encapsulating the trauma. We do this very commonly — I saw it today in some work I did when the question was asked: “How do you feel about that three year old that was molested or was abused?”

People will say, “I hate that kid. I can't stand that kid. She was weak. She loved that guy, and she should have resisted him. She's disgusting”

Or they will say, “He was weak, and he was dependent. He didn’t rise up against his dad and put up resistance.”

It’s the self-loathing and shame that becomes the central issue in chronic trauma — not the event, but the relationship people have with their inner selves.

If you have relatively simple trauma, people start feeling shame and you do EMDR – very simple. People will feel ashamed and see themselves doing something bad and we start doing EMDR.

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The shame begins to go away as the memories get integrated. You can bypass this whole issue of the self-loathing and the shame.

“You help people to make a very clear differentiation between who they are right now and that kid back then.”

If it’s not about a specific traumatic event, but a global feeling about who you are, then, to my mind, IFS (Internal Family Systems Therapy) is clearly one of the best ways to go.

To help people to differentiate is always very important – to say that you are not this kid who was being molested. That person was a four year old, an eight year old, a twelve year old.

You help people to make a very clear differentiation between who they are right now and that kid back then.

Most people blend themselves with that abuse and say, “I’m that abused kid.”

But they’re not that abused kid. Right now they’re 100 pounds heavier. They’re much clumsier. They drive a car, and they have a house.

Almost nothing about that kid back then is recognizable in them, but they define themselves as, “I’m that abused kid.”

“They define themselves as, ‘I’m that abused kid.’ ”

It’s very important at this point to image that kid back there.

How old were you? What were the circumstances? What was happening to you? What was it like to be a kid back then? How tall were you? Do you remember the rooms you lived in and what the people looked like?

You want to get the perspective of the kid back then, and to see that now, you really are a very different person than that kid who was back there.

Certainly, all the defenses that you’ve built up are defenses to protect the core of yourself.

By differentiating what the kid went through and what you’re going through right now, you try to vividly evoke the scenes from back then and say, “Now, if you came across that scene right now – now that you’re 50 years old and a much bigger person – what would you do? Would you beat that kid up? Or would you molest that kid yourself?”

People say, “I would grab that kid and run out” or “I would punch that guy who’s doing it.”

The internal differentiation is terribly important, and IFS is quite helpful for that.

Internal Family Systems therapy is just totally the way to go for people who are basically called traditional psychotherapists – it's the model that I'm happiest with.

I've been into theatre a long time, and I also studied Pessu Boyden System Psychomotor. I do psychomotor structures with people, and that's a whole different approach – it's one of my favorites because I always see these dramatic transformations.

I set them up in three-dimensional space, and I bring the various people into the room.

I'll say, "Bring your dad into the room when you want." They choose somebody to be their dad who molested them, and they are filled with feelings.

I'll say, "Would you like to choose somebody to play the role of that person?" That person stands in and once you introduce the three-dimensional scene, something happens to your perceptions.

"When you put things in three-dimensional space, you get out of the linear-left-brain thinking and into more spatial and temporal-right-brain thinking."

My hunch is, although we have not researched it is that when you put things in three-dimensional space, you get out of the linear-left-brain thinking and into more spatial and temporal-right-brain thinking.

When we put these characters out in space, suddenly you become this three year old again – part of you becomes a three year old and I will say, "What's it like to have your dad in the room right now?"

People will say, "You asshole. Look what you did to me – how you let me down. I was ashamed of you. I tried to take care of you."

People are suddenly able to replay the scenes back then from how they are right now.

I find this three-dimensional work astoundingly effective – to bring in a dimension that I've never been able to get into when people are sitting and talking about people (in their past) who aren't present in the room.

When these people actually come into the room, the whole dynamic changes and the shame disappears.

Somehow people see, "You were gigantic and I was just this little kid."

"They suddenly get in touch with what they did to survive."

They suddenly get in touch with what they did to survive – to deal with their circumstances.

Then they say, "And my mom just stood by and didn't do anything."

Then I say, "Call your mom into the room and have somebody play your mom."

The mother is standing there and all kinds of very intense feelings start to come up and I say, "What is it like to have your mom here?"

"People are suddenly able to replay the scenes back then from how they are right now."

They start to weep and say, “You were never there for me. I was all by myself. How could you do this to me? You always let me down.”

Then, I bring in ideal parents and say, “Choose somebody to be the father who you wish you had had back then,” and they choose somebody from the group and place this person very carefully in space.

People are very good at knowing where this parent figure should go and this person says, “If I had been your ideal dad back then, I would have protected you. I would have cherished you.”

People burst out weeping. “Oh, my god, when I was three years old, if only I had had a father who would have said that to me, my whole life would be different.” At this point, they start sending off circuits of new experiences. “Oh, I wouldn’t have been such an idiot at school – I would have been able to get along better with my roommates – I wouldn’t have been so shy with girl – I would have been so much more gentle.”

“They see their lives re-scripted.”

They see their lives re-scripted in some ways.

Dr. Buczynski: By breathing life into these painful memories, it allows clients to rewire their shame with corrective experiences.

For a different take on this, here’s Bill O’Hanlon.

Mr. O’ Hanlon: A while ago, I came across a story by the former Miss America Marilyn Van Derbur – she was beautiful, successful, and made a lot of money in her life, she married a very wealthy person.

At a certain point, she just fell apart because she remembered having been sexually abused by her stepfather when she was growing up – just terribly abused in many ways, and shamed.

So she started a new career going around and talking to people about the dangers and the sequela (the after-effects of child sexual abuse), and just educating people that this is more common than we think.

One time she was on a plane, flying first class. She was seated next to a businessman, and she’s just a gorgeous, smart, accomplished person. Of course, he wants to talk to her. And he tells her all about his life and his successes and everything, and finally about three-quarters of the way through the flight, he turns to her and he says, “Oh, look at me. I’ve been talking all about myself. What do you do?”

She said, “You don’t really want to know what I do.”

He said, “No, no. I really do.”

She goes, “I don’t think so.”

He presses her. And she says, “Well, I’m a former Miss America, and I was terribly sexually abused by my step-father when I was growing up. I split parts of myself. I developed almost like a multiple personality.”

And she’s telling him all of this stuff, and then businessman, who’s not used to these emotional topics, his eyes are getting wider, and he’s looking more and more freaked out. She can tell she’s about to lose him.

And she finishes the story, and then she turns to him and says, “And now I’ll tell you what you should say to me in response to that.”

And he just nodded his head.

○ And she said, “I want you to turn to me, look me in the eyes, and say, ‘I’m terribly sorry that happened to you.’”

So he turned to her, and he looked her in the eyes and said, “I’m terribly sorry that happened to you.”

He had no idea what to say. He was speechless.

I love that story because, number one, she knew what triggered her. If she told him this and he reacted badly, back into the shame she would go.

And because she knew what triggered her, she had even figured out how she could coach other people to respond to her to not trigger the shame.

“Maybe you’ll never get rid of the shame. And there are some situations that are going to trigger you.”

So I tell that story to my clients. I always say, “That’s one of the things we’re going to work on. Maybe you’ll never get rid of the shame. And there are some situations that are going to trigger you. You’ve got to figure out what those are and either avoid them, or if you can’t avoid them, you need to figure out how you can respond and coach other people – especially people in your intimate relationship, but even strangers, like Marilyn Van Derbur did.”

○ I’ve had clients come and say, “I have thought so much about exactly what I’d like to hear from someone if I tell them this thing, or if I go into shame, that would undo the shame.” And I think that’s a really important thing to get clear on, especially when you’re clear that shame is one of your major issues.

Dr. Buczynski: By creating a kind of structure for how they’ll deal with their shame, clients can retain more control over its power.

In the next video, we’ll look at the different ways shame can be linked to implicit trauma.

I’ll see you then.