

How to Shift Clients Out of Feelings of Unworthiness

Dr. Buczynski: How do we help clients tolerate the shame that they've internalized?

When a client experiences repeated shame, it can create neural patterns that promote core feelings of unworthiness.

But Dr. Rick Hanson suggests a practical way to override these shame patterns while helping to build new resources of self-worth.

Dr. Hanson: It is said that guilt is: *I did something bad*. Shame is: *I am bad*.

Shame is so globalized whereas there's a place for guilt – guilt is about having a conscience. We're not talking about sociopaths, but people who have some moral feeling, including pro-social intentions related to social justice – I call it the wince of healthy remorse.

I'm embarrassed and uncomfortable to think about the times with my own children when they were young... and I lost my cool, and I saw the look of shock and fear on the faces – I never want to go there again.

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Healthy remorse is distinct from unhealthy, pathological shame, which includes feelings of inadequacy, unworthiness, second tier standing, and damaged goods — I can speak from personal experience here. As my dad, who grew up on a ranch would put it: feeling like the runt of the litter – and that's not good for us.

So, what do we do about it?

One, it's important to resource people so they can tolerate healthy guilt – healthy remorse. Resourcing has to do with building up our traits of self-compassion and a sense of reasonable perspective on how big a deal any given event is.

Was it a misdemeanor or a felony? How terrible was the event? Being able to see clearly and to access large areas inside takes me to my second point, where you feel like a good person: “OK, I did something bad – something was bad in me that came forward, but it's in the larger context of all these other tiles, if you will, in the larger mosaic of who I am – all these other qualities that are really good.”

Also, in terms of tolerating healthy remorse, it helps to have the internalization of many experiences of being seen, loved, liked, appreciated, included, and respected.

Because shame is social emotion, we manage and compensate for it through its antidote – social experiences that come in from the outside.

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That is not the only source of healthy self-worth – people vary in their temperament. Some people are much more extroverted – they have an external provision of healthy narcissistic supplies from which to draw upon and to build up a strong internal sense of worth. For them, that’s a major pathway...

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Those who are extroverts highly emphasize, if not exclusively emphasize and even privilege, the external sources of healthy self-worth, but these are not their only sources.

For many people, including introverts like me, a major source of healthy self-worth is independent of the social field – others are just not relevant.

In my case, it was about my relationship with the object world – nature and the outdoors, being skillful, being competent, and being capable – the internal processes of self-recognition where I wasn’t dependent upon others.

My point about that is not to make one pathway better than the other, but to recognize the diversity – not to make our own way of being, our own personality or psychology, some kind of general rule for all of humankind.

There are many pathways to being a healthy, happy, contributing, and loving person.

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I’ll talk about a particular person. I’ve talked about the repeated internalization of opportunities – these are 5, 10, 30 seconds at a time opportunities to feel a sense of worth – that externally, you are seen or included or appreciated or liked or loved.

These are internally referenced experiences. They don’t have to do with other people or even an inner audience in which you recognize your own goodness or tap into that deep nature – within every being, there is a deep nature that is fundamentally peaceful, radiant, loving, and wise.

One of the more powerful aspects of that internalization process I’ll illustrate with a client I’ll call John.

“It’s interesting how shame can develop through the absence of the good, not just the presence of the bad.”

An important part of internalization is the idea of linking. It’s a common method in everyday life, as well as in psychotherapy, where we pair or we hold two things in awareness at once.

So, I’ll tell you about John. He experienced a lot of neglect. It’s interesting how shame as well as other loosely defined psychopathologies can develop through the absence of the good, not just the presence of the bad.

Unfortunately, it’s a double whammy – emotional neglect... We often think of the classic orphanage stories where children are not beaten, but infants, toddlers, preschoolers, and young children are just ignored – they are not seen or touched or spoken with or responded to.

With this repeated experience, a person acquires the sense of not good enough to matter: “I’m not enough for anyone to see me, or for my mom or dad to see me, or for them to come when I call. There’s something wrong with me deep down inside and I don’t matter – I don’t even exist in the eyes of others.”

This is a kind of preemptive shunning delivered in early or later childhood, and this is what happened to John – completely neglected.

As an adult, he was very successful professionally, and intellectually, he knew that he was very competent – he got excellent work reviews. He had a staff and people appreciated him, but deep down in his core, he didn’t feel worthy of loving.

As a heterosexual, this was particularly loaded – being ignored by his mother – because he felt that women wouldn’t see or even care about him.

Erroneously and delusionally, he imagined himself to be defective and visually appalling – that he would turn people off and away when in fact he was physically handsome and appealing... so all of this was on his mind.

As many therapists would do, we worked on finding a pathway of deconsolidation – to deconsolidate past learning through a disconfirming mismatch between your expectation and view. In his case, “No one wants me. No one will see me. I’m really ugly. I’m actually disgusting to see or be with. No one would ever want to touch me.”

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Using the cutting-edge information we now have in neuropsychology, we wanted to help him to surface that old material so that it was then in a more labile or dynamic or vulnerable state.

Then, before it got reconsolidated back into memory – neurons that fire together wire together – we wanted to associate and destabilize this old learned material with new disconfirming, mismatched evidence of various kinds that was contradictory to it.

Then, with repetition, we worked with those disconfirming experiences. Once in a while, you get that million dollar white light moment and bingo – you really pull the tip of the root and you’re free of that whole neurotic package.

But usually it’s a long, slow grind, and you have to work at it again and again and again, and finally it adds up. In therapy, I would provide those disconfirming experiences: I would see him. I would see the good in him. I would look for times when he was surfacing that old learning – it’s hard to get at unless surfaced in consciousness.

Talking about it intellectually is a maybe a start, but it’s not the end of the process. You have to get at it somatically and affectively – he had to feel it in the room – we had to resource him to tolerate his acquired feelings from childhood.

In the second stage of the therapy, when he could tolerate and feel – when he could live in the room – then there were opportunities for me to be disconfirming and then to help him internalize those mismatched experiences.

We worked on taking in and installing the good – taking the extra 10, 20, 30 seconds to really feel the reverberation of disconfirmation inside and the internalization of healthy experiences.

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Then, we would talk a lot about experiences that started with the wives of his friends who were very safe for him – there was no possibility of anything happening – they were very kind and nurturing, and he could not deny that they really liked him.

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Frankly, they were motherly, close to his age, and that gave him a chance...

In therapy, we would talk about those experiences to move him from narrating the event, which he would tend to do, to feeling the experience – what he felt then to what he was feeling now and then to bring the now feeling up again.

And then, bingo, we had the opportunity to hold the positive feeling of a nurturing woman – instead of feeling like a three year old locked in the closet for hours, left out and ignored, he moved into the present where the positive could penetrate, soothe, ease, and replace the negative.

As he progressed, he was able to have a girlfriend, which was a major step for him, and then — more bingo — we had lots of opportunities to reinforce the positive – she found him attractive and she went out of her way to be with him. She was a good, sane, steady, and legitimate person with whom he could develop a secure attachment relationship.

Again and again and again, we would take in those beneficial experiences with her — through linking and being aware of both the positive and the negative at the same time – he could see the mismatch of experience and, radically over time, erase the old material.

Dr. Buczynski: As Rick shared, an important part of this process is resourcing your client to tolerate their past feelings.

To get another take on this, here’s Dr. Kelly McGonigal and Dr. Ron Siegel.

Dr. Siegel: It really pointed out what Jung had brought to light in a great deal of detail. Jung was introverted, and he lived in a society that valued extroversion. He said the pathways to wellbeing are different if you’re an introvert.

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When we’re working with people therapeutically, we either see somebody’s introversion as pathology or as a difference. For example, if the teenager wants to stay home on a Saturday night and read a book or write poetry instead of going to the party, there’s an assumption that, “Oh, they’re social anxious” – In the high school world, they don’t use that word, but they say they’re ‘not a cool kid’ or that sort of thing.

Therapists can collude with this extroverted bias that says social contact is the way to go, especially as we emphasize the importance of connection. But connection doesn't have to be interpersonal social connection – it can be a felt connection.

That could be a spiritual connection, whether with nature of God or art or beauty. It could be a connection to an inner journey having to do with meditation, poetry, or – dare I say it – mind-altering drugs that create mythic journeys inside for people. Or it could be other kinds of mythic exploration, vision, or quest.

As therapists, we need to consider what might be the resourcing for the individual, especially if the individual has a different style than we do, or comes from a different cultural background. There may be inner forms of air and light that are different from the social forms of air and light.

Dr. McGonigal: It's funny. I agree with all of that.

When I was thinking about what it means to resource someone to deal with shame, I had a much more micro, in-the-moment-of-shame resourcing mindset.

We really need to teach attention redeployment for moments of shame. It's not just that you do them in life so you have resources, or that you do them in some in-depth way for hours to heal from shame, but in this moment with your shame, go outside where there is a blue sky you can see.

Or – in this moment of shame, make eye contact with someone, despite every inclination not to. There is a moment-to-moment version of this that has to be taught and explained so you can redirect your attention to the bigger-than-self connection in moments of shame.

Dr. Buczynski: We heard several different ways to resource clients to better help them deal with shame.

In the next module, we'll look at how to work with the shame that poisons relationships.

I'll see you then.