

How to Work With the Institutional Racism That Feeds Shame

Dr. Buczynski: How do we help clients who feel shamed by the things about themselves that can't be changed?

When we're working with a person's shame, it can be easy to miss the environmental elements that may be feeding into it.

Here, Dr. Laurel Parnell and Dr. Shelly Harrell look at how damaging shame can be when it becomes institutionalized.

Dr. Parnell: I think shame goes to the core of the person. It feels like "This is who I am. I'm bad. I'm disgusting. There's something inherently wrong with me. I'm damaged goods."

These are shame beliefs, and they can come through parental abuse.

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When children are abused, they typically believe there's something inherently wrong with them that caused them to be abused.

There are also some parents who shame their children. They use shame as a way of controlling them – "Bad girl" or "Bad boy" – constant criticism and shaming.

There are certain cultures that use shame more than others, and I've seen this. I teach in Germany. The Germans very much use shame to control children. Asian culture uses shame, too.

Very often you'll see a lot of shaming around having to perform or be a certain way. There's a way in which shame has been used for the control of children, and it feels to them like, "This is who I am, and if I'm not good I'll be abandoned. I won't be loved."

So their behavior can create abandonment, or this whole thing where they get a sense of, "You're bad." And as I said, that goes to the core of the person.

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I see this a lot with sexual abuse. I work with a lot of adults who were sexually abused, and very often, shame is key here.

Seductive perpetrators tell the child they wanted it, they liked it, to see how their body responded, and then they'll hook them in with the shame.

So I think what's so important in therapeutic relationship, is that we're sensitive to shame, especially if we feel that the parents have used that as a way of controlling the child's behavior.

In the therapeutic relationship, it's fundamental that we create an atmosphere of acceptance, of care, of compassion.

I use EMDR, and I'm so sensitive to the client not feeling like they have to perform in a particular way, so I adapt what I do according to the individual's needs. I'm asking them, "What do you need? What works best for you? How can we adjust this for you?"

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I also give them a lot of praise. "You're doing great." "You're doing fine." "This is good." So, I'm giving them a lot of praise and support, because I'm sensitive right away to any sense of, "I'm not doing it right." Or, "There's something wrong with me." It can very easily be triggered.

Another area where shame comes up is with clients who have experienced racism.

One of my clients is an African American man who I have worked with on and off for years, with a lot of deep inherent shame from society — "There's something wrong with you" — from how he was treated as a child because he looked like the father who abandoned the family.

So, the mother didn't love him as much as she did the younger brother. So much deep self-hate has roots in societal racism and family dynamics where, "There's something wrong with you." "I'm not okay as I am."

Dr. Harrell: I think about psychological intervention, of course involving psychotherapy, but I believe in giving psychology away. A lot of the value of our work is how we can help teachers, or law enforcement, or whatever social context people are in, also contribute to psychological well-being.

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So, in a therapeutic context, it of course involves the therapist being very tuned in, not just to the cognitive and emotional processes but to their embeddedness in culture and context.

So that includes expressing empathy and understanding, deconstructing where the shame comes from, and deconstructing the messages that have been internalized; and again, from a micro-system context as well as a macro-system context, providing affirmation.

I very much think about intervention in terms of three primary processes: contemplative processes, communal processes and empowerment processes.

So the work that I do, whether it be with shame or with other kind of key issues with clients, is to think about how can I strengthen those processes?

With contemplative processes we think about things like awareness and mindfulness and critical consciousness, and ways that we can help people become more aware of what's going on internally, as well as who they are in the world.

"Who am I and how is the world responding to me?"

As I mentioned earlier, people who experience shame are more likely to hide and feel secret, and shut down connectedness to others. There's a need to feel a sense of greater affirmation from others that you're okay.

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So thinking about that notion of person, culture, context fit, we want to help link people with environments that are going to be more affirming.

If someone is in a school environment where they’re not getting a lot of affirmation - maybe they’re the only person of their racial ethnic group in their classroom and there are messages that there’s something wrong with you in some way; there’s not a lot of affirmation.

We would want to find alternative settings, and I would work with a client to find alternative settings where they can be affirmed. Or, alternatively, work with that environment to increase their awareness of shaming messages that might be directed towards that person, and help the environment shift.

It’s really working with increasing affirmation, both of course in the therapeutic relationship but also in the context that people are in.

I think we too much forget that people exist outside of their own internal processes and that part of working with shame is in some ways outing it - making it visible and, moving on to the third process, creating not just relational, affirmative and validating relationships, but also empowerment processes in the individual.

“I think we forget that people exist outside of their own internal processes . . .”

I very much work with clients who are dealing with a lot of shame, in using their voice: “speaking the truth to power” - we can say it that way - or speaking their truth.

I emphasize the importance of being heard; there’s a lot of making sure that people are aware of what has been silenced over time, and providing an emotional safe space for that voice to be spoken.

I think about a client I worked with for a number of years who is in her forties. She was in her mid-thirties when I started working with her, and I worked with her for quite a while.

She was an attorney, a Chinese-American woman, and very overweight. She would be categorized in the “morbidly obese” category.

As for her family history, she was abandoned. Her mom, her sister, and herself were abandoned by their father who was a very reclusive person. And she came in with so much shame about herself and her life.

She was a very, very accomplished woman – just a highly accomplished woman – but carried so much shame. She would barely be able to talk about it. In fact told me initially that, “I don’t want to talk about my father. That’s not important.”

“Sometimes that’s a sign of shame, that external harshness and judgmentalness.”

She carried a lot of shame regarding her family system being broken.

So a lot of the work with her was helping her release some of the ways that she had internalized that abandonment. She was very harsh on herself; she was very harsh on others, very judgmental.

And sometimes that’s a sign of shame, that external harshness and *judgmentalness*. Because one of the underlying processes of shame is that

we have accepted whatever messages that our environments may have given us that we are not okay. So when we’ve accepted those, then we have judgments that, “I deserve this.”

And initially she very much projected that out into the world onto others. So she was a perfectionist and expected perfection from others.

The work, over time, was helping her soften, helping her, again, deconstruct, “Where does this come from? Where does this sense that there’s something wrong with me, or I am not okay, come from?”

And it was layered. There were cultural elements, there were familial elements, and there were contextual elements.

She went to college when she was fifteen; she was a very, very, very bright woman. And the college experience for her was pretty devastating in terms of being isolated, feeling left out, and feeling like she wasn’t as sophisticated as her peers.

There were just numerous messages: messages around immigration and the history of her family. Her parents had both emigrated as adults, and so Mandarin was spoken in the home.

There were a lot of very traditional Chinese values and customs that she was raised with, and these were in stark contrast to her predominantly white environment. So she felt there was something wrong.

She was told when she was young that she smelled and her family smelled, those kinds of things. I helped her deconstruct all of that - again, beginning from the micro-system issues in her family.

“A big piece is outing it, saying, ‘It doesn’t have to be hidden.’”

Her mother had to start over and had begun to work, and carried a lot of bitterness and anger, so she was very judgmental and very harsh with my client. So, part of our work was deconstructing that.

It was important to listen to her narrative, allowing her to tell her story in depth, in detail - the parts that were hidden. So, again, a big piece is outing it, saying, “It doesn’t have to be hidden.”

Another piece of the work is finding validating relationships. She and her sister had not had much dialogue at all about their childhood experiences together, and so part of it was saying, “Talk to your sister. Talk to your sister. Let’s create a sense that you were not in this alone, that your experience is shared and validated.” And that was tremendously healing for her.

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Those are just some of the things we did over time for her to slowly begin to have some compassion for herself. For her it was so layered and so deeply embedded that it took many years

She would say things like, “Well, lots of people’s mothers leave them - that’s no excuse.” And underneath that was a deep shame.

We began with allowing her to not just voice that shame, but also helping her develop some compassion for the little girl who was five years old, who was left by her father, and who subsequently began to be treated more harshly by her mother.

It was a lot of communal, contemplative empowerment processes and always looking for how each of those processes can be used in the work.

Dr. Buczynski: Does being left out lead to shame?

“Feeling different is a universal experience that we all have regardless of gender, race, ethnicity, sexual orientation.”

Dr. Harrell: I think it can. I think feeling different is a universal experience that we all have regardless of gender, race, ethnicity, sexual orientation.

We all share that universal feeling of sometimes not fitting in, and so I don’t think that just by the fact of having that experience that it causes shame.

But I think it can when we have those experiences repeatedly, repeatedly, repeatedly—particularly when they are based on aspects of ourselves that we can’t do anything about; when we’re born into a certain race and ethnicity, something that is not changeable.

Dr. Buczynski: As we heard, societal racism or bigotry can leave deep scars on a person, and foster a lasting sense of shame.

For some other thoughts on this, we go back to Dr. Joan Borysenko, Dr. Kelly McGonigal and Dr. Ron Siegel.

Dr. Borysenko: I went to a Jewish camp when I was a child, and we woke up one morning, and somebody had painted swastikas all over the sign of the camp — red swastikas with the paint dripping. It looked like blood.

I remember the deep feeling of almost going to faint. And it was something deeply shameful. And it was so confusing. I felt ashamed and frightened at the same time. And I didn’t know why I should feel ashamed of being Jewish. But I thought there must be something if everybody — it seems like it’s everybody when you’re little — is out to kill us.

“That deep sense of shame can give rise to a life-long feeling of unworthiness and helplessness that makes it very hard to be resilient and deal with trauma.”

And this is something I think we disregard as a therapist, looking at people’s history in terms of religious orientation, times that they may have felt as if they’ve been labeled as the other. Because that deep sense of shame can give rise to a life-long feeling of unworthiness and helplessness that makes it very hard to be resilient and deal with trauma.

“It’s not always shame. Sometimes it’s stereotype threat where it’s not internalized.”

Dr. McGonigal: Talking about groups that experience discrimination or bias, it’s important to distinguish between shame and stigma and stereotype threat. I almost have this inner response. It’s not always shame. Sometimes it’s stereotype threat where it’s not internalized.

Dr. Buczynski: It’s hard to grow up having taken all of that, and not have internalized.

Dr. McGonigal: It is. But it’s also possible.

In part, I think it depends on your family of origin and whether you were different within your family of origin and community, or whether you are isolated from some other aspect of your community, or whether you are stigmatized by some other aspect of your community or group in your community.

It’s something I want to name. I wouldn’t necessarily want my experience to be labeled shame if what I’m experiencing is stigma. When we talk about social rejection, it’s important to have some of these nuances

in mind, because using the word shame, if shame is not what's actually present, is itself a way of further diminishing the person who is experiencing stigma or stereotype threat.

Dr. Siegel: You don't think it feels somewhat different? I'm thinking of people I've worked with clinically.

Dr. McGonigal: It does feel different.

Dr. Siegel: I've worked with people who are hurt and angry about stereotype threat – basically, being treated differently because of whatever group they are a part of – versus people who are trying to hide it because they feel less adequate. They feel okay. They feel not part of the human family because of it.

How you grow up is a huge part of it, as you were saying. If you were in a family which celebrates whatever the particular identifications are, there's lots of love and connection and support within that context.

Then, you get into some other group where suddenly they're treating you like there's something wrong with you. That's a very different experience than when people are treating you negatively, and it completely resonates with how you've always felt about yourself.

Dr. Buczynski: I think sometimes it just comes to how you approach it.

You go out of your way to make people not uncomfortable about the fact that you're different than they are. To have to do that all that time takes a toll after a while – especially to do that with people who consider themselves educated, intelligent, liberal people. They just haven't thought through things of prejudice in ways that they take privilege and take majority privilege.

You should take on all the people who are in that subgroup as representing you, when you may not want to be represented that way.

As we've heard, cultural and familial elements can play a large role in how a person experiences shame.

In the next bonus video, we'll look at what happened to one war veteran who became overwhelmed by traumatic memories and shame.

I'll see you then.