

How to Work With Shame That Developed in Childhood, Part 2: How to Gradually Work with Shame without Retriggering It

Dr. Buczynski: How do we approach a client's shame without re-triggering painful memories?

Often with shame, we're navigating around some pretty old wounds. And this can be hard, especially when those memories run deep.

Here, Dr. Zindel Segal and Dr. Elisha Goldstein offer two ways to work with shame by identifying the important part that gives it power.

“Shame is an attribute of the self that a patient is frightened of revealing and experiencing.”

Dr. Segal: My understanding of shame is that there is an attribute of the self that a patient is frightened of revealing and experiencing and that the capacity to experience that in a public way is something that is to be avoided at all costs.

Part of that experience may not even be fully in the individual's awareness. Instead, the enactments that reveal the possibility of shame have to do with preventing, escaping, and wanting to avoid catastrophic outcome.

A patient that I'm thinking about is someone who I have been working with who is an accountant in a very high-flying firm, has a senior position, and is continually worried about being exposed for some kind of error or auditing mistake that might bring him into company disrepute.

His performance has never had any markers of negligence, but he's very worried about it. The history has relevance here, because shame can often be experienced during early adulthood and then compounded as adults draw from that experience to understand current situations where exposure might be possible.

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So, my patient is somewhat overweight, was teased at camp, and was singled out within a family that was very athletic as sort of falling short.

Some of those experiences of personal inadequacy and difficulty with being seen in this way within the family and publicly are some of the same affects that come up in his work sphere in regard to professional experiences.

As the therapist, it's very important to be able to recognize that these are difficult affects for the patient to tolerate.

Even though you may be sitting there with a clinical formulation of this experience in young adulthood being carried forward, the person is still, in a sense, schematizing their situation from that point of view, and that insight can potentially drive your own choice of interventions.

I haven't found that it's entirely helpful to present that to the client as a way of encouraging them to expose this inner distress – this inner difficulty.

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What I’ve found is that it’s very important to, first of all, step back and just identify the difficulty. “It’s difficult for you to talk about these things.” Or, “It’s difficult for you to allow yourself to feel the possibility of being seen in this way.” Or, “Are you aware that when you speak about this, it’s not an easy topic for you to address.”

There’s safety built around the concept of developing a collaborative way of delving a little bit more deeply, but in a titrated, graduated manner.

For example, we talked a little bit about and almost validated some of the catastrophizing that a person might engage in – in terms of having to be hyper-careful and hyper vigilant over making mistakes and being exposed in the firm.

First of all, we take it to the place in the mind where the client might see it going. “What would happen if you did make a mistake? Where would that go?”

Usually, that gets us to some place which involves public exposure and an unmasking of some kind, which would be unbelievably difficult, reinforcing the never-recover-from feeling and view that often develops at a younger age where the person was told that they’re not good enough or they’re inferior to other people.

Those are some of the affects that eventually, one wants to encourage the client to start to connect with.

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This might be rolling around in the therapist’s mind, as these are important connections to try to convey, but how you actually do that with a patient who is working with shame has to be very delicate.

The threat of recognition of these affects and the reinstatement of that view of self is really tough unless people are able to tolerate their own distress for periods of time.

All this represents a large measure of the therapeutic work that needs to get done in dealing with shame.

Dr. Goldstein: I worked with a client in his mid-60s – a, professional executive. He grew up in family in a different country.

One of the ways they imbued shame on him – it was a very controlling family – was to say: Your opinion doesn’t matter. What you’re doing is silly. It’s not perfect, and it needs to feel perfect to the outside world.

Now, he loved cartoons and made-up characters, and he would put posters up on his wall of these cartoons. But in his family, schoolwork and getting everything done just right was most important.

Any time that he would start to play, his mom would reprimand him – what he was doing was not acceptable – it was just silly.

We can see how this would imbue him with a sense of shame.

He always felt like he was walking on eggshells as a kid – a controlling mom always in his mind.

Let's fast forward into many years later. He's a lover of art. He loves it so much, yet he struggles with anxiety and depression because of his sense of shame – as a child, art was play, so now, he feels that something is fundamentally wrong with him.

“There was such a felt sense of unworthiness around who he was and what he loved to do.”

He had a whole arsenal – a giant bookshelf of art books – and he never opened them – there was such a felt sense of unworthiness around who he was and what he loved to do.

In our work together, we recognized the shame – the sense that something was wrong with him, something was defective, and where the shame came from

We worked with some informal mindfulness, but angled it toward play.

His issue was around play, and play can be a great mediator to a stress response. It can open us up, and there's a lot of neuro-science around it as far as helping us to learn and take in experience.

I had him bring his art books into the session, and we looked through them.

Initially, his stress responses came up. He noticed similar responses – the ones that happen with the experience of shame – were coming up. He noticed sweaty palms. He noticed increased heart rate.

So, we worked through some breathing practices. These weren't necessarily mindfulness practices. They were more about releasing – relaxing practices. (This might be a topic for another webinar to explore fundamental, but not-very-often-talked-about mindfulness practices.)

We settled in with these practices and slowly, as he was able to do that, we took it to the next step. He went to Taos, New Mexico and started going to the galleries there.

As he did that, he noticed more stress responses coming up – so much so that he thought he was going to be sick and would need to return home.

We had talked about how that might happen – this sense of foreboding joy.

This is the idea that you don't allow yourself to feel too good, because something terrible might happen around the corner.

He knew about foreboding joy, and working on his own – calming himself, getting a sense of confidence and self-control, earning security back, and finally experiencing and lingering with the joy as it came.

So, there it is! We worked with shame – turning toward what's difficult brings in the light and a sense of inner strength around self-control.

Earned security and self-compassion – all are fantastic strengths that can be gained in working with shame.

Dr. Buczynski: Elisha mentioned the concept of foreboding joy, about always being on the lookout for negativity.

Dr. Joan Borysenko can relate.

“Earned security and self-compassion – all are fantastic strengths that can be gained in working with shame.”

Dr. Borysenko: I'm an expert on foreboding joy, because I was brought up Jewish and foreboding joy is big in that culture.

When I was little, I'd be walking down the street with my mother and somebody would say, "Oh, what a beautiful child!"

"In a lot of different cultures, if you focus on something good, you're alerting the evil eye that will come and take it away from you."

My mother would go, "Ah! Kenahora," and then spit over her left shoulder. I had no idea what this was, but it did make me feel weird. What is this? I realized when I got older, 'kenahora' is Yiddish for the German 'keine augen' – no evil eye.

In a lot of different cultures, if you focus on something good, you're alerting the evil eye that will come and take it away from you.

Here's how I worked with this once in clinical practice.

There was a woman who came to me, and she was in the throes of starting a new business. She was a very bright and competent woman, but there was an underlying issue of shame.

It seemed she always fell short of her own potential. She had good ideas, but they wouldn't come into fruition. She had a habit of getting in her own way of self-sabotage.

She wanted to portray herself in a strong way to her clients, but every time did any kind of self-promotion – which you may not like, but you've got to do these days – she would get this idea that, "if I tell them how smart I am, I'm just going to fall on my face and it will all be worse later."

So, I told her the story of 'kenahora' and gave her a practice. Whenever she felt this sense of foreboding joy, she should just say 'kenahora,' and spit over her left shoulder.

It broke it up for her so she able to move forward. It was such a simple and funny thing.

Dr. Buczynski: We looked at some ways to work with developmental shame in adults.

But what happens when shame becomes so pervasive, it affects our physiology? We'll get into that in the next module.