

## The Impact of Shame Messaging and How to Dismantle It

**Dr. Buczynski:** How can we help clients rewrite the painful shame messaging that they play over and over in their heads?

So often, our clients develop shame because of the hurtful judgment of one person.

Themselves.

And as we all know, that judgment can be loud and unforgiving.

Here, Dr. Kelly McGonigal and Dr. Terry Real share two takes on one process to reduce shame.

**Dr. McGonigal:** When you understand that shame is this kind of social emotion, you begin to understand that the only way to break free from it, when it is really maladaptive, is you have to experience social connection.

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And I think this is really different than the way a lot of people try to deal with shame. So, some people might perceive the opposite of shame to be self-esteem, that shame is feeling bad about yourself and therefore what you need is to feel good about yourself.

But that’s actually not, I think, the most functional way of thinking about shame. Shame is an experience that people

have that’s meant to motivate them to change in some way that allows them to reconnect with others or to make them feel socially disconnected so that they will do something that allows them to reconnect with their tribe.

So that really is what’s needed. And again, like I said, that’s very different than the advice I’ve been given a million times that, if you’re experiencing shame or self-criticism, you should write down a list of all the things that you like about yourself and your good qualities.

And again, shame is not actually the self-to-self emotion, even though it feels so self-directed.

So thinking about all the things that I like about myself is not really an antidote to what can be so toxic about shame, nor is it necessarily to feel accepted or loved or appreciated by others, which is sort of a near antidote that many people might seek.

I’ve found that instead, the best antidote is the purest form of connection, a sense of empathy, or a sense of common humanity. And I’ll give you an example of one of the exercises that I tend to do to help people work with shame.

**“The best antidote is the purest form of connection, a sense of empathy, or a sense of common humanity.”**

I recently did a weekend intensive on self-acceptance. There were hundreds of people, and most of them were psychologists or social workers or therapists of some form.

And I asked them, when they are experiencing the emotion of shame, what is the content of it? What are they most likely to say to themselves about themselves or fear that other people are thinking about them or judging them?

And so, everyone wrote it down on a slip of paper, their sort of secret shame, and passed it in.

I actually created a bag of shame—the inner voices, the judgments that people fear. I took them home that night and actually read them. I was curious what they would be.

One of the things that was fascinating to me, in this group of people who help others, first of all, was that the number one thing, most common thing, that people wrote was, “I have nothing to offer. You shouldn’t even try. Nobody wants to hear from you.”

It was a very consistent theme that I actually I thought was completely at odds with the values and the value of the people who were at this workshop. So, that was interesting.

But then the next day, I brought this bag of shame back, and I asked people from the workshop to come up on stage. We just passed the bag around, and each person pulled a slip of paper out of the bag and read it as if it were their own.

And person after person read something like, “You have no value. You have nothing to offer.” The next person, “You’re so stupid. Why don’t you just shut up?” And it was this cycling through this same kind of quality of shame, fear of judgment.

In that way, it completely transformed from content that creates disconnection to an experience of empathy and common humanity.

And so, when people experience shame, I think the first thing to do is to think, “How does this experience connect me to others? And what can I do to use this experience to connect to others and people that I care about?”

**“Sometimes the most important thing is to get it out of your head and have a conversation with someone who cares about you.”**

Sometimes the most important thing is to get it out of your head and have a conversation with someone who cares about you. I know that I’ve had to do this in my own direct experience, because shame can sometimes be triggered just by voices in your head.

But sometimes it’s triggered by real judgment of others. And we often have that experience where we’ll get negative feedback, or we’ll get trolled by someone online, or someone that we love will say something hurtful to us, and we feel that shame. And it’s not made up. It’s not just a voice in our head.

I have found that in those moments, shame as an emotion can push you in two directions. So, you feel that pain. It’s a very familiar pain of, “Oh my gosh; I don’t belong.” Or, “Who I am is not okay.” “I am not accepted.” “I am not acceptable. There’s something about me that is unacceptable.”

There’s a pain to that that can push us to withdrawal, and that might even be part of the functional purpose of shame, to ask us to reflect on ourselves and our relationships. But that tendency to sort of pause and pull back can become social avoidance or even self-harm.

At the same time, there often is a feeling, if you look right behind that pain point, there is an incredible desire to reconnect and be connected.

I've had to learn to be able to feel both at the same time that this sense of shame makes me want to hide. At the same time, behind that motivation is the desire to connect and to be more transparent.

I've found that if I'm experiencing shame, and I reach out to someone else who cares about me and let them know, "Somebody said this hurtful thing," or "I'm so embarrassed and ashamed about how I let someone down that I care about," that that person often ends up connecting with me over that. Then I can pivot and use that sense of acceptance and common humanity to then reengage with whatever the relationship is or whatever the role is that I felt the shame around.

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**"We often interpret the strength of the shame as a sign about how truly bad we are, or what's truly wrong with us."**

It is amazing to me how often the things that people feel ashamed of are connected to caring deeply—not necessarily the behavior itself, but the role or the goal that it's connected to—we feel shame when we care deeply.

We might feel shame when there is a tragic gap between our ideals and how we find ourselves behaving. Or we feel shame when there's someone we want to be close to, and we feel disconnected or conflict in some way.

And we often interpret the strength of the shame as a sign about how truly bad we are, or what's truly wrong with us.

Instead, I think we should learn to read that intensity as a metric of how much and how deeply we care, not a metric of how fundamentally screwed up or inadequate we are.

**Dr. Real:** There's one case I call my "Clint Eastwood Case." This guy was the spitting image of Clint Eastwood. He was in his seventies, and he was indeed a rancher who had come in from Wyoming to see me in Boston.

And I'm talking and he was very Clint Eastwood - you know, very monosyllabic and very sort of stoic - and somehow the issue of harshness came up. And this is a direct tool to work with shame.

I tell people in general, and men in particular, "There is no redeeming value in harshness" - this can be a life changer for some people. "There's nothing that harshness does that loving firmness doesn't do better." As I say this to this guy and we go around it a little, he starts to cry - you know - little Clint Eastwood, manly little tears. But he tears up.

**"There's nothing that harshness does that loving firmness doesn't do better."**

And I said, "You're thinking about the hard time that you've given yourself over the years." And he said, "No; I'm thinking about the way I almost destroyed my sons."

So this is about a man, a sort of type-one, old-style, old-line guy; very perfectionistic, very relentless, very unforgiving, and thinking that harsh is really an entry to excellence.

It was about holding himself to these high standards. Beginning to soften all of that not only changed his relationship to himself, but it also began to change his relationship to his family and the legacy that he passed on to them. That's one story.

Want the other one?

**Dr. Buczynski:** So, first I want to know more about what did you actually *do* to help him? I mean, it's one thing to know or to have somebody tell you that harshness isn't really helping; it's another thing for a person to actually get it to a place where they can change.

**Dr. Real:** Well, the first thing that I ask people to do is to stop believing it. It's what I call "waking up the client" - having them come out of the enchantment. Look; there's nothing good about this.

This is very similar in some ways to Dick Schwartz's "unblending." There's some daylight between you and the thing that you're doing - in this case harshness. "I'm not a harsh person. This is the harsh part of me, and I can stand up to it."

**"I ask the people that I work with to 'lean in to their shame messages.'"**

It's a lot about standing *up* to those forces, those immature forces inside of ourselves.

I ask the people that I work with to "lean in to their shame messages." I say, "You wouldn't allow somebody outside of you to talk to you the way *you* talk to you. You would consider that verbal abuse. But because it's you, you put up with it.

I want you to gently and firmly lean into it and say, "You know what? Stop. That's fine - but we don't have to be so harsh. I don't have to be so harsh with myself."

You can work on your relationship to yourself - just like you can work on your relationship to somebody outside of you. And it's a very similar kind of work.

So in the same way that you would stand up to mistreatment if it's outside of you, I empower the clients I work with to begin standing up to the mistreatment inside, *inside* their ear.

**Dr. Buczynski:** And then what?

**Dr. Real:** Well, I often have people write down their shame messages that plague them so that all of the shame messages in their head wind up on a deck of cards. Then each message gets flipped over and is contradicted with a real message. So, "I'm as fat as a pig" doesn't become, "I'm Adonis" - it becomes, "I could lose a couple pounds but I'm in relatively good shape."

And these are called shame disputation messages - and every time you hit a shame message, you can go to a shame disputation message. You can make tapes of them if you want to listen to them.

**"Every time you hit a shame message, you can go to a shame disputation message."**

I talk to people about deharshifying their internal world, stepping off of contempt, whether it's contempt for others or contempt for yourself, and literally blocking the harsh treatment that you're giving yourself; indulging that for about three seconds and then stopping it, and actively summoning up the energy of care and concern, of tenderness that you would give a child.

**“I have people imagine that it’s one of their children who just screwed up, and how they would hold them both accountably and lovingly at the same time.”**

I have people imagine that it’s one of their children who just screwed up, and how they would hold them both accountably and lovingly at the same time.

It’s a lot about consciously and deliberately beginning to intervene - the practice of intervening on the shame messages and replacing them with more respectful ways of holding yourself.

**Dr. Buczynski:** Having that inner compassion can help clients begin to overwrite the shame messages that have been running their lives.

For further insight on Kelly’s and Terry’s ideas, here’s Bill O’Hanlon and Dr. Joan Borysenko.

**Dr. Borysenko:** In terms of helping people connect to a larger whole, the other thing that helps is working with a group.

Particularly for people in shame, being a part of a group is a big deal. When I used to do psychoeducational groups for people with cancer or stress, one of the main byproducts of that was people recognizing that they weren’t the only one who had difficult experiences of all kinds – including shame. The ability to talk about those things openly and hear other people’s experiences is absolutely seminal. It was a tremendous growth experience.

If people have the ability to refer someone to group therapy or do some group therapy themselves, I think it’s a wonderful way to deal with shame.

**Mr. O’Hanlon:** Yeah. This is a story I heard from my friend, Sol Gordon, a psychology who worked a lot with sexuality.

He got referred a client who had been in five years of therapy with one therapist who specializes in sexual abuse. She had been sexually abused and neglected when she was a kid, and she felt terribly ashamed of herself. In four years with another therapist, nothing was different.

**“In four years with another therapist, nothing was different.”**

She worked as a scientist, so she was isolated in her work. She worked alone. At night, she would come home, and she would be alone. She had no hobbies, and nothing to do. All she would do is eat out of selfloathing. So, she gained a lot of weight, and she was very ashamed of herself.

After nine years of two different therapists and nothing changing, she got referred to Sol Gordon.

He said, “Given what you’ve told me, you’ve given psychotherapy a good try. I don’t think psychotherapy is going to work for you.”

And she was a little shocked, “What?!”

He said, “No, I don’t think there’s no help for you. I just think you ought to try a different approach. I think you ought to try mitzvah therapy.”

“In terms of helping Mitzvah therapy is to go out and do some good for somebody in the world.

So, he said, “Stop being in the therapy office focused on yourself. I want you to find a center for abused and neglected kids. Go volunteer there. Sweep the floor. Do filing for them, whatever you want.”

She found a center and, instead of spending the time alone on the weekends and weeknights, she volunteered a couple days of the week.

**“This is the most therapeutic thing I can do, because I feel needed and wanted.”**

After a month she came back, and said “Dr. Gordon, you were right. This is the most therapeutic thing I can do, because I feel needed and wanted. The kids love me there. The staff members love having the help. The kids are all over me as soon as I arrive, because I’m not trying to do therapy with them. I’m just there to pay attention to them, listen to them, love them. I’m getting 100 times more than what I give.”

The next month, she comes back and says she fell in love with somebody at the center.

So – Mitzvah therapy! She got out of herself and started to do that social connection, which we heard earlier is one of the antidotes to shame. She was finding other people she could put her caring and love into, and finding social connection from the deep isolation that shame invites us to.

For me, that was a really moving thing. I learned a new approach to therapy – mitzvah therapies.

**Dr. Buczynski:** By externalizing their shame, as we’ve heard, it helps clients to objectify it rather than identify with it.

We’ve heard many different perspectives and insights in this series on how to work with a client’s shame. It can be a very challenging emotion to work with, and it’s often hidden beneath other clinical problems.

I hope we’ve given you some new ideas to think about and maybe some different ways to approach your interventions.

Please be sure to check out some of the bonuses that we’ve included in this program. I think they’ll help further enhance the work you do with clients.

Enjoy this final thought on working with shame, and thank you for being a part of this program.

I’ll see you soon.

**Mr. O’Hanlon:** I’m trained as a marriage and family therapist. Among marriage and family therapists, there are two well-known psychiatrist marriage and family therapists – which is a rare combination; most psychiatrists are medically oriented, not systemically.

But there were two very famous ones, Frank Pittman and Carl Whitaker. They were famously rivals, as Frank Pittman had taken a position that Carl Whitaker had previously been in.

Frank was very straightforward and moralistic.

Carl was totally experimental. It was the 60s, and he was having very loose boundaries with clients. That was the 60s. He was feeding people with schizophrenia with baby bottles in his lap – weird stuff that Frank thought was appalling and unethical.

**“He was feeding people with schizophrenia with baby bottles in his lap – weird stuff.”**

They were rivals for years and didn't speak to one another.

○ Finally, at some big marriage and family conference, they had an encounter. They were walking down the corridor towards each other. They hadn't seen each other personally in 30 years – they had only heard about each other.

By this time, Carl is near the end of his life. He's in his 70s. He walks with a bit of a limp.

They walk up to one another without a word. As they get up to one another, Carl looks Frank in the eyes and says, "Frank, if it's any consolation to you, I've been a big disappointment to myself all my life as well."

Frank laughed, which he wasn't expecting. Those of it who heard it laughed. It was one of the most compassionate self-criticisms you could come up with. He was like, "Yeah. I'm all screwed up, and I'm okay with it. That's just the nature of life."

When you're a therapist for a long time, you realize all of us are screwed up in a certain way. We're ashamed of certain things. We're guilty about certain things. We've made certain mistakes. We have these flaws, and it's all okay. It's part of the human family. It's part of the bigger story of living a life.

When I tell these stories, a lot of my clients will come back and say, "Wow. That story was really helpful to me because I expect myself to be perfect, not have any flaws, and not make any mistakes – but you just can't go through life without that kind of stuff."

○ I was in my 50s at the time I saw Carl Whitaker. When I saw him, I thought "That's how I want to be when I grow up. That's how I want to be."