

How to Work With Shame When it's Connected to Trauma, Part 2: Rewiring the Body's Reaction to Shame and Trauma

Dr. Buczynski: As we know, the body's response to trauma can sometimes get stuck.

But when the trauma is also mixed with shame – this extra layer can make our interventions even more challenging.

Here, Dr. Pat Ogden shares two ways she helped clients overcome shame by working directly through the body.

Dr. Ogden: In terms of working with shame, there are two cases I could share. Both have trauma but one was much more – it had a relational element to it.

The first one, and we're going to call her Eva, is about her being raped on a date. She was drugged and she wasn't fully aware, and she woke up in the middle of it – she couldn't stop it, she couldn't protect herself, and she couldn't move because of the drugs.

She was painfully ashamed that that had happened to her and that she, who thought of herself as a very assertive and competent woman, had not been able to prevent that humiliation and that invasion.

Whenever she thought of it, she would curl up – her body just wanted to curl up and hide.

I always look at the body patterns, and that curling up pattern is a passive protection rather than an active, assertive protection. She was very capable of this assertive protection pattern, but could not apply it during that trauma.

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With the pieces of the memory that she could remember, she felt an urge in her body to protect herself.

Whenever we're working with trauma, we have to remember that we're never working with the actual event – we're working with patterns of response.

So, as she felt that urge, I held a pillow up, and her whole body just ignited and she pushed with all her strength – her whole being.

After that reinstating of her capacity to defend, which is an instinctive capacity, the shame was mitigated. She felt very differently about the whole event.

Just from a physical perspective, she did not have that capacity to protect wired in the body.

It's difficult to talk about because this capacity is not a cognitive construct – it is a felt sense of being able to defend and protect oneself that she had lost during that terrible incident.

So, reinstating that empowered her in such a way that her shame for that incident was lessened.

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Now, that was a single-incident trauma that had to do with her inability to protect herself – she was immobilized during the event.

“Brie came to therapy because she had current relationships in which she couldn’t tolerate any of the messiness of relationships.”

That’s very different from a child who grows up feeling an ongoing sense of shame.

Another patient that I’m thinking of – we’ll call her Brie – grew up, as she said, with parents who loved her very much, but then would threaten her terribly – they would threaten to kill her, not to care for her and so on.

Brie came to therapy because she had current relationships in which she couldn’t tolerate any of the messiness of relationships – the ups and downs or the little disconnections.

She said if she got any little inkling of criticism, that somebody didn’t like what she was doing or how she was being, it was as if the bottom dropped out. It was as if all of what had been positive that had happened before was completely gone.

She said she couldn’t see the other person as regarding her positively, and she couldn’t regard herself positively – she would just go into this terrible, terrible shame.

With her, and this often happens with shame, she would dissociate and go flat. She became so hypoaroused, she was unable to feel within herself.

Shame can do that – it’s a sense of not connecting.

With her, it was very important that we maintained what Stephen Porges would call *social engagement* – that we were engaged.

I tracked very carefully when she was losing her presence with me and then we would work to bring her back, using a resource, a breath, making eye contact, seeing my face as different from her mother’s – this work with presence was an ongoing part of our sessions.

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She had terrible memories of her mother screaming at her, “I hate you! I swear to God, if I catch you, I’ll kill you.” These were horrible, almost intrusions, into her psyche.

“The intervention that was very powerful for her was that I reached out to her.”

From that place of shame, she could not connect – she couldn’t reach out. She started to collapse. Her legs started to pull up and she just started to pull everything in and up. She really couldn’t connect with the outside world.

The intervention that was very powerful for her was that I reached out to her and I said, “Let’s see what happens when I reach to you.”

A child in that state needs somebody to reach to them and to help them. Ron Kurtz would say this was a missing experience.

She said she couldn’t reach back – she was too ashamed to even reach back.

○ Patiently, we just stayed with this part of her that was so terribly ashamed and felt so bad and so wrong.

I remember this moment – at one point, my arm got tired and I pulled it back, and she said, “Oh, but I don’t want your hand to go away,” and she reached back and took my hand.

That was just beautiful – from that place of shame, being able to reach to another person was a huge therapeutic gain.

But it was still touch and go. Even when we were in contact she couldn’t stay with it and she had to pull back.

It was a process, and eventually she got to this point where her adult self and I were both patiently staying with this part – she realized that this was the only part of her that they hadn’t taken away from her.

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“Her perspective of the shame changed: she called it her brave little survivor instead of the bad part of herself.”

She saw it as a very small baby and her hands came to her heart, and that gesture was really integrative for her – she now could connect with this pre-verbal shame that had lasted all her life and she could relate to it differently.

Her perspective of the shame changed: she called it her brave little survivor instead of the bad part of herself.

One of the ways that I look at the healing of shame is how a person lives in their body differently.

○ Her pattern of shame was “to pull up and pull in” and not to be able to connect.

In working through the body, that shifted. Her legs dropped down, her chest became more expansive, and she was able to connect with her heart.

The way that she physically organized around the past started to really shift as she took in that part of her that had felt so shamed.

Dr. Buczynski: When our clients feel real compassion for their shameful parts, it can shift their response – both emotionally and physically.

In the next module, we’ll look at some key skills that can rewire shame.

I’ll see you then.