

The Neurobiology of Shame, Part 2:

How the Psycho-Biology of Shame Can Help Your Work

Dr. Buczynski: How do we work with a shame response that mimics depression?

The clinical connection between shame and depression is strong, as I know many of you know.

But according to Dr. Stan Tatkin, there's a much healthier kind of connection that can relieve shame and bring our clients out of a depressive state.

Stan explains more.

Dr. Tatkin: As a psycho-biologist, I look at shame from various points of view.

One view of shame has to do with arousal regulation. Shame is a deeply parasympathetic state. In fact, it's so deep that it's very close to the experience of anaclitic depression (a strong emotional dependence on another).

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Shame can be functionally debilitating... It's very much connected to deep, deep depression and if it isn't well-regulated in childhood, which often happens, it goes unregulated into adulthood.

People who begin to dip into that very low parasympathetic state have a very hard time getting out of it.

Technically, those of us who understand the neurobiology of shame know that it is very much guided by the unmyelinated, tenth cranial nerve – the vagus nerve – and the unmyelinated dorsal motor vagal system.

Shame has a particular physical appearance: a person who is feeling ashamed or very depressed will typically lower their head, lower their eyes, and roll their shoulders over.

Sometimes you can see a lengthening of the face as all the striated muscles in the face are loosening up; sometimes you lose color; sometimes the pupils constrict.

Often, the subjective experience of shame is, if very strong, a feeling of nausea, ears ringing, no sense of humor, and no perspective.

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Shame is a concerning state of mind for people who have been traumatized or have done things they feel ashamed of, and they've never had anyone to talk to – it's a deeply interpersonal issue.

Probably, we wouldn't feel ashamed if we were raised by wolves, but shame is part of the interpersonal human experience.

In session, since I work with couple therapy, we want people to maintain close eye contact.

The reason for that is when we feel ashamed, we feel cut off. The experience is like being cut open with our guts spilling out.

Again, shame is very much connected to anaclitic depression – we feel entirely helpless and trapped – we can't run and we can't fight.

Ordinarily, the way shame becomes regulated is with another person.

If you're working individually, you, the therapist, work with close eye contact. A close visual system picks up fine muscle movements in the pupils – that's very connected to shame reduction.

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Those who feel shame need a friendly face – somebody who's there to hold eye contact. This is not to comment or to criticize.

The experience of a friendly and loving touch, we can employ in couple therapy. I'm able to employ the partner to do this – the partner becomes, in that moment, the person who should have been there during other times of shame to have regulated that state.

In other words, people feeling shame get to lower the experience because it's not simply in their head – it's now a shared experience and they're not being attacked for it.

The longer they can hold that feeling or state of mind and connection through eye contact or a loving touch – the more they are able to acclimate to it, and the next time that experience happens, it's a little bit easier – each time, it gets a little easier.

Shame is always hard to work through until it's settled. Therapists are very much subject to the impact of shame in a therapy session, especially with certain personalities.

If the therapist is not able to regulate shame, that can knock them out of the park and out of commission for a good amount of time.

There are all different ways of working with shame: working on your own, working with another person, or working in therapy.

Shame is a deeply painful state that's akin to literally being cut open as you would be in surgery or if you cut yourself – the same system is activated.

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So, we have to look at shame as not just a psychological issue but also as a biological problem – people can faint from feeling deep, deep shame.

Dr. Buczynski: That strong visceral feeling of being cut open is a helpful thing to keep in mind when our clients struggle to disclose their shame.

For some further thoughts on these ideas, here's Bill O'Hanlon.

Mr. O'Hanlon: Shame is an isolating experience, just like, “You've done something bad. Go away.”

It's either a brief shunning, or it's a more serious shunning. And I think some people withdraw because of shame. We've heard about immobilization or physiological shutdown. A couple of things come to mind in terms of how you translate this into clinical work.

“Some people withdraw because of shame.”

One is this very simple Imago technique:

When a person within a relationship has gone weird — they’ve gotten a reaction and it’s a shame-based reaction — the Imago therapists have this really interesting idea: if your partner is committed to making the relationship better, he or she sits down on the couch with you. You put your head in their lap, if you’re feeling the shame response, and they stroke your hair gently and ask you, “What’s something that happened when you were very young that’s related to what just happened?”

And you relate this to when your mother yelled at you or your father shamed you and called you stupid or something. Whatever it is, you just relate that, and they listen. They don’t comment. They just listen empathically. And that physical touch seems to be calming physiologically, and that connection seems to be calming.

So let me just connect this to a particular clinical situation I had.

I worked with a couple, and one person was really shame-based. When they would get into an argument, the other person would get so mad that they’d withdraw. Then the person who was shamed thought that they were the most terrible person in the world – they were bad and evil and terrible, and they weren’t loved, and they were being abandoned. And they freaked out, which led to more and more trouble.

So we worked out that the person who was mad and whose usual response was to withdraw, would now agree to reach out and touch their partner on the knee, just with one finger.

That was all they could muster at that point because they were so mad and wanted to withdraw. But by touching with one finger, the other person just instantly relaxes.

It was like, “Oh, she doesn’t think I’m the worst Paleolithic pond slime that ever crawled out of the swamp. I’m not a terrible person.” And the shame would lift, and then they could deal with whatever it was.

They didn’t go into their usual back and forth where they would trigger each other.

And you go back to this physiology we’ve been hearing about from these experts, that physical touch is calming, because we were raised in tribes, and we’re sort of primates. As long as the physical touch is not dangerous, it can be reassuring and calm the physiology, and therefore calm the shame response.

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Dr. Buczynski: We heard some different ways to help people suffering from a deep state of shame. In the next module, we’ll look at one skill that can help you become more attuned to your client’s shame.

I’ll see you then.