

How to Work With Sexual Shame

Dr. Buczynski: Human sexuality is one of the biggest drivers of modern shame. And one of the most difficult to work with.

So how do we help clients who not only feel shame over sexual issues, but also feel alone in their burden?

Here, Dr. Stephen Porges and Bill O’Hanlon share two different ways to look at sexual-based shame.

Dr. Porges: I’ve been seeing that shame seems to play a greater role in women’s lives than in men’s lives.

Shame is often linked to sexual issues, and often linked to childhood sexual issues.

To me, it’s very startling that one might call these “trivial” – indeed, these events have re-framed people’s views for their whole life.

They try to bury events – such as being touched or a male touching them when they were a preteen or younger, and not in their mind saying, “Things happened, and I wasn’t hurt.”

It becomes a re-framing of who they are because they’ve taken the behavior and linked it to a moral code.

Dr. Buczynski: Are you talking about a male touching them inappropriately?

Dr. Porges: Yes, I would say inappropriately – again, we don’t always know, do we?

“They took that response, they then created a sense of themselves as being in an immoral behavior.”

What we know is that the person responded. They took that response, they then created a sense of themselves as being in an immoral behavior, and this has affected them – it has basically affected their whole life.

I had another experience... Pat Odgen and I did a workshop some years ago and she discussed a clinical case in which a young lady talked about being horribly abused as an infant.

There was no validation from family members, yet her body said this had happened to her. She couldn’t have relationships, yet she wanted to have relationships, but being in a relationship created a shutting-down response — her body went into a different state.

I asked Pat if she had been intubated as an infant – meaning a tube put down her throat.

That had never been asked – this question wasn’t questioning her body memory, it was questioning how she interpreted that body memory.

She interpreted intubation as a sexual violation of herself. If she had interpreted it as someone trying to save her life, then there would have been a re-conceptualization of those same bodily experiences.

What I’m saying here is that, often with shame, it’s the labeling that gets people caught.

Often shame is linked to their views of morality which are often linked to religion, and it gets them really stuck – that can be very devastating.

Dr. Buczynski: You're saying it's their interpretation.

Dr. Porges: Yes, events are events and bodies respond – no one questions that.

“Often with shame, it's the labeling that gets people caught.”

But how do we interpret it? Do we interpret the body response or the event...?

It's as if shame takes the body event, and then tilts it on a scale of morality and says, Shame = I did something that was wrong and that's bad – wrong and bad.

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It's not that I did something and it happened to me and if it's not good, maybe I'll learn from it and I won't do it again – shame is never perceived in adjustment mode – it's just: I did something bad and I'm bad.

Dr. Buczynski: Which do you think comes first, the body's reaction or the thought of the interpretation?

Dr. Porges: I think the body reaction comes first and then we have a labeling and that labeling is associative – it's learned.

Then, we revisit it, and we revisit it, and we revisit it. And suddenly, we don't want to revisit it, we start putting it aside.

We don't want to touch it, because the touching of the idea triggers the bodily response. It triggers that bodily response of shame, not the bodily response of being touched, but the bodily response of shame.

Shame is an attempt of the body, the individual, to disappear, to become invisible, to become marginalized – to get out of there.

It's really just the same thing as saying, “Death — I'm going to die.”

There are so many metaphors that people use to describe their experiences of shame – it all gets to below the diaphragm, disappearing, and death.

“Shame is an attempt of the body, the individual, to disappear . . .”

Mr. O'Hanlon: Guilt is about what you've done – actions.

Shame is about who you are – or, an aspect of yourself.

“It's the difference between actions and being.”

You may feel fine about yourself, but you may sometimes feel that there's something wrong with you, and there may be shameful aspects of yourself hidden from others – or hidden from yourself. There's something not right. There's something embarrassing that you need to be ashamed of.

It's the difference between *actions* and *being*.

It manifests in people trying to hide from or avoid certain situations, so they don't get confronted with whatever they're ashamed about and so it doesn't become visible to other people. They don't want other people to know about.

But, I think people hide things and it leads to affairs and other kinds of secrets that are sometimes toxic.

Dr. Buczynski: Let me stop you for a second. I don't think of shame as causing affairs.

Mr. O'Hanlon: No. Well, I think sometimes it's inculcated. But, I agree.

“It's behavior vs. being.”

If you go back to the distinction I was making earlier, it's behavior vs. being.

The behavior, obviously, is something you feel guilty about. But, I think sometimes people desire things that they won't tell their partners about. They won't talk to their partners about things. That shame can drive them underground, and they'll go someplace else to either find that thing or find acceptance for the desire they have.

I'll tell you a weird story.

Years ago, I was searching online. This will carbon date me – it was Alta Vista, before Google. It was one of my first times searching online, and I was searching for a hypoallergenic animal that I could buy, because my partner was allergic.

It was a bad search engine. It wasn't as good as Google. All these irrelevant things came up. One of the things that came up was 'Pony Boys'.

I was curious, so I clicked on it. It's a site for men who like to be ridden by women and who have halters and saddles. I was stunned. I have a pretty good imagination, but I never imagined it. It's a sexual thing. I never imagined this thing.

I was thinking, where did the Pony Boys go to find the people who liked this stuff? Where did they find women who liked to do this with them before the internet? You can't just walk into a bar and say, "Hey, will you strap a saddle on me?" That's just weird. It's hard to find an environment where they can express that without being either put down by other people or embarrassed.

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It's about coming to terms with it.

I remember when I was in health class in school, our health teacher – the P.E. guy, said, "Boys, I want you to know that 90% of males masturbate."

You could see the relief in those adolescent boys' faces. Then, he said "And 10% of males lie."

I thought that was such a de-shaming thing to do. Masturbation is an activity you might feel guilty about. There's deep shame on things around sexuality.

Affairs are sometimes driven by that shame, and sometimes just by bad behavior and bad ethics and things like that.

Dr. Buczynski: Bill, what about people who feel shame and perhaps have felt it all their lives?

Mr. O’Hanlon: Again, that’s what some people specialize in, as you’d say. They specialize in feeling like there’s something fundamentally wrong with them.

Group therapy is better for that, because you can get with other people that may feel or think the same thing. If they finally speak aloud about whatever it is they’re ashamed of, they’ll think they’re really bad, but the other people will all be like, “You’re okay.”

The key is getting people into a social situation where they get a counter message to there’s something wrong with you and there’s something fundamentally bad about you.

I’ll give you a clinical example.

It doesn’t come from my work, but from my former father-in-law, who was a Southern Baptist minister therapist. He was from the South, and he had a very commanding presence. He looked like Colonel Sanders, actually. He had white hair and a little goatee. People loved him. He was smart and kind, and a really good guy.

He told me this story.

One time he was giving a lecture. He was a Southern Baptist giving a lecture to a Southern Baptist audience. He’s a great speaker. Afterwards, people came up and said thank you, and asked him questions, and had him sign books.

He noticed a couple waiting by the side. They’ve been waiting the whole time, a little off to the side. Finally, everybody left, and they sheepishly walked over to him.

This is the 1960s. The man said, “Reverend Hudson, Dr. Hudson – I wonder if you would pray with us?”

He said, “I’d be glad to pray with you. What shall we pray on?”

And the man said, “My wife is too embarrassed to say it, but we’ve been praying on it for a year and it hasn’t gotten better. We think if you would pray with us, maybe it would help.”

“What’s that?”

“My wife compulsively masturbates – so much so, that sometimes she gets raw and bleeds.”

So, he looked at this couple – this very shy, Southern Baptist couple, and he says, “Would you pray to God to help her stop this? I think God has more important things to do than to worry about you masturbating.” He looked right at the woman, and you can tell they’re both shocked. He said, “Really. God doesn’t care if you masturbate. Let’s pray on something else.”

Then, they went ahead and prayed on something else.

About ten years later, he was back in that area, and this same couple came up. He didn’t recognize them.

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They reminded him of the story and said, “That night, the compulsive masturbation stopped.”

To have that kind of permission from somebody who was in their faith, who didn’t judge them, and who spoke it loud when she was too embarrassed to speak it out loud really helped.

Normalizing and granting permission goes a long way towards decreasing and eliminating shame.

Dr. Buczynski: The simple idea of permission can be so powerful.

It helps break down real or assumed barriers to a person's desires.

And when you remove barriers, shame loses an important foothold on their feelings.

For some other thoughts on this, here's Dr. Kelly McGonigal and Dr. Ron Siegel.

Dr. McGonigal: There is some neuroscience behind this. Some researchers have looked at what goes on in the brain when you're feeling shame about a behavior you would like to change, and particularly where the shame fuels further relapse or further engagement in that behavior.

What they found is that shame can impair the prefrontal cortices' ability to regulate what is happening in the midbrain. We know that the prefrontal cortex, the parts of your brain that regulate your behavior and attention, can become impaired.

But, research also shows that the part of your brain that is reactive to immediate reward or relief becomes more sensitized. It's not just that you're losing self-control.

The part of your brain that thinks it's a good idea to engage in this addictive behavior, because it will feel good or provide relief, is sensitized during shame – particularly during shame about the behavior you're trying to control.

I think that's an interesting way to think about what's happening in the brain, and why something like what the minister provided is important. Even though it might be counterintuitive to many, you just have to cut that cycle.

Dr. Siegel: We all agree that we want to behave morally. We don't want to abuse others. We don't want to lie, cheat, and steal. We don't want to commit acts of sexual aggression.

**“We all agree
that we want to
behave morally.”**

We can all agree that we'll all be happier and society will be better if we do this. But, where in the chain do we stop this? Do we have to stop it at the level of impulse or feeling? Or, can we allow impulses and feelings to arise and simply not behave this way?

I'm reminded of a famous statement from Suzuki Roshi, founder of the San Francisco Zen Center: If you have a cow or a sheep and it's very agitated, and you want to calm it down, what would be better – to place it in a small cage, or give it a wide pasture?

The answer is the wide pasture. And that is so true in the mind.

Anything we resist persists, as Werner Erhard said in EST (Erhard Seminars Training) and Steve Hayes picks up in ACT (Acceptance and Commitment Therapy).

Here's where the psychoeducation comes in. The psychoeducation comes in as saying, “You know, I think we are mammals. Here's the evidence to support it.”

I learned a lot about sexuality by reading the Kinsey Reports. My parents had them in the basement. These are from the 1940s, and Kinsey was the guy who had this insight. Instead of saying, “Have you ever had a homosexual encounter?,” you say, “When was your first homosexual encounter?”

“Seeing what’s real is enormously helpful for reducing shame.”

All you had to do was shift the interview that way, and suddenly you realize, “Oh! People have very diverse sexual fantasy and sexual behavioral lives.”

Seeing what’s real is enormously helpful for reducing shame.

Dr. Buczynski: Sexual shame is one of the hardest issues to work with. But when you can bring in the element of common humanity, it can help clients to start to work with it in a non-judgmental way.