Shame

by Wendy Fredricks

INTRODUCTION

One of the most painful, and yet neglected of human emotions is that of shame. We all carry some form of it in varying degrees. Indeed, one form, healthy shame, described in more detail later, is necessary for a healthy ego balance. It is toxic shame, the shame that moves from being an emotion to becoming a core identity that will be the focus of this paper. It is searing, all consuming and arguably, at the heart of what drives most people into seeking psychotherapeutic help.

Helen Block Lewis, one of the first psychoanalysts to write extensively about shame, identified by-passed shame in therapy as the reason for most failure in therapy. Alice Miller refers to it as soul murder, because it causes one to kill or disown a part of oneself and replace it with a false self in order to ensure the defective parts will never be exposed.

When we become imbued with toxic shame, we become our own harsh judge and jury, condemning ourselves to a lifetime imprisoned in deception, self-rejection and suffering. It prevents us from fully taking part in all that life has to offer, because it edits the feelings and places the inner child on detention, so he never gets a chance to come out to play in true innocence and joy.

Until recently, the psychotherapeutic community has largely ignored the debilitating affect of shame. Generations of analysts, fuelled by the theories of Sigmund Freud and

his followers, believed that shame was just resistance to the pursuit of nobler drives and feelings, and that is where the attention was laid.

Background

Thomas J. Scheff has traced the identification of shame as treatment throughout the 20th century amongst leading psychoanalysts. In his paper, Shame and the Social Bond: A Sociological Theory, he demonstrates that while Sigmund Freud addressed shame in his early works, he dismissed it as his theories developed over the years. In Studies on Hysteria (1895), which he co-authored with Breuer, Freud stated that hysteria is caused by hidden affects, and named the emotion of shame as one of these affects. Freud and Breuer also proposed that shame is the inhibiting emotion that leads to repression, and therefore plays a central role in the development of psychopathology. The idea that shame causes repression would also give it the leading role in the cause of all mental illness, not just hysteria.

However, by 1905, Freud renounced this earlier theory in favor of drive theory, especially sexual drive. His thinking was shaped by the ethnocentric and sexist attitudes of his time. Anxiety and guilt, thought to be more mature emotions for responsible adult men came to the fore, while shame, seen as a regressive emotion, was thought appropriate only in children, women and savages. Perhaps at the unconscious level Freud could not face his own shame, so to disavow it as a primitive emotion would give him permission to rise above his own painful feelings, and likewise granting his successors the permission to do the same.

In the years following Freud, the psychoanalytic community refused to sanction shame in its formulations. Alfred Adler and Karen Horney made important contributions to shame knowledge, as did Abraham Kardiner and Eric Erikson. As Scheff points out, they were not recognized for their contribution. Both Adler and Horney were excluded for their deviationism, and Kardiner and Erikson received no response to their work on shame even amongst their disciples. The lone exception to this was Helen Lynd who studied Erikson and in 1958 published her work on shame and identity.

The "Outing" of Shame

In 1988, pop psychologist John Bradshaw, with his best selling Healing the Shame that Binds You, brought shame out of the closet and onto the bookshelves of hundreds of thousands of homes in North America. Raising it into conscious awareness, and normalizing it is the beginning of healing it.

Since then, more attention has been paid to shame in the therapeutic world, and its crucial role in the development of the self. It coincides with and flows naturally from a gathering interest in narcissism, the issue of self-esteem. Narcissistic vulnerability and shame sensitivity almost always co-exist. As Andrew P. Morrison points out in his book The Culture of Shame, Freud missed an opportunity to fully explore the subject in his important work on narcissism, because he identified for the first time, the ego ideal, self esteem, and inferiority feelings. Unfortunately, he didn't develop these concepts because

clearly, they are the fertile ground where shame takes root. Instead, his focus took him to the Oedipus complex and preoccupation with guilt.

Shame and Guilt

It is difficult to discuss shame without bringing guilt into the equation. Guilt has taken front stage for decades, while shame has been treated like a poor cousin, or has been confused with guilt. Cultural anthropologists, following the thinking of Freud, have attempted to explain shame as the product of interpersonal conflicts, and guilt as an internal moral conflict. Freud placed guilt squarely as the cornerstone of the Oedipal complex, and considered shame as a pre-Oedipal emotion, and therefore less evolved or worthy of attention. (I find this very interesting in light of the fact that unworthiness is one of the attributes of shame, and it seems the therapeutic world colluded with this for years.) There is truth in all of this of course, but clearly, shame inducement occurs throughout all stages of the developing self, pre and post Oedipal. It is not solely the product of interpersonal exchanges, although they certainly play the leading role, particularly in the first stages of development. The scope is much broader than this. Shame can be the byproduct of cultural, social and religious environments as well. The impact of these institutions on the individual will depend largely upon how his self-esteem has been developed and shaped in the early years. This is why it is often paired and interchanged with guilt, but the distinctions are clear.

Succinctly stated, guilt is a sense of wrongdoing, and shame is a sense of wrong being. Guilt can be understood as a fear of punishment for going against convention, breaking

the rules, while shame is a fear of exposure for being infinitely flawed and defective, of not being able to live up to a real or imagined standard, self-imposed, or placed by the beliefs of a social or religious doctrine. I will contend that often, if we lift the skirt of guilt, we will often find shame hiding in the shadows.

Healthy and Unhealthy Shame and Guilt

John Bradshaw, Lewis Smedes, and others writing on the subject identify that there are two kinds of shame and guilt; healthy and toxic (or unhealthy).

Guilt

Healthy guilt forms the emotional core of our conscience. It results from behaving in a manner contrary to our internalized beliefs and values. Guilt presupposes internalized rules, and is developed later than shame because it requires more sophisticated cognitive reasoning. Guilt, unlike shame, does not reflect directly upon one's identity, or diminish one's sense of personal worth. It flows from an integrated sense of values. It is a painful feeling of regret, and responsibility for one's actions. It is a behavioral infraction, and it can be either remedied, or forgiven.

Guilt becomes toxic when perfectionism is at stake. The felt sense is that there is no place for mistakes as a mistake may be catastrophic. There is rigidity in the rules of performance, and the slightest infraction should be severely punished. This kind of guilt plays a big role in the formation of the rigid or hysteric character structure, and does follow Freud's thesis about guilt first becoming organized at the Oedipal stage.

Shame

Healthy shame, on the other hand, helps keep a balanced perspective. When we feel invincible, it gently taps us on the shoulder, and reminds us that we are not god, but humans living with human failings that form natural limitations upon what we can realistically expect from ourselves. It also serves to keep us safe. The natural shyness that comes from healthy shame makes us feel awkward and perhaps somewhat embarrassed in the company of a stranger. This can readily be seen when a young child hides behind his mother when an unfamiliar person comes around. He stays there until he feels it is safe to come out. This form of healthy shame forms an important boundary, and prevents us from exposing ourselves to strangers until we feel a level of trust. We run into trouble when we are not equipped emotionally to trust our trust.

Toxic Shame

Toxic shame, as defined by Bradshaw, is experienced as an all-pervasive sense of being flawed and defective as a human being. It feels like a sense of worthlessness, of failing, falling short of an idealized self. Bradshaw calls it a rupture of the self with the self, and the self becomes an object of its own contempt, an object that can't be trusted.

There is a sense of shame about shame. It cannot be admitted to as readily as guilt or fear or hurt, so it is isolating. The shame bound person often feels alone and empty in a complete sense. It originates interpersonally, primarily in our original families. This is where we first learn about ourselves, and develop our identity through the mirroring eyes

of our primary caregivers. Our destiny, of course, depends upon the emotional health of our parents.

Seeds of Shame

The seeds of shame can be planted at the earliest stages of development, perhaps even in utero. In the first few years of development, babies require reflective mirrors to know who they are. If a child does not receive this mirroring from its primary caregivers, then the child is abandoned, and shame, according to Bradshaw, is internalized when one is abandoned. While it cannot be proven that babies in utero experience the felt sensation of shame, Silvan Tomkins, who identifies shame as one of the nine primary human emotions, has done much research on infant behaviour and response. One of his experiments is described below.

The "still-face" experiments observed infant reaction to a non-mirroring caregiver. The infants, expecting a positive reaction to their attention-getting gaze or giggles were met with an emotionless face. The lack of response has a physiological effect on the baby. It interrupts the neurological circuit that Tomkins called *pleasure-joy* or *interest-excitement* of the baby's focus with a sudden lowering of neuronal stimulation. The child experiences surprise, followed by a physiological letdown expressed by some of the classic body postures of shame; a lowering of the eyes and a slumping posture.

Donald L. Nathanson , in his excellent book, Shame and Pride, describes another important scenario that gets played out in most households. An infant, eagerly and

happily awaiting the approach of his caregiver, expects an expression of love in the form of a smile and a cuddle. He is met, however, with the distorted features of a rejecting face of disgust or dissmell for his soiled diaper. Only moments ago, this person could be counted on to provide the constancy of loving acceptance. Suddenly, she presents a serious impediment to the child's expression of interest or enjoyment. The infant turns his face away and its head droops in shame. The baby becomes temporarily disorganized and uncoordinated. As Nathanson points out, this is a perfect example of a situation where shame affect is triggered to produce its painful interference with positive affect.

The trauma of shame experienced at these early stages can be minimized or diminished. Many mothers, when they sense the rift in the relationship, will quickly respond in such a way to reassure the child, such as smiling or holding and soothing. The child can then return from the shame feeling to the positive communion with a minimum of distrust. If, however, mother is not inclined to repair the break, and is emotionally unavailable to soothe the child, the severity of the rejection will be amplified, and the child will move from shame to distress, and a sense of distrust for the constancy of love and acceptance will begin to take hold.

The significance of these encounters will be proportional to the child's cognitive maturity and his ability to link events, store the memories, and retrieve this information. The baby may have no idea that it is the feces or urine that are the triggers for his mother's disgust, so he feels he is the trigger, and that each episode of excrement is met with parental negative affect. This plants the seeds for organizing "good" me, and a "bad" me. The

"good" me triggers the competence pleasure feeling of being loved, and this engenders a sense of pride. The child may begin to feel completely deserving of rejection, so the "bad" me falls into a state of dissmell and disgust, inducing a deep sense of shame. It comes at a time when the oral structure is organizing, so would go far in helping the baby mistrust his right to need.

Idealized vs. Actual Self

Shame, (both healthy and toxic), is created from the gap between our idealized self and our actual self. Positive mirroring is the key to the child's development of shame. If a child is raised by what Winnicott would term the "good enough mother", she should have developed a secure foundation and high self esteem, for she experienced positive mirroring and acceptance within the constancy of love. The table is therefore set for the development of healthy shame. She will grow to be best equipped to accept herself for her limitations without fear of losing love, support, and respect when she tries and fails to meet her idealized standard of self whether it be within the family, or within the cultural, social and religious environments.

The child who is raised without adequate maternal mirroring, in an atmosphere of the passive unresponsiveness of narcissistic parents, or the fear and tyranny of shame-bound parents will have a pre-disposition to shame sensitivity. She will feel herself as inferior, defective, or unworthy, and this is of course the breeding ground for toxic shame. It leaves her vulnerable to the pressures she will encounter in life outside the home, as she is unable to trust her own instincts and feel her own needs as worthy.

Erik Erikson examines potential shame-producing events in the second stage of psychosocial development, about 15 months of age. The first stage of development requires an establishment of trust with the primary caregiver. We need to know we can trust the world, and we first view the world through the eyes of our caregivers. Again, predictability of the caregiver, along with mirroring and physical touch is key to the development of trust. Once the child is secure in his emotional bond in the "We" sense, he can then begin to develop a sense of self through this relationship with another. The other person becomes critical to the child in the sense that that person's love is constant, and their respect and care really matters to the child. The child can then allow himself to be vulnerable in his need for the other person. Once this basic trust is established, then the child is in a position to develop shame. It is at this stage that the shame can be healthy or toxic, dependent upon the emotional health of the caregiver.

At about 15 months of age, the child begins to develop the balance between holding on and letting go. Musculature develops and the child learns to gain balance and walk. Soon, the desire to roam and explore arises, and the child needs to be able to separate from his primary caregivers.

This stage of rapproachment is challenging, in that the child is determined to do things his way, and when thwarted, experiences intense anger and fits of temper. Repetition is key for assimilation of the experiences of exploration. The needs of the child require a

firm but understanding caregiver, who can set boundaries while assuring that love and acceptance are still constant. As Erikson states in Childhood and Society; "Firmness must protect him against the potential anarchy of his yet untrained sense of discrimination, his inability to hold on and to let go with discretion".

If the relationship bridge can be maintained throughout this development, the stage for healthy shame can be set. If the primary caregiver is emotionally unable to be constant in his love and acceptance, then the trust is shaken, and the seeds of toxic shame are ready to germinate. Tomkin's work in this area identifies the "shame-fear bind" that can become organized at this stage if the mother is frightened by the fact that her child is capable of wandering away. She may greet him with either anger or fear. The child then experiences shame at the lack of maternal attunement, as well as fear of his mother's reaction.

It is also at this time that toilet training begins in earnest, and if the child is over-managed at this stage by a caregiver who needs to control this intake and the output of the child's biological functioning, then the stage is set for the development of either masochism or psychopathy.

At the next stage, where the Oedipal complex is organized, the opportunity for shaming is paramount. It is at the age of about four when the child had sufficient cognitive development to be able to think abstractly, to recover past memories of the caretaking

relationship that have become part of the self. Imagine a young girl who wants to please daddy. She dresses up in anticipation of his arrival home from work and fantasizes that he will be pleased with her appearance. He walks through the door, glances at his adoring, waiting daughter and immediately picks up the mail. She responds with much the same reaction as the babies with the soiled diapers…surprise, then deflation and shame. She feels this rejection deeply, because she has set up the ideal (looking pretty), and when she fails to meet this ideal, she feels inferior, defective and ashamed.

There is a direct connection between parental approval and what we come to cherish as our ideals. The more positive the parental response is to the child's presence, the more flexible the ideals become, and the more manageable they are. The fear of losing the love necessary for survival creates shameful feelings and rigid, often unattainable goals that leave the child feeling inferior. This can lead to chronic feelings of shame.

Our ideals shape how we view ourselves. Idealization is how we relate to others and experience them. We look first to our primary caretakers, and then outwardly to friends, mentors, lovers, leaders, or groups as our ideal with whom we wish to align. If we feel unworthy of acceptance, we feel shame.

The idealization of the parents increases self-confidence and we continue then to search for others who serve as objects for idealization. Needs are apt to be more flexible and generous if we had affirming and comfortable parents.

Some individuals are more shame sensitive than others. The reason for this depends on a large degree to the interaction of baby with mother. Winnicot's "good enough mother" will provide the secure foundation for high self-esteem. Mirroring remains important all our lives, but is particularly critical at the pre-verbal stages because it is the only way we know who we are. Shame sensitivity can be assured when maternal mirroring is not adequately present, if the child is openly humiliated or shamed. Shame sensitive parents will tend to raise shame sensitive children, because they transfer their own failed high expectations for themselves onto their children and in turn the children experience "carried shame", acting out the parents feelings of defectiveness.

If the parents are shame-based and needy, then they will try to get from their children what they never got from their own parents…total availability, because they never got their own narcissistic needs met. The child will not run away as their mother did, so can be the subject of undying admiration for the parent, and can be totally controlled. There is a complete role reversal that takes place, as the child becomes responsible for taking care of the needs of the parent. The child is in turn narcissistically deprived and abandoned in the face of being a captive and participating audience to the parental acting out of their own shame. The children learn that they can never believe they have needs of their own, and if they do their needs are not as important as others.

FALSE SELF

The feelings of shame are so painful that a couple of things happen. Shamed parts of the self are disavowed, and the ego defenses create a false self. As the false self is created,

the authentic self goes into hiding. The false self is always more or less than human. It is often the polar opposite of the authentic self. It could present as a perfectionist or a slob, a hero, or a scapegoat. The following describe the character disorder syndromes of shame as described by Bradshaw and Stephen Johnson that can be identified in the therapy setting.

Narcissistic Personality Disorder

The narcissist is driven to perfection in everything, and expects others to mirror and admire his grandiosity. His false self-esteem is fuelled by manipulation, objectification, and devaluation of others. He will not accept responsibility for wrongdoing, negative input, or recognize the positive contribution of others. Underneath this façade is an emptiness filled with envy and rage. The core of this emptiness is internalized shame.

Paranoid Personality

Paranoia is a defense developed to cope with excessive shame. He becomes hyper vigilant in his expectation for betrayal and humiliation that he is convinced is coming. Innocent events are experienced as personally threatening, and he must live constantly on guard. The inner feelings of shame, contempt and distain are projected onto others.

Offender Behaviour

Criminal offenders are most often acting out their own abandoning shame. They suffer from repetition compulsion, or the urge to repeat. Those who are physically and/or sexually abused often identify with the abuser, and will go on to reenact the offense they

suffered as victim on other innocent victims. When innocent children are physically hurt and in psychological pain, they want out as quickly as possible, so they cease to identify with themselves, and begin to identify with the aggressor. This is an attempt to gain some power and strength.

The victims of violence may also remain victims, in what Martin Seligman calls "learned helplessness". A state of passivity is created through repeated abuses, and the victim feels he has no choice. With each incident, the shame is reinforced and more internalized shame there is, the greater the belief that one is defective and flawed. Choices diminish, and shame tears down boundaries, and leaves the victim unprotected.

Grandiosity – The Disabled Will

Grandiosity is a disorder of the will, and can appear in polar opposite form. It can look very much like narcissistic self-enlargement or wormlike helplessness. Both come from the same root, and both refuse to be human. The hopeless one is also grandiose, because it supposes that nothing or no one is capable of helping. I'm the sickest of the sick!

This disorder is caused by the shaming of the emotions. The shamed and blocked emotions stop the full integration of intellectual meaning. As emotions become bound by shame, their energy is frozen, and the full interaction between the mind and the will is blocked. The will still has an intense need to act, and without the mind, it is blind and acts on its own. This causes severe problems, often associated with borderline personalities. It tries to will what can't be willed. It tries to control everything. It

experiences itself as omnipotent, and when it fails, it is wormlike. It is impulsive, and wills for the sake of willing. It wills in absolutes…all or nothing.

I recently had a young woman walk into my practice who personifies this kind of shame-based individual. She has told me from the first visit how I can't help her, because nobody can, and she is just waiting for me to tell her how hopeless she is so she can go and kill herself. She has split from her body, views it as a disgusting thing she must punish because it continues to give her such pain. She binges, purges, starves, and on most days, self mutilates. She is bouncing from doctor to naturopath to healer in an attempt to find some relief. At the core she believes she is bad and deserves all the bad stuff that happens to her. If something good happens, she must hurt herself to compensate for this. She is disgusted that when she is in my office, she has an overwhelming need to be held and told she isn't bad, and doesn't need to hurt herself. She hates that she has need, and when I suggested that all human beings have needs, she flatly stated that she isn't human.

EGO DEFENSES OF SHAME

Freud clearly defined an automatic process used for self-preservation in the face of severe threat. The following describe some of the primary ego defenses that become activated when exposure of shame is threatening.

Denial and Fantasy Bonding

Fantasy bonding is the most fundamental of ego defenses and is used to deny the hurt that is going on. This is an illusion of connectedness with the primary caregiver who is shaming. The more a child is shamed, the deeper the fantasy bond becomes. As the abuse continues, self esteem wanes, and the abused must cling to the abuser, to perpetuate the illusion that someone is really there for them, loves and protects them.

The fantasy bond functions unconsciously and automatically, even years later after the reality is no longer life-threatening.

Repression

Bradshaw calls shame the master emotion because as it is internalized, all the other emotions are bound by shame. Emotionally shame-bound parents cannot allow their children to express emotion because it may trigger their own repressed emotions, which feel too big. That, in turn, may trigger their own shame, which may be overwhelming, so is to be avoided at all cost. They therefore shame their children's emotions, and repression is the way children can numb out their feelings. Numbness is the clue to repressed feelings. After a period of having one's feelings shamed, one begins to erase the experience from consciousness. Over time, one learns to psychically numb out, to feel nothing.

Dissociation

This is the ego defense that protects the psyche from the most violent forms of shaming, sexual and physical violence. It is a form of instant numbing, because the trauma is so great, one needs an instant means to relieve it. Dissociation contains elements of denial and repression, but also includes strong elements of distracting imagination.

We have all heard stories of victims leaving their bodies during violent abuse. These forms of victimization are so difficult to treat, because the feelings remain, but the memory is screened. The connection to the violence and the response to the violence

have been severed, so the victim often thinks the ensuing craziness and shame are about him and not about the event.

Displacement, Depersonalization, Identification, and Conversion

Displacement and Depersonalization are closely related to dissociation. In identification, the victim identifies with the perpetrator so she no longer feels the helplessness and shame of victimization. Conversion of the shameful feelings into sexual thoughts or compulsive behaviour compensates for the neglectful and abusive behaviour, and defends us against toxic shame.

Feeling Rackets

A racket is a family-authorized feeling used to replace a non-acceptable and shameful feeling. Anger is often blocked from conscious feeling and converted into more authorized such as hurt or guilt.

SELF ABUSIVE BEHAVIOURS

Shame filled people will often act in ways that either try to alleviate the pain, or act out in ways that will reinforce and affirm the shame. In essence, they become the perpetrators of the abuse themselves. Some of these arise out of interpersonal relationships, and others from cultural pressures to conform. These include, eating disorders (bulimia, anorexia, bulimarexia, obesity), and addictions (drugs, alcohol, sex). The recovery process from these addictions can also produce shame with potential setbacks.

Feeling addictions such as rage, (which is the intensified anger that has been shamed, and the only emotion that can't be controlled by shame), sadness, fear, excitement, righteousness and joy are a means to mood alter without using chemicals or food. Activity addiction, (certain obsessive/compulsive ritualized behaviors) take one away from certain shameful desires or impulses.

Will addiction, when one indulges in self-willed impulsiveness, (such as impulsive shopping), makes one feel self-centered, powerful and whole. All addicts are ultimately addicted to their own wills…I want what I want when I want it, as expressed in AA. Shame has powerful and devastating effects.

Cultural Shame

Looking for Connection

As stated earlier, idealization of parents increases self-confidence, and we then continue to search for others who serve as objects for idealization. Without this, we feel empty and isolated. Gangs and cults are populated with those who suffered the absence of the idealized parent during crucial times of development. The resulting shame causes the desperate search for a powerful figure to idealize, or a club, group, or person with whom to attach in order to feel whole. This secure sense of membership helps to submerge feelings of shame, and the person feels they must be OK if the club or idealized person likes them.

In any culture, there are certain beliefs about what is normal and what is not, and there is little tolerance for those behaviours or ways of being that fall outside of those lines. Shame will usually keep us within those unwritten boundaries, for to deviate will invoke the judgments of the other members within that culture. This could include society at large, or any sub-group that we interact with such as: a peer group at school or work, a church organization, social circle, or club to name a few. Each group, or sub-group has its own unwritten list of sanctions and taboos.

The judgments are often, but not always critical. Sometimes it can come in the form of pity, which can be just as shaming and painful as disgust. Some examples of this include infertility, being single, being disabled, mental illness, and poverty. For the shame-sensitive person, even compassion can be isolating because what they desperately want more than anything else is to be normal, to fit in. The impact of these deviations will be proportional to the ego health of the individual from their upbringing in their original families.

Health

Our culture, with all of the "new-age" rhetoric about how we can take charge of our lives and our bodies can be very shaming. Much of the philosophy and literature about our health now suggests that if we diet, exercise, meditate, do yoga, and wear crystals we will be in top- notch health. If we are not, the suggestion is that it is our own fault, and we haven't worked hard enough. Illness is manifest of our personal failure, and our unconscious choice to be sick. It has an emotional base that must be dealt with in order to

heal, (so I must be crazy). This may be true at some levels, but nonetheless, it is still shaming. As Graciela Damewood said, sometimes you just get cancer.

There is much shame attached to being disabled. Many people become depressed after suffering a major illness such as a heart attack or stroke. There is shame in the loss of power, of control, and to be seen as being weak.

The hospital is a shame-inducing institution. It is a place people hate to be either as patients or visitors, because as soon as you walk through the doors, you are surrounded by the human conditions that remind us of our animal nature, a fact we as a society fight to deny. With the possible exception of the maternity ward, there isn't a lot of joy. In our culture, we are vigilant about masking any odors or noises that may give us away as being members of the animal kingdom. In fact, I suspect many people feel very shamed in pubic washrooms at the prospect of making the sounds and smells that accompany the natural process of elimination. What we most revere is the ideal of robust independence, and what we face in the hospital is the breakdown of those ideals. As patients, we revert to the infant role, where we must endure the humiliation of being attended to, having our intake and output closely monitored, with our personal care at the mercy of the nurse's timetable. We are also at the mercy of the attendant's frame of mind, just as we were our mother's. This becomes particularly poignant in the nursing home setting.

On same note, our culture harshly judges aging. Many people feel they must do everything in their power to ward off what is a natural process of life, particularly with

the segments of society that are educated and affluent. The monied crowd is targeted by the media, and it is filled with images of taut bodies and unlined flesh. We are encouraged to join a gym, see a plastic surgeon, dye our hair, laser our eyes. Health and Beauty magazines abound, and are filled with advertising aimed at perpetuating the persona of youth. Shame sensitive men and women will often go to desperate measures not to look old, from major surgery to finding a younger spouse. One of my clients told me his parents were so sensitive to the judgments of others that they moved from their home of forty years to a neighbourhood where nobody knew them. They didn't want their old neighbours to be see them going downhill. His mother had harsh judgments about some of her friends "letting themselves go".

Shame of Sex

Many people feel inferior because of their gender or shame because of their sexual orientation. Young girls are often made to feel shamed about their developing bodies, and must endure the taunts of others for developing breasts and hips. Some are taunted for having too much, others for having too little. Small breasted girls are often made to feel that they fall short of the feminine ideal, so are defective. Big breasted girls become objectified and have all manner of judgments projected onto them (dumb, easy, slutty, loose). The natural mound that forms the tummy in healthy maturing young women becomes an object of deep shame to many girls and must be hidden, or dieted away. Our high schools and universities are full of young women who starve, binge and purge, and spend a lot of time in activities specifically designed to burn calories. They are

encouraged in this behaviour by being told how thin they are and how great they look. They begin to feel deep disgust for themselves when they gain a pound.

In addition to the shame around body image, many feel ashamed for experiencing the normal sexual longings and urges that accompany the maturation process. Naomi Wolfe traces the tribulations experienced by many young women as they mature in today's society in her book Promiscuities. Culture and often religion play a major role in convincing young people that a healthy interest in sex is a sign of depravity worthy of contempt until that magical time of sanctified union. Indulging in sex before marriage is of course an accepted way of life in many sectors of our current society, but this is very recent. There is still much shame attached to it, particularly by women.

A young woman who recently came into my practice has suffered terribly at the hands of society and the church. She grew up in a Mennonite family and is still, at the age of 32 very worried about stepping outside her parents' strict ideas about sex and marriage. At seventeen, she had a sexual relationship with her first boyfriend who dumped her and broke her heart. She subsequently married a man who is also a Mennonite. He proceeded to shame her, obsessing about her former relationship. After six years of psychological abuse, he left her and they divorced. She experienced deep shame over the failure of her marriage. She is now in love with a man who is a devout practicing catholic. They want to get married, but he needs her to get an annulment, so he can please his parents, and alleviate the shame he experiences because of the sexual union they now share. She had to go before a panel last week to plead her case. She is

humiliated at this whole process, and is now being told that she must wait two years for their decision on whether she's worthy to get married of his hand in marriage.

Sexism

Sexism is designed to control women through shaming. This is one reason women attend to be more shame sensitive than men. When women want to step outside the traditional occupations deemed appropriate for them, and to take on the challenges of management in the business world, sexual shaming is rampant. Organizations claim to be politically correct, but in reality, they do very little to make allowances for the differences between men and women. Claims are made that women are promoted and hold high positions, and this is true. They had to become like men to do it, however. Perhaps a new twist on Freud's penis envy.

A very bright woman I know was returning from maternity leave to a new boss. She was a member of the management team for a large advertising agency. The new boss had set up management meetings for 7:30 every Monday morning. Her very first day back was a nightmare. She was coping with some pretty strong feelings about leaving her baby for the first time, and to top it off, the new nanny was a little late in arriving. She had a bit of a commute to work, and realized en route that she had forgotten to bring her breast pump. She arrived breathless to the meeting, 15 minutes late, and was greeted with a firm dressing down in from of the whole management team. Humiliation cannot begin to describe her experience in a world that claims to support women, but is designed to carry on in a militaristic fashion that has no flexibility for the needs of women.

The Church

Most religions impart the message that we must be god-like in order to be judged as a good and worthy person. Many devout followers, if they are shame sensitive, go through their lives trying to live up to an ideal that is impossible to achieve, so feel deficient and unworthy all their lives. Some go into the ego defense of inflation and righteousness, to try to cover up the deep shame they carry. They project it onto others and sit in distained judgment of those who show human failings. Others' failures make them feel more righteous.

Schools

Schools are a hotbed for shaming behaviour. They demand conformity to rules, and offer constant opportunities for humiliation, embarrassment, disgrace and ridicule at the hands of teachers and peers. The competitive nature of most programs for many, leads to deep feelings of inadequacy, scholastically, athletically, and socially. This is where cliques are formed, exclusion is used to isolate and degrade, and the smallest infractions are met with uncompromising contempt.

Healing the Shame

Lewis Smedes calls it finding a state of Grace, Elinor Dickson defines it as a return to innocence, and John Bradshaw describes it as transforming it to healthy shame. Whatever we call it, finding relief from toxic shame requires painful, painstaking work. The power of shame is its darkness and secretiveness. Because toxic shame is well

hidden, and disguises itself under any number of masks, the work clearly dictates the peeling back of the many layers to find the root, and to bring it into the light. It requires staring down the masks of the false self, and retrieving the lost inner child. There is no quick fix. It is slow, careful work, because what is at stake is the frail ego, that needs to be gently built up to a state of health.

Shame in the Therapy Room

The following lists some of the signs that signal a shame-based individual.

1. Language of Shame

Some of the self-expressing language used in the therapeutic setting is a tip off for underlying feelings of shame. They include: ridiculous, insignificant, pathetic, weak, freak, weirdo, loser, stupid, dumb, idiotic, disgusting, and, there is something wrong with me. These all speak to the self-judgment of the gap between the idealized self and the actual self.

2. Depression

Many depressions are the result of shame feelings. One symptom that can help determine this is an admission that the person has been feeling depressed for years, like a low grade infection. The client falls into a funk of self-loathing, under the conviction that they are not good enough, but they may only be aware that they haven't felt good, or felt much of anything for a long time.

3. Out of Control

Addictions are always a signal of shame. Uncontrolled emotional outbursts, such as rage, or deep hurt over seemingly small incidents are another sign, often, though not exclusively in men. The other side of this is a need to control everything, so nothing shameful will be exposed.

4. Impulsiveness

When there is a block between the mind and the will, impulsive behaviours occur. These can be very damaging, cause people to act in a way that is harmful to themselves or others. When the going gets tough, the tough go shopping. This is the motto of many people. It becomes a problem when it is used as a salve to numb feelings of shame or inadequacy. It is used as a tool to fill the empty spaces that shame incurs.

5. Fear of Intimacy

Many shame-based people do not like being touched or hugged except by select people. While they yearn for connectedness with another, they must maintain a tight hold on the false self so as not to expose their shameful parts to the object of their desires.

6. Apathy

Purposeless, empty and ashamed feelings can cause the overall feeling of apathy. It often accompanies shame-driven depression, and the lack of engagement in life generates more shame.

7. Unlovability

Cannot feel another's love, and feels shame for being unloved and alone

8. Compulsiveness

Anxiety about anticipated shame may shock some people into behaviour that may prevent the experience, such as dieting, or studying harder.

9. Low Self-Esteem

The most seemingly successful person may feel self-critical of their abilities, achievements, appearance or relationships. Similarly, they may be critical of others. The narcissist may present a seemingly air tight persona of confidence and an inflated self, but it is a thin veneer, and behind it is a fragile ego set to crumble at the slightest perceived attack.

Self-loathing may also accompany any sexual deviation such as pornography, or masochism.

10. Internal Critic

Shame-based people have a strong critical voice that talks to them all the time, evaluating and judging almost every aspect of their lives. It is most often the voice of the parent at its most judgmental and abusive that becomes internalized.

How to Treat Shame

Working with shame will trigger the therapist's shame. It is critical that the therapist has met his own shame issues so he can tolerate being in this painful place with someone else. As stated earlier, shame begets shame, and if the therapist cannot face his own shame, he will unconsciously collude with the client, and dance around the issue. By-passed shame is one of the major reasons for failure in therapy.

Safety, as it is with all therapy is the key that enables the revelation of shame. It is important to note, however that it is not enough for the client just to feel safe. He must feel safe enough to risk the relationship with the therapist, who becomes a person he trusts, admires, and desperately wants to like him. Your opinion of him really matters to him at this stage, and he must feel secure in the love and acceptance, so he can begin to change his opinion about himself. In the unconditional acceptance of the therapist, he will understand that he is acceptable and lovable, and he can begin to claim the abandoned parts of himself. I recently had a client I've been working with for a year and a half reveal some very intimate material that he has hidden from everybody for over 50 years. I asked him what he needed, and he said, "I just need to know you are still here."

The next step is to name the shame. Bringing it out of hiding and into the light is very liberating. It diffuses the intense loneliness fostered by toxic shame. I have noticed in my limited practice that when issues are addressed as shame, there is a marked change in body posture, like a letting down, and obvious relief to finally have it revealed.

Acknowledged shame must then be met with the positive mirroring the client did not get as a child. In this mirroring, he finally begins to feel validated.

Once the shame has been revealed, it is important to dissect the shame issues and determine which parts the client can own responsibility for, and which ones are "carried shame" from deeper issues such as fear of abandonment. Those issues may not even belong to the client, but to the client's parents, or significant others in his life.

Normalizing the issues that cause shame can help bring the person out of his feelings of isolation. He desperately wants to fit in, but does not feel worthy because of his defects. To normalize an interest in pornography, for example, as a curiosity that many people share can do much to diffuse the shame around it. This could be a much bigger issue, however if the interest is more than a curiosity, and becomes obsessive in some way. Then we are into treating sexual shame, a very important topic, but so big, it deserves another paper.

To rescue the inner child, regression work that will help the client go back and re-experience the blocked emotions as they first occurred is necessary. As Alice Miller has said, "It is not the trauma we suffer in childhood which makes us emotionally ill but the inability to express the trauma". Working to understand what those emotions are (anger, frozen grief, etc), how they got blocked, and then releasing them through some form of expression is essential. Some respond well to cathartic work, others find release through

writing, movement, drawing, painting, etc. Bioenergetic work is particularly helpful here. Once connected with his true and authentic feelings, shame is reduced.

Visualizations can be a helpful means of helping to integrate the inner child, by going inside, finding the child, feeling what the child is feeling, taking in details of what he looks like, and going over to him as the adult, holding him and telling him you will look after him, he doesn't need to be alone any more.

Dealing with the critical voices shame-based people carry as a constant companion can be a challenge. These are usually the voices of the shaming parents when they were at their most rejecting and angry. There are several methods. One is to externalize the internal dialogue. In doing this, the self-attacks are exposed, and work can be done to shift these negative attitudes into being more objective and nonjudgmental . Some psychodrama could be useful here. The client can express the negative voice, and then start answering it in the most spontaneous way he can.

Shame based people are very sensitive to criticism, and the response to it will almost always come from a wounded child place. Bringing this to awareness, and encouraging him how to respond from an adult place will prevent the reinforcement of toxic shame that responding from a child place will do.

Un-owned shadow parts of ourselves will often show up in dreams. Encouraging the client to start paying attention to his dreams, and to write them down in as much detail as

he can recall. I recently had a client tell me a dream that clearly showed her wounded animus, and gave a clue as to when a lot of the wounding took place.

In her dream, she was with a 10 year old emotionless girl who was an expert archer. This girl shot and killed all of the young boys one by one with one shot through the heart. After they were shot, the bodies just disappeared. Finally, there was a young, overweight, disabled boy who was being pushed around in a wagon. She shot him in the heart but he didn't die. He cried out in pain, and kept coming toward the archer. The girl kept shooting him, and soon there were five or six arrows in his chest. He kept on crying out in pain and advancing. Finally, the ego part of the dreamer had to leave and go upstairs, because she couldn't stand to watch the inevitable.

This client grew up with a shaming father. When she was 10, she moved to a new school and got a teacher who intensely disliked her, and shamed her on a regular basis. It was a horrible year for her, and since all attempts to stand up to this teacher only resulted in further punishment and derision, she coped by withdrawing. This pattern has followed her through her life, and brought her into therapy.

Bioenergetic Therapy

Anodea Judith describes shame as the demon of the third chakra, but there is evidence that shaming can happen as early as the first few weeks of birth, perhaps even in utero. It is the first five chakras that are most affected by shame, and those will be described in

some detail. The following highlights some of those issues and biogenergetic therapies that can be applied.

Ist Chakra - The Unwanted Child

Imagine a child who has been conceived and is not wanted. The mother will experience feelings of regret, shame, fear, and resentment. There is some evidence the baby will pick up these feelings in utero, and will most certainly respond to the subsequent care that would come from a reluctant mother. Characteristics of the Schizoid Character structure are doubting the right to be here, or feeling shame for existing, as experienced by the mother. Schizoids suffer distrust of their own bodies, they fear disintegration, and they tend to be paranoid. There is a lack of trust in relationships (feel unlovable), and they have a hard time looking after themselves in a nurturing way. They have difficulty loving anyone, particularly themselves, and they distrust and fear intimacy.

These people require a lot of grounding, with standing exercises to create a charge that dispenses energy through the body. Chair therapy is not often helpful to people with deficient or excessive first chakras, so it is important to recognize this, and get the client to work on his feet, dancing, kicking, stamping, anything to develop a charge through the feet and legs and into the first chakra.

Affirming the body is critical to the schizoid, so constantly checking in with what is happening in his body as he describes incidents in his life is important. Having the client exaggerate the feelings through body movements is helpful to get the client to go past the

numbness of the feelings to experience them. Getting them to stand helps him feel more assertive and in control.

Holotropic breathwork, and other regressive breathing techniques can be helpful as well.

Chakra Two

Judith identifies guilt as the demon of the second chakra, but I take issue with this. She is, I'm convinced, talking about shame. The second chakra is impacted from the ages of six months to 24 months. This is too young for the cognitive faculties to be developed enough to have developed internal beliefs and values. This is where the "good me, bad me" gets organized, and the belief that the bad me is shameful and deficient. The second is the chakra of movement, sensation, pleasure, desire, emotions, sexuality and polarity.

Lack of touch during this stage of development will result in the child having separation anxiety, or a fear of abandonment. The baby can also learn to mistrust his senses if his fundamental needs are not met. For example, if he is not comforted when upset, or fed when hungry then the senses cannot be trusted, and they shut down. This can lead to over-reliance on intuition, so watch for an excessive 6^{th} chakra.

Oral character structure questions the right to have, and desperately wants to be loved. When this is denied, they may turn to food, or other oral activities, such as smoking or drinking for comfort. Orals fall deeply in love, and also feel rejection very deeply.

Since the second chakra is usually excessive, orals need to develop the 1st and 3rd, so grounding is essential. Reclaiming the right to feel requires working with the blocks, at the same time recognizing the polarities that may exist. For example, the person may feel expansive in anger and contracted with fear at the same time. It can be helpful to have them exaggerate these feelings through movement and dramatization.

3rd Chakra

Shame is described by Judith as the demon of the third chakra. The greater the shame experienced during this developmental stage, the less personal power we have, and the lower the self-esteem. There is a stuckness felt by shame-bound personalities, and a tendency toward compulsive repetition and addictive behaviors.

Shame bound individuals have a running dialogue in their heads about how worthless and inferior they are. Their energy is frozen at the will center. They need to open up the third chakra in order to exert themselves, and to allow the downward movement of energy to the second chakra to feel in touch with their sexuality. It is important to encourage a letting go, as this character structure typifies holding in. He holds in, holds together, holds on, because his biggest fear is humiliation. There is incredible energy used to maintain this defense against attack. The legs, hands, throat and genitals are areas of holding. While energy may be allowed to come in through the ground and the crown, the body is unable to release it. There is a blockage in the first and fifth chakras, and the third is collapsed.

The energy in the third chakra must be built slowly. Diet is an important element here, with an emphasis on complex carbohydrates, sufficient protein and vegetables, eaten at regular intervals in order to keep the blood sugar levels steady. Aerobic activity will raise the metabolism and helps develop a feeling of power. They should be encouraged to participate in activities that make them feel energized. Also important is getting in touch with anger and releasing it.

Building ego strength is critical to healing the third chakra. This can be done through attacking the shame demon, and releasing the ego defenses to get to the core self. Spontaneity through play will be possible once inhibitions and fears are released.

4th Chakra

Love and relationship are the issues of the fourth chakra. In a shame-bound person, it is important to work in this area with self-love and self-acceptance. It is the place where the client can begin to get in touch with his needs and then begin to create the perfect mother and father that he can internalize and carry with him in his heart to look after the wounded child. Once he can do that he will be better able to feel and accept the love that comes to him from others.

It is essential to note that in relationships, shame-bound people are attracted to others who are shame-bound. As Bradshaw describes, hockey players hang out with other hockey players, not bridge players. They seek out others who will perpetuate their suffering through further shaming, collude to keep the false selves firmly in place.

A client of mine has been in a relationship for 25 years. He has been depressed for most of that time, and when things got really low a couple of years ago, went on medication and started therapy. He has yet to tell his spouse about this because he'll feel shame and she'll feel shame and guilt that she wasn't available to help him. She has a highly strenuous job as legal counsel for refugees, so in his mind, her needs are bigger than his.

It may be good to encourage a shame-bound person to seek out groups of people who will be accepting. There are support groups that have formed for this, and they provide a 12 step program much like AA for helping severely shame-bound people to heal. In this way he can begin to feel what an accepting, non-judgmental relationship is like.

5th Chakra

The trauma and abuses of the 5th Chakra include such shaming elements as: verbal abuse, constant yelling, excessive criticism, secrets, authoritarian parents, addictions and substance abuse, lies and mixed messages. The basic right of this chakra is to speak and hear the truth.

When this chakra is deficient, the voice can be weak, and there is a great deal of difficulty expressing one's feelings. An excessive chakra suggests that one tries to control situations by talking too much, to keep everybody away from the feelings with a lot of detail. It also helps to discharge energy without fully feeling the body.

Exercises that allow for movement combined with sound, such as authentic movement, are excellent for helping to heal this chakra. In that way, clients can tune into their own vibrations.

Exercises that help the tuning in of the sounds in the environment, and feeling one's own resonance within the environment helps develop an overall awareness of the body, and helps to bring mind and body back together.

Warm up the body with light exercise, and then allow whatever sound wants to be emitted in as full a way as possible. Try to find the personal Tone that can be sustained for a long time. Have the client notice from where the sound originates, and to feel the body vibrating with it.

If the client is willing, chanting is excellent for opening this chakra, and for feeling the vibrations of all of the chakras.

Exercises in active listening also provide healing, because it means the client has been heard.

Keeping a journal, or writing feelings down and throwing them out can be a freeing experience that helps one speak their truth.

Music used in sessions can be helpful as well, to help induce a trance state, or to set chakras vibrating.

Summary

1.Shame is at the heart of what brings most people into therapy.

2.There is healthy shame and toxic shame.

3.The difference between guilt and shame is guilt is a feeling of wrong-doing and shame is a feeling of wrong being.

4. Healthy shame reminds us we are not invincible.

5. Toxic shame causes us to disown parts of ourselves, and to develop a false self with masks, and ego defenses.

6. Toxic shame wears many faces, so the therapist must help to peel back the layers to reveal the authentic self.

7. Shaming can happen in the earliest development, and carry on through the years.

8. The first five chakras are the ones most affected by shame.

9 Shaming can happen anywhere, and from anyone. Once it happens after the second stage of development, the damage is done. The shamed person should be encouraged to express the feelings of the incident.

10. It is a slow process to heal in therapy, there is no quick fix. One of the key components is unmasking the authentic self and rebuilding self esteem.

11. The therapist must be comfortable enough with his own shame to tolerate the shame of his client, because shame begets shame, and the therapist will be triggered by his client's shame.

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