

Engaging Shame

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How Do We Recognize SHAME ?

Internally, there is negative self-talk.....an internal dialog of critical, judgmental, diminishing, references to the self..

'I am a bad person' (shame) vs. 'I am a worthwhile person who did a bad thing' (guilt).....

Negative conclusions drawn about the self and its value...self-loathing

There is a behavioral pattern of shutting down emotionally, withdrawing from connection, distancing, isolation, gaze aversion, shame based depression, and a limited capacity of self-observation...(i.e., the ability to reflect on one's experience, cannot distinguish past from present and often triggered by daily life events)...

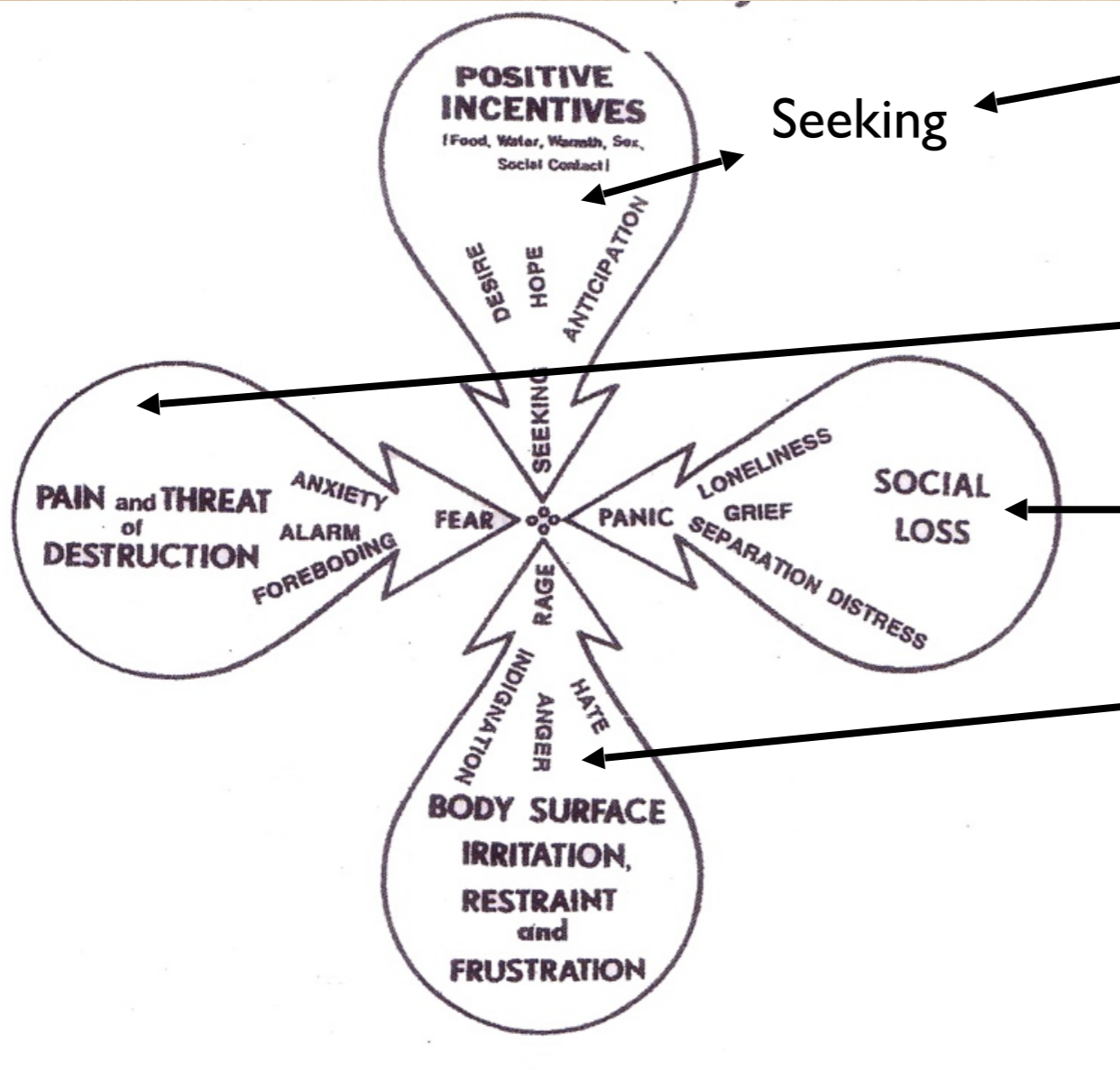
There is a somatic (bodily) pattern of postural slumping, collapsing, freezing (tightening up muscularly), and numbing...

All of these qualities lie on a continuum of 'occasionally triggered' to 'chronically present'...

The Basic Affects / Sub-Cortical Neural Systems

Panksepp Model

Tomkins Model



Interest-Excitement
Enjoyment-Joy

Surprise-Startle
Fear-Terror

Distress-Anguish

Anger-Rage

Shame-Humiliation

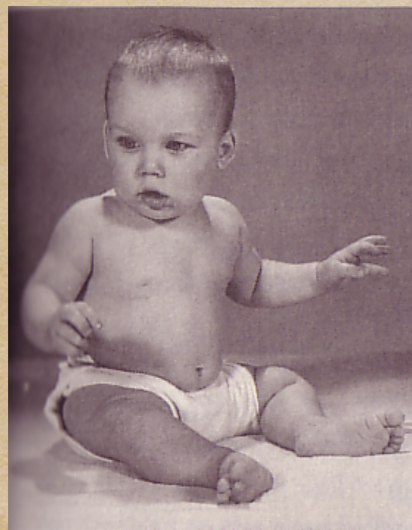
Disgust
Dissmell

Feels like an emotion...acts like a defense..

SHAME

As an Affect

SHAME



As an Emotional 'Family'

Ashamed
Being Judgmental
Righteousness
Humiliation
Embarrassed
Withdrawn
Shy
Indignant
Alienated
Worthless
Icky and Dirty
Critical
Depressed
Awkward
Stupid
Guilty

The Shame Continuum

← All of these qualities lie on a continuum of 'occasionally triggered' to 'chronically present'... →

Feeling bad about something you've done

Regret

Feeling Remorse

Withdrawing
Disconnecting
Inhibited

Defensive reactions triggered

Toxic Shame

The affect is triggered

State Shame

More and more 'emotional' components

Malignant, Toxic, Trauma - Shame

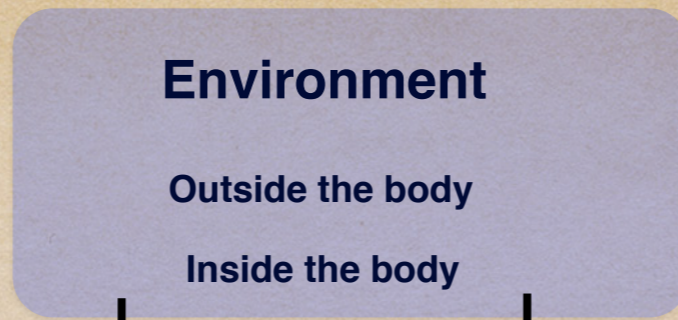
Still capable of connecting to others & yourself - feel bad about the behavior but still cherish (have compassion for yourself) as a "flawed" human being



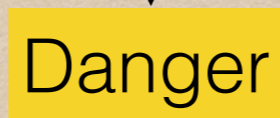
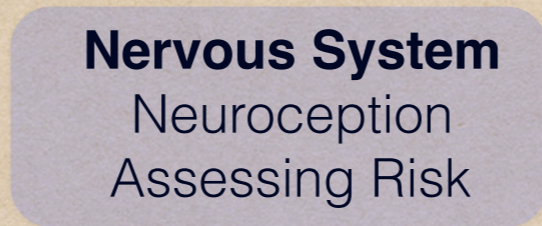
Withdrawing & disconnecting
Becoming defensive & self-involved

**These are all forms of
'Downregulation'**

The structure of the
Autonomic Nervous
System



Safety is assessed
early and often..
when the SES is
operating...



**Spontaneously engages
others** eye contact, facial
expression, prosody supports
visceral homeostasis

Defensive strategies
fight/flight behaviors
(mobilization)

Defensive strategies
death feigning/shutdown
(immobilization) SHAME

**The Social
Engagement
System**

**Sympathetic
Nervous
System**

**The Dorsal
Vagal
Network**

**The Ventral Vagal
Network**

The Nature of SHAME As a Defense

Shame is inhibitory....a 'central inhibitor'...

It is a 'wordless' state...speech and thought are inhibited...

As that function it can dampen and '**down-regulate**' the expression of any other affect...(seeking, fear, anger, or loss)..

It can serve the individual like any of the other defensive patterns (avoidance or idealization)...to serve as a barrier to the full experience of trauma or any other overwhelming emotions....

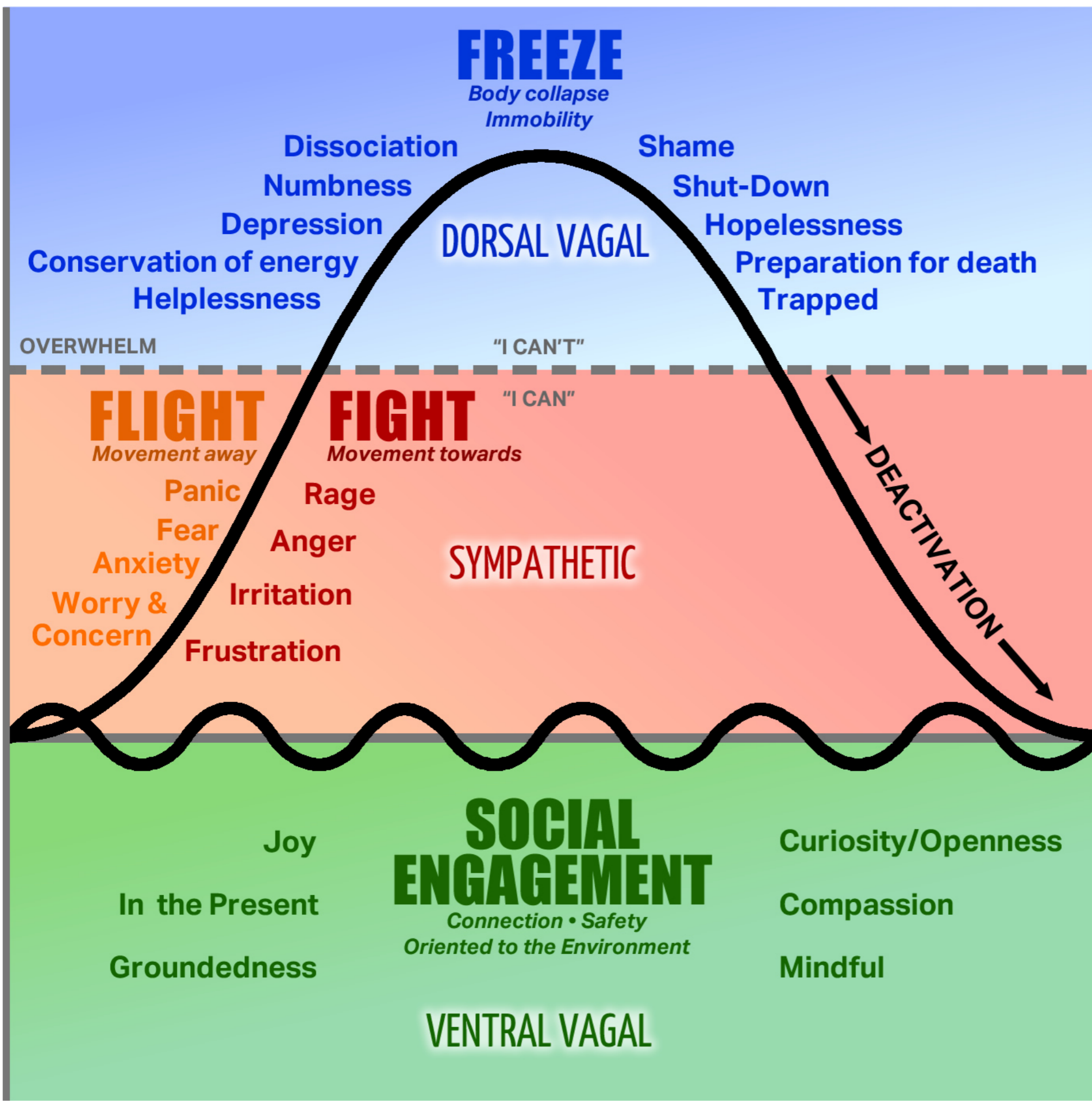
So, shame can become a 'safe place' - a resource to remove one from the trauma experience...but because it is defensive in nature, other problems occur (loss of self, lack of emotional connections, etc.)....

Almost always accompanies the failure to protect the core self from harm (*when healthy defenses like F/F are activated but obstructed*)...so withdrawing and hiding is triggered...

Shame can be a solution to an overwhelming problem and can also be viewed as a protector, a hero, a 'clever solution', etc. Shame can be 'reframed' for the client to reflect its emergence as an aspect of neuroception and its survival qualities....

Shame is created (manifests) at all levels...as a particular sensation, as a body pattern, as a belief, as a set of cognitions-words and thoughts....In traumatic/chronic shame, it gets established as a procedural implicit memory...a 'posture'...a way of being...

AROUSAL INCREASES



PARASYMPATHETIC NERVOUS SYSTEM
DORSAL VAGAL - EMERGENCY STATE

- Increases**
- Fuel storage & insulin activity
 - Endorphins that help numb and raise the pain threshold.
- Decreases**
- Heart Rate • Blood Pressure
 - Temperature • Muscle Tone
 - Facial Expressions • Eye Contact
 - Intonations • Awareness of the Human Voice • Social Behavior • Sexual Responses • Immune Response

SYMPATHETIC NERVOUS SYSTEM

- Increases**
- Blood Pressure • Heart Rate
 - Fuel Availability • Adrenaline
 - Oxygen circulation to vital organs
 - Blood Clotting • Pupil Size
- Decreases**
- Fuel Storage • Insulin Activity
 - Digestion • Salvation
 - Relational Ability
 - Immune Response

PARASYMPATHETIC NERVOUS SYSTEM
VENTRAL VAGAL

- Increases**
- Digestion • Intestinal Motility
 - Resistance to Infection
 - Immune Response
 - Rest and Recuperation
 - Circulation to non-vital organs (skin, extremities)
 - Oxytocin (neuromodulator involved in social bonds that allows immobility without fear)
 - Ability to Relate and Connect
- Decreases**
- Defensive Responses

Adapted by Ruby Jo Walker from: Cheryl Sanders, Steve Hoskinson, Steven Porges and Peter Levine

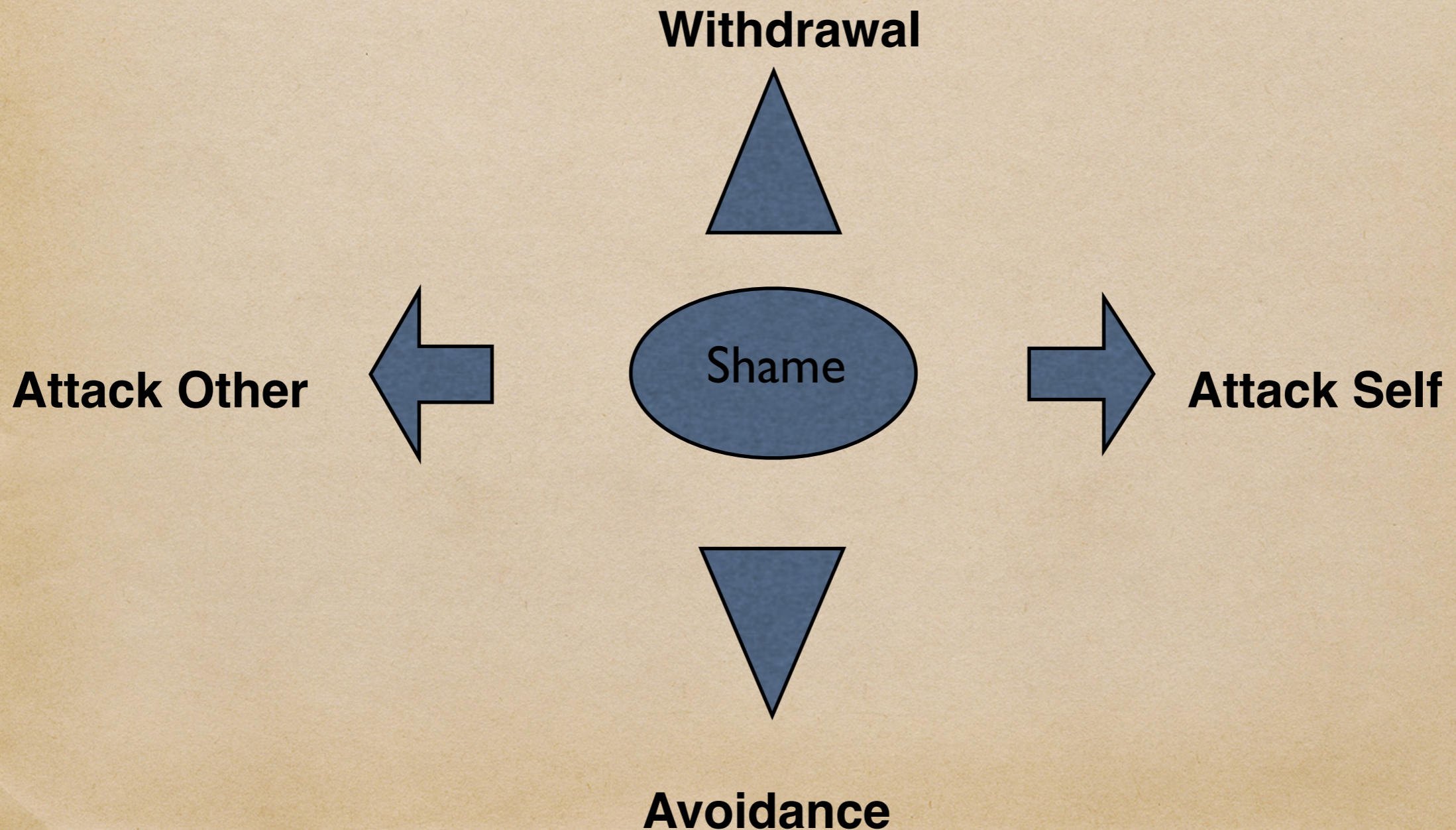
The Quality of the Personal Experience Called 'Toxic Shame'

“The binding effect of shame involves the whole self. Sustained eye contact with others becomes intolerable. The head is hung. Spontaneous movement is interrupted. And speech is silenced. Exposure itself eradicates the words, thereby causing shame to be almost incommunicable to others. Feeling exposed opens the self to painful, inner scrutiny. We are suddenly watching ourselves, scrutinizing critically the minutest detail of our being. We stand revealed as lesser, painfully diminished in our own eyes and the eyes of others as well.”

G. Kaufman

The SHAME Compass

The Four Patterns of Reaction We Exhibit When We Cannot Tolerate Shame..
The Compass describes the avoidant/defensive responses associated with
shame and the traumatic material that shame hides..
'Living With', but not able to tolerate the shame constriction



Relational Sources of Shame - I

Shame in many of its forms is relationally based....

A 'Social Emotion'...

A frequent source of chronic shame is Childhood Relational Trauma... 'ruptured attachments'...

“Shame is an experience of one’s felt sense of self disintegrating in relation to a dysregulating other”...

Judith DeYoung....Chronic Shame

A neurobiological process...

Relational Sources of Shame - 2

The experience of one's self *disintegrating* in response to acute or sustained misattunement from a significant other...the loss or annihilation of coherence/regulation of the self...

Based on caregiver absence of connection, shaming behavior, or intrusion...

A mismatch between the infants requests for connections and the caregivers gaze and facial expressions...

The internal drive for coherence (self-regulation) creates the need for caring and the expectation for attention and empathy from caregivers...when these needs are met, these patterns become the organizers of self-with-others interactions that follow us through our life....

“The goal of psychotherapy is to help the client move from dysregulation to regulation”...(Grand)

Levels of Treatment

Establishing Mindfulness... "bringing shame into the light"...
shame is often hidden, buried, and unconscious...

Exploring Triggers past and present for the shame
response....

Processing the traumas and painful experiences that required
the defensive response...(what the shame is covering)...
also addressing what co-occurs with shame - issues of
substance abuse, emotional dysregulation, and attachment/
developmental traumas...

Interventions

*Relational...*because of the deeply relational nature of the origin of shame, the personal relationships are very important in the healing process...the therapeutic environment has to provide a sense of safety (change is not possible without it) and interactions that restore empathic connection...

*Neurological..*the ways in which the defensive contractions of chronic shame get anchored in the body require therapies that can go deeper than cognitive interventions and can touch memory patterns and reactions that are buried in the limbic system and brainstem....(e.g., EMDR, Brainspotting, Somatic Experiencing and Body-oriented Trauma Therapies)...