

The nature of shame and its treatment

Transcript of a talk given by Marshall Bush, PhD

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I want to thank Francesco for organizing this wonderful conference and inviting me to participate. Please alert me if you cannot hear me. Can you hear me now?

INTRO

I want to share with you some thoughts on the nature of shame and its treatment. My hope is to interest you in the topic. Helping patients overcome their problems with shame is one of the greatest gifts we can give them.

SHAME IN OUR EVERYDAY LIVES

Shame is an emotion that permeates most aspects of our daily lives. We unconsciously filter our behavior according to the risks of looking foolish, seeming inappropriate, or being misunderstood. And when we do feel shame, we freeze and withdraw.

For this reason, social psychologists (2000) consider shame and pride to be the master emotions of everyday life. We share things we are proud of and hide things we are ashamed of. Shame is also considered to be a gauge of how securely attached we feel in our important relationships.

Our capacity to take emotional risks is heavily influenced by our vulnerability to shame. When we are able to share our feelings of shame the walls we put up begin to come down and we feel closer to others. It is hard to empathize with someone who maintains a façade of perfection.

Realistic pride is a natural antidote to feelings of shame, as is being loved and respected. Pride makes us feel deserving, shame causes us to feel the opposite. That is why analyzing our patients' prohibitions against feeling proud is essential for helping them overcome their problems with shame. People whose pathogenic beliefs dictate that they are unworthy of admiration will be more likely to comply with being shamed.

False pride is a defense against shame and typically indicates a heightened vulnerability to feeling humiliated. It is usually accompanied by arrogance, disdain for others, and an air of superiority. It does not draw people to you.

Children innately feel ashamed of ways they perceive themselves as being flawed. Children with learning differences, psychological symptoms, or physical disabilities are inevitably going to feel ashamed and inferior. And they rarely escape ridicule. Helping such children with their shame is a gift we can give them.

What one feels shame about is partly socially determined. The slave owners felt no shame about keeping other human beings in bondage and physically and emotionally abusing them. The soldiers who relocated Japanese Americans to internment camps during WW2 felt no shame about the way they treated families who had lost their homes, livelihoods, possessions, and dignity. The SS guards in Auschwitz felt no shame about brutalizing the camp inmates and herding them into gas chambers. Rather, they were proud of their dutifulness in carrying out Hitler's orders. They later described their tour of duty at Auschwitz as the best years of their lives.

SHAME AS AN EMOTION

Although shame and guilt are distinctly different emotions, it is common for them to be spoken of in the same breath because they usually occur together. People feel ashamed of things they feel guilty about, and guilty about things they feel ashamed of.

As an emotion, shame is easy to induce but hard to dispel. Most of us can still recall shaming things our parents, teachers, or peers said to us. Like fear, shame is fast-tracked and very painful. That is why we usually keep our shame memories out of awareness.

An example: I heard a poignant account of a young Japanese man who was released early from an internment camp. He was given a job lead in Minneapolis and found a room in a boarding house. His landlady, who was kind and liked him, knew he was planning to get married and suggested that he look at an apartment in the neighborhood, which he did. The woman who answered the door spit in his face and said, "I don't rent to Japs". The incident was so painful that he never told anyone about it, not even his wife, until years later after he had accomplishments he felt proud of. Realistic pride makes it safe for us to revisit our shame memories.

Authority figures are in a powerful position to induce shame, as well to counter feelings of shame and provide corrective emotional experiences.

George sent me a link to a video about Viktor Frankl. He was in Auschwitz for 3 years, where he lost his wife and most of his family. After the war, he assumed a teaching position at the University of Vienna.

By 1960, Frankl was ready to uproot his whole life and move to Australia, where his sister lived. Having survived the horrors of Auschwitz, he could no longer endure the constant derision of his life's work by his Freudian colleagues. As he was preparing for departure, he received an emissary from a famous New York Rabbi. "The Rebbe asked me to tell you," she began, "that you must not give up. You must be strong. Do not be disturbed by those who ridicule you. You will succeed and your work will achieve a major breakthrough."

Frankl had given up—but the rabbi's words of encouragement brought him hope. Not long afterward, he published his magnum opus, *Man's Search for Meaning*.

People who have the gift for providing corrective emotional experiences make wonderful therapists.

SHAME IN THE CLINICAL LITERATURE

Shame is an inherent component of traumatic experiences because it is in the nature of trauma to render the victim powerless and humiliated. Judith Herman (2011), the noted author of *Trauma and Recovery*, considers PTSD to be a shame disorder. And the shame from a traumatic experience can easily last a lifetime.

You don't have to be shamed to suffer shame. Elie Wiesel suffered from life-long shame because in a death march from Auschwitz to Buchenwald, he wished that he would lose his very ill father so that he could save his own life.

Depending on the circumstances, shame can be the most debilitating emotion a person will ever feel. It can lead to emotional dysregulation, psychological paralysis, and, in extreme cases, dissociation or suicide.

Intense shame experiences are especially traumatic for young children, and if left uncorrected, will lead to pathogenic beliefs about being undeserving of love, friendship, and admiration. In fact, any experience of helplessness will become a source of shame for adults as well as children.

As Freud noted in *Studies in Hysteria*, an insult that has been suffered in silence is remembered quite differently from one that has been effectively responded to.

A journalist named Howard Reich interviewed Elie Wiesel and wrote a book called *The art of inventing hope*. Reich's parents were both holocaust survivors. His mother never recovered and always believed the Nazis were pursuing her. His father never talked about his experience in Auschwitz. He did, however, enjoy telling a story from his childhood in Romania. Three anti-Semitic ruffians tried to grab him and beat him up. In the story, he picked up a pipe and bloodied 2 of them, while the 3rd ran off. In this memory, his father had passed from the helplessness of being a victim to the satisfaction of being able to defend himself.

Wiesel was deported to Auschwitz at age 14, along with his parents and sister. His mother and sister did not pass the initial "selection" and were sent to the gas chambers. He and his father were subjected to daily humiliating abuses and deprivations. One of the lessons he took away from that experience was that he would never shame anyone.

Chronic shame has far-reaching consequences on the course of a person's life. It keeps one feeling insecure in social relationships; it breeds loneliness and isolation; it limits a person to superficial relationships; it causes children and adults to hide their true selves; and it gives rise to self-hatred.

Shame-prone parents are excessively preoccupied with how their children's performance reflects on them. They continually compare their children with those of their peers. The worst thing a child of shame-prone parents can do is embarrass her parents. Children internalize their parents' anxieties about not "showing" well, and, they subsequently develop performance anxiety themselves. How they appear becomes more important than being who they are.

One of the tragedies of having shame-prone parents is that the child never gets to know them or feel close to them. One of my pts had a financially successful father who grew up in a poor working-class family. The father climbed the corporate ladder to a position of prominence, although he lacked the educational credentials of his peers. He was extremely sensitive to how he was perceived and to how son's behavior reflected on him. When my patient announced his intention of becoming an architect, his father forbade it because it was not a sufficiently prestigious occupation. My pt ended up pursuing a career that his father approved of, but he never felt fulfilled in his work. In a recent session he said to me that his father felt more like an uncle than a father.

Unconscious compliance plays a large role in a person's vulnerability to feeling shamed. The more unconsciously compliant one's parents are and the more they demand compliance from their children, the more compliant the children will become.

It is very hard for children to resist their parents' efforts to shame them. One of my patients, who was a beautiful young woman, had a shaming and shame-prone father who told her she was ugly. Although my patient understood her father's irrationality, she still underwent very painful surgery to make herself beautiful in her father's eyes.

On the other hand, if parents exhibit resilience to being shamed and do not demand compliance from their children, their children will identify with their strengths and also become shame resilient. Resistance to feeling shame also comes from having parents who love you, are attuned to your feelings, and responsive to your needs. Feeling proud of one's parents gives children a sense of pride in themselves.

It is hard for children and adults not to take to heart authority figures' criticisms. I have had a number of patients who were told by teachers that they were not smart enough to pursue their occupational goals, and they subsequently gave them up.

HOW PEOPLE TRY TO MASTER SHAME IN THEIR EVERYDAY LIVES.

The healthy forms of mastery include pursuing special accomplishments one can feel proud of, developing the psychological resilience and physical strength to fight back against being shamed, removing oneself from degrading relationships, finding a loving and admiring partner, and not inflicting one's own shame traumas on others.

There are also unhealthy ways of trying to master shame. Two of the most common are developing a compensatory arrogance, and shaming others. The artist Picasso is a case in point, although Picasso's grandiosity was backed up by prodigious artistic ability.

Picasso had a traumatic childhood in which humiliation outside the home was an important factor. He came from a poor family in Malaga, Spain. His father was a local artist and a professor of drawing who made a marginal living. Picasso was short for his age and had great difficulty learning to read and write. He was totally unable to comprehend math. He dealt with his daily humiliations by sitting in class and doing what he was good at--drawing.

Norman Mailer (1995) describes his school experience in the following way:

“He was petrified when he had to go to school...Each morning, on his way to class, the maid dragged a hysterical little boy through the streets and into the classroom... At his desk, he could not concentrate. No matter what the teacher was instructing, he would devote himself to drawing. The contrast between his commanding presence at home and these humiliating entrances into a room full of boys his age may have created a fear of the social world that would not leave him for the rest of his life. He showed such panic at these new surroundings that his father had to transfer him to a small private institution...presided over by a friend. The new headmaster, apprised of the boy’s unique artistic abilities and exceptional terrors, permitted him to leave class and sit in the kitchen with his wife...There he was able to draw until his father came to take him home.”

Picasso’s childhood attachments also seem to have been insecure. He feared that his father would come back for him. He dealt with this fear by insisting his father give him something valuable that he could take to class as a guarantee that his father would return.

He later said that he learned nothing in school or from any of his teachers. He claimed to have taught himself everything he knew, although there were many things he did not know. Picasso partially mastered his childhood humiliations by becoming a preeminent artist, a wealthy man, and a celebrity. He loved being the center of attention.

Like other shame-ridden adults, Picasso could never be himself. He wore many different masks and took pleasure in charming, deceiving, shaming, and denigrating other artists, friends, and the women in his life.

The writer Lev Golinkin (2014) describes one such experience in his memoir “A backpack, a bear, and eight crates of vodka”. He was ashamed of being a Jewish kid in the Soviet Union because it brought him ridicule, rejection, and physical abuse. This is a vignette from his memoir. Although he left the USSR when he was 9 years old, the effects of his childhood traumas did not leave him.

I met Alicia at the very end of junior year... She was kind, compassionate, very beautiful, and a little sad. I felt safe with her. Every time I felt rattled, felt that I had made myself too accessible, she’d say or do something funny, or silly, or endearingly vulnerable, and my jaw would unclench and I wouldn’t run.

I had just returned from one of the numerous retreats offered by Boston College. The retreat, like most retreats, was supposed to instill the participants with a feeling of identity, a sense of belonging, and hope for the future. It was a good retreat, powerful and thought-out, but none of that happened. I sat in the group circles and shared the minimum, and when others smiled I said that I was also happy and when others cried I said that I, too, was sad, but being there and watching the emotions flow over other people left me aching to talk to Alicia and tell her *something* real.

I wasn’t happy about doing it so I just vomited it out in a continuous stream. I told her that I hated myself. I told her that I hated others and that I had never believed a single good thing anyone said about me, because whoever gave me a compliment must’ve been a liar, or delusional, or worthless to say they saw worth in me. I told her that I had been afraid for as long as I could remember...

I took Alicia back to the USSR [figuratively speaking], walked her over to Austria, brought her to the States, and drew her into the paralyzing, hopeless existence that comes with not having a shred of self-esteem.

We sat on her blue couch. I spoke and stared unwaveringly into the darkness outside her window, but I could feel Alicia trying to sit

closer, peek into me. She was always trying to hug me and I finally explained why I hated hugs, why I hated having someone touch my body, how it evoked memories of the beatings, and why I froze and cringed whenever she tried to hug me, just as I had done with everyone since I left Russia. I told her that I hadn't looked in a mirror in years, and I explained to her why, I choked up when I explained that whenever I finally did open up to people during the last two years, whenever I found something that I cared about like the Appalachia Volunteer program, that feeling of love, friendship, and communion would vanish.

When I finally stopped talking it was past three in the morning and I could look outside her glass door and see that the campus, which was usually teeming with people, was completely dormant, and I listened to the silence and stared at the blackness outside of Alicia's window afraid to turn and see the inevitable disgust and horror in her reaction.

She remained quiet, waiting until I forced myself to look at her, and when I did I saw that her dark eyes, jet-black, darker than even the windowpane, were full of tears, and more tears were already on her face, and she would sometimes wipe them away with an absent-minded gesture, but more tears kept coming. I looked at her eyes and at that moment I knew that I could have gone on for hours, I could have completely emptied all the hate, and guilt, and vileness in my heart and she would have absorbed it all, and she would have never been repulsed.

I don't know how to cry, and I don't mean that in the *I'm all cried out [way]*. I literally can't do it. I'd burned it out of me by the second grade. I couldn't avoid the beatings or the fear, I couldn't get my friend Oleg [who abandoned Lev as soon as he found out Lev was Jewish] back, but I could decide not to cry, no matter what.

"Can you do something for me?" she finally said. "Can you promise me that if I tell you something, you'll believe me, if just for a moment?"

“Can you promise me that you’ll believe me when I tell you that everything that you just told me—the hating, the beating, the kids in Russia, your friend Oleg, the mirror—can you believe me when I tell you that it’s not your fault?”

“It’s not your fault. I just want you to believe that.”

I wanted to tell her *I’d try*. I wanted to tell her *I will*. I wanted to kiss her. There were times when I was with her that I felt I could, or I should, and it would just feel right. I wanted to take whatever I was that whispered that a beautiful girl would never be interested in a *zhid*, and tell it go fuck itself.

[...] I knew beyond a doubt something had changed [...].

Years of yearning had finally broken out, and a rhythm, long ignored, beat through me. *To be happy, to no longer feel empty and unwanted; to work with the world, to become a full person. To have a real identity... Alicia. Appalachia. Service. Hugs. Walking through campus. People saying hi. Saying hi back. Not feeling shitty. Louder it grew, steadier, and surer. To be desired. To desire. To have someone need me, to let someone in. To look in a mirror...*

To be able to sit down with another human being and let them hold my soul for a moment, to hold it and return it, and to do so without judging, or controlling, or hating, and to do the same to them—that wasthe gift Alicia gave me.

Golinkin’s memoir illustrates the importance of corrective emotional experiences in helping patients with shame problems.

Treating shame in psychotherapy

What is required for the successful treatment of shame?

First, we need to understand it’s source. Patients who have grown up in abusive families need corrective emotional experiences. They must be

engaged in a process of attachment repair. The therapist must be openly herself. The patient must feel appreciated, understood, and admired. The patient should be allowed to idealize the therapist so she can have a parent figure she feels proud of.

If the shame stems from massive trauma in which a person has been dehumanized and brutalized, it may never be fully healed, although it can be lessened. In such cases, the patient must be treated with the humanity that his tormentors lacked.

Shame is difficult to treat when it is silent. Many people who suffer from shame keep it hidden. They attempt to appear perfect or at least perfectly normal. They enter therapy wanting to be helped but not wanting to have their shame exposed.

Shame limits what pts disclose. In their book *Secrets and Lies in Psychotherapy (2019)*, Farber and his colleagues found that “shame and embarrassment were the most frequent motivators for dishonesty in therapy”. In one large sample (N=672), 93% percent of respondents reported being dishonest with their therapist on some topic, while in a second sample (N=547), 84% reported being dishonest or deliberately avoiding at least one topic.

A patient I saw 25 years ago, never told me that her father committed suicide. I only found out after she returned to therapy 2 years ago. We were analyzing a dream and her associations unexpectedly led to her talking about how her father died.

Patients need to identify with the therapist’s capacity to tolerate shame. The therapist must be comfortable with the patient’s efforts to shame her. Patients differ greatly in how they test in this regard. Pts with narcissistic defenses usually test by turning passive into active.

They can be quite humiliating. It is important for the therapist to tolerate the patient's shaming behavior before attempting to analyze it. Therapists who find this type of testing too disturbing, should not try to work such patients. They should instead be transferred to someone like my friend Francesco.

Not all passive-into-active shame tests involve direct attacks on the therapist's self-esteem. One of my young female pts who suffered from depression had a father who did not speak to her. My patient understandably felt rejected by her father. She became silent with me during her therapy. She did not respond to my questions or interpretations, although I did occasionally make her laugh. Despite not talking, she overcame her depression. She had identified with my ability to not feel rejected by her silence.

Pts who have counter-identified with abusive parents will be very protective of the therapist's self-esteem. They will test by giving the therapist opportunities to shame them. One pt, whom I saw many years ago, was a social worker on a psych ward. She was applying to be a control case. She feared that she was too disturbed to be analyzable. After several initial interviews, she announced she was stopping because she had changed her mind about wanting an analysis. I took this as a transference test and recommended that we start analysis without further delay. She seemed pleased and agreed to begin coming 4 times a week.

These examples may seem to be a rejection tests rather than a shame tests but rejection tests are shame tests. Rejection is one of the most humiliating experiences a person can have. It is very hard for patients who have grown up being demeaned in their families to trust that their therapist will not shame them.

Many authors believe that the original source of the patient's shame needs to be revived in therapy so that the associated affect can be fully released. This recommendation harkens back to Freud's approach to treating hysterical symptoms. The precipitating trauma must be brought into awareness so that the strangulated affect can be released.

From a control-mastery perspective, shame traumas do not have to be revived in order to be healed. Shame can be healed by disconfirming the pathogenic beliefs underlying the patient's shame. Often there are no discrete precipitating incidents, only an ongoing destructive parent-child relationship.

In the absence of active testing, the therapist should try to disconfirm the patient's pathogenic beliefs by interpreting them, contradicting them, and providing corrective emotional experiences.

Shame also affects what kind of interpretations a patient can accept. Pts often experience interpretations as shaming. To mitigate this danger, it is essential to place your interpretations in a broad context so that the pt does not misunderstand the therapist's intention.

I once had a female pt who became angry and upset if I made guilt interpretations. She was trying to separate from her mother whom she was ashamed of. She saw her mother as a very guilty and unhappy woman. She took my guilt interpretations as my telling her she was just like her disturbed, unhappy mother. Since she already suffered from low self-esteem, the idea of being like her mother exacerbated her feelings of shame.

Because shame-prone pts often hide whom they feel themselves to be, it is very important for the therapist to be comfortable being himself. Any form of concealment behind a facade of professionalism, social

poise, or physical perfection may be experienced as shaming by the patient and will make it more difficult for the patient to be herself.

Shame stemming from childhood abuse or rejection needs to be analyzed in terms of the pathogenic beliefs arising from the mistreatment. Moreover, the therapist must display a corrective attitude of respect, caring, and loving kindness. The goal is to have the pt identify with this attitude in how she treats herself.

Cases of severe child abuse usually require very long-term therapy in order for the patient to form a trusting attachment to the therapist. If the parent failed to protect the patient from real-world dangers, it is important for the therapist to provide that protection.

Shame that serves the function of self-punishment needs to be analyzed in terms of the unconscious guilt that is fueling the patient's need to suffer. Irrational guilt is very powerful and requires repeated interpretation and vigorous contradiction before it begins to subside.

Shame based on identification with a shameful parent requires that the therapist help the patient with her guilt about separating from that parent. Facilitating the patient's attachment to and identification with the therapist is very important.

I cannot stress too strongly the importance of the therapist using the full weight of her moral authority in contradicting the patient's shame-based pathogenic beliefs.

Thank you. I wish you all shame-free sailing.